

# AGING STRATEGIC ALIGNMENT PROJECT

## State Profile for

# ALABAMA

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

### Background

- Alabama's 60+ population was 888,870 in 2008 (19.1% of the state's total population), with 12% below the federal poverty level.<sup>1</sup>
- The 60+ population is projected to be 1,268,024 in 2025 (26.4% of the state's total population).<sup>2</sup>
- About 24.6% of all households in 2007 had one or more persons age 65 years and older, and 49.7% of persons age 65 years and older had a disability.<sup>3</sup>
- Of the 780,617 Medicaid beneficiaries in the state in 2003, 7.8% were aged, 22.6% were blind and disabled, 24.6% were Dual Eligible, and 1.6% were HCBS waiver beneficiaries.<sup>4</sup>
- Medicaid expenditures for institutional long-term care were 71.6% of total long-term-care expenditures, compared to 28.4% for HCBS, in fiscal year 2007.<sup>5</sup>

#### 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

<sup>1</sup> 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>

<sup>2</sup> 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](http://www.aoa.gov/AoARoot/Aging_Statistics/future_growth/future_growth.aspx).

<sup>3</sup> 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.

<sup>4</sup> 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)*.

<sup>5</sup> 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:** Alabama Department of Senior Services. [www.adss.alabama.gov](http://www.adss.alabama.gov)
- **State Medicaid Agency:** Alabama Medicaid. [www.medicaid.alabama.gov](http://www.medicaid.alabama.gov)
- The Alabama Department of Senior Services, Department of Public Health, Department of Rehabilitation Services and Department of Mental Health are all involved in providing home- and community-based services for older adults and adults with physical disabilities in Alabama.
- The director of Alabama's SUA reports to the Governor.
- Alabama has 13 Area Agencies on Aging.

- For non-Medicaid applicants in Alabama, nursing home pre-admission assessment is not performed by someone other than nursing home staff. Eligibility for nursing home admission is determined by nursing home intake staff. Each individual state agency is responsible for performing applicable assessments for any services they may offer for non-Medicaid clients.

## State Medicaid Plan

- Alabama does not provide HCBS through the state Medicaid plan.
- Consumer-directed options are under the State Medicaid Plan; however, participants must be enrolled in the Elderly and Disabled Waiver Program or the SAIL Waiver Program in order to be eligible to participate in the state plan program. (For more information see 'Medicaid Waivers' and 'CMS-funded Programs and Grants' below.) Clients enrolled in the program will receive services not covered under consumer direction through the traditional waiver program.
- Refer to Table 1 for specific services provided.
- **PACE:** Alabama does not have any PACE sites.

## Single Point of Entry/ADRC

- Alabama has a virtual ADRC that is statewide.
- Some ADRC sites have a physical (bricks and mortar) infrastructure and some ADRC sites operate under a virtual model.
- Agencies or individuals seeking information regarding aging services can access the web link at [www.alabamaconnect.gov](http://www.alabamaconnect.gov) or call 1-800-Ageline toll-free to obtain information about the services offered for individuals who live in Alabama.

## Medicaid Waivers

- Alabama has three waivers that serve older adults and/or adults with physical disabilities. These are: Elderly and Disabled Waiver, State of Alabama Independent Living Waiver (SAIL), and Technology Assistance Program for Adults.
- Elderly and Disabled Waiver serves all age groups. The Department of Senior Services and the Department of Public Health each manage half of the participants in this waiver program. The Alabama Department of Senior Services contracts with local Area Agencies on Aging, whose case managers conduct the initial assessment for services. The appli-

## Assessment Process

### Medicaid

- For Medicaid applicants, in determining eligibility for nursing home pre-admission, Alabama does not require an in-person assessment by someone other than nursing home staff. Eligibility for nursing home admission is determined by nursing home intake staff. Each individual state agency is responsible for performing assessments to determine if a client meets the eligibility criteria for HCBS.

cant's physician must certify the medical level of care criteria for participation, and Medicaid approves the financial eligibility.

- State of Alabama Independent Living Waiver serves disabled adults with specific medical diagnoses who meet nursing home level-of-care criteria. The program is administered by the Department of Rehabilitation Services. In FY 2005, 554 individuals were served through community-based long-term-care options. About \$6.5 million was spent on community-based long-term-care options. To further promote personal responsibility and choice by allowing individuals to make decisions about their long-term-care needs, Medicaid has submitted a proposal to CMS to allow case management activities to begin while an individual is in a nursing home. The case management activities will assist in the coordination and arrangement of services and support to facilitate the individual's successful transition from the nursing home back into the community through the SAIL program.
- Technology Assistance Program for Adults serves individuals who received private-duty nursing through the Early and Periodic Screening, Diagnostic and Treatment program and are no longer eligible for the services upon turning 21 years of age. The program is administered by the Department of Rehabilitation Services. In FY 2005, four individuals were served through community-based long-term-care options, and \$287,003 was spent on community-based long-term-care options.
- 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

- Alabama has one CMS-funded Programs and Grants that provide HCBS to older adults and/or adults with physical disabilities. This is Personal Choices.
- **Personal Choices:** This program was initially set up through Robert Wood Johnson grant funding re-

ceived from the National Cash and Counseling Program. The grant has expired; however, the program is continuing as a state plan program under the 1915j option in the pilot region. Clients enrolled in the program will receive services not covered under consumer direction through the traditional waiver program. The SUA is partnering with the Department of Rehabilitation Services to provide consumer-directed services to clients in a seven-county area in Western Alabama.

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

### State-funded HCBS Programs

- Alabama does not have State-funded HCBS programs that serve older adults and/or adults with physical disabilities

### Locally Funded HCBS Programs

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

### OAA-funded Programs and Grants

- Refer to Table 1 for services provided through Title III of the OAA.
- Alabama does not use cost-sharing mechanisms or sliding fee scales in the delivery of Title III services with the exception of the Title III – E caregiver program.
- The SUA contracts with 13 AAAs to provide services for HCBS and Title III.

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

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

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

### Consumer Direction

- Alabama offers consumer-directed options. The HCBS program in the state that offers consumer direction is Personal Choices (through the state Medicaid plan).
- Models of consumer direction available in the state include: Traditional Cash and Counseling.
- Those permitted to provide services under consumer direction in Alabama are: spouses, adult children of the consumer, other family members, and friends.
- Alabama uses one fiscal intermediary agency's services in connection with consumer direction.

### Managed Care

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

### Major Accomplishments and Initiatives

- Alabama has added up to two meals per day as a service option for HCBS, allowing participants to have improved nutrition, thereby contributing to their increased ability to remain in the community. Meals are served based upon need.
- The Personal Choices innovation will provide increased opportunities for the state to make significant changes in the way health care is delivered.

Types of Services	Program Type / Funding Source					
	Medicaid Waivers			CMS-funded Programs and Grants	State Medicaid Plan	OAA Title III
	Elderly and Disabled	SAIL (State of Alabama Independent Living Waiver)	Technology Assistance Program for Adults	Cash and Counseling		
Adult Day Care / Adult Day Health	X					X
Assisted Living						
Caregiver Services / Respite / Education	X			X		X
Case Management / Care Coordination	X	X	X			X
Chore / Homemaking	X			X		X
Companion Services / Socialization Activities	X			X		
Employment						
Equipment / Supplies / Modifications / Assistive Technology		X	X			
Health Promotion Activities						X
Home Health / Personal Care	X	X	X	X		X
Information / Assistance / Referral						X
Legal Assistance / Financial Advice						X
Medical / Dental / Medication Care						
Mental and Behavioral Health Services						
Nursing			X			
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 Alabama**

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 Disabled	All ages	Yes	State agency: Alabama Department of Senior Services and Department of Public Health; Area Agency on Aging; Physician	State agency: Alabama Medicaid Agency	State agency: Department of Senior Services and Department of Public Health	Yes (1,200)	No
	SAIL (State of Alabama Independent Living Waiver)	18+	Yes	Information not reported	Information not reported	State agency: Department of Rehabilitation Services	Information not reported	Information not reported
	Technology Assistance Program for Adults	21+	Yes	Information not reported	Information not reported	State agency: Department of Rehabilitation Services	Information not reported	Information not reported
CMS-funded Programs and Grants	Personal Choices	All ages	Yes	State agency: Alabama Department of Senior Services	State agency; Alabama Medicaid Agency	State agency: Alabama Department of Senior Services and Department of Rehabilitation Services; Area Agency on Aging	No	Yes

# AGING STRATEGIC ALIGNMENT PROJECT

## State Profile for

# FLORIDA

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

### Background

- Florida's 60+ population was 4,200,667 in 2008 (22.9 % of the state's total population), with 9.4% below the federal poverty level.<sup>1</sup>
- The 60+ population is projected to be 8,434,129 in 2025 (32.5% of the state's total population).<sup>2</sup>
- About 29.8% of all households in 2007 had one or more persons age 65 years and older and 38.4% of persons age 65 years and older had a disability.<sup>3</sup>
- Of the 2,743,368 total Medicaid beneficiaries in the state in 2003, 8.1% were older adults, 16.9% were blind and disabled, 17.6% were Dual Eligible, and 1.9% were HCBS waiver beneficiaries.<sup>4</sup>
- Medicaid expenditures for institutional long-term care were 65.6% of total long-term care expenditures compared to 34.4% for HCBS in fiscal year 2007.<sup>5</sup> *Note: Data do not include managed long-term-care expenditures.*

#### Abbreviations

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

<sup>1</sup> 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>

<sup>2</sup> 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](http://www.aoa.gov/AoARoot/Aging_Statistics/future_growth/future_growth.aspx).

<sup>3</sup> 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.

<sup>4</sup> 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).

<sup>5</sup> 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:** Florida Department of Elder Affairs (DOEA). [elderaffairs.state.fl.us/index.php](http://elderaffairs.state.fl.us/index.php)
- **State Medicaid Agency:** Agency for Health Care Administration (AHCA). [www.fdhc.state.fl.us/](http://www.fdhc.state.fl.us/)
- Florida does not have a consolidated agency for long-term-care programs.
- Florida has 11 Area Agencies on Aging.

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

- Florida has an ADRC system that is statewide. Through legislative funding, all of the AAAs have been converted to ADRCs. The SUA spearheaded this effort and provided education and technical assistance to the AAAs.
- Some ADRC sites operate under a virtual model; some ADRCs have a physical (bricks and mortar) infrastructure.
- Three of the AAAs serve older adults and/or disabled individuals who are severely and persistently mentally ill. The remaining eight AAAs are Aging Resource Centers. They largely operate as information and referral centers, although there is a move to increase intake services.

## Assessment Process

### Medicaid

- For Medicaid applicants, in determining functional eligibility for nursing home pre-admission, Florida requires an in-person assessment by someone other than nursing home staff. The functional assessment is conducted by the Department of Comprehensive Assessment and Review for Long-Term Care Services (CARES) using the Pre-Admission Screening and Resident Review (PASRR). CARES has 19 offices statewide. After being assessed by a CARES nurse or social worker, the final level of care determination is

made by a physician. Applicants are then offered a choice between nursing home placement or HCBS waivers. The financial assessment is conducted by the Department for Children and Families. Final eligibility determination for Medicaid is made by CARES.

### Non-Medicaid

- For non-Medicaid applicants in Florida, CARES also conducts pre-admission functional assessments and/or screenings on a voluntary basis (i.e., as long as applicants ask for the assessment).
- CARES also provides applicants with other long-term-care options besides nursing home care.

### State Medicaid Plan

- Florida provides HCBS through the state Medicaid plan.
- Refer to Table 1 for specific services provided.
- **PACE:** Florida currently has two operating PACE sites (one in Miami and one in Ft. Myers). Another PACE program has been approved for Pinellas County, while the one in Miami is expanding.

### Medicaid Waivers

- Florida has six Medicaid waivers focused on older adults and/or adults with physical disabilities. These are: Adult Day Health, the Aged/Disabled Adult (1915c), Alzheimer's Disease, Assisted Living for the Elderly, Channeling, and Nursing Home Diversion.
- **Adult Day Health:** This waiver targets consumers who require adult day services and is limited to two counties. Currently it serves only 31 individuals because adult day services are available through other programs. The income limit for the program is 300% of Supplemental Security Income (SSI) and the asset limit for a single individual is \$2,000.
- **Aged/Disabled Adult (1915c state plan amendment):** This waiver allows older adults, adults with physical disabilities, and those with MRDD and who meet nursing facility level of care to remain living at

home. Consumer direction is available only to a subset of individuals who are considered eligible. The Department of Elder Affairs operates the waiver except for individuals under the age of 60 years old. The income limit for a single individual is \$2,022 while the asset limit for a single individual is \$2,000. The Department of Elder Affairs contracts with AAAs and the AAAs contract with lead agencies to provide case management and services. Other agencies that are not lead agencies are also allowed to be providers under this program.

- **Alzheimer’s Disease:** The program targets adults with Alzheimer’s disease or dementia-related conditions who live with a capable caregiver in a private home or apartment. Its goal is to provide respite services to caregivers. Three entities contract with the Department of Elder Affairs to provide adult day health and case management services. This program runs on approximately \$5 million and serves a maximum of 350 participants.
- **Assisted Living for the Elderly:** This program provides oversight to Medicaid-eligible older adults living in assisted living facilities. It targets those who are physically disabled, have Alzheimer’s disease or dementia-related conditions, and need assistance with four or more ADLs. The program provides payment to the assisted living facility for personal care and other related services. The income limit for a single individual is 300% of SSI and the asset limit is \$2,000. Case management is provided while the individual is in the assisted living facility.
- **Channeling:** This program is administered through one provider in Miami, which does the intake and provides HCBS services for a fixed, daily capitated rate. Although participants are chosen by the provider, the state provides oversight through the Medicaid agency.
- **Nursing Home Diversion:** Based on legislation, the program targets older adults who are Medicare and Medicaid eligible, very frail and considered to have nursing home level of care needs (i.e., require assistance with five or more ADLs). The state contracts with managed care plans to administer this program in certain counties by using a single, capitated rate to pay

for HCBS, assisted living, other waiver services and nursing home care—all under one program. The premise of this comprehensive program is that once participants are admitted into the program, all of their service needs will be met without returning to Medicaid fee-for-service. From a cost standpoint, there is a predictable cost and the risk is borne by the provider. The budget for this program was \$20 million in 1999 and is now over \$300 million. Currently, 15,000 people are served.

- Refer to Table 2 for an overview of selected HCBS programs.

## CMS Funded Programs and Grants

- Florida does not have CMS-funded programs and grants that serve older adults and/or adults with physical disabilities.

## State-funded HCBS Programs

- Florida has three state-funded programs that serve older adults and/or adults with physical disabilities. These are: Alzheimer’s Disease Initiative, Community Care for the Elderly, and Home Care for the Elderly.
- **Alzheimer’s Disease Initiative:** This program targets older adults who suffer from Alzheimer’s disease and their caregivers. This program has approximately 10,000 participants.
- **Community Care for the Elderly:** This program serves functionally impaired older adults who need HCBS but would not financially qualify for Medicaid and may or may not meet nursing home functional eligibility criteria. Applicants receive a priority score based on their functional impairments. Means testing is not required; however, an assessed co-payment is required based on the applicant’s income.
- **Home Care for the Elderly:** This is a flexible program that provides older adults with \$106 a month. Participants can use the money as they wish, including paying for rent, bills and other services. No means testing is required; however, the applicant must be in need of HCBS as determined by a functional assess-

ment. Checks are issued by the AAAs. If individuals are moved to a Medicaid waiver program, they stop receiving this payment.

- Refer to Table 2 for an overview of selected HCBS programs.

## Locally Funded Programs

- Florida uses local funds for HCBS for older adults and/or adults with physical disabilities. There are various grant-funded and volunteer programs within specific areas of the state. However, there have recently been some serious cuts to locally funded programs.
- The local programs are funded by local levies and therefore vary around the state.

## OAA-Funded Programs

- Refer to Table 1 for services provided through Title III of the OAA.
- **STARS Caregiver Respite:** STARS, which serves a specific area, uses a consumer-directed model. STARS also allows faith-based respite.

## Social Service Block Grants (SSBG/Title XX) and Community Service Block Grants (CSBG) for HCBS

- Florida uses SSBG to provide HCBS for older adults and/or adults with physical disabilities.
- SSBG was used in funding disaster recovery efforts.
- Florida does not use CSBG to provide HCBS for older adults and/or adults with physical disabilities.

## Consumer Direction

- Florida offers consumer-directed options. The HCBS program in the state that offers consumer direction is the Aged/Disabled Medicaid Waiver through the state plan option 1915j.

- Models of consumer direction available in the state include the Cash and Counseling model (Aged/Disabled waiver).

- Those permitted to provide services under consumer direction in Florida are: provider agencies, spouses (spouses who are legal representatives are excluded), adult children, other family members, and friends.

- Florida uses fiscal intermediary services in connection with consumer direction. These functions are handled by the SUA.

## Managed Care

- Florida has HCBS programs run by managed care organizations.
- The state contracts with managed care health plans under Channeling and Nursing Home Diversion.

## Major Initiatives and Challenges

- In the past two years, Florida has worked towards transforming AAAs into more of a coordinating system for intake, information and referral.
- Florida is also increasing the number of programs that offer consumer direction.
- In the past 10 years, Florida has moved towards a managed care model for providing HCBS, especially Medicaid-funded services.
- In the coming years, Florida will have to deal with the increasing demand for services for older adults in light of budget limitations.
- Since there are many programs for older adults and/or those with physical disabilities, there is a need to evaluate which models work best and are cost efficient rather than start new programs.

**Table 1: Types of Home- and Community-based Services Provided Under Florida’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
	Adult Day Health	Aged/ Disabled Adult	Alzheimer's Disease	Assisted Living for the Elderly	Channeling	Nursing Home Diversion	Alzheimer's Disease Initiative	Community Care for the Elderly	Home Care for the Elderly			
Adult Day Care / Adult Day Health	X	X	X		X	X					X	
Assisted Living				X		X						
Caregiver Services / Respite / Education		X	X		X	X	X	X	X			
Case Management / Care Coordination	X	X	X	X	X	X	X	X	X		X	
Chore / Homemaking		X		X	X	X	X	X	X		X	
Companion Services/ Socialization Activities		X			X							
Employment												
Equipment/Supplies/ Modifications/Assistive Technology		X	X		X							
Health Promotion Activities	X	X	X		X	X						
Home Health / Personal Care	X	X	X	X	X	X	X	X	X	X	X	
Information / Assistance / Referral		X		X	X	X	X	X	X		X	
Legal Assistance / Financial Advice					X						X	
Medical / Dental / Medication Care			X	X								
Mental and Behavioral Health Services	X											
Nursing		X		X								
Nutrition / Meals	X	X			X	X	X	X	X		X	
Personal Supports for Community Living/ Transitioning		X										
Rehabilitation / Therapy	X	X		X	X							
Residential Services						X						
Transportation	X					X	X	X	X	X	X	
Other/ Unspecified HCBS												

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

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	Adult Day Health	75+	Yes	State Agency: Agency for Health Care Administration	State Agency: Agency for Health Care Administration	Provider	No	No
	Aged/ Disabled Adult	18-59 and 60+	Yes	State Agency: Department of Elder Affairs	State Agency: Department of Children and Families	Provider	Yes	Yes
	Alzheimer's Disease	60+	Yes	State Agency: Department of Elder Affairs	State Agency: Department of Children and Families	Provider	Yes (14)	No
	Assisted Living for the Elderly	60+	Yes	State Agency: Department of Elder Affairs	State Agency: Department of Children and Families	Provider	No	No
	Channeling	65+	Yes	State Agency: Agency for Health Care Administration (AHCA)	State Agency: Department of Children and Families	Provider	Information not reported	No
	Nursing Home Diversion	65+	Yes	State Agency: Department of Elder Affairs	State Agency: Department of Children and Families	Managed Care Organization	Yes (5,000)	No
State-funded Programs	Alzheimer's Disease Initiative	18+	Information not reported	State Agency: Department of Elder Affairs	State Agency: Department of Elder Affairs	Information not reported.	Yes (900)	No
	Community Care for the Elderly	60+	No	Lead Agency	Lead Agency	Lead Agency	Yes (17,000)	No
	Home Care for the Elderly	60 +	No	State Agency: Department of Elder Affairs; Lead agency	State Agency: Department of Elder Affairs; Lead Agency	Lead Agency	Yes (1,400)	Yes

# AGING STRATEGIC ALIGNMENT PROJECT

## State Profile for

# GEORGIA

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

### Background

- Georgia's 60+ population was 1,433,316 in 2008 (14.8% of the state's total population), with 11.7% below the federal poverty level.<sup>1</sup>
- The 60+ population is projected to be 2,296,693 in 2025 (20.1% of the state's total population).<sup>2</sup>
- About 19.1% of all households in 2007 had one or more persons age 65 years, and older and 44.8% of person's age 65 years and older had a disability.<sup>3</sup>
- Of the 1,732,120 Medicaid beneficiaries in the state in 2003, 5.8% were aged, 13.5% were blind and disabled, 13.9% were Dual Eligible, and 1.3% were HCBS waiver beneficiaries.<sup>4</sup>
- Medicaid expenditures for institutional long-term care were 61.7% of total long-term-care expenditures, compared to 38.3% for HCBS in fiscal year 2007.<sup>5</sup>

#### 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

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<sup>2</sup> 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](http://www.aoa.gov/AoARoot/Aging_Statistics/future_growth/future_growth.aspx).

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## Government Structure to Manage HCBS

- **SUA:** Georgia Division of Aging Services.  
[www.aging.dhr.georgia.gov](http://www.aging.dhr.georgia.gov)
- **State Medicaid Agency:** Department of Community Health.  
[www.dch.georgia.gov](http://www.dch.georgia.gov)
- Georgia does not have a consolidated agency for long-term-care programs. The Department of Community Health ultimately directs all long-term care; however, there is a long-term-care unit in the Department of Community Health and in the Division of Aging Services. The Division of Aging Services operates many of the state's programs and manages the Elderly and Disabled Waiver for Community Care Service Program.
- The Director of the Division of Aging Services reports to the Commissioner of the Department of Human Resources, who reports to the Governor.
- Georgia has 12 Area Agencies on Aging.

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

- Georgia has an ADRC that is in the process of becoming statewide.
- None of the ADRC sites have a physical (bricks and mortar) infrastructure, but all the ADRC sites operate under a virtual model.
- In addition to serving older adults, Georgia's ADRC serves those with MRDD, physical disabilities, traumatic brain injury, spinal cord injury and mental health patients.
- Georgia's ADRC is called Gateway. There are six ADRCs that cover half of the AAAs. Georgia's ADRC uses a centralized and decentralized model. With the decentralized model there are partner groups, for example, an Independent Living Center. Individuals would be directed to specific agencies based on need through web-based software in connection with care management. Upgraded software provides the capacity for standardized assessment processes and client tracking.

## Assessment Process

### Medicaid

- For Medicaid applicants, in determining functional eligibility for nursing home pre-admission, Georgia does not require an in-person assessment by someone other than nursing home staff.
- All applicants undergo the Level 1 assessment of the Preadmission Screening and Resident Review (PASRR), to determine if there is a mental health or mental retardation diagnosis. It is first completed by the nursing home. For those who meet certain criteria, the Georgia Medical Care Foundation conducts a Level 2 assessment. If an individual is referred to the community program, the assessment is done in-person by the Division of Aging Services. The level-of-care determination is done by a nurse and is then signed off by a physician.

### Non-Medicaid

- For non-Medicaid applicants in Georgia, nursing home pre-admission assessment is not performed by someone other than nursing home staff. No assessments are done for non-Medicaid applicants.

## State Medicaid Plan

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

## Medicaid Waivers

- Georgia has three waivers that provide HCBS to older adults and/or adults with physical disabilities. These are: Elderly and Disabled Persons-Community Care Services Program, Physically Disabled Persons-Independent Care Waiver, and Service Options Using Resources in the Community Environment (SOURCE) Program.

- **Elderly and Disabled Persons-Community Care Services Program (CCSP):** This program primarily serves adults age 60+ and individuals of all ages with disabilities. The income limits are \$657 for individuals and \$2,000 for married persons; asset limits are \$1,000 for individuals and \$3,000 for married persons. There are approximately 14,000 participants in this program. Cost sharing may apply in this program in that participants who meet all other criteria for Medicaid except the financial limits are allotted \$657 per Social Security; the additional money goes toward the cost of their care, which is paid to their provider. This process enables them to qualify for Medicaid.
- **Physically Disabled Persons-Independent Care Waiver:** This program serves all age groups and targets physically disabled individuals. Consumer direction requirements include: Georgia residency; 21-64 years of age (persons older than 65 years will go into SOURCE or CCSP programs); physical disability or traumatic brain injury; eligible for Medicaid; meet clinical criteria for hospital or nursing home level of care; cognitively able to hire, train, supervise, and communicate effectively through verbal or other communication methods; able to maintain maximum control over daily schedules and decisions; able to assume responsibility for cost-effective use of medical supplies and services; do not display behavior that puts them at risk of neglect, social isolation, or injury; able to manage their budget; and able to make an informed choice to accept Medicaid waiver services in the plan of care. The income and asset limits for single individuals for this program are \$1,911 and \$2,610, respectively. This program does not require an agency to handle case management responsibilities.
- **Service Options Using Resources in the Community Environment (SOURCE):** This program serves adults age 65 and over who receive Supplemental Security Income (SSI) and those adults who are on SSI and are blind or disabled. The income and asset limits for single individuals for this program are \$1,911 and \$2,610, respectively.
- 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

- Georgia 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 aged, blind and disabled persons. Participants in this program must be Medicaid eligible, meet nursing home level of care, and reside in an institutional setting for longer than six months but less than two years. A screening process is completed to ensure that the participant can meet the basic criteria to leave the institution. There is an additional functional assessment required, which is conducted by the waiver program and then signed off by a physician. When a person is identified as wanting to leave the nursing facility, a package of supports is developed by the transition coordinator, who will work with a care coordinator and possibly an ombudsman to ensure the individual's successful transition to the community. Within the next five years, this program should have 1,024 slots implemented.
- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered.

## State-funded HCBS Programs

- Georgia does not have state-funded programs that provide HCBS to older adults and/or adults with physical disabilities. However, Gateway (ADRC) is supported with state funds.

## Locally Funded HCBS Programs

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

## OAA-funded Programs and Grants

- Georgia uses 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.

- Georgia has one other OAA-funded program that provides HCBS to older adults and/or adults with physical disabilities. It is the Nursing Home Diversion Grant.
- **Nursing Home Diversion Grant:** Working with the Atlanta AAA, this program provides a package of support and care management services to participants. The services are personally tailored, and consumer-directed options are made available using vouchers.

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

- Georgia uses SSBG to provide HCBS for older adults and/or adults with physical disabilities.
- Georgia uses CSBG to provide HCBS for older adults and/or adults with physical disabilities.
- These grants supplement services in the community. When the state gets access to these monies, they are allocated to AAAs and used at their discretion.

### Consumer Direction

- Georgia offers consumer-directed options. The HCBS programs in the state that offer consumer direction are: Elderly and Disabled Persons – Community Care Services Program; Physically Disabled – Independent Care Waiver; Services Options using Resources in the Community Environment Program; and Money Follows the Person.
- Models of consumer direction available in the state include: a Cash & Counseling grant, an option modeled after Cash & Counseling, voucher options, and cash options.
- Those permitted to provide services under consumer direction in Georgia are: adult children of the consumer, other family members, and friends. For Medicaid, a provider of consumer direction would have to be an approved Medicaid Provider. For non-Medicaid HCBS, it varies tremendously and does not include an approved list of qualifications. Children and family are permitted to provide services only under extenuating

circumstances, and anyone who has legal guardianship or represents the individual is not allowed to be the paid caregiver.

- Georgia uses fiscal intermediary services in connection with consumer direction. There is one fiscal intermediary in the state.

### Managed Care

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

### Major Accomplishments and Initiatives

- Georgia has secured a consumer-directed care grant and now has the waiver option of self-directed care.
- The state has seen an expanded effort to redirect resources into the community. The state hopes for continued shifting from nursing homes into the community, as well as better transportation alternatives and options.
- ADRC/Gateway has affected HCBS in Georgia.
- Community Care Services Program has done a great job of managing the individuals in the program. The state was able to demonstrate that they were keeping people who are considered medically intensive in the program and in the community. The average length of stay in the program has increased.
- Georgia has had gradual incremental growth of the capacity of its waiver programs.
- The state notes increased recognition of caregiver needs.
- There has been greater emphasis on evidence-based programs as related to chronic disease prevention and depression.
- There are six Naturally Occurring Retirement Communities in Georgia with federal and state funding.
- The state is actively engaged in building healthier communities, and would like to believe that within the next 5-10 years, there will be some breakthroughs in Alzheimer's disease management and treatment.

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

Types of Services	Program Type / Funding Source					
	Medicaid Waivers			CMS-funded Programs and Grants	State Medicaid Plan	OAA Title III
	Elderly and Disabled Persons Community Care Services Program	Physically Disabled Persons Independent Care Waiver	Service Options Using Resources in the Community Environment Program	Money Follows the Person		
Adult Day Care / Adult Day Health	X	X			X	X
Assisted Living	X				X	
Caregiver Services / Respite / Education	X	X	X	X		X
Case Management / Care Coordination	X	X	X	X		X
Chore / Homemaking	X	X	X	X		X
Companion Services / Socialization Activities				X		
Employment						
Equipment / Supplies / Modifications / Assistive Technology	X	X	X	X	X	
Health Promotion Activities	X	X	X	X		
Home Health / Personal Care	X	X	X		X	X
Information / Assistance / Referral	X	X	X	X		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		
Rehabilitation / Therapy	X		X		X	
Residential Services				X		
Transportation				X	X	X
Other/Unspecified HCBS				X		

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

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 Disabled Persons - Community Care Services Program	60+ or 0-59 with a disability	No	Area Agency on Aging; Provider entity	State Agency: Department of Children and Family Services; Non-profit (other than AAA or CIL)	Area Agency on Aging; Case Management Entity	Yes (700)	Yes
	Physically Disabled Persons - Independent Care Waiver	All ages	Yes	Case Management Entity; (Independent Providers)	State Agency: Department of Children and Family Services; Non-profit (other than AAA or CIL)	Case Management Entity; (Independent Providers)	Yes (135)	Yes
	Service Options Using Resources in the Community Environment Program	18+	Yes	State Agency: Department of Children and Family Service	State agency; Non-profit (other than AAA or CIL)	Case Management Entity (Independent Providers)	No	Yes
CMS-funded Programs and Grants	Money Follows the Person	not specific to age; serves the aged, blind, and disabled	Yes	Non-profit (other than AAA or CIL); Physician	State agency: Department of Children and Family Services	Case Management Entity; (Independent Providers)	No	Yes

# AGING STRATEGIC ALIGNMENT PROJECT

## State Profile for

# KENTUCKY

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

### Background

- Kentucky's 60+ population was 791,961 in 2008 (18.6% of the state's total population), with 13.2% below the federal poverty level.<sup>1</sup>
- The 60+ population is projected to be 1,115,386 in 2025 (24.8% of the state's total population).<sup>2</sup>
- About 23.1% of all households in 2007 had one or more persons age 65 years and older, and 48.9% had a disability.<sup>3</sup>
- Of the 847,943 Medicaid beneficiaries in the state in 2003, 6.9% were aged, 24.3% were blind and disabled, 18.3% were Dual Eligible, and 2.1% were HCBS waiver beneficiaries.<sup>4</sup>
- Medicaid expenditures for institutional long-term care were 69.8% of the total long-term-care expenditures, compared to 30.2% for HCBS in fiscal year 2007.<sup>5</sup>

#### 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

<sup>1</sup> 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>

<sup>2</sup> 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](http://www.aoa.gov/AoARoot/Aging_Statistics/future_growth/future_growth.aspx).

<sup>3</sup> 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.

<sup>4</sup> 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)*.

<sup>5</sup> 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 for Aging and Independent Living (DAIL).  
[www.chfs.ky.gov/dail/Programs.htm](http://www.chfs.ky.gov/dail/Programs.htm)
- **Medicaid Agency:** Department for Medicaid Services (DMS).  
[www.chfs.ky.gov/dms/](http://www.chfs.ky.gov/dms/)
- The SUA and the DMS commissioners report directly to the Secretary of the Cabinet for Health and Family Services.
- Managing HCBS is shared between the SUA and DMS. The SUA supervises the provision of OAA and state-funded home care services. DMS manages other HCBS.
- Kentucky has 15 regional Area Agencies on Aging, with some regions serving multiple counties. The AAAs provide case management and manage consumer-directed options for participants in Medicaid HCBS programs.

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

- Kentucky has an ADRC, called the Aging and Disability Market, which is statewide.
- The ADRCs have a physical (bricks and mortar) infrastructure. Kentucky is working on a virtual model – a website that will contain information and resources from across the state.
- In addition to serving older adults, Kentucky's ADRC serves those with MRDD, the physically disabled, cognitively impaired adults with Alzheimer's disease and related dementias, families, and children. It also serves some individuals without disabilities.
- In fiscal years 2008 and 2009, the AAAs received state funds to implement the information and assistance function of the ADRC across the state. Thus, they represent the physical presence of the ADRCs.

- Staff at the ADRC/AAA provide information and assistance to applicants rather than contract this function out to another entity. The state is also working on streamlining methods to screen and refer applicants. A generic screening tool is being piloted that will be applicable to Medicaid participants.

## Assessment Process

### Medicaid

- For Medicaid applicants, in determining functional eligibility for nursing home pre-admission, Kentucky requires an in-person assessment by someone other than nursing home staff. The assessment is conducted by home health agencies and/or adult day health providers. The functional assessment is conducted using the Preadmission Screening and Resident Review (PASRR). Financial assessment is conducted by the local offices of the Department of Community Based Services.
- The AAAs have also become involved in conducting functional assessments for applicants using consumer-directed options or for participants seeking to change to consumer-directed options.

### Non-Medicaid

- For non-Medicaid applicants in Kentucky, nursing home pre-admission is not required by someone other than nursing home staff. However, individuals with MRDD or mental illnesses are assessed using the PASRR.

## State Medicaid Plan

- Kentucky provides HCBS through the state Medicaid plan.
- Refer to Table 1 for specific services provided.
- **Home Health:** This program provides in-home services on a short-term basis to consumers referred by physicians. If applicants need services on a more long-term basis, they are referred to one of the Medicaid waiver programs.

## Medicaid Waivers

- Kentucky has two waivers that provide HCBS to older adults and/or adults with physical disabilities. These are: Home and Community Based Waiver and Model II Waiver.
- **Home and Community Based Waiver:** This waiver is not limited to a specific age or diagnostic group. The SUA provides oversight for the consumer directed option, which allows eligible Medicaid waiver members to choose their own providers for non-medical services.
- **Model II Waiver:** Services under this waiver are provided to an individual who is dependent on a ventilator at least 12 hours per day and would otherwise require nursing facility level of care in a hospital-based nursing facility. Skilled nursing and respiratory therapy combined cannot exceed 16 hours per day per recipient. This usually requires the services of two nurses working two shifts, with the family assuming the care of the recipient for the remaining eight hours daily. A physician requests that a home health agency conduct an assessment of the person's condition to determine appropriateness for services. The agency in turn provides the information to the Quality Improvement Organization. If the latter gives approval, the agency completes a comprehensive assessment and advises the patient or caregiver to apply for Medicaid. Re-evaluation under this waiver is required every 60 days. People served under this waiver are deemed categorically needy, and eligible under a special income level group as specified in 42 Code of Federal Regulation (CFR) 435.217.
- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered.

## CMS-funded Programs and Grants

- Kentucky has one CMS-funded grant that provides HCBS to older adults and/or adults with physical disabilities. This is the Money Follows the Person grant.
- **Money Follows the Person:** This is a nursing home transition grant that helps residents who have been in a nursing home transition back into the community.

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

## State-funded HCBS Programs

- Kentucky has three state funded HCBS programs for the elderly and physically disabled adults. These are: Homecare, Personal Care Attendant, and Alzheimer's Day Care and In-Home Respite.
- **Homecare:** This program, which has been in existence since 1982, is a statewide program designed to help adults who are at risk of institutionalization to remain in their own homes by providing supports and HCBS. In addition to nursing home diversion, the program also offers transition services to eligible nursing home residents to return to the community. Both nursing home diversion and transition are accomplished by coordinating the help provided by caregivers and provider agencies. Eligible participants must be 60 years of age or older and unable to perform two ADLs or three IADLs. Although there are no income or asset limits for this program, an optional, income-based sliding fee scale is used, as determined by case managers at the AAAs. With funding from a Nursing Home Diversion grant, the Homecare program is testing consumer-directed options in two eastern parts of the state in which there is a provider shortage. Consumers in the pilot must have the capacity to be able to hire, train, and fire staff.
- **Personal Care Attendant:** This program is designed to help physically disabled adults remain in the community with HCBS services. Participants must be severely physically disabled, with temporary, recurring or permanent functional loss of two or more limbs; need at least 14 hours but no more than 40 hours of attendant care per week; and be mentally capable of hiring, training, instructing, supervising and firing attendants, including preparing payroll and required employer tax statements. Similar to Homecare, participants do not handle cash but use a fiscal intermediary. While there is no income limit for an individual or couple, there is an income-based sliding scale of partial payment for services.

- **Alzheimer’s Day Care and In-Home Respite:** This program is primarily targeted toward helping individuals with Alzheimer’s disease and related dementias attend certified day care centers so they can remain in the mainstream of community life. Care can be provided during any part of the day but must be less than 24-hour care. Only one region of the state provides in-home respite in addition to care provided in adult day care centers. The Alzheimer’s Association helps by publicizing the program, as do local communities and current participants. While the program does not have any income or asset limits, there is an income-based sliding scale partial payment for services.
- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered.
- **Nursing Home Diversion:** This grant is intended to enable adults at risk of nursing home placement to remain in the community with HCBS. This grant is testing consumer-directed options under the existing state-funded Homecare program in two regions of eastern Kentucky that have difficulty finding providers.
- **Alzheimer’s Disease Demonstration:** This demonstration targets older adults with Alzheimer’s disease and their caregivers. This program also provides consumer-directed options.
- Refer to Table 2 for an overview of selected HCBS programs.

### Locally Funded Programs

- Kentucky uses local funds for HCBS for older adults and/or adults with physical disabilities.
- The state uses local funds to expand the number of HCBS participants who can be served in state-funded and Title III programs.
- Senior centers and other programs (such as Senior Games, Elder Abuse Councils, and other community service network projects) generally receive most of the local funds because they have local visibility and popularity.

### OAA-funded Programs

- Refer to Table 1 for services provided through Title III of the OAA.
- Funds are used to supplement services that are not available through other programs (for example, meals) and to increase the number of participants served. There are long waiting lists for these services.
- The AAAs are responsible for administering Title III funds. AAAs often utilize local funds as a part of the state match required for Title III services.
- Kentucky has two OAA-funded programs and grants that provide HCBS to older adults and adults with physical disabilities.

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

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

### Consumer Direction

- Kentucky offers consumer-directed options. The HCBS programs in the state that offer consumer direction are: Home and Community Based Waiver, Alzheimer’s Day Care and In-Home Respite, Homecare, Personal Care Attendant, Nursing Home Diversion, and Alzheimer’s Disease and Demonstration grant.
- Kentucky also had a Robert Wood Johnson Foundation Cash and Counseling grant that ended in June, 2008. This grant has helped set the parameters for consumer-directed options.
- Models of consumer direction available in the state include modified Cash and Counseling and vouchers. Parameters include a business model that involves training consumers to hire their own workers, and receive vouchers and/or submit timesheets and receipts to the fiscal intermediary, which pays the providers.

- Those permitted to provide services under consumer direction include provider agencies, adult children of consumers, other family members (excluding spouse or parent), and friends. All providers are required to go through a criminal background check.
- Kentucky uses one fiscal intermediary for consumer-directed options and it has offices (Area Development Offices) in the same 15 regional areas as the AAAs. AAAs perform support broker functions for consumer-directed options, and the Area Development Districts perform the fiscal intermediary function. (Case managers in the program are called support brokers; there is a case load limit for the support brokers.)
- The AAAs' involvement in managing Medicaid waivers for older adults and consumer-directed options is new within the last five years and is working very effectively.
- The Nursing Home Diversion and Money Follows the Person grants are expected to have the most significant effects on rebalancing the system toward HCBS.

## Managed Health Care

- Kentucky does not have HCBS programs that are run by managed health care plans.

## Major Accomplishments and Initiatives

- The availability of consumer-directed options is a major undertaking impacting HCBS.

# AGING STRATEGIC ALIGNMENT PROJECT

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

Table 2: Selected HCBS programs for Older Adults and Adults with Physical Disabilities in Kentucky

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 Waiver	All age groups	Yes	Area Agency on Aging; Home health agencies; Adult day health care	State agency	Area Agency on Aging; Home health agencies; Adult day for non-state-funded programs	No	Yes
	Model Waiver II - Ventilator waiver	All age groups	Yes	Home Health agencies	State agency: Department of Community Based Services	No case management	Information Not Reported	No
CMS-funded Programs and Grants	Money Follows the Person	All age groups	Yes	State agency: Department for Medicaid Services	State agency: Department for Medicaid Services	State agency: Department for Medicaid Services	Information Not Reported	Yes
State-funded Programs	Alzheimer's Day Care and In Home Respite	Any age with a diagnosis of Alzheimer's Disease or other dementia	No	Physician	No financial assessment	Area Agency on Aging	Yes (99)	Yes
	Homecare	60+	Yes	Area Agency on Aging	Area Agency on Aging	Area Agency on Aging	Yes (5,024 for in-home services, 3,003 for meals)	No
	Personal Care Attendant Program	18+ severely physically disabled who are at risk of institutionalization	Yes	Area Agency on Aging	No financial assessment	Area Agency on Aging	Yes (514)	Yes



# AGING STRATEGIC ALIGNMENT PROJECT

## State Profile for

# MISSISSIPPI

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

### Background

- Mississippi's 60+ population was 516,129 in 2008 (17.6% of the state's total population), with 14.4% below the federal poverty level.<sup>1</sup>
- The 60+ population is projected to be 777,435 in 2025 (25.3% of the state's total population).<sup>2</sup>
- About 24.2% of all households in 2007 had one or more persons age 65 years and older, and 52.9% of persons age 65 years and older had a disability.<sup>3</sup>
- Of the 717,435 Medicaid beneficiaries in the state in 2003, 9.8% were aged, 21.6% were blind and disabled, 21.1% were Dual Eligible, and 1.8% were HCBS waiver beneficiaries.<sup>4</sup>
- Medicaid expenditures for institutional long-term care were 87.3% of total long-term-care expenditures, compared to 12.7% for HCBS in fiscal year 2007.<sup>5</sup>

#### 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

<sup>1</sup> 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>

<sup>2</sup> 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](http://www.aoa.gov/AoARoot/Aging_Statistics/future_growth/future_growth.aspx).

<sup>3</sup> 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.

<sup>4</sup> 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)*.

<sup>5</sup> 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:** Mississippi Department of Human Services, Division of Aging and Adult Services (MDHS/DAAS). [www.mdhs.state.ms.us/aas.html](http://www.mdhs.state.ms.us/aas.html)
- **State Medicaid Agency:** Mississippi Division of Medicaid Long-term Care Bureau. [www.medicaid.ms.gov/](http://www.medicaid.ms.gov/)
- Mississippi does not have a consolidated agency for long-term-care programs. The following agencies handle long-term care: Mississippi Division of Medicaid, Mississippi Department of Human Services/Division of Aging and Adult Services, Department of Rehabilitation and the Department of Mental Health.
- The director of Mississippi's SUA reports to the director of the Division of Aging and Adult Services, who reports to the Executive Director of the Mississippi Department of Human Services, who reports to the Governor.
- Mississippi has 10 Area Agencies on Aging.
- In Mississippi, the Home and Community Based Elderly and Disabled Waiver is administered through the Medicaid agency, which subcontracts with the local AAAs.

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

- Mississippi 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. There are nine resource centers.
- In addition to serving older adults, Mississippi's ADRC serves adults with disabilities, caregivers and anyone looking for information.

## Assessment Process

### Medicaid

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

requires an in-person assessment by someone other than nursing home staff. The assessment is conducted by the Division of Medicaid Long-term Care Bureau.

### Non-Medicaid

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

## State Medicaid Plan

- Mississippi provides HCBS through the state Medicaid plan.
- Refer to Table 1 for specific services provided.

## Medicaid Waivers

- Mississippi has two waivers that provide HCBS to older adults and/or adults with physical disabilities. These are: Disabled Waiver, and the Home and Community Based Elderly and Disabled Waiver.
- **Disabled Waiver:** *Information not reported.*
- **Home and Community Based Elderly and Disabled Waiver:** In addition to serving older adults, this program also serves those with physical disabilities and those with Alzheimer's disease, dementia or related conditions. Applicants must be deficient in three ADLs. There are 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

- *Information not reported.*

## State-funded HCBS Programs

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

## Locally Funded HCBS Programs

- Mississippi uses local funds for HCBS for older adults and/or adults with physical disabilities.
- In Mississippi, local funds are primarily used as a match to providers for certain services, including OAA Title III services.

## OAA-funded Programs and Grants

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

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

- Mississippi uses SSBG to provide HCBS for older adults and/or adults with physical disabilities.
- SSBG funds are distributed to the AAAs, which use the funding to provide services. The funds are often combined with OAA Title III and Title V monies. Sometimes the funds are used for fund congregate meals.
- Mississippi uses CSBG to provide HCBS for older adults and/or adults with physical disabilities.

## Consumer Direction

- Mississippi offers consumer-directed options. The HCBS program in the state that offers consumer direction is the Home and Community Based Elderly and Disabled Waiver.

## Managed Care

- *Information not reported.*

## Major Accomplishments and Initiatives

- The ADRC and its further development will have a major impact in Mississippi.

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

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

**Table 2: Selected HCBS for Older Adults and Adults with Physical Disabilities in Mississippi**

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	Disabled Waiver	Information not reported	Information not reported	N/A	Information not reported	Information not reported	Information not reported	Information not reported
	Home and Community Based Elderly and Disabled Waiver	21+	Yes	Physician	State agency	Area Agency on Aging	Yes	Yes



# AGING STRATEGIC ALIGNMENT PROJECT

## State Profile for

# NORTH CAROLINA

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

### Background

- North Carolina's 60+ population was 1,623,389 in 2008 (17.6% of the state's total population), with 10.7% below the federal poverty level.<sup>1</sup>
- The 60+ population is projected to be 2,589,281 in 2025 (22.6% of the state's total population).<sup>2</sup>
- About 22% of all households in 2007 had one or more persons age 65 years and older, and 43.4% of persons age 65 years and older had a disability.<sup>3</sup>
- Of the 1,416,912 Medicaid beneficiaries in the state in 2003, 10.6% were aged, 19.7% were blind and disabled, 19.7% were Dual Eligible, and 1.2% were HCBS waiver beneficiaries.<sup>4</sup>
- Medicaid expenditures for institutional long-term care were 55.1% of total long-term-care expenditures, compared to 44.9% for HCBS in fiscal year 2007.<sup>5</sup>

#### 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

<sup>1</sup> 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>

<sup>2</sup> 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](http://www.aoa.gov/AoARoot/Aging_Statistics/future_growth/future_growth.aspx).

<sup>3</sup> 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.

<sup>4</sup> 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)*.

<sup>5</sup> 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 Assessment Process

- **SUA:** North Carolina Division of Aging and Adult Services.  
[www.dhhs.state.nc.us/aging/index.htm](http://www.dhhs.state.nc.us/aging/index.htm)
- **State Medicaid Agency:** North Carolina Division of Medical Assistance.  
[www.dhhs.state.nc.us/dma](http://www.dhhs.state.nc.us/dma)
- North Carolina has a consolidated agency for long-term-care programs. The divisions within the Department of Health and Human Services that handle long-term care are: North Carolina Division of Aging and Adult Services and the North Carolina Division of Medical Assistance.
- The director of North Carolina's SUA reports to the director of the Department of Health and Human Services.
- North Carolina has 17 Area Agencies on Aging.
- Some counties in North Carolina have a Department on Aging and others have a Council on Aging.

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

- North Carolina 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, North Carolina's ADRC serves the physically disabled population.
- The ADRC is in two counties presently: Forsyth and Surry. It is referred to as Senior Services and collaborates with a provider of services to the disabled population.
- The ADRC is working on streamlining the intake process and upgrading technology. It is working under the 'no-wrong door' philosophy.

## Medicaid

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

## Non-Medicaid

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

## State Medicaid Plan

- North Carolina provides HCBS through the state Medicaid plan.
- Refer to Table 1 for specific services provided.
- **PACE:** North Carolina has two PACE sites. One site is in the planning stage for the Winston-Salem area; the operational site is in Wilmington.

## Medicaid Waivers

- North Carolina has two waivers that provide HCBS to older adults and/or adults with physical disabilities. These are: Community Alternative Program Choice and Community Alternative Program for Disabled Adults.
- **Community Alternative Program Choice:** This program is for those aged 18 and older who have a physical disability. It serves the same population as the Community Alternative Program for Disabled Adults (described below). The Choice program differs in that it is participant-directed with the consumer choosing and directing the provision of services. The participant also has the authority to negotiate the hired individual's rate of pay. This option is available in four counties in the state (Cabarrus, Duplin, Forsyth and Surry); however, North Carolina's plans are to expand the program statewide.

- **Community Alternative Program for Disabled Adults:** This program is for those aged 18 and older who have a physical disability. It is an alternative home care program to nursing home placement for those who are Medicaid eligible. The program is operated in all 100 counties throughout the state by a lead agency. The county commission appoints these lead agencies, which are a hospital, health department, Department of Social Services, or an aging department.
- 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

- North Carolina does not have CMS-funded Programs and Grants that provide HCBS to older adults and/or adults with physical disabilities.

## State-funded HCBS Programs

- North Carolina has one state-funded HCBS program that provides HCBS to older adults and/or adults with physical disabilities. This is: Home and Community Care Block Grant.
- **Home and Community Care Block Grant:** This program serves those aged 60 and older, combining federal and state funds to provide supportive and nutrition services to North Carolina's older adults. Program requirements follow those of OAA targeting low income, minority and rural elderly. Counties awarded this grant receive 37% from OAA and Social Service Block Grant funding, 53% from state funds and a 10% local match. There are no income limits for this program. One county currently has consumer-directed options available in this program. There are plans to expand consumer-directed options to other counties beginning in July, 2010.
- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered.

## Locally Funded HCBS Programs

- North Carolina uses local funds for Medicaid match.
- North Carolina uses local funds for HCBS for older adults and/or adults with physical disabilities (besides those funds used for Medicaid match).
- Counties that receive the Home and Community Care Block Grant (described above) provide a 10% match for supportive and nutrition services. Otherwise counties have an approximate 5% Medicaid match rate. Counties have the discretion to appropriate funds to the local Departments on Aging in addition to the match funds to provide additional services for older adults.

## OAA-funded Programs and Grants

- Refer to Table 1 for services provided through Title III of the Older Americans Act.
- North Carolina uses cost-sharing mechanisms or sliding fee scales in the delivery of Title III services.
- North Carolina has two other OAA-funded programs and grants that provide HCBS to older adults and/or adults with physical disabilities. These are: Project C.A.R.E. (Alzheimer's disease Demonstration Program) and Chronic Disease Self-Management Program.

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

- North Carolina uses SSBG to provide HCBS for older adults and/or adults with physical disabilities.
- North Carolina uses SSBG funds in combination with local, state and Title III funding to provide services under the Home and Community Care Block Grant program (described above).
- North Carolina does not use CSBG to provide HCBS for older adults and/or adults with physical disabilities.

## Consumer Direction

- North Carolina offers consumer-directed options. The HCBS program in the state that offers consumer direction is the Community Alternative Program Choice.
- Models of consumer direction available in the state include: a participant-directed model with the consumer choosing the services, directing the provision of service and negotiating the rate of pay for hired helpers.
- Those permitted to provide services under consumer direction in North Carolina are: provider agencies, spouses, adult children of the consumer, other family members, and friends. Restrictions apply to spouses in Medicaid programs.
- North Carolina uses fiscal intermediary services in connection with consumer direction.

## Managed Care

- Information not reported.

## Major Accomplishments and Initiatives

- A major accomplishment in North Carolina has been Project C.A.R.E (OAA-funded). It has provided a lot of respite for caregivers.
- The ADRC has helped North Carolina gain experience with and insight into how to better coordinate assessment and case management activities.
- In the next two years, North Carolina would like to expand consumer-directed options, respite services and the ADRC initiative.

**Table 1: Types of Home- and Community-based Services Provided Under North Carolina'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
	Community Alternative Program CAP Choice	Community Alternative Program for Disabled Adults CAP/DA	Home and Community Care Block Grant		
Adult Day Care / Adult Day Health		X	X		X
Assisted Living					
Caregiver Services / Respite / Education		X	X		X
Case Management / Care Coordination	X	X	X		X
Chore / Homemaking			X		X
Companion Services / Socialization Activities			X		X
Employment					
Equipment / Supplies / Modifications / Assistive Technology		X	X	X	X
Health Promotion Activities			X		X
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	X		X
Personal Supports for Community Living/Transitioning			X		X
Rehabilitation / Therapy				X	
Residential Services					
Transportation	X	X	X	X	X
Other/Unspecified HCBS	X				

**Table 2: Selected HCBS Programs for Older Adults and Adults with Physical Disabilities in North Carolina**

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	Community Alternative Program Choice	18+	Yes	Lead Agency	County	Lead Agency	No	Yes
	Community Alternative Program for Disabled Adults	18+	Yes	County; Municipality; Non-profit (other than AAA or CIL); Hospital Staff; Physician	County	County; Non-profit (other than AAA or CIL); Hospital Staff; Lead agencies	Yes	No
State-funded Programs	Home and Community Care Block Grant	60+	No	Area Agency on Aging; County; Municipality; Non-profit (not AAA or CIL); ADRC/SPE; Hospital Staff	No financial assessment	Area Agency on Aging; County/Parish; Municipality; Non-profit (not AAA or CIL); ADRC/SPE; Hospital Staff	Yes (11,500)	Yes

# AGING STRATEGIC ALIGNMENT PROJECT

## State Profile for

# SOUTH CAROLINA

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

### Background

- South Carolina's 60+ population was 849,263 in 2008 (19.0% of the state's total population), with 11.8% below the federal poverty level.<sup>1</sup>
- The 60+ population is projected to be 1,349,390 in 2025 (27% of the state's total population).<sup>2</sup>
- About 23.4% of all households in 2007 had one or more persons age 65 years and older; and 43.3% of persons age 65 years and older had a disability.<sup>3</sup>
- Of the 861,216 Medicaid beneficiaries in the state in 2003, 11.2% were aged, 14.0% were blind and disabled, 15.4% were Dual Eligible, and 2.3% were HCBS waiver beneficiaries.<sup>4</sup>
- Medicaid expenditures for institutional long-term care were 65.3% of total long-term-care expenditures, compared to 35.7% for HCBS in fiscal year 2007.<sup>5</sup>

#### 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

<sup>1</sup> 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>

<sup>2</sup> 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](http://www.aoa.gov/AoARoot/Aging_Statistics/future_growth/future_growth.aspx).

<sup>3</sup> 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.

<sup>4</sup> 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)*.

<sup>5</sup> 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:** Lieutenant Governor's Office on Aging. [www.ltgov.sc.gov/](http://www.ltgov.sc.gov/)
- **State Medicaid Agency:** South Carolina Department of Health and Human Services. [www.dhhs.state.sc.us/dhhsnew/index.asp](http://www.dhhs.state.sc.us/dhhsnew/index.asp)
- South Carolina does not have a consolidated agency for long-term-care programs.
- The director of the SUA reports to the Lieutenant Governor, who in turn, reports to the Governor.
- South Carolina has 10 Area Agencies on Aging.

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

- South Carolina has an ADRC but it is not statewide.
- Some ADRCs sites have a physical (bricks and mortar) infrastructure; some ADRCs sites operate under a virtual model
- In addition to serving older adults, South Carolina's ADRC serves individuals with MRDD, the physically disabled and adults with cognitive impairment, Alzheimer's disease and related dementias.
- Five of the ADRCs in South Carolina are within AAAs and cover 50% of the state. Three of the ADRCs lease mobile vans that serve rural, isolated areas. The remaining five AAAs do not have ADRCs. Staff in the AAAs that include ADRCs receive more extensive training across programs, making it easier for applicants to access needed services.

## Assessment Process

### Medicaid

- For Medicaid applicants, in determining functional eligibility for nursing home pre-admission, South Carolina requires an in-person assessment by someone other than nursing home staff.

Community Long-Term Care (CLTC) within the Medicaid office conducts the pre-admission assessment. It has branches in every county called Area Offices. A nurse conducts the functional assessment while financial eligibility assessment is conducted by a financial eligibility officer. Sometimes, an ADRC may assist with gathering financial information on an applicant for CLTC.

### Non-Medicaid

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

## State Medicaid Plan

- South Carolina does not typically provide HCBS through the state Medicaid plan. While it may provide them on a short-term basis through the state Medicaid plan, HCBS are primarily provided through the Medicaid waivers.
- **PACE:** South Carolina has two PACE sites: one in Columbia and one in Orangeburg.

## Medicaid Waivers

- South Carolina has two waivers that provide HCBS to older adults and/or adults with physical disabilities. These are: Community Choices and Ventilator Dependent waivers.
- **Community Choices:** In addition to serving older adults, including those with Alzheimer's disease and related conditions, this program also serves adults with physical disabilities, individuals with MRDD, and older adults with head or spinal cord injuries. The program is the largest waiver in the state and has 12,000 waiver slots of which about 1,000 serve individuals who have MRDD or head and spinal cord injuries. The income limit for a single individual is \$1,911 and the asset limit is \$2,000. This program has consumer-directed options. Participants can choose their own case managers including independent case managers, contractors, or state employees. Participants can also get \$1,000 to help transition them to the community.

- **Ventilator Dependent:** This waiver was designed to address the needs of adults with brain and spinal cord injuries. If an applicant is over 65 years old, he/she cannot be served by this waiver unless the injury occurred prior to age 65. If the injury occurred after the age of 65, applicants are served in the Community Choices waiver. The Ventilator Dependent waiver also provides services to those who could not be served in the Community Choice waiver because of its cap on costs.
- 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

- South Carolina 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 targets older adults' including those with Alzheimer's disease and related conditions, and those with physical disabilities. It provides nursing home residents with transitional costs to move into the community. These transitional costs are different from those offered in the Community Choices waiver. The program builds on earlier grants received by South Carolina including the Real Choice Systems Change and Nursing Home Diversion grants.
- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered.

## State-funded HCBS Programs

- South Carolina has one state-funded HCBS program that provides HCBS to older adults and/or adults with physical disabilities. This is the: State Supplemental Program.
- **State Supplemental Program:** State Supplemental Program is non-recurring and was designed to help applicants on the waiting list with meals, homemaker, and residential maintenance services. Although this program does not serve any specific diagnostic group,

it targets applicants who are at risk for nursing home placement, because of their living alone, having limitations in their ADLs and IADLs and financial status. Applicants assessed to be at high risk for nursing home placement receive priority for being served by the program. Some individuals served in this program do not qualify for Title III funds if they are under age 60 or if there are no openings under Title III services. There are no asset limits to qualify for this program. Funds of \$2.9 million were appropriated through the general assembly in 2007 to provide HCBS under 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

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

## OAA-funded Programs and Grants

- Refer to Table 1 for services provided through Title III of the OAA.
- South Carolina does not use cost-sharing mechanisms or sliding fee scales in the delivery of Title III services.
- South Carolina has one OAA-funded program and grant. 'Living Well and a Matter of Balance' is an evidence-based health promotion prevention program.

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

- South Carolina uses SSBG to provide HCBS for older adults and/or adults with physical disabilities.
- SSBG dollars are used for meals and homemaker services.

## Consumer Direction

- South Carolina offers consumer-directed options. The HCBS program in the state that offers consumer direction is Community Choices Waiver.

- Models of consumer direction available in the state include: a modified Cash and Counseling option.
- Four options for consumer direction are available under the Community Choices waiver: (1) a consumer can receive services from an agency; (2) the consumer can act as the employer and select his/her companion or worker to work at the fixed Medicaid rate; (3) the consumer can employ the worker but negotiate the rate of pay; and (4) the consumer can receive a designated amount as a budget, manage the funds and decide how to spend it. Each individual is assessed and is designated a budget for six months. Some consumers work with their case managers to decide how to spend the money. Consumers have online access to their budget to monitor how much they have spent. They do not receive cash or vouchers.
- Those permitted to provide services under consumer direction in South Carolina are: family members (excluding spouses or legal guardians), provider agencies, and friends.

### Managed Care

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

### Major Accomplishments and Initiatives

- In the next two years, South Carolina envisages budget cuts and no increase in funding for HCBS.
- Discussions about increasing the cigarette tax in order to help expand Medicaid services are ongoing.
- South Carolina would like to increase funding for its existing ADRC sites and for developing new ADRCs, but because of budget cuts, this is unlikely to happen in the near future.

Types of Services	Program Type / Funding Source					
	Medicaid Waivers		CMS-funded Programs and Grants	State-funded Programs	State Medicaid Plan	OAA Title III
	Community Choices waiver	Ventilator Dependent waiver	Money Follows the Person	State Supplemental Program		
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
Companion Services / Socialization Activities	X					
Employment						
Equipment / Supplies / Modifications / Assistive Technology	X	X	X	X		X
Health Promotion Activities						X
Home Health / Personal Care	X	X		X		X
Information / Assistance / Referral	X	X				X
Legal Assistance / Financial Advice						X
Medical / Dental / Medication Care		X				
Mental and Behavioral Health Services						
Nursing	X	X	X			
Nutrition / Meals	X	X		X		X
Personal Supports for Community Living / Transitioning	X			X		X
Rehabilitation / Therapy						
Residential Services			X			
Transportation				X		X
Other/Unspecified HCBS						

**Table 2: Selected HCBS Programs for Older Adults and Adults with Physical Disabilities in South Carolina**

Program Type / Funding Source	Program Name	Ages Served		Entity Responsible for Functional Assessment	Entity Responsible for Financial Assessment	Entity Responsible for Case Management	Waiting List (Number)	Consumer Direction Option
Medicaid Waivers	Community Choices waiver	Seniors and adults with physical disabilities who are 18+	Yes	State agency: Department of Health and Human Services, Community Long Term Care (CLTC)	State agency: Department of Health and Human Services	State agency; Independent case managers	Yes (2,100)	Yes
	Ventilator dependent waiver	Age 21+ who require mechanical ventilation	Yes	State agency: Department of Health and Human Services, Community Long Term Care Division	State agency: Department of Health and Human Services, Community Long Term Care Division	State agency: Department of Health and Human Services, Community Long Term Care Division	No	Information not reported
CMS-funded Programs and Grants	Money Follows the Person	18+	Yes	State agency: Department of Health and Human Services, Community Long Term Care Division	Area Agency on Aging; County; Non-profit (other than AAA or CIL)	Area Agency on Aging	Information not reported	Information not reported
State-funded Programs	State Supplemental Program	60+	No	Service contractors	Service providers	Area Agency on Aging	No	No

# AGING STRATEGIC ALIGNMENT PROJECT

## State Profile for

# TENNESSEE

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

### Background

- Tennessee's 60+ population was 1,155,990 in 2008 (18.6% of the state's total population), with 11.5% below the federal poverty level.<sup>1</sup>
- The 60+ population is projected to be 1,714,105 in 2025 (24.2% of the state's total population).<sup>2</sup>
- About 23% of all households in 2007 had one or more persons age 65 years and older, and 45.7% of persons age 65 years and older had a disability.<sup>3</sup>
- Of the 1,729,589 Medicaid beneficiaries in the state in 2003, 5.1% were aged, 18.9% were blind and disabled, 16.5% were Dual Eligible, and 0.3% were HCBS waiver beneficiaries.<sup>4</sup>
- Medicaid expenditures for institutional long-term care were 70.1% of total long-term-care expenditures, compared to 29.9% for HCBS in fiscal year 2007.<sup>5</sup>

#### 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

<sup>1</sup> 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>

<sup>2</sup> 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](http://www.aoa.gov/AoARoot/Aging_Statistics/future_growth/future_growth.aspx).

<sup>3</sup> 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.

<sup>4</sup> 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)*.

<sup>5</sup> 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:** Tennessee Commission on Aging and Disability. [www.state.tn.us/comaging/](http://www.state.tn.us/comaging/)
- **State Medicaid Agency:** TennCare. [www.state.tn.us/tenncare](http://www.state.tn.us/tenncare)
- Tennessee does not have a consolidated agency for long-term-care programs. The following agencies handle long-term care: The Commission on Aging and Disability has the responsibility of the OAA programs; TennCare runs the waiver for Long-Term Care and HCBS.
- The director of Tennessee's SUA reports to the Tennessee Commission on Aging and Disability, who reports to the Governor.

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

- Tennessee 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, Tennessee's ADRC serves those with MRDD and those with physical disabilities.
- The ADRC sites in Tennessee is called the Aging and Disability Resource Connection. There are two pilot sites housed within two AAAs.
- The ADRC in Nashville and Cookeville conduct ongoing case management duties for the HCBS for Elderly and Disabled Waiver.

## Assessment Process

### Medicaid

- *Information not reported.*

## Non-Medicaid

- Individuals have to qualify for Level 1 nursing home level of care. The Pre-Admission Evaluation (PAE) submitted to TennCare must be completed by the nursing home whether Medicaid eligible or not.

## State Medicaid Plan

- Tennessee provides HCBS through the state Medicaid plan.
- Refer to Table 1 for specific services provided.
- **PACE:** Tennessee has one PACE site in Chattanooga; additional sites are being planned.

## Medicaid Waivers

- Tennessee has one waiver that provides HCBS to older adults and/or adults with physical disabilities. This is: HCBS for Elderly and Disabled.
- **HCBS for Elderly and Disabled:** This program serves those age 21 and older and those who are disabled. A case manager from the AAA goes to an applicant's home for the assessment and eligibility paperwork; the application and necessary documentation is then taken to the local/regional/county Department of Health Office. The application can take up to 45 days to process. The income and asset limits for an individual are \$1,911 and \$2,000, respectively. Participants in the program have the choice of a care manager from the AAA or from a private provider entity.
- 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

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

## State-funded HCBS Programs

- Tennessee has three state-funded programs that provide HCBS to older adults and/or adults with physical disabilities. These are: Consumer-directed Pilot Program; Family Support Program; and Options for Community Living.
- **Consumer-directed Pilot Program:** This program targets individuals age 18 and older with a physical disability.
- **Family Support Program:** This program offers financial assistance to qualified families; \$4,000 per year is the maximum level of assistance. Eligibility for this program is not determined on the basis of age; the program is available to a person with a severe or developmental disability and the parent, relative or other caregiver who resides in the same household. The functional assessment investigates the functionality limitation of three or more areas of major life activity. There are no financial requirements to qualify for this program. The program operates with more than 200 volunteers statewide who work closely with agency staff to assure that priorities for eligibility and selection for the program are being followed. Consumer-directed options are available; participants state what services they need and choose their caregiver.
- **Options for Community Living:** This program serves those age 18 and older with limitations of ADLs and IADLs. There are cost sharing mechanisms applied for services in this program; however, there are no income or asset requirements to qualify for the program. The program serves approximately 2,600 individuals with 5,000 on the waiting lists. Consumer direction is limited to participants choosing their providers.
- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered.

## Locally Funded HCBS Programs

- Tennessee uses local funds for HCBS for older adults and/or adults with physical disabilities these funds are limited.

## OAA-funded Programs and Grants

- Refer to Table 1 for services provided through Title III of the OAA
- Tennessee uses cost-sharing mechanisms or sliding fee scales in the delivery of Title III services.
- Tennessee has one other OAA-funded program and grant that provides HCBS to older adults and/or adults with physical disabilities. This is: Alzheimer's Disease Demonstration Grant.
- **Alzheimer's Disease Demonstration Grant:** Through this program, families receive vouchers for services and have access to educational tools and respite support groups.

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

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

## Consumer Direction

- Tennessee offers consumer-directed options. The HCBS programs in the state that offer consumer direction are: Consumer-directed Pilot Program and the Family Support Program.
- Models of consumer direction available in the state include: voucher and cash options.
- Tennessee uses one fiscal intermediary in connection with consumer direction.

## Managed Care

- Tennessee does not have HCBS programs run by managed care health plans.
- There is a proposal to use managed care organizations for HCBS Care Coordination.

## Major Accomplishments and Initiatives

- One of Tennessee's major accomplishments is having the Governor's support to focus on long-term-care reform. There is a bill in the legislature to rebalance nursing home care.
- Tennessee has an Alzheimer's Disease Task Force in place (This task force is being funded with state funds).

**Table 1: Types of Home- and Community-based Services Provided Under Tennessee’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
	HCBS for Elderly and Disabled	Consumer-directed Pilot Program	Family Support Program (for disabilities)	Options for Community Living		
Adult Day Care / Adult Day Health	X		X			X
Assisted Living	X					
Caregiver Services / Respite / Education	X		X			
Case Management / Care Coordination	X	X		X		X
Chore / Homemaking	X	X	X	X		X
Companion Services / Socialization Activities						
Employment						
Equipment / Supplies / Modifications / Assistive Technology	X		X			
Health Promotion Activities						
Home Health / Personal Care	X	X	X	X	X	X
Information / Assistance / Referral	X	X	X	X		X
Legal Assistance / Financial Advice						X
Medical / Dental / Medication Care			X			
Mental and Behavioral Health Services						
Nursing			X			
Nutrition / Meals	X	X		X		X
Personal Supports for Community Living / Transitioning	X		X			
Rehabilitation / Therapy			X			
Residential Services						
Transportation			X			X
Other/Unspecified HCBS						

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

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	HCBS for Elderly and Disabled	21+	Yes	Physician, Area Agency on Aging	State agency: Department of Health, Area Agency on Aging	Area Agency on Aging, Private Case Management Agency, ADRC	No	No
State-funded Programs	Consumer-directed Pilot Program	18+	Information not reported	Information not reported	Information not reported	Information not reported	Information not reported	Yes
	Family Support Program (for disabilities)	any age	No	Agency Staff	No financial assessment	State agency: Dept of Mental Retardation Services; Community volunteers	Yes (5,000)	Yes
	Options for Community Living	18+	No	Area Agency on Aging	Area Agency on Aging	Area Agency on Aging	Yes (5,000)	No