

AGING STRATEGIC ALIGNMENT PROJECT

State Profile for

ILLINOIS

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

Background

- Illinois's 60+ population was 2,176,100 in 2008 (16.9% of the state's total population), with 8.2% below the federal poverty level.¹
- The 60+ population is projected to be 2,971,992 in 2025 (16.7% of the state's total population).²
- About 22.7% of all households in 2007 had one or more persons age 65 years and older, and 38.6% of persons age 65 years and older had a disability.³
- Of the 1,830,233 Medicaid beneficiaries in the state in 2003, 6% were aged, 15% were blind and disabled, 19.5% were Dual Eligible, and 3.2% were HCBS waiver beneficiaries.⁴
- Medicaid expenditures for institutional long-term care were 68.6% of total long-term-care expenditures, compared to 31.4% for HCBS in fiscal year 2007.⁵

Abbreviations

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

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

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

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

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

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

Government Structure to Manage HCBS

- **SUA:** Illinois Department on Aging.
www.state.il.us/aging/
- **State Medicaid Agency:** Illinois Department of Healthcare and Family Services.
www.hfs.illinois.gov/
- Illinois does not have a consolidated agency for long-term-care programs.
- The director of Illinois's SUA reports to the Governor.

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

- Illinois has an ADRC that in the process of becoming statewide.
- All ADRC sites have a physical (bricks and mortar) infrastructure.
- In addition to serving older adults, Illinois's ADRC serves those with physical disabilities.
- Illinois's ultimate goal for the ADRC is to establish statewide coordinated points of entry in combination with the ADRCs.

Assessment Process

Medicaid

- For Medicaid applicants, in determining functional eligibility for nursing home pre-admission, Illinois requires an in-person assessment by someone other than nursing home staff. The assessment is conducted by the Case Coordination Units.
- Case Coordination Units are private entities with which the Department on Aging contracts to handle assessment and other activities, including case management for the Community Care Program.

Non-Medicaid

- For non-Medicaid applicants in Illinois, nursing home pre-admission assessment is performed by someone other than nursing home staff. The assessment is done in-person for adults with physical disabilities and all adults aged 60 and older by the Case Coordination Units.
- All consumers in Illinois go through the same assessment process. Assessments are conducted in-person before entering a nursing home. However, there are instances in which an individual may have entered a nursing home prior to assessment.

State Medicaid Plan

- Illinois provides HCBS through the state Medicaid plan.
- Refer to Table 1 for specific services provided.
- **PACE:** Illinois has one PACE site. In addition, two are in the planning stage.

Medicaid Waivers

- Illinois has three waivers that provide HCBS to older adults and/or adults with physical disabilities. These are: Disabled; Elderly; and Supportive Living Facility.
- **Disabled:** This program serves those with physical disabilities up to the age of 59 years.
- **Elderly:** This program is for adults age 60 years and older who have a Determination of Need score of 29 or greater. There are no income limits for individuals to qualify for this program. The asset limit for an individual is \$17,500. The program is implemented as part of the state's Community Care Program (described below).
- **Supportive Living Facility:** This program serves persons with physical disabilities age 22-64 years and adults 65 years and older. The program is an alternative to nursing home care and combines apartment-style housing with personal care and other supportive services. There are 102 program sites across the state

with 7,900 apartments. Another 45 program sites with an additional 4,000 apartments have been approved and are in various stages of development. Participants in the program must meet Medicaid eligibility and have a Determination of Need score of 29 or greater. The income and asset limits for an individual are \$674/month and \$2,000, respectively. For a married couple, the income and assets limits are \$1,011/month and \$3,000, 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

- Illinois has two CMS-funded programs and grants that provide HCBS to older adults and/or adults with physical disabilities. These are: Cash and Counseling and Money Follows the Person.
- **Cash and Counseling:** This program is for adults age 60 and over. The program is being piloted in four areas of the state and serves 200 participants. The program operates under a consumer-directed model in which participants control the services they receive and use a fiscal intermediary for payroll, tax and reimbursement activities.
- **Money Follows the Person:** Applicants who have resided in a nursing home for six months or more, who are on Medicaid, and who express an interest in returning to the community (interest expressed via the MDS) are eligible for the program. Qualifications to participate in this program are not based on age. The asset limit for an individual is \$17,500.
- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered.

State-funded HCBS Programs

- Illinois has one state-funded programs that provides HCBS to older adults and/or adults with physical disabilities. This is: Community Care Program.

- **Community Care Program:** This program serves those age 60 and older. Individuals must have \$17,500 or less in assets to qualify and a DoN score of 29 or greater. All the requirements and services under this program are the same as under the Elderly Waiver; the difference is that this program reimburses for some services that cannot be reimbursed through Medicaid.
- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered.

Locally Funded HCBS Programs

- Illinois 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.
- Illinois does not use cost-sharing mechanisms or sliding fee scales in the delivery of Title III services.
- Illinois has one other OAA-funded program and grant that provides HCBS to older adults and/or adults with physical disabilities. This is: Nursing Home Diversion Grant.

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

- *Information not reported.*

Consumer Direction

- Illinois offers consumer-directed options. The HCBS programs in the state that offer consumer direction are: Money Follows the Person and Community Care Program.
- Models of consumer direction available in the state include: Cash and Counseling.

- Those permitted to provide services under consumer direction in Illinois are: provider agencies, adult children of the consumer, other family members, and friends. The only restriction is that the provider cannot live in the same household as the individual receiving the services.
- Illinois uses fiscal intermediary services in connection with consumer direction; there is one fiscal intermediary in the state.
- Illinois has also changed the process of how case management occurs by coordinating the assessment process. An applicant is assessed for all of his or her needs rather than being assessed for a particular program.
- There has been continued improvement in home care worker wages from \$10.23 in 2003 to \$16.23 in 2008, as well as added reimbursement for home care workers, \$1.33 per hour worked, for health insurance.
- The Adult Day Care reimbursement rate changed from \$7.25 to \$9.25 in 2008.

Managed Care

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

Major Accomplishments and Initiatives

- A major accomplishment in Illinois is the Money Follows the Person grant.

Types of Services	Program Type / Funding Source							
	Medicaid Waivers			CMS-funded Programs and Grants		State-funded Programs	State Medicaid Plan	OAA Title III
	Disabled	Elderly	Supportive Living Facility	Cash and Counseling	Money Follows the Person	Community Care Program		
Adult Day Care / Adult Day Health	X	X				X		X
Assisted Living								
Caregiver Services / Respite / Education	X	X		X	X	X		
Case Management / Care Coordination	X	X	X	X	X	X		X
Chore / Homemaking	X	X	X	X	X	X		X
Companion Services / Socialization Activities								
Employment								
Equipment / Supplies / Modifications / Assistive Technology	X	X	X		X	X	X	
Health Promotion Activities			X	X	X			
Home Health / Personal Care	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	X			X
Personal Supports for Community Living / Transitioning			X		X			
Rehabilitation / Therapy	X						X	
Residential Services								
Transportation			X	X	X		X	X
Other/Unspecified HCBS								

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

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	0-59	Information not reported	Information not reported	Information not reported	Information not reported	No	Information not reported
	Elderly	60+	Yes	Case Coordination Unit	Case Coordination Unit	Case Coordination Unit	No	Information not reported
	Supportive Living Facility	Persons with physical disabilities age 22-64 and persons age 65+	Yes	State agency: Department on Aging (for ages 60+) or Division of Rehabilitation Services (younger than age 60)	County/Parish	Provider Facility	No	No
CMS-funded Programs and Grants	Cash and Counseling	60+	Information not reported	Information not reported	Information not reported	Information not reported	Information not reported	Information not reported
	Money Follows the Person	Not based on age	Yes	Information not reported	Case Coordination Unit	Case Coordination Unit	No	Yes
State-funded Programs	Community Care Program	60+	Yes	Case Coordination Unit	Case Coordination Unit	Case Coordination Unit	No	Yes

AGING STRATEGIC ALIGNMENT PROJECT

State Profile for

INDIANA

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

Background

- Indiana's 60+ population was 1,128,187 in 2008 (17.7% of the state's total population), with 7.5% below the federal poverty level.¹
- The 60+ population is projected to be 1,524,232 in 2025 (22.7% of the state's total population).²
- About 22.1% of all households in 2007 had one or more persons age 65 years or older, and 40.4% of persons age 65 years and older had a disability.³
- Of the 895,973 Medicaid beneficiaries in the state in 2003, 7.4% were aged, 12.7% were blind and disabled, 15.1% were Dual Eligible, and 1.5% were HCBS waiver beneficiaries.⁴
- Medicaid expenditures for institutional long-term care were 67.7% of total long-term-care expenditures, compared to 33.3% for HCBS in fiscal year 2007.⁵

Abbreviations

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

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

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

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

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

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

Government Structure to Manage HCBS

- **SUA:** Indiana Division of Aging.
www.in.gov/fssa
- State Medicaid Agency: Office of Medicaid Policy and Planning.
www.in.gov/fssa
- Indiana does not have a consolidated agency for long-term care programs, although the Division of Aging handles all long-term care for older adults and adults with disabilities. The SUA and the Medicaid agency are under the Family and Social Services Administration, an umbrella social services agency.
- The director of Indiana's SUA reports to the Secretary of the Family and Social Service Administration, who reports to the Governor.
- Indiana has 16 Area Agencies on Aging.

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

- Indiana has a statewide, single point of entry.
- All sites have a physical (brick and mortar) structure.
- In addition to serving older adults, Indiana's sites serve individuals with physical disabilities, and those with Alzheimer's disease and related disorders.
- All 16 AAAs comprise the ADRC and follow the Person Centered Planning Model.

Assessment Process

Medicaid

- For Medicaid applicants, in determining functional eligibility for nursing home pre-admission, Indiana requires an in-person assessment by someone other than nursing home staff. The PAS/PASRR (Pre-Admission Screening and Resident Review) assessment is conducted by the AAA. For out-of-state clients, it is a paper review.

- The PAS assessment is performed regardless of payer source. Each client has the option to agree or refuse to participate in the assessment, however. If the client does not agree to participate in the PAS assessment, he or she is not eligible for Medicaid reimbursement at the nursing facility for one year. An individual entering a Medicaid certified-nursing facility will also have the PASRR assessment done by the AAA and the Community Mental Health Center (if the client is mentally ill) or hospital social worker and psychiatrist.

Non-Medicaid

- For non-Medicaid applicants in Indiana, nursing home pre-admission assessment is performed by someone other than nursing home staff, usually in person but occasionally with a paper review for out-of-state clients. The PAS/PASRR assessment is conducted by the AAA.
- The PAS assessment is performed regardless of payer source. Each client has the option to agree or refuse to participate in the assessment, however. An individual entering a Medicaid-certified nursing facility will also have the PASRR assessment done by the AAA and the Community Mental Health Center (if the client is mentally ill) or hospital social worker and psychiatrist.

State Medicaid Plan

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

Medicaid Waivers

- Indiana has one waiver program that provides HCBS to older adults and those with physical disabilities. The program is Aged and Disabled Waiver.
- **Aged and Disabled Waiver:** This program targets those who are aged or disabled who meet nursing facility level-of-care. Case management is conducted through the AAAs and independent case managers.

For an individual to qualify for this program, income cannot exceed \$2,022 and assets cannot exceed \$1,500. Additionally, the waiver has the Senate Bill 30 provision in which the parental income (for the client under the age of 18) is disregarded. For a couple, income cannot exceed \$3,033 and assets cannot exceed \$1,500. Spousal impoverishment rules may apply.

- 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

- Indiana has one CMS-funded Program and Grant that provides HCBS to older adults and/or adults with physical disabilities: Money Follows the Person Demonstration.
- **Money Follows the Person:** This program is in the implementation phase, with onsite team members in 6 regions, and is available statewide. The assessment and care planning are conducted by a transition nurse, transition specialist, the applicant, and those the applicant chooses to involve. The income and asset limits are the same as for the Aged and Disabled Waiver.
- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered.

State-funded HCBS Programs

- Indiana has one state-funded HCBS Program for older adults and/or those individuals with physical disabilities: CHOICE (Community and In-Home Options to Institutional Care for Elderly and Disabled).
- **CHOICE:** This program targets adults aged 60 and over or persons of any age with a physical disability who cannot perform two ADLs and are at risk of losing their independence. Eligible applicants are those who applied for Medicaid and were denied; there is a cost share for applicants above 151% of federal poverty level up to 355% of this level; the asset limit is \$500,000. This program offers consumer-directed care through the attendant care service.

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

Locally Funded HCBS Programs

- Information not reported.

OAA-funded Programs and Grants

- Refer to Table 1 for services provided through Title III of the Older Americans Act.

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

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

Consumer Direction

- Indiana offers consumer-directed options. Consumer Directed Attendant Care is available at all AAAs. The HCBS programs in the state that offer consumer direction are the Aged and Disabled waiver and the CHOICE program.
- Those permitted to provide services under consumer direction in Indiana are: adult children living in a separate household without legal guardianship or power of attorney, and personal care attendants.
- Indiana uses a private fiscal intermediary service in connection with consumer direction in the Aged and Disabled Waiver but not in CHOICE, where the AAA is the Fiscal Intermediary.

Managed Care

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

Major Accomplishments and Initiatives

- Indiana is striving to reduce the waiting list for the state-funded CHOICE program by changing the operations and procedures regarding how persons are put on the waiting list, which has been successful.
- Economic times have affected all plans for HCBS programs and there has been a big push to streamline services and response times, which continues as a major focus.
- All AAAs provide DRI compliant meals.
- The Money Follows the Person Program is transitioning individuals out of Nursing Facilities and back into a community setting.

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

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

Program Type / Funding Source	Program Name	Ages Served	Nursing Home Level of Care Required	Entity Responsible for Functional Assessment	Entity Responsible for Financial Assessment	Entity Responsible for Case Management	Waiting List (Number)	Consumer Direction Option
Medicaid Waivers	Aged and Disabled Waiver	60+ and disabled persons of any age	Yes	Area Agency on Aging	State agency: Division of Family Resources; Area Agency on Aging	Area Agency on Aging; Independent case managers	No	Yes
CMS-funded Programs and Grants	Money Follows the Person Demonstration	18+	Yes	Transition nurse, transition specialist, the applicant, and those the applicant chooses to involve	State agency: Division of Family Resources; Area Agency on Aging	Area Agency on Aging	No	No
State-funded Programs	CHOICE (Community and In-home Options to Institutional Care for the Elderly and Disabled)	60+ and disabled persons of any age	No	Area Agency on Aging	Area Agency on Aging	Area Agency on Aging	Yes (3,500)	Yes

AGING STRATEGIC ALIGNMENT PROJECT

State Profile for

MICHIGAN

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

Background

- Michigan's 60+ population was 1,822,024 in 2008 (18.2% of the state's total population), with 8.4% below the federal poverty level.¹
- The 60+ population is projected to be 2,566,831 in 2025 (24.0% of the state's total population).²
- About 23.2% of all households in 2007 had one or more persons age 65 years and older, and 40.7% of persons age 65 years and older had a disability.³
- Of the 1,589,501 Medicaid beneficiaries in the state in 2003, 5.8% were aged, 18.1% were blind and disabled, 14.4% were Dual Eligible, and 0.6% were HCBS waiver beneficiaries.⁴
- Medicaid expenditures for institutional long-term care were 66.7% of total long-term-care expenditures, compared to 33.3% for HCBS in fiscal year 2007.⁵

Abbreviations

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

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

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

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

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

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

Government Structure to Manage HCBS

- **SUA:** Office of Services to the Aging, Department of Community Health.
www.michigan.gov/miseniors
- **State Medicaid Agency:** Medical Services Administration, Department of Community Health.
www.michigan.gov/mdch
- Michigan does not have a consolidated agency for long-term-care programs. The Michigan Department of Community Health includes the Medical Services Administration (state Medicaid program) and the Health Policy, Regulation and Professions Administration (which includes the regulatory functions). The Office of Services to the Aging and the Department of Human Services also have certain long-term-care responsibilities.
- The director of Michigan's SUA is appointed by and reports to the Governor.
- Michigan has 16 Area Agencies on Aging.

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

- Michigan has an ADRC, but it is not statewide.
- All ADRC sites have a physical (bricks and mortar) infrastructure; no ADRC sites operate under a virtual model.
- In addition to serving older adults, Michigan's ADRC serves those with physical disabilities; with cognitive impairment, Alzheimer's disease and related disorders; on waivers; and in nursing homes.
- Four SPEs, called "Long-term Care Connections," cover half the counties in the state.

Assessment Process

Medicaid

- For Medicaid applicants, in determining functional eligibility for nursing home pre-admission, Michigan requires an in-person assessment. The assessment is

conducted by ADRCs/SPEs, and outside the SPE pilot areas, by HCBS waiver agents (mostly AAAs) and nursing facilities.

Non-Medicaid

- For non-Medicaid applicants in Michigan, nursing home pre-admission assessment is not performed by someone other than nursing home staff.
- There is a 14-day window after admission to a nursing home during which a level-of-care determination is completed.

State Medicaid Plan

- Michigan provides HCBS through the state Medicaid plan.
- Refer to Table 1 for specific services provided.
- **PACE:** Michigan has three PACE sites in operation: Henry Ford Health System Center for Senior Independence in Detroit, Care Resources in Grand Rapids and Life Circles in Muskegon. Another is in the planning stage in Battle Creek.

Medicaid Waivers

- Michigan has one waiver that provides HCBS to older adults and/or adults with physical disabilities. It is HCBS Waiver for the Elderly and Disabled – MI Choice.
- **HCBS Waiver for the Elderly and Disabled – MI Choice:** This program serves the elderly and individuals with physical disabilities and is considered to be a long-term-care client support service. The state contracts with 21 waiver agencies to implement the waiver program, which includes 14 of the 16 AAAs, a home health provider, and a senior center. These agencies provide support coordination and contract with service providers for 17 different services offered. The functional assessment and level-of-care determination are completed by the SPEs in areas that have one; otherwise, the waiver agency is responsible for doing so. Local offices of the Department of Human Services are responsible for financial assessment. The income

limit for an individual and a couple is 300% of Supplemental Security Income (SSI) or \$2,022 per month. The asset limit is \$2,000 for an individual and between \$21,912 and \$109,516 for a couple. There is a self-determination option that has been chosen by about 10% of participants. It allows them to operate within an individual budget and gives them access to a fiscal intermediary.

- 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

- Michigan has one CMS-funded grant that provides HCBS to older adults and/or adults with physical disabilities: It is Money Follows the Person.
- **Money Follows the Person:** This program enables participants to transition from nursing homes into the MI Choice waiver program. It provides an enhanced federal match the first year that a participant receives HCBS, and it has enabled the state to accelerate these transition activities and increase utilization of HCBS. While this program does not target specific applicants or nursing facilities, the MI Choice waiver agencies and Centers for Independent Living conduct outreach to inform residents, families and nursing facilities of the services available, and respond to inquiries from them. Money Follows the Person participants are subject to the same eligibility criteria and assessment process as other MI Choice participants, and also have the option of self-determination within the MI Choice waiver. The functional assessment and level-of-care determination are done by the SPEs in areas that have one; otherwise, the waiver agency is responsible for doing so. Local offices of the Department of Human Services are responsible for financial assessment. The income limit for an individual and a couple is 300% of SSI or \$2,022 per month. The asset limit is \$2,000 for an individual and between \$21,912 and \$109,516 for a couple.
- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered.

State-funded HCBS Programs

- Michigan has one state-funded HCBS program that provides HCBS to older adults and/or adults with physical disabilities. It is the Care Management Program.
- **Care Management Program:** This program, which is offered through the network of 16 AAAs with partial funding from OAA Title III Part B, allows applicants who are not eligible for Medicaid to access a limited number of services. Considered to be a long-term-care client support service, it receives referrals from the Case Coordination and Support program when applicants have been determined to need a nursing facility level of care based on functional limitations but are not eligible for Medicaid. Once Medicaid eligibility has been determined, the participant is referred to an appropriate waiver program.
- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered.

Locally Funded HCBS Programs

- Michigan uses local funds for HCBS for older adults and/or adults with physical disabilities.
- Services for the aging, which may include HCBS, are supported by 75% of Michigan's counties that levy property taxes for this purpose.

OAA-funded Programs and Grants

- Refer to Table 1 for services provided through Title III of the OAA.
- Michigan sometimes uses cost-sharing mechanisms or sliding fee scales in the delivery of Title III services.
- Michigan has two other OAA-funded programs that provide HCBS to older adults and/or adults with physical disabilities. These are: Nursing Home Diversion and Case Coordination and Support.
- **Nursing Home Diversion:** This program's purpose is to target the waiting list for OAA programs and those with impairment in ADLs, IADLs and cognition

whose support network is frail. It does not have financial eligibility requirements and does not mirror Medicaid waivers.

- **Case Coordination and Support:** This program is considered to be a support service for long-term-care clients until it is determined they need a nursing facility level of care based on functional limitations. At that point, participants are referred to the appropriate care management program.

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

- Michigan uses SSBG to provide HCBS for older adults and/or adults with physical disabilities.
- SSBGs are administered by the Department of Human Services. Funding of \$20 million for home health services comes from both SSBG (Title XX) and Medicaid. Those who are eligible for Medicaid receive these services under the Medicaid waiver. Some block grants help serve area plans, but not uniformly throughout the state.
- Michigan uses CSBG indirectly to provide HCBS for older adults and/or adults with physical disabilities.
- CSBG are passed through to Community Action Agencies and may be used to support HCBS.

Consumer Direction

- Michigan offers consumer-directed options. The HCBS program in the state that offers consumer direction is HCBS Waiver for the Elderly and Disabled – MI Choice.

- Models of consumer direction available in the state include county-level voucher options for respite care and housing.
- Those permitted to provide services under consumer direction in Michigan are: provider agencies, adult children of the consumer, other family and friends. Spouses may not provide services.
- Michigan uses the services of two fiscal intermediaries in connection with consumer direction.

Managed Care

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

Major Accomplishments and Initiatives

- The SPE effort has been a major accomplishment, as well as Cash and Counseling self-determination.
- Funding limitations, pressure on Medicaid budgets, long waiting lists, and limited rebalancing will continue to significantly affect HCBS in Michigan.
- In the next two years, the state expects Nursing Home Diversion to evolve and to provide another option for those who are not eligible for Medicaid.

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

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

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

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 Waiver for the Elderly and Disabled-My Choice	18+ for the disabled 65+ for the elderly	Yes	Area Agency on Aging; ADRC/SPE; Waiver agencies	State agency: Department of Human Services	Area Agency on Aging; ADRC/SPE; Waiver agencies	Yes (3,700)	Yes
CMS-funded Programs and Grants	Money Follows the Person	18+ for the disabled 65+ for the elderly	Yes	Area Agency on Aging; ADRC/SPE; Waiver agencies	State agency: Department of Human Services	Area Agency on Aging; ADRC/SPE; Waiver agencies	No	Yes
State-funded Programs	Care Management Program	18+ for the disabled 60+ for the elderly	Yes	Care managers, a team consisting of a social worker and a nurse	No financial assessment	Area Agency on Aging	Yes (3,550)	Yes

AGING STRATEGIC ALIGNMENT PROJECT

State Profile for

MINNESOTA

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

Background

- Minnesota's 60+ population was 902,284 in 2008 (17.3% of the state's total population), with 7.8% below the federal poverty level.¹
- The 60+ population is projected to be 1,422,104 in 2025 (23.3% of the state's total population).²
- About 21.2% of all households in 2007 had one or more persons age 65 years and older, and 35% of persons age 65 years and older had a disability.³
- Of the 667,500 Medicaid beneficiaries in the state in 2003, 9.2% were aged, 13.9% were blind and disabled, 18% were Dual Eligible, and 5.9% were HCBS waiver beneficiaries.⁴
- Medicaid expenditures for institutional long-term care were 37.1% of total long-term-care expenditures, compared to 62.9% for HCBS in fiscal year 2007.⁵ *Note: Data do not include managed long-term-care expenditures.*

Abbreviations

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

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

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

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

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

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

Government Structure to Manage HCBS

- **SUA:** Minnesota Board on Aging
www.mnaging.org/
- **State Medicaid Agency:** Minnesota Department of Human Services
www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelection-Method=LatestReleased&dDocName=About_dhs
- Minnesota does not have a consolidated agency for long-term-care programs. The MN Department of Human Services Continuing Care Administration is responsible for administering all long-term-care programs in the state, with the exception of employment and vocational rehabilitation programs (administered by MN Department of Employment and Economic Development) and specific services for children with special needs (administered by MN Department of Health and MN Department of Education). Licensing and regulation of health and medical programs is the responsibility of Department of Health, while non-medical service licensure and standards are generally the responsibility of Department of Human Services.
- The director of Minnesota's SUA does not report directly to the Governor. The director of the SUA has a dual role and is also the director of the Aging and Adult Services Division in the Department of Human Services Continuing Care Administration. As the director of the SUA, reporting is through the Governor-appointed chair. As the director of the Aging and Adult Services Division, reporting is through the Assistant Commissioner for Continuing Care Administration to the Commissioner of Human Services, a cabinet member.
- Minnesota has seven Area Agencies on Aging, Single Point of Entry (SPE)/Aging and Disability Resource Center (ADRC)
- Minnesota has an ADRC (called Minnesota Help Network) that is statewide.

- Minnesota has a virtual ADRC model, using interconnected call centers (at AAAs and Centers for Independent Living) and a statewide, web-based database. The database is also accessible to the general public through www.minnesotahelp.info, and has several built-in features to assist individuals and families to review and sort among service options.
- In addition to serving older adults, Minnesota's ADRC serves: those with MRDD, physical disabilities, cognitive impairment, or Alzheimer's disease or related condition; family and children; and veterans.
- Minnesota's ADRC is being integrated with the Nursing Home Diversion Initiative.

Assessment Process

Medicaid

- For Medicaid applicants, in determining functional eligibility for nursing home admission, Minnesota requires an in-person assessment by someone other than nursing home staff. The assessment is conducted by the county.
- Long Term Care Consultation is provided for any Minnesota resident who requests it. This is when the pre-admission screening for Medicaid clients takes place. The Long Term Care Consultants work at the county level and are comprised of a social worker and a public health nurse.

Non-Medicaid

- Private and non-Medicaid public services generally have an intake process that includes some type of functional assessment.

State Medicaid Plan

- Minnesota provides HCBS through the state Medicaid plan, primarily personal care assistance and private duty nursing.
- Refer to Table 1 for specific services provided.
- **PACE:** Minnesota has no PACE sites.

Medicaid Waivers

- Minnesota has three waivers that provide HCBS to older adults and/or adults with physical disabilities. These are: Community Alternative Care, Community Alternatives for Disabled Individuals, and Elderly Waiver.
- **Community Alternative Care:** Individuals must meet hospital level-of-care need to qualify for this program. Financial assessment of an individual's income and assets are reviewed only in months when the participant receives services; spousal income and assets are not assessed. The income limit is 100% of the Federal Poverty Guideline and the asset limit is \$3,000. If an individual qualifies for the program functionally but has an income that exceeds 100% of the Federal Poverty Guideline, the individual can still qualify for the program by spending down to 75% of the Federal Poverty Guideline. Case managers for this program must be either a nurse or a social worker licensed by an accredited university. Under the Consumer Directed Community Supports (CDCS) option, individuals choose the services that will meet their assessed need, can hire family members, friends or others to provide their care, and can purchase allowable goods and services directly or through a Fiscal Intermediary agency.
- **Community Alternatives for Disabled Individuals:** This program is for persons of any age with a physical disability who would otherwise have to live in a nursing home. The functional assessment is typically the responsibility of the county but in rural communities the county sometimes contracts the responsibility to a private entity. Income and asset requirements are the same as described under the Community Alternative Care Waiver. There is an option to self-direct personal care attendant services. Under the Consumer Directed Community Supports (CDCS) option, individuals choose the services that will meet their assessed need, can hire family members, friends or others to provide their care, and can purchase allowable goods and services directly or through a Fiscal Intermediary agency.
- **Elderly Waiver:** This program serves those aged 65 and older. Lead agencies (i.e., county, tribe or managed care organization) conduct the functional assessment. The financial assessment can be determined in two ways. First, an individual can become eligible via the Special Income Standard for the Elderly Waiver; persons can have up to \$1,911 of income where they would keep \$860; the remainder goes to the waiver services. The alternative way to qualify for this program is if the individuals have more than \$1,911, they would have to qualify for Medical Assistance by spending down to 75% of the Federal Poverty Guideline. Asset limits are \$3,000 for an individual and \$6,000 for a household. Spousal impoverishment rules apply. There is an option to self-direct personal care attendant services called Consumer Directed Community Supports, which is available to participants in this program. Under the Consumer Directed Community Supports (CDCS) option, individuals choose the services that will meet their assessed need, and can hire family members, friends or others to provide their care, can purchase allowable goods and services directly or through a Fiscal Intermediary agency.
- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered under each program.

CMS-funded Programs and Grants

- Minnesota has three CMS-funded Programs that provide a combination of health care and HCBS to older adults and/or adults with physical disabilities. These are: Minnesota Disability Health Options, Minnesota Senior Care Plus, and Minnesota Senior Health Options.
- **Minnesota Disability Health Options:** This program is for individuals aged 18-65 who have a physical disability and are Medicaid eligible. The program offers waiver services for those who qualify for either the Traumatic Brain Injury Waiver (not in the scope of this report) or the Community Alternatives for Disabled Individuals Waiver; the program is run through a managed care organization. The income limit is 100% of the Federal Poverty Guideline (\$903 per month for an individual and \$1,215 per month for a couple). The asset limit is \$3,000 for an individual or \$6,000 for a couple (plus \$200 for each dependent).

- **Minnesota Senior Care Plus:** This program is for individuals aged 65 and over. Participants in this program are on the Elderly Waiver and receive identical waiver services; this program simply provides a different way of purchasing those services through Medicaid managed care. However, if individuals are in this program and in a nursing home they receive \$84 for personal needs. The income and asset limits mirror those of the Elderly Waiver and spousal impoverishment rules apply.
- **Minnesota Senior Health Options:** This program integrates Medicare and Medicaid primary care, acute care, prescription drugs, home care, and other long term care services including Elderly Waiver services and 180 days of care in a nursing facility. Applicants must have Medicare Part A and B and be Medicaid eligible. Services are distributed through eight managed care organizations that cover all but four counties in the state. The income limit is 100% of the Federal Poverty Guideline (\$903 per month for an individual and \$1,215 per month for a couple). The asset limit is \$3,000 for an individual or \$6,000 for a couple (plus \$200 for each dependent).
- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered.

State-funded HCBS Programs

- Minnesota has one state-funded HCBS program that provides HCBS to older adults and/or adults with physical disabilities. This is: Alternative Care.
- **Alternative Care:** This program is for individuals aged 65 and older and is intended to prevent impoverishment by sharing the cost of care (up to 30% per month) with the participant in the program. In fiscal year 2007, the program served 5,158 individuals; cost of the program was \$25.7 million. Financial eligibility is determined through a county application and is based on both income and assets: an individual's monthly income is multiplied by 4.5 and the product is added to the individual's total assets. The combination cannot exceed \$25,036.

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

Locally Funded HCBS Programs

- Minnesota 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 Older Americans Act.
- Minnesota uses cost-sharing mechanisms or sliding fee scales in the delivery of Title III services.
- Minnesota has four OAA-funded Programs and Grants that provide HCBS to older adults and/or adults with physical disabilities. These are: Alzheimer's Disease Demonstration Grant, Alzheimer's Research to Practice Grant, Evidence Based Health Promotion, and Nursing Home Diversion.

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

- Minnesota uses SSBG to provide HCBS for older adults and/or adults with physical disabilities. Counties set priorities for these funds; the largest amount is for Day Training and Habilitation services for younger disabled persons.
- Minnesota uses CSBG to provide HCBS for older adults and/or adults with physical disabilities. The funds are administered by Community Action Agencies. The largest HCBS spending categories are transportation, nutrition and chore services.

Consumer Direction

- Minnesota offers consumer-directed options. The HCBS programs in the state that offer consumer direction include: the Community Care Alternative Waiver, Community Alternatives for Disabled Individuals Waiver, Elderly Waiver, Alternative Care (AC),

some Title III funded services, and personal care attendant services under state Medicaid plan.

- Models of consumer direction available in the state include: a Cash and Counseling grant and cash options. The programs that offer consumer direction give the participant budget and employer authority to address assessed needs. Three employer options may be used for hiring workers.
- Those permitted to provide services under consumer direction in Minnesota are: provider agencies, spouses, adult children of the consumer, other family members, and friends.
- Minnesota uses fiscal intermediary services in connection with consumer direction. Persons on HCBS waivers, AC, and Title III-funded consumer-directed programs must use fiscal management services. Use of a support broker is an optional service. There are 17 fiscal intermediaries in the state.

Managed Care

- Minnesota has HCBS programs run by managed care health plans, e.g., the Elderly Waiver administers HCBS through managed care health plans.
- Minnesota Disability Health Options, Minnesota Senior Care, and Minnesota Senior Health Options are managed care options that provide HCBS.

Major Accomplishments and Initiatives

- Minnesota's Department of Human Services is being forced to cut funding across all programming. The programs will operate with increased participant cost sharing.
- There is concern over provider consistency and quality of care.
- Minnesota is working on a 1915j state plan option.

AGING STRATEGIC ALIGNMENT PROJECT

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

Types of Services	Program Type / Funding Source								
	Medicaid Waivers			CMS-funded Programs and Grants			State-funded Programs	State Medicaid Plan	OAA Title III
	Community Alternative Care (CAC)	Community Alternatives for Disabled Individuals (CADI)	Elderly Waiver (EW)	Minnesota Disability Health Options (MnDHO)	Minnesota Senior Care Plus	Minnesota Senior Health Options (MSHO)	Alternative Care (AC)		
Adult Day Care / Adult Day Health		X	X	X	X	X	X		
Assisted Living		X	X	X	X	X			
Caregiver Services / Respite / Education	X	X	X	X	X	X	X		X
Case Management / Care Coordination	X	X	X	X	X	X	X		
Chore / Homemaking	X	X	X	X	X	X	X		X
Companion Services / Socialization Activities			X		X	X	X		
Employment		X		X					
Equipment / Supplies / Modifications / Assistive Technology	X	X	X	X	X	X	X		
Health Promotion Activities						X			X
Home Health / Personal Care	X	X	X	X	X	X	X	X	
Information / Assistance / Referral									X
Legal Assistance / Financial Advice									X
Medical / Dental / Medication Care				X	X	X			
Mental and Behavioral Health Services									
Nursing		X	X	X	X	X	X	X	
Nutrition / Meals	X	X	X	X	X	X	X		X
Personal Supports for Community Living / Transitioning		X	X	X	X	X			
Rehabilitation / Therapy									
Residential Services	X	X	X	X	X	X			
Transportation	X	X	X	X	X	X	X	X	X
Other/Unspecified HCBS				X					

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

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 Care (CAC)	All ages	Yes	County, Tribe	County	County, Tribe	No	Yes
	Community Alternatives for Disabled Individuals (CADl)	All ages	Yes	County, Managed care organization, Tribe	County	County, Managed care organization, Tribe	Yes (692)	Yes
	Elderly Waiver (EW)	65+	Yes	County; Managed care organization; Tribe	County other (Lead Agency)	County; Managed care organization; Tribe	No	Yes
CMS-funded Programs and Grants	Minnesota Disability Health Options (MnDHO)	18-65	No	Managed care organization (Ucare)	County	Managed care organization (Ucare)	No	Yes
	Minnesota Senior Care Plus	65+	No	Information not reported	No financial assessment	Managed care organization	No	Yes
	Minnesota Senior Health Options (MSHO)	65+	No	Managed care organization	County; Managed care organization	Managed care organization	No	Yes
State-funded Programs	Alternative Care (AC)	65+	Yes	County; Tribe	County; Tribe	County; Tribe	No	Yes

AGING STRATEGIC ALIGNMENT PROJECT

State Profile for

OHIO

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

Background

- Ohio's 60+ population was 2,158,611 in 2008 (18.8% of the state's total population), with 8.1% below the federal poverty level.¹
- The 60+ population is projected to be 2,908,799 in 2025 (25.1% of the state's total population).²
- About 23.8% of all households in 2007 had one or more persons age 65 years and over, and 39.3% of persons age 65 years and older had a disability.³
- Of the 1,778,325 Medicaid beneficiaries in the state in 2003, 7.6% were aged, 15.9% were blind and disabled, 2.4% were Dual Eligible, and 14.5% were HCBS waiver beneficiaries.⁴
- Medicaid expenditures for institutional long-term care were 69.9% of total long-term-care expenditures, compared to 30.2% for HCBS in fiscal year 2007.⁵

Abbreviations

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

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

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

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

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

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

Government Structure to Manage HCBS

- **SUA:** Ohio Department of Aging.
www.goldenbuckeye.com
- **State Medicaid Agency:** Ohio Department of Job and Family Services.
www.jfs.ohio.gov
- Ohio does not have a consolidated agency for long-term-care programs.
- The director of Ohio's SUA reports to the Governor.
- Ohio has 12 Area Agencies on Aging.

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

- Ohio has ADRCs under development in several regions of the state.
- Both virtual and physical sites are being planned for implementation.
- In addition to serving older adults, Ohio's ADRCs serve adults with physical disabilities.
- The ADRCs are changing into Ohio's Front Door as part of the state's unified long-term-care budget initiative.

Assessment Process

Medicaid

- For Medicaid applicants, in determining functional eligibility for nursing home pre-admission, an in-person assessment is done by someone other than nursing home staff. The assessment is conducted in-person by AAA staff for all applicants seeking admission to a facility that accepts Medicaid.

Non-Medicaid

- For non-Medicaid applicants in Ohio, nursing home pre-admission assessment is performed by someone other than nursing home staff. The assessment is done in person by AAA staff for all persons including older

adults, individuals with MRDD, physical disabilities, and mental illness who are at risk of spend down to Medicaid.

- This process allows nursing homes to establish a date of admission for reimbursement purposes and gives AAAs the ability to assess individuals who may be placed appropriately in the Medicaid HCBS waiver program.

State Medicaid Plan

- Ohio provides HCBS through the state Medicaid plan.
- Refer to Table 1 for specific services provided.
- **PACE:** Ohio has two PACE sites. All eligibility determinations and case management are done by the sites.

Medicaid Waivers

- Ohio has four waivers that provide HCBS to older adults and/or adults with physical disabilities. These are: Assisted Living, Choices, Ohio Home Care, and PASSPORT.
- **Assisted Living:** Eligible persons include those in a nursing home, on a waiver related to nursing home eligibility, or in a residential care facility or assisted living facility for at least six months, who have spent down to Medicaid. Participants can use up to 100% of nursing home costs.
- **Choices:** This program is currently available in four regions. There is flexible spending on services of up to 60% of nursing home costs. A consumer-direction model is used that allows participants to hire, train and fire providers.
- **Ohio Home Care:** This program serves adults over age 60 who are medically fragile. The cost allowance is tied to the cost of hospital rather than nursing home care. It is funded through the general revenue and federal match.
- **PASSPORT:** This program offers flexible spending up to a cost cap of 60% of nursing home cost. It is funded by state general revenue and federal match,

franchise fees on nursing home beds, provider fees, and a portion of off-track betting proceeds. The single and married income limits are 300% of Supplemental Security Income (SSI), and the asset limits for both are \$1,500.

- 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

- Ohio has one CMS-funded program grant that provides HCBS to older adults and/or adults with physical disabilities. This is: Money Follows the Person, which is called Ohio Home Choice.
- **Ohio Home Choice:** Applicants must be in an intermediate care facility for mental retardation or a nursing home for at least six months, and have continuing nursing home level of care needs.
- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered.

State-funded HCBS Programs

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

Locally Funded HCBS Programs

- Ohio uses local funds for HCBS for older adults and/or adults with physical disabilities.
- **Elderly Services Program:** This is an HCBS program in the southern part of the state. It resembles a Medicaid waiver program but serves participants who are not eligible for them. The program often serves persons who do not have a nursing level-of-care need.
- Other counties and municipalities use local funds primarily for senior centers.

OAA-funded Programs and Grants

- Ohio has a suggested sliding fee scale for the delivery of Title III services but the AAAs are given flexibility in its use.
- Refer to Table 1 for services provided through Title III of the OAA.
- Ohio does not have OAA-funded programs or grants that provide HCBS to older adults and/or adults with physical disabilities.

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

- Ohio uses SSBG and CSBG to provide HCBS for older adults and/or adults with physical disabilities.
- These grants are implemented differently throughout the state and allocated on a first-come, first-served basis until the funds are depleted.

Consumer Direction

- Ohio offers consumer-directed options. The HCBS programs in the state that offer consumer direction are Choices, PASSPORT, Assisted Living and Home Choice.
- Models of consumer direction available in the state include a modified Cash and Counseling model.
- Those permitted to provide services include provider agencies, spouses, adult children, other family members, and friends.

Managed Care

- *Information not reported.*

Major Accomplishments and Initiatives

- The initiative that will have the greatest impact is the Unified Long Term Care Budget, which involves a systems-wide review and revamping of Ohio's long-term-care services. More than 300 providers and stakeholders collaborated on the development of 120 recommendations in a final report that went to the state legislature on June 1, 2008. The recommendations will be implemented over the next two biennial budget cycles.

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

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

Program Type / Funding Source	Program Name	Ages Served	Nursing Home Level of Care Required	Entity Responsible for Functional Assessment	Entity Responsible for Financial Assessment	Entity Responsible for Case Management	Waiting List (Number)	Consumer Direction Option
Medicaid Waivers	Assisted Living	18+	Yes	Area Agency on Aging	County	Area Agency on Aging	No	Yes
	Choices	60+	Yes	Area Agency on Aging	County	Area Agency on Aging	Information not reported	Yes
	Ohio Home Care	60+	Yes	CareStar (private entity that provides those under 60 with functional assessment and case management)	County	CareStar	Information not reported	Information not reported
	PASSPORT	60+	Yes	Area Agency on Aging	County	Area Agency on Aging	No	Yes
CMS-funded Programs and Grants	MFP/Home Choice	Any age	Yes	Area Agency on Aging; County	County	Area Agency on Aging; County	No	Yes

AGING STRATEGIC ALIGNMENT PROJECT

State Profile for

WISCONSIN

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

Background

- Wisconsin's 60+ population was 1,031,904 in 2008 (18.3% of the state's total population), with 7.5% below the federal poverty level.¹
- The 60+ population is projected to be 1,570,261 in 2025 (25.8% of the state's total population).²
- About 22.5% of all households in 2007 had one or more persons age 65 years and over, and 35.2% of persons age 65 years and older had a disability.³
- Of the 829,287 Medicaid beneficiaries in the state in 2003, 13.5% were aged, 16.2% were blind and disabled, 24.0% were Dual Eligible, and 1.9% were HCBS waiver beneficiaries.⁴
- Medicaid expenditures for institutional long-term care were 53.9% of total long-term-care expenditures, compared to 46.1% for HCBS in fiscal year 2007.⁵

Note: Data do not include managed long-term-care expenditures.

Abbreviations

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

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

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

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

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

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

Government Structure to Manage HCBS

- **SUA:** Bureau of Aging and Disability Resources. www.dhs.wisconsin.gov/aging/
- **State Medicaid Agency:** Division of Healthcare Access and Accountability. www.dhs.wisconsin.gov/medicaid
- Wisconsin has a consolidated agency for long-term-care programs. The following agencies are consolidated and handle long-term care under the Department of Health Services: Division of Healthcare Access and Accountability and Division of Long Term Care, which is part of the Bureau of Aging and Disability Resources.
- Wisconsin's long-term-care programs are currently in the process of becoming a managed long-term-care system.
- The director of Wisconsin's SUA reports to the secretary of the Department of Health Services, who reports to the Governor.
- Wisconsin has six Area Agencies on Aging.

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

- Wisconsin has an SPE that is not statewide but is in the process of expanding.
- SPEs have a physical (bricks and mortar) infrastructure; none of the SPEs operate under a virtual model.
- In addition to serving older adults, Wisconsin's SPEs serve adults with physical disabilities, persons with developmental disabilities, persons with mental illness, persons with Alzheimer's disease and related disorders, and veterans.
- Wisconsin's SPEs are almost entirely state-funded. They are staffed by information specialists who work mostly on the phone or through home visits, until the entry point becomes well-known in the community and people come in for information and assistance.
- Staff also specialize in assisting the elderly and adults with disabilities with accessing public benefits. The SPEs market evidence-based programs for health pro-

motion and disease prevention broadly in the community, and assist with long-term-care options and planning. Data show that 85% of persons using the SPEs do not enter the formal long-term-care system.

Assessment Process

Medicaid

- For Medicaid applicants, in determining functional eligibility for nursing home pre-admission, Wisconsin does not require an in-person assessment by someone other than nursing home staff.

Non-Medicaid

- For non-Medicaid applicants, Wisconsin does not require an in-person assessment by someone other than nursing home staff.

State Medicaid Plan

- Wisconsin provides HCBS through the state Medicaid plan. There is a functional eligibility screen that determines eligibility for services. The financial limits are \$580 per month in income and \$2,000 in assets, or receipt of Supplemental Security Income (SSI).
- Refer to Table 1 for specific services provided.
- **PACE:** Wisconsin has two PACE sites. It also has the Family Care Partnership Program, which is PACE-like and very effective in rural areas where transportation to a day center is problematic. The program offers all Medicaid services (and Medicare services for dual-eligibles) combined with HCBS under a managed care approach.

Medicaid Waivers

- Wisconsin has two waiver programs that provide HCBS to older adults and/or adults with physical disabilities. These are the Community Options Program Waiver and the Family Care/Family Care Partnership Program.
- **Community Options Program Waiver:** This waiver serves adults age 18 and older with physical disabilities, and those age 65 and older. The program also offers services for persons with Alzheimer's disease and

related conditions. There is a spend down component for persons with income above SSI and below \$1,911 per month, with a \$2,000 asset limit. Life insurance and burial funds can be retained. The program includes a cost-sharing feature based on a percentage of the applicant's income, and provides a personal allowance and other expenses. There is a consumer-directed component with a fiscal intermediary that allows family members to provide care.

- **Family Care/Family Care Partnerships:** This program serves those age 18 and older who have a developmental disability or a physical disability and are eligible for a Medicaid waiver. Some counties have collaborated so that this program serves multiple counties referred to as Family Care or Long Term Care Districts. There is a spend down component for persons with income above SSI and below \$1,911 per month, with a \$2,000 asset limit. Consumer-directed options are available under this program; participants can self-direct most services through the use of a fiscal agent. Case management is provided through an interdisciplinary team consisting of the consumer, social worker and nurse (other persons can be included at the request of the consumer).
- 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

- Wisconsin has one CMS-funded grant that provides HCBS to older adults and/or adults with physical disabilities. This is Money Follows the Person.
- **Money Follows the Person:** This program operates in conjunction with other waiver programs in the state. It has a higher match rate, which applies to the waiver services for the first year. Participants have to be returning to the community from a nursing home. There is a spend down component for persons with income above SSI and below \$1,911 per month, with a \$2,000 asset limit. Consumer-directed options are available under this program; participants can self-direct most services through the use of a fiscal agent. Case management is provided through an interdisciplinary team consisting of the consumer, social worker and nurse

(other persons can be included at the request of the consumer).

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

State-funded HCBS Programs

- Wisconsin has two state-funded programs that provide HCBS to older adults and/or adults with physical disabilities. These are: Alzheimer Family and Caregiver Program and Community Options Program.
- **Alzheimer Family and Caregiver Program:** This program is for adults who have Alzheimer's disease, dementia or a related condition. The asset limit for a family is \$40,000. The state funds are distributed on a formula basis, and the county boards select the agency to operate the program. A family can receive up to \$4,000 annually for respite and other support.
- **Community Options Program:** This program is for persons of all ages and is used as a "gap filler" for the Medicaid waiver program targeting persons at risk of spend down to Medicaid. Those who are eligible have income and assets equal to six months of private-pay nursing home care. The program is being phased out as counties move to managed care. In counties that have already moved to managed care, the program is only available to children, those with severe and persistent mental illness, and those with drug or alcohol addiction. The program also funds services that are not covered under the waiver program and serves persons who could not be served under the waiver, such as those with mental illness. Most persons in this program, however, are also in the waiver program.
- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered.

Locally Funded HCBS Programs

- Wisconsin uses local funds (beyond that required for Medicaid match) for HCBS for older adults and/or adults with physical disabilities. Municipal funds are commonly used for senior centers, but these revenue funds are drying up.

- All 72 counties and 11 tribal units are required to have aging units. The SUA allocates funds to the counties in relation to the population base. The AAAs serve as regional contract management offices and issue the notice of grant awards and contracts. The AAAs, counties and tribes are required to do a needs assessment for each planning cycle.

OAA-funded Programs and Grants

- Refer to Table 1 for services provided through Title III of the OAA.
- Wisconsin does not use cost-sharing mechanisms or sliding fee scales in the delivery of Title III services.
- Each aging unit is required to use 5% of its Title III funds for legal services.

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

- Wisconsin uses SSBG and CSBG to provide HCBS for older adults and/or adults with physical disabilities.
- Funds are distributed to the counties using a formula to cover services such as transportation, chore services, and vocational services.

Consumer Direction

- Wisconsin offers consumer-directed options. The HCBS programs in the state that offer consumer direction are the Community Options Program Waiver, Money Follows the Person, Alzheimer Family and Caregiver Program, the state-funded Community Options Program, and the Family Care/Family Care Partnerships Program.
- Models of consumer direction available in the state include involvement in care planning, and choice of care providers and care setting. There are no cash or voucher options.

- Those permitted to provide services under consumer direction in Wisconsin are: provider agencies, adult children of the consumer, and other family members and friends.
- Spouses cannot provide services under consumer direction.
- Wisconsin uses the services of a fiscal intermediary in connection with consumer-directed services.

Managed Care

- Wisconsin has HCBS programs run by managed care plans.
- In counties that have moved to managed care, Family Care is the primary model under which HCBS becomes an entitlement. These counties no longer have waiver programs.
- Under Family Care all waiver and state plan HCBS services are managed. Under Family Care Partnership, all health care (including Medicare for dual-eligibles) and HCBS are managed. Both include self-directed care for some services.

Major Accomplishments and Initiatives

- The Family Care Partnership Program is making HCBS an entitlement. It builds on the Community Options Program, which is more than 30 years old and is a national model for self-directed care in the setting of choice.
- Over the next few years, managed care will be rolled out throughout the state. A new three-year plan has been formulated to modernize the Aging Network. It involves moving aging units into the SPEs and reducing the number of AAAs from six to three. The AAAs will then take on a more dynamic advocacy role.

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

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

AGING STRATEGIC ALIGNMENT PROJECT

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

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 Options Program Waiver	18+	Yes	County	County	County	Yes	Yes
	Family Care/ Family Care Partnerships	18+	No	County; ADRC/ Single Entry Point	County	County/ Care Management Units, Private Organizations	No	Yes
CMS-funded Programs and Grants	Money Follows the Person	18+	Yes	County	County	County; Contracted case managers	No	Yes
State-funded Programs	Alzheimer Family and Caregiver Program	18+	No	County	County	County	Yes (Waiting list in many counties)	Yes
	Community Options Program	All ages	Yes	County	County	County	Yes (11,500)	Yes