

AGING STRATEGIC ALIGNMENT PROJECT

State Profile for

DELAWARE

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

Background

- Delaware's 60+ population was 169,763 in 2008 (19.4% of the state's total population), with 8.4% below the federal poverty level.¹
- The 60+ population is projected to be 281,082 in 2025 (28.4% of the state's total population).²
- About 24.6% of all households in 2007 had one or more persons age 65 years and older, and 37.6% of persons age 65 years and older had a disability.³
- Of the 149,864 Medicaid beneficiaries in the state in 2003, 5.8 were aged, 11.7% were blind and disabled, 13.1% were Dual Eligible, and 1.7% were HCBS waiver beneficiaries.⁴
- Medicaid expenditures for institutional long-term care were 64.6% of total long-term-care expenditures, compared to 35.4% 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:** Division of Services for Aging and Adults with Physical Disabilities.
www.dhss.delaware.gov/dsaapd/
- **State Medicaid Agency:** Division of Medicaid and Medical Assistance.
dhss.delaware.gov/dhss/dmma/about.html
- Delaware does not have a consolidated agency for long-term-care programs.
- The SUA and the Medicaid Agency are under the Delaware Department of Health and Social Services (www.dhss.delaware.gov/dhss/). The SUA runs three Medicaid waivers on behalf of the Medicaid agency.
- The director of Delaware's SUA reports directly to the Cabinet Secretary in the Department of Health and Social Services who in turn reports to the Governor.
- Delaware has 3 Area Agencies on Aging.

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

- Delaware does not have an ADRC.

Assessment Process

Medicaid

- For Medicaid applicants, in determining functional eligibility for nursing home pre-admission, Delaware requires an in-person assessment by someone other than nursing home staff. The assessment is conducted by the Division of Medicaid and Medical Assistance.

Non-Medicaid

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

State Medicaid Plan

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

Medicaid Waivers

- Delaware has two waivers that provide HCBS to older adults and/or adults with physical disabilities. These are: Assisted Living Waiver, and Elderly and Disabled Waiver.
- **Assisted Living Waiver:** This program targets adults with physical disabilities, older adults who have limitations in their ADLs, and those who have been diagnosed with Alzheimer's disease and related dementias who would otherwise require nursing home care. Assisted Living services are considered an important component of Delaware's long-term-care system and serve as an alternative to nursing home placement.
- **Elderly and Disabled Waiver:** This waiver serves as a nursing home diversion program. Participants in the program remain in their own homes and receive HCBS services. Once the Medicaid office determines that an applicant meets Medicaid eligibility criteria, the applicant is offered a choice between nursing home placement and HCBS under this waiver. In this manner, the Medicaid agency and the SUA work closely to ensure that applicants have choices other than nursing home placement. The income limits are based on the state's Medicaid guidelines. The asset limit for a single individual is \$2,000. Case management in this waiver is provided as an administrative service.
- 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

- Delaware has one CMS-funded program that provides HCBS to older adults and/or adults with physical disabilities. This is Money Follows the Person.

- **Money Follows the Person:** This program enables nursing home residents who are on Medicaid to transition into the community with supportive services. It uses a person-centered, consumer-directed approach to develop a customized HCBS plan for individuals. The consumer works with a transition coordinator on an ongoing basis to determine the type of services needed to live independently in the community. Consumers can select their own providers. In addition to regular services provided under the Medicaid waivers, the program pays for transitional services to help the nursing home resident move into the community. The SUA and the Medicaid agency work closely to help applicants with their transition.
- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered.

State-funded HCBS Programs

- Delaware has three state-funded HCBS programs that provide HCBS to older adults and/or adults with physical disabilities. These are: Alzheimer's Day Treatment; Personal Attendant and Personal Emergency Response Program; and Respite.
- **Alzheimer's Day Treatment:** This program targets adults with Alzheimer's disease and related dementias. It is a non-residential day program providing participants with medical, recreational and personal care. It also provides caregivers with respite services. Program staff receive specialized training in Alzheimer's disease and dementias.
- **Personal Attendant and Personal Emergency Response:** This program targets adults who are physically disabled and have Alzheimer's disease and related conditions. There are two types of primary services provided under this program: personal attendant services and emergency response. The goal of this program is to support persons with disabilities who need ongoing assistance to live independently. The program helps maintain independence by allowing participants to work, complete their education, and/or avoid living in a highly supervised setting. The participant or his or her caregiver has control over the use of services and can hire and fire personal attendants but does not have the authority to control the budget. Services are determined based on the participant's lifestyle, preferences and abilities. Delaware is planning to move the state-funded Personal Attendant Services program under the Elderly and Disabled Medicaid Waiver program. The goal of the personal emergency response system is to allow a person at high risk (for example an older adult who lives alone and has a health problem) to receive immediate help in the event of an emergency.
- **Respite:** This program specifically targets caregivers of adults with physical disabilities, older adults and those with Alzheimer's disease and related conditions by providing them with respite services. Two types of respite programs are available: Respite, which targets those who have a 24-hour live-in caregiver, and Care Delaware, in which the caregiver does not have to live with the care recipient. Both programs supplement caregiver respite services provided under Title III B of OAA. Although the state does not define the programs as providing consumer-directed options, caregivers can control how and when they need services. They can pick respite providers from a list of eligible agencies. Respite services can be regularly scheduled or on an as-needed basis. Although there are no income or asset limitations, cost sharing or donations are accepted.
- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered.

Locally Funded HCBS Programs

- Delaware does not use local funds to provide 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.
- Delaware uses cost-sharing mechanisms or sliding fee scales in the delivery of Title III services.
- Delaware does not have other OAA-funded programs or grants that provide HCBS to older adults and/or adults with physical disabilities.

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

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

Consumer Direction

- Delaware offers consumer-directed options. The HCBS programs in the state that offer consumer direction are Money Follows the Person and the Personal Attendant Program.
- Those permitted to provide services under consumer direction in Delaware are: family members (including spouses), provider agencies, and friends.
- Delaware has two fiscal intermediaries in the state.

Managed Care

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

Major Accomplishments and Initiatives

- A major accomplishment in Delaware is the Money Follows the Person initiative. Prior to this program, the SUA had a similar program called Nursing Home Transition, which also served as a passport to independence by transitioning residents out of institutional settings into the community.
- Delaware is also attempting to coordinate services by establishing an SPE or an ADRC.
- An important policy change in Delaware has been to allow family members to provide services under the Personal Attendant Services program.
- Another major accomplishment in Delaware is the Acquired Brain Injury Waiver. This program is considered out of scope for this project, however.

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

Types of Services	Program Type / Funding Source ^F							
	Medicaid Waivers		CMS-funded Programs and Grants	State-funded Programs			State Medicaid Plan	OAA Title III
	Assisted Living Waiver	Elderly and Disabled Waiver	Money Follows the Person	Alzheimer’s Day Treatment	Personal Attendant Program and Personal Emergency Response Program	Respite		
Adult Day Care / Adult Day Health		X		X				X
Assisted Living	X							
Caregiver Services / Respite / Education		X	X	X		X		
Case Management / Care Coordination		X	X					X
Chore / Homemaking								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
Legal Assistance / Financial Advice								X
Medical / Dental / Medication Care								
Mental and Behavioral Health Services								
Nursing							X	
Nutrition / Meals				X				X
Personal Supports for Community Living / Transitioning			X					
Rehabilitation / Therapy							X	
Residential Services								
Transportation							X	
Other/Unspecified HCBS								

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	Assisted Living Waiver	18+	Yes	State agency: Division of Services for Aging and Adults with Physical Disabilities	State agency: Division of Medicaid and Medical Assistance	State agency: Division of Services for Aging and Adults with Physical Disabilities	No	No
	Elderly and Disabled Waiver	18+	Yes	State agency: Division of Services for Aging and Adults with Physical Disabilities	State agency: Division of Medicaid and Medical Assistance	State agency: Division of Services for Aging and Adults with Physical Disabilities	No	No
CMS-funded Programs and Grants	Money Follows the Person	18+	Yes	State agency: Division of Medicaid and Medical Assistance	State agency: Division of Medicaid and Medical Assistance	State agency: Division of Services for Aging and Adults with Physical Disabilities; Medicaid provider	No	Yes
State-funded Programs	Alzheimer's Day Treatment	18+	No	Adult day care providers	No financial assessment	No case management	No	Information not reported
	Personal Attendant Program and Personal Emergency Response Program	18+	No	State agency: Division of Services for Aging and Adults with Physical Disabilities	Providers	State agency: Division of Services for Aging and Adults with Physical Disabilities	Yes (35 for personal attendant services)	Yes
	Respite	18+	No	Respite provider	No financial assessment	State agency: Division of Services for Aging and Adults with Physical Disabilities	Yes	No

AGING STRATEGIC ALIGNMENT PROJECT

State Profile for

DISTRICT OF COLUMBIA

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

Background

- The District of Columbia's 60+ population was 98,977 in 2008 (16.5% of the District's total population), with 13.5% below the federal poverty level.¹
- The 60+ population is projected to be 79,912 in 2025 (17.6% of the District's total population).²
- About 20.5% of all households in 2007 had one or more persons age 65 years and older, and 37.7% of person's age 65 years and older had a disability.³
- Of the 158,179 Medicaid beneficiaries in the District in 2003, 5.4% were aged, 16.3% were blind and disabled, 12.1% were Dual Eligible, and 0.6% were HCBS waiver beneficiaries.⁴
- Medicaid expenditures for institutional long-term care were 67.4% of total long-term-care expenditures, compared to 32.6% 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

- **District Unit on Aging:** DC Office on Aging, dcoa.dc.gov/dcoa/frames.asp?doc=/dcoa/lib/dcoa/information/pdf/dcoa_whoare_2006.pdf
- **District Medicaid Agency:** DC Department of Health Care Finance, dchealth.dc.gov/doh/cwp/view,a,1370,q,574892,dohNav_GID,1787,dohNav,%7C33139%7C,.asp
- The District of Columbia does not have a consolidated agency for long-term-care programs. The Department of Health and Department of Human Services fall under the City Administrator. Medical Assistance Administration is under the Department of Health. Income Maintenance Administration is under the Department of Human Services. Office of Aging is under the Executive Office of the Mayor. Each agency is independent and headed by an Executive. There are several independent agencies, charter agencies, and district agencies involved in aging services.
- The DC Office on Aging is also the Area Agency on Aging.

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

- The District of Columbia has an ADRC that is in the process of becoming District-wide.
- Some ADRC sites have a physical (bricks and mortar) infrastructure; some ADRC sites operate under a virtual model.
- In addition to serving older adults, District of Columbia's ADRC serves those with MRDD, physical disabilities, families and children, caregivers and agencies.
- The lead agencies for aging services in the community are satellite sites where participants can get services directly. Consumers requesting information that the lead agency does not handle directly are referred to the main ADRC office. There are a number of agencies and personnel that are co-located at the main ADRC, including Income Maintenance, waiver program officers, Services for Developmental Disability, and Hous-

ing officials to provide in-house expertise on the various benefits that are available. It is intended to be a one-stop shop or “no wrong door” model where the participant is connected with an appropriate official who will coordinate services. The Office on Aging carries out the operational activities and the Medicaid agency has oversight responsibility. The ADRC is sustained and supported through the Nursing Facility Quality of Care Fund.

Assessment Process

Medicaid

- For Medicaid applicants, in determining functional eligibility for nursing home pre-admission, the District of Columbia requires an in-person assessment by someone other than nursing home staff. The assessment is conducted by a non-profit organization (other than AAA or Center for Independent Living).
- Delmarva Foundation (the nonprofit Quality Improvement Organization referred to above) does the eligibility assessment for level of care and the Income Maintenance Administration does the financial eligibility determination.

Non-Medicaid

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

State Medicaid Plan

- **PACE:** District of Columbia does not have a PACE site.

Medicaid Waivers

- The District of Columbia has one waiver that provides HCBS to older adults and/or adults with physical disabilities. The program is Elderly and Persons with Physical Disabilities.
- **Elderly and Persons with Physical Disabilities:** This program serves physically disabled adults with income of 300% of Supplemental Security Income (SSI) and who need assistance with ADLs. A case manager

assesses the applicant's needs and preferences, and completes the waiver documents (i.e., Beneficiary Freedom of Choice form, Level of Care, Health History, Individual Service Plan, and Medicaid application). If the applicant is financially eligible at 300% of SSI, the case manager would develop and review the Individual Service Plan and get input from the applicant regarding the service providers he or she chooses based on needs. The case manager submits the waiver application for review and approval by the Medical Assistance Administration. The Delmarva Foundation assesses eligibility for level of care. The Income Maintenance Administration has to approve the financial eligibility and then the Medical Assistance Administration sends a prior authorization for the selected provider.

- 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

- The District of Columbia 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:** This program serves adults age 60 years and older, those with MRDD, physical disabilities, and mental illness. The program is attempting to transition roughly 1,100 individuals into the community. This program involves collaborations with many agencies, such as the Office on Aging, Department of Human Services, Income Maintenance Administration, Department of Mental Health, and Housing offices. The operational protocol for this program has not yet been approved and finalized; therefore, applicants are not yet receiving services.
- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered.

State-funded HCBS Programs

- The District of Columbia has one state-funded HCBS program that provides HCBS to older adults and/or

adults with physical disabilities. The program is Community Based Services.

- **Community Based Services:** This program serves persons age 60 years and older. District funding for the program is supplemented with federal funds available through OAA. This program includes Wellness Centers that are entirely funded through District funds. Additionally, a few training programs and employment programs are funded fully by the District. There is a training curriculum focused on training professionals in aging services in partnership with Howard University. There are also training programs at the University of the District of Columbia (i.e., employment-related, training for home health aides, computer training for senior employment, and exercise courses). The University of DC also provides senior respite aides.
- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered.

Locally Funded HCBS Programs

- The District of Columbia does not use local funds for HCBS for older adults and/or adults with physical disabilities. Because it is a unique entity, District-funded programs are described under "State-funded HCBS Programs" instead.

OAA-funded Programs and Grants

- The District of Columbia 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.
- The District of Columbia has one other OAA-funded program and grant that provides HCBS to older adults and/or adults with physical disabilities. The program is Alzheimer's Disease Demonstration Grants to States.
- **Alzheimer's Disease Demonstration Grant:** This program partners with an agency that provides home-maker services. It is a one-year grant providing Sunday

respite. The grant also provides a flexible account for respite care, supplies and case management.

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

- The District of Columbia uses SSBG to provide HCBS for older adults and/or adults with physical disabilities.
- The District of Columbia uses CSBG to provide HCBS for older adults and/or adults with physical disabilities.

Consumer Direction

- The District of Columbia does not offer consumer-directed options. The Elderly and Persons with Physical Disabilities Waiver includes consumer direction but the District of Columbia has not yet implemented these provisions pending infrastructure development activities. The following information is pending implementation of these rules.
- Those permitted to provide services under consumer direction in the District are: family members, excluding the nuclear family. The District is looking at the requirements for becoming a personal care aide to potentially accommodate immediate family.
- Under the Aging Services Programs, most consumer-directed options are through caregiver programming. There are flex accounts for family caregivers, which provide reimbursement for specific supplies or services that benefit the caregiver.
- Consumer-directed attendant care through the Elderly and Physically Disabled waiver has been approved, but not yet implemented.
- The District of Columbia uses one fiscal intermediary service in connection with consumer direction.

Managed Care

- The District of Columbia does not have HCBS programs run by managed care health plans.

Major Accomplishments and Initiatives

- From the Office on Aging's point of view, having a new Mayor has put the District on a different course in terms of stimulating a lot of intra- and interagency collaboration. Grants, in general, are now requiring collaboration and partnership to work together efficiently and effectively. This has been demonstrated by the link between the Administration on Aging and CMS; their relationship has been evolving over the past few years.
- The District of Columbia's waivers have received approval to be extended for another five years, and the number of participants in the programs has doubled in the last two years. The Elderly and Persons with Physical Disabilities Waiver, which served 900 participants in the past, has been expanded to 1,800 participants.
- Another positive initiative is the Wellness facilities that the District operates; they strive to keep people healthy and in the community.
- The Office on Aging has been developing some smaller Challenge Grants to stimulate aging services, including the Villages Model, a cooperative of older adults who pay a membership fee to a member-governed 501(c)(3) to coordinate and deliver services. There are five operating Villages in DC.

Table 1: Types of Home- and Community-based Services Provided Under the District of Columbia'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		
	Elderly and Persons with Physical Disabilities	Money Follows the Person	Community-Based services	State Medicaid Plan	OAA Title III
Adult Day Care / Adult Day Health			X	X	X
Assisted Living					
Caregiver Services / Respite / Education	X		X		
Case Management / Care Coordination	X	X	X		X
Chore / Homemaking	X		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	
Information / Assistance / Referral		X	X		X
Legal Assistance / Financial Advice			X		X
Medical / Dental / Medication Care				X	
Mental and Behavioral Health Services					
Nursing		X		X	
Nutrition / Meals			X		X
Personal Supports for Community Living / Transitioning		X	X		
Rehabilitation / Therapy		X			
Residential Services			X	X	
Transportation		X	X	X	X
Other/Unspecified HCBS	X				

Table 2: Selected HCBS Programs for Older Adults and Adults with Physical Disabilities in the District of Columbia

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	Elderly and Persons with Physical Disabilities	18-64 with physical disability and 65+	Yes	Non-profit (other than AAA or CIL)	State agency: Office of Income Maintenance	Provider agencies	No	No
CMS-funded Programs and Grants	Money Follows the Person	18 - 64 with physical disability and 65+	Yes	Non-profit (other than AAA or CIL)	State agency: Office of Income Maintenance	Provider agencies	No	No
State-funded Programs	Community based services	60+	Information not reported	Information not reported	Information not reported	Information not reported	Yes (Varies monthly most waiting lists are for home-maker and respite services or for home-delivered meals due to transportation restrictions)	Information not reported

AGING STRATEGIC ALIGNMENT PROJECT

State Profile for

MARYLAND

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

Background

- Maryland's 60+ population was 964,119 in 2008 (17.1% of the state's total population), with 7.2% below the federal poverty level.¹
- The 60+ population is projected to be 1,488,301 in 2025 (22% of the state's total population).²
- About 22.5% of all households in 2007 had one or more persons age 65 years and older, and 36.7% of persons age 65 years and older had a disability.³
- Of the 725,820 Medicaid beneficiaries in the state in 2003, 6.6% were aged, 15.8% were blind and disabled, 12.2% were Dual Eligible, and 1.6% were HCBS waiver beneficiaries.⁴
- Medicaid expenditures for institutional long-term care were 58.9% of total long-term-care expenditures, compared to 41.1% 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 Non-Medicaid

- **SUA:** Maryland Department of Aging
www.mdoa.state.md.us
- **State Medicaid Agency:** Maryland Department of Health and Mental Hygiene
www.dhmh.state.md.us/mma/mmahome.html
- Maryland does not have a consolidated agency for long-term-care programs. The following agencies handle long-term care: The Department of Human Resources, the Department of Health and Mental Hygiene, and the Department of Aging.
- The director of Maryland's SUA reports the governor.
- Maryland has 19 Area Agencies on Aging.

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

- Maryland has an ADRC that is in the process of expanding.
- All ADRC sites have a physical (bricks and mortar) infrastructure; all ADRC sites operate under a virtual model.
- In addition to serving older adults, Maryland's ADRC serves those with MRDD, physical disabilities, Alzheimer's disease, cognitive impairment or a related conditions and veterans.

Assessment Process

Medicaid

- For Medicaid applicants, in determining functional eligibility for nursing home pre-admission, Maryland does not require an in-person assessment by someone other than nursing home staff. While such an assessment may be performed by the local Department of Health, it is not always done prior to admission.

- For non-Medicaid applicants in Maryland, nursing home pre-admission assessment may be performed by someone other than nursing home staff. The assessment is done by case/paper review and/or in-person by a local Department of Health for adults at-risk for Medicaid spend down, those with a disability, and any older adults who have contacted the AAA for assistance. Such an assessment is not always done prior to admission.

State Medicaid Plan

- Maryland provides HCBS through the state Medicaid plan.
- Refer to Table 1 for specific services provided.
- **PACE:** Maryland has one PACE site.

Medicaid Waivers

- Maryland has two waivers that provide HCBS to older adults and/or adults with physical disabilities. These are: Living at Home Waiver and Medicaid Waiver for Older Adults.
- **Living at Home Waiver:** This program is for those aged 18 to 64 with a physical disability. An individual financially qualifies for the program with income and asset limits at 300% of SSI and \$1,911, respectively. Consumer-directed options are available in this program; a participant can choose a provider or choose to self-direct services with the use of a fiscal agent.
- **Medicaid Waiver for Older Adults:** This program serves adults aged 50 and older. Assessment for this program is conducted by the local Department of Health, which looks at an applicant's home supports and physical needs (using assessments 3871D and 4286). For financial assessment, spousal impoverishment rules apply. An individual financially qualifies for the program with income and asset limits at 300% of SSI and \$1,911 respectively. Consumer direction is limited to provider choice.

- 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

- Maryland 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 serves those aged 18 and older who are currently living in a nursing home for six months and are Medicaid eligible. An applicant, once accepted into the program, would receive waiver services; therefore, the functional and financial requirements are subject to the particular waiver from which the participant will receive services.
- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered.

State-funded HCBS Programs

- Maryland has one state-funded HCBS program that provides HCBS to older adults and/or adults with physical disabilities. This is Senior Care.
- **Senior Care:** This program serves those aged 62 and older who are nursing home eligible and wish to remain in their home. The program generally targets those who are considered frail. The income limits for a single individual to qualify is \$2,521 and \$3,296 for a couple. The asset limits for a single individual are \$11,000 and \$14,000 for a couple. Consumer-directed options are available under this program through Grants to Families. These funds can be used by participants or their caregiver to purchase services and supplies.
- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered.

Locally Funded HCBS Programs

- Maryland uses local funds for a portion of the state share of Medicaid match.
- Maryland uses local funds (beyond those used for the portion of the state share of Medicaid match) for HCBS for older adults and/or adults with physical disabilities. These funds are often used by the AAAs to supplement the Older Adults Waiver case management funding.

OAA-funded Programs and Grants

- Refer to Table 1 for services provided through Title III of the Older Americans Act.
- There are no cost-sharing mechanisms or sliding fee scales in the delivery of Title III of the OAA services.
- Maryland has one other OAA-funded program and grant that provides HCBS to older adults and/or adults with physical disabilities. This is Nursing Home Diversion Grant.

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

- Maryland does not use Social Service Block Grants (SSBG or Title XX) from the federal government to provide HCBS for older adults and adults with physical disabilities
- Maryland does not use Community Service Block Grants from the federal government to provide HCBS for older adults and adults with physical disabilities.

Consumer Direction

- Maryland offers consumer-directed options. The HCBS programs in the state that offer consumer direction are: Living at Home Waiver, Medicaid Waiver for Older Adults, Money Follows the Person, and Senior Care.
- Models of consumer direction available in the state include: a Cash & Counseling grant.

- Those permitted to provide services under consumer direction in Maryland are: provider agencies, adult children of the consumer, other family members, and friends.
- A provider of consumer directed services must be over the age of 18, pass a criminal background check, register with Medicaid (for billing purposes) and be on the plan of care.
- Maryland uses fiscal intermediary services in connection with consumer direction; there is one in the state.
- Another major accomplishment in the state has been the Money Follows the Person program. It has made accessing the waivers easier and quicker.
- Money Follows the Person is hoping to serve the mental health population.
- Money is a concern.
- Looking ahead, Maryland is unsure how the changes in case management will affect their programs. Case management is no longer permitted to be an administrative service and this will cause the state to rethink the service delivery portion of their programs. The state will need to enroll a whole new group of providers to take responsibility of case management services. This will affect the AAAs because they currently receive funding for these services.

Managed Care

- Maryland has HCBS programs run by managed care health plans.

Major Accomplishments and Initiatives

- One major accomplishment in Maryland has been the support of the Governor and legislature. The HCBS programs have remained a priority. The financial resources have been steady, receiving consistent support and not divided along party lines.

Table 1: Types of Home- and Community-based Services Provided Under Maryland’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
	Living at Home Waiver	Medicaid Waiver for Older Adults	Money Follows the Person Demonstration Project	Senior Care		
Adult Day Care / Adult Day Health						
Assisted Living		X				X
Caregiver Services / Respite / Education		X		X		X
Case Management / Care Coordination	X	X	X	X		
Chore / Homemaking				X		
Companion Services / Socialization Activities						
Employment						
Equipment / Supplies / Modifications / Assistive Technology		X		X	X	X
Health Promotion Activities						X
Home Health / Personal Care	X	X		X	X	
Information / Assistance / Referral		X				X
Legal Assistance / Financial Advice						X
Medical / Dental / Medication Care				X		
Mental and Behavioral Health Services		X				
Nursing						
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 Maryland

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	Living at Home Waiver	18 -64	Yes	State agency: Department of Health and Mental Hygiene	State agency: Department of Health and Mental Hygiene	State agency: Department of Health and Mental Hygiene; Coordinating Centers	Yes (1,000+)	Yes
	Medicaid Waiver for Older Adults	50+	Yes	State agency: Department of Health and Mental Hygiene	State agency: Department of Health and Mental Hygiene	State agency: Department of Aging; Area Agency on Aging	Yes (11,000)	Yes
CMS-funded Programs and Grants	Money Follows the Person Demonstration Project	18+	Yes	State agency: Department of Health and Mental Hygiene	State agency: Department of Health and Mental Hygiene	Area Agency on Aging	No	Yes
State-funded Programs	Senior Care	62+	No	State agency: Department of Health and Mental Hygiene or Department of Human Resources	Area Agency on Aging	Area Agency on Aging	Yes (2,391)	Yes

AGING STRATEGIC ALIGNMENT PROJECT

State Profile for

PENNSYLVANIA

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

Background

- Pennsylvania's 60+ population was 2,576,689 in 2008 (20.7% of the state's total population), with 8.6% below the federal poverty level.¹
- The 60+ population is projected to be 3,515,445 in 2025 (27.5% of the state's total population).²
- About 26.8% of all households in 2007 had one or more persons age 65 years and older, and 38.6% of persons age 65 years and older had a disability.³
- Of the 1,721,707 Medicaid beneficiaries in the state in 2003, 10.4% were aged, 22.4% were blind and disabled, 19.1% were Dual Eligible, and 1% were HCBS waiver beneficiaries.⁴
- Medicaid expenditures for institutional long-term care were 71.7% of total long-term-care expenditures, compared to 28.3% 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 State Medicaid Plan

- **SUA:** Pennsylvania Department of Aging (PDA). www.aging.state.pa.us/
- **State Medicaid Agency:** Pennsylvania Department of Public Welfare (DPW). www.dpw.state.pa.us/omap/dpwomap.asp
- Pennsylvania has a consolidated agency for long-term-care programs. The Office of Long-Term Living handles long-term care.
- The director of Pennsylvania's SUA reports to the Governor.
- There are 52 Area Agencies on Aging in Pennsylvania.

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

- Pennsylvania has an ADRC but it is not statewide.
- Some ADRC sites have a physical (bricks and mortar) infrastructure; all ADRC sites operate under a virtual model.
- In addition to serving older adults, Pennsylvania's ADRC serves those with MRDD, physical disabilities, cognitive impairments, Alzheimer's disease and related conditions, and veterans.

Assessment Process

Medicaid

- For Medicaid applicants, in determining functional eligibility for nursing facility pre-admission, Pennsylvania requires an in-person assessment by someone other than nursing facility staff. The assessment is conducted by local AAAs. (Pennsylvania Department of Public Welfare is the state authority for this function).

Non-Medicaid

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

- Pennsylvania provides HCBS through the state Medicaid plan.
- Refer to Table 1 for specific services provided.
- **PACE:** Pennsylvania has 10 PACE providers and 16 PACE centers. There are an additional seven PACE providers currently under development (expected to be operational by early 2009).

Medicaid Waivers

- Pennsylvania has five waivers that provide HCBS to older adults and/or adults with physical disabilities. These are: Aging, Attendant Care, Elwyn, Independence, and Michael Dallas Waiver.
- **Aging:** This program serves those age 60 and older, who are receiving Medicaid services and are living at home or are transitioning back into the community. Individuals who are imminently at risk of nursing facility placement within 24-72 hours also qualify. The Office of Long Term Living, part of the Department of Public Welfare, is responsible for the regulations and provisions of this waiver. The Office of Long-Term Living serves as the operating agency, as part of the state Medicaid agency handling the daily program activities. There are both an agency model and a consumer-employer model available in this program. Under the Agency Model option, participants may choose to receive their services through an agency of their choice (option available statewide). Under the Consumer-Employer Model, the participant has employer authority using a fiscal employer agency (option available statewide). The income and asset limits for an individual to financially qualify for this program are \$2,022 per month and \$2,000, respectively. Financial eligibility is based on the individual's income and assets.
- **Attendant Care:** This program serves those between the ages of 18 and 59 who are physically disabled. To receive services, an applicant must meet all of the following conditions: (1) be between the ages of 18 and 59; (2) be mentally alert with a physical disability that can be expected to last for a continuous period of not less than 12 months or results in death; (3) be capable

of selecting, supervising, and if needed, firing an attendant; (4) be capable of managing his or her own financial and legal affairs; (5) require assistance to perform functions of daily living, self-care, and mobility; (6) meet the financial eligibility requirements to receive Medicaid benefits and services, as determined by the County Assistance Office of the Department of Public Welfare; and, (7) have exhausted all other available third-party benefits prior to being served by this program. The philosophy of the program is to prevent inappropriate institutionalization of the specific target population by enabling these individuals to have a more independent lifestyle. An individual receiving services under this program and approaching 60 years of age is given the choice to either stay on this waiver or move to the Aging Waiver. The income and asset limits for an individual to financially qualify for this program are \$2,022 per month and \$2,000, respectively.

- **Elwyn:** This program serves those age 40 and older who are physically disabled, use American Sign Language as their primary mode of communication and reside in Delaware County. The income and asset limits for an individual to financially qualify for this program are \$2,022 per month and \$2,000, respectively. Currently, consumer-directed options are not available under this waiver.
- **Independence:** This program serves adults between the ages of 18 and 59 who meet the following conditions: (1) are physically disabled, but not with mental retardation, a major mental disorder as a primary diagnosis, or on a ventilator; (2) reside in a nursing facility or in the community but are determined to need services at the nursing facility level of care; and, (3) have three or more substantial functional limitations in major life activity (i.e., self-care, understanding and use of language, learning, mobility). The income and asset limits for an individual are \$2,022 per month and \$2,000, respectively. The program's philosophy is to prevent inappropriate institutionalization of this specific target population by enabling these individuals to have a more independent lifestyle. The Consumer-Employer model of service enables participants to hire, fire, schedule and supervise their workers with the assistance of a fiscal employer agency.

- **Michael Dallas Waiver:** This program serves those of any age who are technology-dependent (requiring technology to sustain life or replace vital functions and avert immediate threat to life). An individual's income must be equal to or less than 300% of the federal poverty limit (FPL) with assets of \$2,000 or less. The Consumer-Employer model of service enables participants to hire, fire, schedule, and supervise their workers with the assistance of a fiscal employer agency.
- 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

- Pennsylvania has one CMS-funded grant that provides HCBS to older adults and/or adults with physical disabilities. This is called Integrating Long-Term Supports with Affordable Housing.
- **Integrating Long-Term Supports with Affordable Housing:** This grant is not based on a specific disability or diagnostic group and there is no financial assessment process. It has allowed the state to partner with housing authorities to provide additional housing opportunities for individuals transitioning from nursing facilities. The Office of Long-Term Living and Pennsylvania's state housing authority were able to successfully work with 10 county housing authorities to give individuals transitioning from nursing facilities a priority for renting apartments. The Affordable Apartment Locator provides a listing of vacant accessible units. The grant has increased collaboration at both the state and local levels between housing and supportive services. It also expanded the number of housing authorities that provide individuals with tenant-based rental assistance as they transition from nursing facilities, and made improvements in the quality and accuracy of the information in the Pennsylvania Apartment Locator.
- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered.

State-funded HCBS Programs

- Pennsylvania has four state-funded HCBS programs that provide HCBS to older adults and/or adults with

physical disabilities. These are: Act 150, Act 150 Age Out, Family Caregiver Support Program, and OPTIONS.

- **Act 150:** This program provides basic and ancillary services that enable participants to remain in their homes and the community rather than an institution and to carry out functions of daily living, self-care, and mobility. An applicant must meet the following criteria: (1) have a physical disability; (2) be mentally alert; (3) be at least 18 years of age but less than 60; and, (4) have a medical determination that the physical impairment is expected to last for a continuous period of not less than 12 months or may result in death. The eligible applicant is capable of selecting, supervising and, if needed, firing an attendant. In addition, participants must manage their own financial and legal affairs. The Act 150 program does not have income or asset limits for determining eligibility. However, individuals with family incomes over 300% of the FPL pay a weekly fee toward the cost of their services based on the individual's income as specified on a sliding fee schedule.
- **Act 150 Age Out:** This program provides basic and ancillary services that enable participants to remain in their home and community rather than an institution and to carry out functions of daily living, self-care and mobility. The individual must have been in the Act 150 program prior to turning 60. All other eligibility criteria are the same as the eligibility criteria used in the Act 150 program.
- **Family Caregiver Support Program:** This program is available for those of any age with Alzheimer's disease. To financially qualify for this program, eligibility is based on the total household income of the applicant. The income limit is 380% of the FPL and there are no asset limits. The program's goal is to reduce caregiver stress and burden through various benefits and supports.
- **OPTIONS:** This program serves those age 60 and older who are functionally eligible for nursing facility care as well as those who are not nursing facility eligible. Financial eligibility for this program is up to 300% of the FPL. Those with incomes above 125% are ex-

pected to contribute to the cost of services via a sliding fee scale (information and referral, assessment, and care management services are an exception to the cost-sharing guidelines). The consumer-directed option is available under the Consumer-Employer model of service. Under the Consumer-Employer model, participants may hire, fire, schedule and supervise their workers with the assistance of a fiscal employer agency.

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

Locally Funded HCBS Programs

- Pennsylvania uses local funds for HCBS for older adults and/or adults with physical disabilities. Local monies may be used for various programs, but there is no state mandate for local entities to use local funds for HCBS.

OAA-funded Programs and Grants

- Refer to Table 1 for services provided through Title III of the OAA.
- Pennsylvania uses cost-sharing mechanisms or sliding fee scales in the delivery of Title III services.
- Pennsylvania has a program that uses other OAA funds for direct services: Alzheimer's Disease Demonstration Grants to States.

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

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

Consumer Direction

- Pennsylvania offers consumer-directed options. The HCBS programs in the state that offer consumer direction are: Aging Waiver, Attendant Care, Independ-

ence, Family Caregiver Support Program, and OPTIONS.

- Models of consumer direction available in the state include a Cash & Counseling grant.
- Those permitted to provide services under consumer direction in Pennsylvania are: adult children of the consumer, other family members, and friends.
- Pennsylvania uses fiscal intermediary services in connection with consumer direction; there are 28 in the state.

Managed Care

- Managed care is utilized for certain waivers; however, those waivers are not within the scope of this report.

Major Accomplishments and Initiatives

- A major accomplishment in Pennsylvania is the establishment of the Office of Long-Term Living. This entity coordinates the entire long-term-care system in terms of delivery and management of services under one office within the Department of Aging and Department of Public Welfare. The goal is to rebalance the home- and community-based services and nursing facility care in the state.
- Pennsylvania has passed an Assisted Living Act to provide such services in the state.
- Another accomplishment is the development of a training institute to promote the development of qualified staff in the Long-Term Living system.
- The state has expanded HCBS by 10% in the last two years.
- Future initiatives include the on-going efforts of the Assisted Living Act, expansion of Adult Day Care activities, and growth of the PACE and LIFE (Living Independently for Elders) programs.
- The Services My Way model of service is being rolled out in 21 counties in both the Attendant Care and Aging Waivers. The state submitted amendments to these two waivers to add a consumer-directed option for participants to have budget authority for their services.
- Pennsylvania is concerned with how the economy will affect future HCBS endeavors.

AGING STRATEGIC ALIGNMENT PROJECT

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

	Program Type / Funding Source				
	Medicaid Waivers				
Types of Services	Aging	Attendant Care	Elwyn	Independence	Michael Dallas Waiver
Adult Day Care / Adult Day Health	X				
Assisted Living			X		
Caregiver Services / Respite / Education	X			X	X
Case Management / Care Coordination		X		X	X
Chore / Homemaking	X				
Companion Services / Socialization Activities	X		X		
Employment					
Equipment / Supplies / Modifications / Assistive Technology	X	X	X	X	X
Health Promotion Activities					
Home Health / Personal Care	X	X	X	X	X
Information / Assistance / Referral				X	
Legal Assistance / Financial Advice	X			X	
Medical / Dental / Medication Care					
Mental and Behavioral Health Services	X		X	X	
Nursing				X	X
Nutrition / Meals	X				
Personal Supports for Community Living / Transitioning	X	X		X	X
Rehabilitation / Therapy				X	
Residential Services					
Transportation	X		X	X	
Other/Unspecified HCBS					

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

Types of Services	Program Type / Funding Source						
	CMS-funded Programs and Grants	State-funded Programs				State Medicaid Plan	OAA Title III
	Integrating Long Term Supports with Affordable Housing	Act 150	ACT 150 (Age Out)	Family Caregiver Support Program	OPTIONS		
Adult Day Care / Adult Day Health				X	X	X	X
Assisted Living							
Caregiver Services / Respite / Education				X	X	X	
Case Management / Care Coordination		X	X	X	X		X
Chore / Home-making				X	X	X	X
Companion Services / Socialization Activities				X	X		X
Employment						X	
Equipment / Supplies / Modifications / Assistive Technology		X	X	X	X	X	
Health Promotion Activities				X	X		
Home Health / Personal Care		X	X	X	X	X	X
Information / Assistance / Referral				X	X		X
Legal Assistance/ Financial Advice				X	X		X
Medical / Dental / Medication Care					X	X	
Mental and Behavioral Health Services				X	X	X	X
Nursing						X	
Nutrition / Meals				X	X		X
Personal Supports for Community Living / Transitioning						X	
Rehabilitation / Therapy						X	
Residential Services	X						
Transportation				X	X	X	X
Other/ Unspecified HCBS				X	X		X

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

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	60+	Yes	Area Agency on Aging	State agency: County Assistance Office	Area Agency on Aging	No	Yes
	Attendant Care	18-59	Yes	Local providers and Area Agency on Aging	State agency: County Assistance Office	Local Service Coordination providers	No	Yes
	Elwyn	40+	Yes	Area Agency on Aging	State agency: County Assistance Office	Area Agency on Aging	No	No
	Independence	18-59	Yes	Area Agency on Aging; Local providers	State agency: County Assistance Office	Supports coordination agency chosen by the participant or participant's representative	No	Yes
	Michael Dallas Waiver	Not based on age	Yes	Local providers	State agency: County Assistance Office	Local Service Coordination providers	No	Yes
CMS-funded Programs and Grants	Integrating Long Term Supports with Affordable Housing	18+	No	Information not reported	No financial assessment	Information not reported	Information not reported	Information not reported
State-funded Programs	Act 150	Adults age 18 - 59	No	Local providers	No financial assessment	Local providers	No	Yes
	Act 150 - Age Out (60+)	Persons with physical disabilities that age out of the state-funded ACT 150 under 60 program	No	Area Agency on Aging and local providers under contract	Area Agency on Aging and local providers under contract	Area Agency on Aging and local providers under contract	No	Yes
	Family Caregiver Support Program	Any age with Alzheimers and older adults 60+	No	Area Agency on Aging	Area Agency on Aging; County	Area Agency on Aging	Yes	Yes
	OPTIONS	60+	No	Area Agency on Aging	Area Agency on Aging	Area Agency on Aging	Yes	Yes

AGING STRATEGIC ALIGNMENT PROJECT

State Profile for

VIRGINIA

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

Background

- Virginia's 60+ population was 1,337,055 in 2008 (17.2% of the state's total population), with 8.4% below the federal poverty level.¹
- The 60+ population is projected to be 2,187,094 in 2025 (23.4% of the state's total population).²
- About 21.9% of all households in 2007 had one or more persons age 65 years and older and 39.4% of person's age 65 years and older had a disability.³
- Of the 709,488 Medicaid beneficiaries in the state in 2003, 11.3% were aged, 17.5% were blind and disabled, 20.5% were Dual Eligible, and 6.2% 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:** Virginia Department for the Aging
www.vda.virginia.gov
- **State Medicaid Agency:** Virginia Department of Medical Assistance Services.
www.dmas.virginia.gov
- Virginia does not have a single consolidated program for aging services.
- The director of Virginia's SUA reports to the Secretary of Health and Human Resources, who reports to the Governor.
- Virginia has 25 Area Agencies on Aging.

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

- Virginia has an ADRC that is in the process of becoming statewide.
- Virginia is building a virtual ADRC model, linking programs and services through technology with the AAA serving as the local leader.
- In addition to serving older adults, Virginia's ADRCs serve adults with disabilities.
- As of December, 2008, Virginia had six ADRCs in operation and was planning to add at least four more in 2009. The long-term goal is for every community to be served by an ADRC. The larger initiative to develop ADRCs is called "No Wrong Door" and consists of local Advisory Councils to coordinate services, an IT solution to enhance care coordination and link multiple services and providers, and a web portal providing consumer information and a searchable database to identify local services and supports.

Assessment Process

Medicaid

- For Medicaid applicants, in determining functional eligibility for nursing home pre-admission, Virginia re-

quires an in-person assessment by someone other than nursing home staff. The assessment is conducted by a preadmission screening team composed of staff from the local Department of Social Services of the Virginia Department of Health. For persons in an acute hospital setting, the pre-admission screening is completed by hospital staff, typically, the hospital discharge planner.

Non-Medicaid

- For non-Medicaid applicants in Virginia, nursing home pre-admission assessment is not performed by someone other than nursing home staff. The assessment can be conducted through acute care hospitals by registered nurses or case managers and signed by a physician.

Medicaid State Plan

- Virginia does not provide HCBS through the State Medicaid Plan. All HCBS services are provided through Medicaid waivers.
- **PACE:** Virginia has six PACE sites.

Medicaid Waivers

- Virginia has two waivers that provide HCBS to older adults and/or adults with physical disabilities. These are: the Elderly or Disabled with Consumer Direction (EDCD) waiver and the Technology Assisted Waiver.
- **Elderly or Disabled with Consumer Direction:** This program serves the physically disabled and is not age-specific. Participants have to meet nursing home level-of-care, which is determined during the preadmission screening. (For more information go to the preadmission screening manual online at www.dmas.virginia.gov). Participants also have to be dependent in 2-4 ADLs, dependent or somewhat dependent in behavior and orientation, somewhat dependent in joint motion, and semi-dependent in medication administration; dependent in 5-7 ADLs and dependent in mobility; or dependent in 2-7 ADLs and dependent in behavior and orientation. All of these requirements include the necessity of medical

nursing. This waiver also offers transition services through the Money Follows the Person demonstration. There are consumer-directed options available in this waiver. Individuals have the option to self-direct their personal care and respite care attendants.

- **Technology Assisted Waiver:** This program serves persons of any age group with specific disabilities. Participants on this waiver need to have a nursing home level of care and a complex respiratory problem that requires mechanical ventilation, a trachea or G2 feedings. There are no consumer-directed options available in this waiver.
- 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

- Virginia has one CMS-funded program that provides HCBS to older adults and/or adults with physical disabilities. This is: Money Follows the Person.
- **Money Follows the Person (MFP):** Virginia's MFP Demonstration gives individuals of all ages and all disabilities who live in institutions options for community living by making permanent changes to the long-term support system to create more opportunities for successful transitions to the community. Individuals who choose to participate in Virginia's MFP project will use one of five Virginia Medicaid home and community-based waivers: Elderly or Disabled with Consumer Direction waiver, Technology Assisted waiver, Intellectual Disabilities waiver (not within the scope of this report), HIV/AIDS waiver (not within the scope of this report), or Individual and Family Developmental Disabilities Support waiver (not within the scope of this report); or PACE to receive their needed supports in the community. The income limit for an individual in an HCBS waiver or PACE is 300% of the Supplemental Security Income (SSI) payment level, which is \$2,022 for 2009. Individuals with income in excess of 300% of SSI may be placed on a monthly medically needy spend-down and establish income eligibility if their incurred medical expenses exceed the amount of their spend-down. The resource limit for

an individual in an HCBS or PACE program is \$2,000. While there are no couple income limits for HCBS or PACE participation, there are special resource provisions for those who are married and have a spouse who is not living in a nursing facility. One-half of the couple's countable resources (minimum of \$21,912 and maximum of \$109,560 for 2009) are protected for the spouse, and the individual in an HCBS or PACE program can have up to \$2,000 in resources.

State-funded HCBS Programs

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

Locally Funded HCBS Programs

- Virginia uses local funds for HCBS for older adults and/or adults with physical disabilities. Some counties and cities provide funding to support HCBS provided through the local AAAs.

OAA-funded Programs and Grants

- Refer to Table 1 for services provided through Title III of the Older Americans Act.
- Virginia uses cost-sharing mechanisms or sliding-fee scales in the delivery of Title III services.
- Virginia has two OAA-funded grants and programs that provide HCBS to older adults and/or adults with physical disabilities. The programs are Alzheimer's Disease Demonstration Grants to States and the 2008 Community Living Program.
- **Alzheimer's Disease Demonstration Grant:** Virginia has provided funding to four Alzheimer's Association chapters and one AAA to deliver respite services. Virginia has a Virtual Alzheimer Center (website and webinars) and Telemed Program that operate out of the University of Virginia for physicians in rural Virginia who have questions about Alzheimer's disease and dementia. There is also a nursing program at James Madison that provides support services to family caregivers.

- **Community Living Program:** In 2008, Virginia received a Community Living Program grant from AoA. HCBS will be provided to consumers in three pilot AAAs beginning in July, 2009. Allowable services include a wide range of home and community supports tailored to meet the unique needs of each individual.

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

- Virginia uses SSBG to provide limited HCBS for older adults and/or adults with physical disabilities. These services can include companion, chore and home-maker services to eligible individuals.
- Virginia does not use CSBG to provide HCBS for older adults and/or adults with physical disabilities.

Consumer Direction

- Virginia offers consumer-directed options. The HCBS program in the state that offers consumer direction is the Elderly or Disabled with Consumer Direction.
- Those permitted to provide services under consumer direction in Virginia are: adult children of the consumer, other family members, and friends.
- Virginia uses fiscal intermediary services in connection with consumer direction.

- Pilot AAAs are beginning to offer consumer direction through the 2008 Community Living Program grant program. Consumer direction of services, hiring of family members and the services of a fiscal intermediary are included. Each participant receives a monthly budget allotment generally based on the Cash and Counseling model.

Major Accomplishments and Initiatives

- Virginia is moving toward implementing the No Wrong Door initiative statewide. This will create ADRCs serving all communities and link both public and private providers electronically to improve coordination among agencies and providers and streamline access to services. The new Virginia Easy Access web portal, www.easyaccess.virginia.gov, puts valuable information in the hands of consumers and allows individuals or caregivers to search for needed services in their localities.

Types of Services	Program Type / Funding Source				
	Medicaid Waivers		CMS-funded Programs and Grants	State Medicaid Plan	OAA Title III
	Elderly or Disabled With Consumer Direction (EDCD)	Technology Assisted Waiver (Tech)	Money Follows the Person		
Adult Day Care / Adult Day Health	X				X
Assisted Living					
Caregiver Services / Respite / Education			X		X
Case Management / Care Coordination					X
Chore / Homemaking					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
Information / Assistance / Referral					X
Legal Assistance / Financial Advice					
Medical / Dental / Medication Care					
Mental and Behavioral Health Services					
Nursing		X			
Nutrition / Meals					X
Personal Supports for Community Living / Transitioning	X				X
Rehabilitation / Therapy					
Residential Services					
Transportation					X
Other/Unspecified HCBS					

Table 2: Overview of Virginia's Home- and Community-based Services Programs for Older Adults and Adults with Physical Disabilities

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	Elderly or Disabled With Consumer Direction (EDCD)	Not based on age	Yes	State Agency: Department of Social Services; Department of Health; Hospital staff	State Agency: Department of Social Services	No case management under the waiver; provider helps to coordinate care	No	Yes
	Technology Assisted Waiver (Tech)	Not based on age	Yes	State Agency: Department of Medical Assistance Services; Hospital staff	State Agency: Department of Social Services	No case management under the waiver; provider helps to coordinate care	No	No
CMS-funded Programs and Grants	Money Follows the Person	All ages	No	State Agency: Department of Social Services; Department of Health; Hospital staff	State Agency: Department of Social Services	Transition coordinator	No	Yes

AGING STRATEGIC ALIGNMENT PROJECT

State Profile for

WEST VIRGINIA

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

Background

- West Virginia's 60+ population was 393,061 in 2008 (21.7% of the state's total population), with 11.2% below the federal poverty level.¹
- The 60+ population is projected to be 530,672 in 2025 (30% of the state's total population).²
- About 27.2% of all households in 2007 had one or more persons age 65 years and older, and 48.2% of persons age 65 years and older had a disability.³
- Of the 373,154 Medicaid beneficiaries in the state in 2003, 7.3% were aged, 23.4% were blind and disabled, 16.0% were Dual Eligible, and 2.5% were HCBS waiver beneficiaries.⁴
- Medicaid expenditures for institutional long-term care were 58.6% of total long-term-care expenditures, compared to 41.4% 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 Medicaid Waivers

- **SUA:** West Virginia Bureau of Senior Services. www.wvseniorservices.gov/
- **State Medicaid Agency:** West Virginia Bureau for Medical Services. www.wvdhhr.org
- The director of West Virginia's SUA reports to the Governor.

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

- West Virginia has an ADRC that is statewide.
- All ADRC sites have a physical (bricks and mortar) infrastructure; there is not a virtual component.
- In addition to serving older adults, West Virginia's ADRC serves all individuals, including those who are physically disabled, cognitively impaired (such as with Alzheimer's and related disorders), families and children, and veterans.

Assessment Process

Medicaid

- *Information not reported.*

Non-Medicaid

- For non-Medicaid applicants in West Virginia, nursing home pre-admission assessment is performed by someone other than nursing home staff.

State Medicaid Plan

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

- West Virginia has one waiver that provides HCBS to older adults and/or adults with physical disabilities. This is: Aged and Disabled Waiver
- **Aged and Disabled Waiver:** In order to be eligible for this program, an individual must meet both medical and financial eligibility requirements. In determining medical eligibility, an applicant's physician completes a Medical Necessity Evaluation Request form by fax or mail. Then an in-home functional assessment is completed by a registered nurse (RN) employed with a contracting agency, West Virginia Medical Institute. In order to qualify for services, participants must have at least five ADL deficits, as determined by a Pre-Admission Screening Form and observations made by the RN while in the home. Case management is offered through the provider agency. A cash and counseling grant allowed West Virginia to implement a self-directed option (Personal Options) within the existing waiver program. Program participants may choose a traditional agency model for service delivery or may choose to participate in the Personal Options alternative to have more choice and control over their services. A fiscal intermediary helps to manage the budget, while giving the participant full control over hiring and discharging care providers. Income limits for applicants are set at 300% of the Supplemental Security Income (SSI) benefit level, with assets no greater than \$2,000.
- 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

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

State-funded HCBS Programs

- West Virginia has three state-funded HCBS programs that provide HCBS to older adults and/or adults with physical disabilities. These are: Family Alzheimer's In-Home Respite, Light House Program and Ron Yost Personal Assistance Program.

- **Family Alzheimer’s In-Home Respite (FAIR):** This program provides in-home respite to caregivers of individuals with Alzheimer’s. The client in the FAIR Program is the caregiver. The recipient of care must have a diagnosis of probable Alzheimer’s or other dementia-related disease. The program does not consider income or assets as qualifiers for this program. Fees are determined using a sliding fee scale based on the income of the care recipient. Nursing Home Diversion Grant funds are used in this program and, therefore, consumer-directed options are available.
- **Light House Program** provides in-home services to individuals who are non-Medicaid eligible. The program does not consider income or assets as qualifiers for service. Fees are determined using a sliding fee scale. Consumer-directed services are not an option in this program.
- **Ron Yost Personal Assistance Program** provides money to the consumer to hire a personal assistant directly or purchase services through a health care provider. This is a consumer-controlled program to enable those with severe disabilities to live in their own homes and communities. The program is managed by a consumer-controlled board with seven members who themselves have disabilities.
- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered.

Locally Funded HCBS Programs

- West Virginia 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 the Title III of the OAA.
- West Virginia does not use cost-sharing mechanisms or sliding fee scales in the delivery of Title III services.
- West Virginia has one other OAA-funded program and grant that provides HCBS to older adults and/or adults with physical disabilities. This is the Family Alzheimer’s In-Home Respite (FAIR).

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

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

Consumer Direction

- West Virginia offers consumer-directed options. HCBS programs in the state that offer consumer direction are the Aged and Disabled Waiver and Family Alzheimer’s In-Home Respite.
- Models of consumer direction available in the state include: Cash and Counseling grant (available through the Family Alzheimer’s In-Home Respite) in addition to a model that allows self-direction of case management with no reimbursement (available through the Aged and Disabled waiver).
- Those permitted to provide services under consumer direction in West Virginia are: provider agencies, adult children of the consumer, and other family and friends. Spouses and legal representatives cannot be a participant’s direct care worker.
- West Virginia uses fiscal intermediary services in connection with consumer direction.

Managed Care

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

Major Accomplishments and Initiatives

- West Virginia funds statewide programs, and state agencies have been able to expand programs and services as a result of CMS and OAA grants. By involving legislators and using the success of these programs as a catalyst, West Virginia has increased appropriation of funds through state dollars. West Virginia also funds HCBS through the use of licensing fees from table games at casinos.

Table 1: Types of Home- and Community-based Services Provided Under West Virginia'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
	Aged & Disabled Waiver	Family Alzheimer's In-home Respite	Lighthouse Program	Ron Yost Personal Assistance Program		
Adult Day Care / Adult Day Health						X
Assisted Living						
Caregiver Services / Respite / Education		X				
Case Management / Care Coordination	X			X		X
Chore / Homemaking	X		X			X
Companion Services / Socialization Activities						
Employment						
Equipment / Supplies / Modifications / Assistive Technology					X	
Health Promotion Activities						
Home Health / Personal Care			X	X	X	X
Information / Assistance / Referral		X	X	X		X
Legal Assistance / Financial Advice				X		X
Medical / Dental / Medication Care						
Mental and Behavioral Health Services						
Nursing						
Nutrition / Meals				X		X
Personal Supports for Community Living / Transitioning				X		
Rehabilitation / Therapy						
Residential Services						
Transportation						X
Other/Unspecified HCBS						

Table 2: Selected HCBS Programs for Older Adults and Adults with Physical Disabilities in West Virginia								
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	Aged & Disabled Waiver	60+ or 18+ with a physical disability	Yes	Non-profit (other than AAA or CIL)	State Agency: Department of Health and Human Resources	Non-profit (other than AAA or CIL)	No	Yes
State-funded Programs	Family Alzheimer's In-Home Respite	N/A - Caregivers are designated as the client.	No	Physician; Senior Center	Local Senior Center	Information not reported	Yes	Yes
	Light House Program	60+	No	Agency RN	Agency RN	No case management	Yes: 1,614	No
	Ron Yost Personal Assistance Program	Information not reported	No	Physician; Program board	State Agency: Department of Health and Human Resources	Information not reported	Yes	Yes

