

AGING STRATEGIC ALIGNMENT PROJECT

State Profile for

ARKANSAS

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

Background

- Arkansas's 60+ population was 561,850 in 2008 (19.7% of the state's total population), with 11.5% below the federal poverty level.¹
- The 60+ population is projected to be 806,139 in 2025 (25.6% of the state's total population).²
- About 25.1% 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.³
- Of the 702,064 Medicaid beneficiaries in the state in 2003, 6.4% were aged, 15.3% were blind and disabled, 13.1% were Dual Eligible, and 1.5% were HCBS waiver beneficiaries.⁴
- Medicaid expenditures for institutional long-term care were 69.9% of total long-term-care expenditures, compared to 30.1% for HCBS in fiscal year 2007.⁵

Abbreviations

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

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

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

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

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

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

Government Structure to Manage HCBS

- **SUA:** Division of Aging and Adult Services, Arkansas Department of Human Services.
www.arkansas.gov/dhs/aging/index.html
- **State Medicaid Agency:** Arkansas Medicaid, Division of Medical Services, Arkansas Department of Human Services.
www.medicaid.state.ar.us
- Arkansas does not have a consolidated agency for long-term-care programs. The Division of Medical Services has an Office of Long-term Care, which is responsible for regulating nursing homes and other institutional settings.
- The director of Arkansas's SUA reports to one of two deputy directors of the Department of Human Services, who report to the director of the Department of Human Services, who reports to the Governor.
- Arkansas has eight Area Agencies on Aging.

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

- Arkansas has an ADRC that is statewide.
- The statewide ADRC site has a physical (bricks and mortar) infrastructure which is located in the SUA. Also operating under a virtual model, the statewide ADRC has a national toll-free phone number to call to be directed to appropriate services.
- In addition to serving older adults, Arkansas's ADRC serves individuals with physical disabilities.

Assessment Process

Medicaid

- For Medicaid applicants, in determining functional eligibility for nursing home admission, Arkansas requires an in-person assessment by nursing home staff.
- Applicants for any type of Medicaid long-term-care services apply to their local Department of Human Services county office, where a local eligibility worker

most often meets face-to-face with applicants or their authorized representatives. Applicants who call an AAA or other case management agency to request assistance in the application process or long-term-care services are screened face-to-face by a case manager to determine what programs are available and most appropriate for that individual. Applicants for an HCBS waiver program operated by the Division of Aging and Adult Services are assessed face-to-face by a nurse.

Non-Medicaid

- For non-Medicaid applicants in Arkansas, nursing home pre-admission assessment is not performed.

State Medicaid Plan

- Arkansas provides HCBS through the state Medicaid plan.
- Refer to Table 1 for specific services provided.
- Personal care services are available for participants of any age; targeted case management is available for specific groups, including individuals age 60 and older. MRDD services, including a day program, are available for participants of any age as long as their disability was acquired prior to age 21.
- Participants must meet program requirements for medical necessity with varying levels of care, depending on the type of service.
- **PACE:** Arkansas has one PACE site. It is at St. Bernard's Hospital, which has a 51% share with the local AAA.

Medicaid Waivers

- Arkansas has three waivers that provide HCBS to older adults and/or adults with physical disabilities. These are: Alternatives, Assisted Living, and Elder-Choices.
- **Alternatives:** This program serves those with physical disabilities. As with all the waiver programs in Arkansas, the functional eligibility assessment is completed face-to-face with the applicant by state regis-

tered nurses. The medical assessment is then sent to the Office of Long-term Care, which makes the final medical eligibility determination; the applicant is required to meet the nursing home admission criteria at the intermediate level of care. The determination of level-of-care need is made using a three-tier system based on acuity, which drives the reimbursement level. Financial eligibility is based on income limits of 300% of the Supplemental Security Income (SSI) amount, which is \$2,022 monthly as of January 1, 2009. Asset limits are \$2,000 for an individual and \$3,000 for a couple. For case management, all waiver participants are referred to or offered a choice of a case management agency (enrolled provider) in their area through the Counseling Support Management services. That entity sends a staff person to the participant's home to orient him or her to consumer direction and help with recruiting, interviewing, hiring and supervising attendants. Attendants typically work eight hours a day, seven days a week. Upon approaching age 65, participants have the option to change to the ElderChoices program (discussed below) or remain in the Alternatives program. While some services are provided in ElderChoices that are not available in Alternatives, Alternatives has enhanced consumer-directed options.

- **Assisted Living:** This program serves those who are blind or physically disabled; or who have Alzheimer's disease, dementia or related conditions; and who need an intermediate level of nursing home care. The functional assessment is performed by Division of Aging and Adult Services state registered nurses through a face-to-face medical assessment process; eligibility is determined using the same criteria as the other waivers. Financial eligibility is based on income limits of 300% of the SSI amount, which is \$2,022 monthly as of January 1, 2009. Asset limits are \$2,000 for an individual and \$3,000 for a couple. Case management-type services are provided by the licensed Level II Assisted Living facility as part of their bundled services. There is a cap of 500 participants; there are currently 289.
- **ElderChoices:** This program is another alternative to nursing home care for those who meet nursing home eligibility criteria for an intermediate level of care, as

assessed by state registered nurses across the state who see applicants face-to-face. Services are based on availability, need and the medical assessment. Financial eligibility is based on income limits of 300% of the SSI amount, which is \$2,022 monthly as of January 1, 2009. Asset limits are \$2,000 for an individual and \$3,000 for a couple.

- 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

- Arkansas has three CMS-funded programs and grants that provide HCBS to older adults and/or adults with physical disabilities. These are: Cash and Counseling, Money Follows the Person, and Transportation.
- **Cash and Counseling:** This program serves anyone categorically eligible for personal care under the state Medicaid plan who is not in an assisted living facility. Participants must be Medicaid recipients with a functional need for personal assistant services. The program allows ElderChoices participants to self-direct Adult Companion Services. The program was rolled into the state Medicaid plan under 1915(j) beginning April 1, 2008.
- **Money Follows the Person:** This program serves older adults, those with MRDD, adults with physical disabilities, and adults with mental illness who have been in a nursing home or skilled nursing facility for at least six months, who have Medicaid, and who need an intermediate level of care. Financial eligibility is based on income limits of 300% of the SSI amount, which is \$2,022 monthly as of January 1, 2009; spouses are treated as separate individuals for income consideration. Asset limits are \$2,000 for an individual and \$3,000 for a couple if both receive Medicaid. If only one individual receives Medicaid, the spousal impoverishment rules are applied to divide resources, and the asset limit for the Medicaid applicant is \$2,000.
- **Transportation:** This program serves Medicaid recipients including individuals who are also SSI or waiver recipients. Income and asset limits are associated with

the Medicaid category in which the individual was found eligible. Program characteristics vary among the seven regions in the state: Ages served may be all ages or those age 60 and older. Two of the regions perform a functional assessment. Previously a Medicaid state plan service, the program's operation was changed to a broker system; as a result, a demonstration waiver had to be obtained to waive consumers' freedom of choice. Transport brokers bid on areas of the state and the successful bidder must provide transportation for everyone in that area who qualifies.

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

State-funded HCBS Programs

- Arkansas has one state-funded HCBS program that provides HCBS to older adults and/or adults with physical disabilities. It is Nursing Home Alternative State Agency Services.
- **Nursing Home Alternative State Agency Services:** This program serves older adults age 60 and older and abused adults of any age. The functional assessment process may vary among AAAs. Financial eligibility guidelines are not as strict as those for Medicaid. There are no income eligibility requirements or asset limits; the intent is to target adults over the age of 60 or adults with some type of limiting disability. Funds may also be used by AAAs in working with adults referred by Adult Protective Services.
- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered.

Locally Funded HCBS Programs

- Arkansas uses local funds for HCBS for older adults and/or adults with physical disabilities.
- These funds are combined with OAA funding for programs such as senior centers and transportation.

OAA-funded Programs and Grants

- Refer to Table 1 for services provided through Title III of the OAA.

- Arkansas does not use cost-sharing mechanisms or sliding fee scales in delivery of Title III services.
- Arkansas has two OAA-funded programs and grants that provide HCBS to older adults and/or adults with physical disabilities. These are: Alzheimer's Demonstration Grant and Nursing Home Diversion Grant.

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

- Arkansas uses SSBG to provide HCBS for older adults and/or adults with physical disabilities. These funds are used for senior centers and home-delivered meals, as well as transportation services offered through the AAAs.
- Arkansas does not use CSBG to provide HCBS for older adults and/or adults with physical disabilities.

Consumer Direction

- Arkansas offers consumer-directed options. The HCBS programs in the state that offer consumer direction are Alternatives, ElderChoices, Cash & Counseling, and Money Follows the Person.
- Models of consumer direction available in the state include modified Cash and Counseling (IndependentChoices). The IndependentChoices program provides a monthly allowance to consumers to hire a personal attendant. They make their own determination regarding qualifications and training requirements, and may hire and fire their own workers.
- Those permitted to provide services under consumer direction in Arkansas are anyone except the spouse or legally responsible party.
- Arkansas uses one fiscal intermediary in connection with consumer direction.

Managed Care

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

Major Accomplishments and Initiatives

- A long-term-care systems transformation grant has enabled the state to establish its Choices In Living Resource Center (ADRC), which is responsible for informally screening applicants for Medicaid eligibility and HCBS, and helping them initiate the formal application process. One of the objectives of the grant is to begin implementation of an online application process.
- The number of services available to ElderChoices participants has been increased, and the ElderChoices and Alternatives programs are being made more comparable.
- Money Follows the Person has successfully begun transitioning adults out of skilled care facilities and into HCBS settings.

AGING STRATEGIC ALIGNMENT PROJECT

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

| Program Type / Funding Source | Program Name | Ages Served | Nursing Home Level of Care Required | Entity Responsible for Functional Assessment | Entity Responsible for Financial Assessment | Entity Responsible for Case Management | Waiting List (Number) | Consumer Direction Option |
|--------------------------------|--|---|-------------------------------------|--|---|--|-----------------------|---------------------------|
| Medicaid Waivers | Alternatives | 21-64 | Yes | State agency: Division of Aging and Adult Services' Nurses | State agency: Department of Human Services/ Division of County Operations | Approved providers | No | Yes |
| | Assisted Living | 21+ if blind or disabled and those 65+ | Yes | State agency: Division of Aging and Adult Services' Nurses | State Agency: Department of Human Services; Division of County Operations | Approved providers | No | No |
| | ElderChoices | 65+ | Yes | State agency: Division of Aging and Adult Services' Nurses | State Agency: Department of Human Services; Division of County Operations | Approved providers | No | Yes |
| CMS-funded Programs and Grants | Cash & Counseling | 18+ | No | State agency: Division of Aging and Adult Services' Nurses | State Agency: Division of County Operations | Division of Aging and Adult Services | No | Yes |
| | Money Follows the Person | Age 65+ adults ages 21-64 with physical disabilities adults 21+ with mental illness and persons of all ages with MRDD | Yes | State agency; Division of Aging and Adult Services' Nurses | State Agency: Division of County Operations | Enrolled community provider agency | No | Yes |
| | Transportation | Varies by region | No | No functional assessment | No financial assessment | No case management | No | No |
| State-funded Programs | Nursing Home Alternative State Agency Services | 60+ unless an abused adult | No | Area Agency on Aging | Information not reported | Area Agency on Aging | No | No |

AGING STRATEGIC ALIGNMENT PROJECT

State Profile for

LOUISIANA

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

Background

- Louisiana's 60+ population was 757,486 in 2008 (17.2% of the state's total population), with 13.2% below the federal poverty level.¹
- The 60+ population is projected to be 1,152,602 in 2025 (24.2% of the state's total population).²
- About 22.9% of all households in 2007 had one or more persons age 65 years and older, and 47.4% of persons age 65 years and older had a disability.³
- Of the 995,362 Medicaid beneficiaries in the state in 2003, 8.5% were aged, 16.2% were blind and disabled, 16.3% were Dual Eligible, and 1.6% were HCBS waiver beneficiaries.⁴
- Medicaid expenditures for institutional long-term care were 63.8% of total long-term-care expenditures, compared to 36.2% 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:** Governor's Office of Elderly Affairs. goea.louisiana.gov/
- **State Medicaid Agency:** Department of Health and Hospitals. www.dhh.state.la.us
- Louisiana does not have a consolidated agency for long-term-care programs. The following agencies handle long-term care: The Office of Elderly Affairs and the Department of Health and Hospitals.
- The director of Louisiana's SUA reports to the Governor.
- Louisiana has 34 Area Agencies on Aging. The main role of the AAAs is to provide, through a comprehensive and coordinated system, supportive services and nutrition services, and to assure that each activity includes planning, advocacy and system development. The AAAs focus on the needs of low-income older individuals, and coordinate services through the Parish Councils on Aging. AAAs also provide information, assistance, and legal services.

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

- Louisiana has an ADRC that is 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, Louisiana's ADRC serves the physically disabled, cognitively impaired (Alzheimer's and related conditions), and veteran populations.
- Louisiana's ADRC is currently not the SPE for Medicaid long-term-care services. The Office of Elderly Affairs and the Department of Health and Hospitals are piloting an SPE for OAA and Medicaid services using the ADRC. If this pilot is successful, the intent is to replicate it statewide. Once this ADRC is

statewide, it will be responsible for doing the financial and functional assessments for HCBS programs.

- One particular ADRC is working with the veterans hospital to provide services to individuals who are neither elderly nor disabled but are still in need of services. While it is currently an informal relationship, the desire is to formalize and establish it throughout the state.

Assessment Process

Medicaid

- For Medicaid applicants, in determining functional eligibility for nursing home pre-admission, Louisiana does not require an in-person assessment by someone other than nursing home staff. Final eligibility decisions are made by state staff.

Non-Medicaid

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

State Medicaid Plan

- Louisiana provides HCBS through the state Medicaid plan.
- Refer to Table 1 for specific services provided.
- **PACE:** Louisiana has two PACE sites located in New Orleans and Baton Rouge. Six more sites are in the planning stage. Louisiana would like to have one PACE site in each of the nine major regions of the state.

Medicaid Waivers

- Louisiana has two waivers that provide HCBS to older adults and/or adults with physical disabilities. These are: Adult Day Health Care and the Elderly and Disabled Waiver.
- **Adult Day Health Care:** This program is targeted toward persons in nursing homes and those at imminent risk of nursing home placement. It is able to serve 825

individuals, and there is a waiting list of approximately 400. Services are paid at a per diem rate. Transportation is provided to and from the center and is considered time at the center. The centers also include medical and social service components. Income and asset limits are the same as for nursing home care. The income limit is three times the current Supplemental Security Income (SSI) amount; \$2,022 for an individual and \$4,044 for a couple. Asset limits are the same as Medicaid; \$2,000 for an individual and \$3,000 for a couple. Spousal impoverishment rules apply.

- **Elderly and Disabled Waiver:** This program is targeted toward persons in nursing homes and those at imminent risk of nursing home placement. It is able to serve 4,603 individuals. There is a waiting list of approximately 9,000. There are plans to include adult day health services in the near future. Income and asset limits are the same as for nursing home care. The income limit is three times the current SSI amount; \$2,022 for an individual and \$4,044 for a couple. Asset limits are the same as Medicaid; \$2,000 for an individual and \$3,000 for a couple. Spousal impoverishment rules 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

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

State-funded HCBS Programs

- Louisiana has one state-funded HCBS program that provides HCBS to older adults. This is the Councils on Aging.
- **Councils on Aging:** The Councils on Aging serve individuals age 60 and older who are considered “most needy.” Two-thirds of the funding for the Councils is from state and local sources. There is one council for every parish, totaling 64 statewide, and they are considered part of the delivery infrastructure. The council

is the service provider for OAA services in each parish. Many parishes provide expanded non-OAA services using state and local funds.

- The Governor’s Office on Aging also provides the following services using state funds: state-match for Senior Corps, which provides socialization and companion services; caregiver education through web-based training; supplemental Title V employment services; financial education and law enforcement training on financial exploitation; supplemental funds to expand services provided through OAA; and guardianship services.
- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered.

Locally Funded HCBS Programs

- Louisiana uses local funds for HCBS for older adults and/or adults with physical disabilities.
- Some parishes use local funding to supplement and expand the services provided by OAA and, in some cases, to create new HCBS programs.

OAA-funded Programs and Grants

- Louisiana does not use cost-sharing mechanisms or sliding fee scales in the delivery of Title III services.
- Refer to Table 1 for services provided through Title III of the OAA.
- Louisiana has two OAA-funded grants that provide HCBS to older adults and/or adults with physical disabilities. These are: Medicaid Diversion Grant and Alzheimer’s Disease Medicaid Diversion Grant.

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

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

Consumer Direction

- Louisiana does not currently offer consumer-directed options but they are being planned. The following information is pending the approval of consumer-direction options.
- Models of consumer direction available in the state will include: an option modeled after Cash and Counseling and voucher options.
- Those permitted to provide services under consumer direction in Louisiana will be: provider agencies, adult children of the consumer, other family, and friends.
- The only restriction on providers is that the provider cannot live with the individual to whom they are providing services.
- Louisiana will use fiscal intermediary services in connection with consumer direction.
- Through the two OAA-funded HCBS programs, consumer-direction components will be built into the Governor's Office of Elderly Affairs policies and procedures, allowing consumer direction at the local level using state, local and OAA funds.

Managed Care

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

Major Accomplishments and Initiatives

- Louisiana noted that systems transformation grants have assisted in rebalancing long-term care toward person-centered care, the major initiative of the last two years.
- In the next two years, Louisiana expects the Medicaid Diversion Program to significantly affect HCBS in the state. This should further refine the types of services available and follow the direction of OAA in keeping people in the community.
- Another major initiative of the next two years will be to formally coordinate services between OAA programs and Medicaid programs.
- The ADRC becoming statewide should also have an impact on transitioning individuals from the nursing homes to the community.

Table 1: Types of Home- and Community-based Services Provided Under Louisiana'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 Care Waiver | Elderly and Disabled Adult Waiver | Parish Council on Aging | | |
| Adult Day Care / Adult Day Health | X | | X | | |
| Assisted Living | | | | | |
| Caregiver Services / Respite / Education | | | 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 | |
| Health Promotion Activities | X | | X | | |
| Home Health / Personal Care | | | X | 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 |
| Personal Supports for Community Living / Transitioning | X | X | X | | |
| Rehabilitation / Therapy | | | | X | |
| Residential Services | | | X | | |
| Transportation | X | | X | X | X |
| Other/Unspecified HCBS | | | X | | |

AGING STRATEGIC ALIGNMENT PROJECT

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

| 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 Care Waiver | 22+ | Yes | Private Case Management Entity | State agency: Local Medicaid office; Private entity | Private case management entity | Yes (400) | No |
| | Elderly and Disabled Adult Waiver | 21+ | Yes | Private Case Management Entity | Local Medicaid Office | Private case management entity | Yes (9,000) | No |
| State-funded Programs | Parish Council on Aging | 60+ | No | Information not reported | N/A | Intake Coordinator (Varies by Parish) | Yes (Varies by Parish) | No* |

*Updated information indicates that this program now has consumer direction that varies by Parish.

AGING STRATEGIC ALIGNMENT PROJECT

State Profile for

NEW MEXICO

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

Background

- New Mexico's 60+ population was 360,142 in 2008 (18.1% of the state's total population), with 12.3% below the federal poverty level.¹
- The 60+ population is projected to be 647,186 in 2025 (30.7% of the state's total population).²
- About 23.8% of all households in 2007 had one or more persons age 65 years and older and 45.9% of persons age 65 years and older had a disability.³
- Of the 452,120 Medicaid beneficiaries in the state in 2003, 4.7% were aged, 11.7% were blind and disabled, 10.1% were Dual Eligible, and 2.0% were HCBS waiver beneficiaries.⁴
- Medicaid expenditures for institutional long-term care were 27.1% of total long-term-care expenditures, compared to 72.9% for HCBS in fiscal year 2007.⁵

Abbreviations

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

Government Structure to Manage HCBS

- **SUA:** New Mexico Aging and Long Term Services Department
www.nmaging.state.nm.us/
- **State Medicaid Agency:** New Mexico Human Services Department/Medical Assistance Division
www.hsd.state.nm.us/mad/index.html
- New Mexico has three agencies that assist in the administration of long-term services. These agencies, also called the tri-agencies, include the New Mexico Aging and Long Term Services Department, the New Mexico Department of Health, and the New Mexico Human Services Department/ Medical Assistance Division.
- The secretary of New Mexico's SUA is a member of the cabinet and reports to the Governor.
- New Mexico has six Area Agencies on Aging.

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

- New Mexico has an ADRC that is statewide and is located in Santa Fe.
- In addition to serving older adults, New Mexico's ADRC provides information and referral for people of all ages. The ADRC does intake for Adult Protective Services, and manages the Aging and Long-Term Services Department's Central Registry and the Brain Injury Registry for HCBS. In addition, the ADRC offers a prescription drug assistance program. The ADRC counselors utilize a database with more than 4,000 service providers. This same database is published to the web for use by the public.

Assessment Process

Medicaid

- Information not reported.

Non-Medicaid

- Information not reported.

State Medicaid Plan

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

Medicaid Waivers

- New Mexico has two waivers that provide HCBS to older adults and/or adults with physical disabilities. These are: Disabled and Elderly Waiver (D&E) and Mi Via (New Mexico's Self Direction Waiver).
- **Disabled and Elderly Waiver:** This program serves persons of all ages. Individuals must meet eligibility in terms of both medical and financial institutional level of care. Participants enter the program through the Central Registry, managed by the New Mexico Aging and Long-Term Services Department, ADRC. Participants are allowed to choose their case management agency. The case manager can help the participant get to the doctor, and assist with completing all necessary forms and assessment requirements. A participant must have a nursing home level of care need and the need for assistance with two ADLs. The income and asset limit for an individual are 300% of SSI and \$3,000, respectively. As of September 2008, there were 3,315 individuals receiving services under this waiver.
- **Mi Via-Self Directed Waiver:** This program targets individuals already receiving traditional waiver services through the Disabled and Elderly Waiver HCBS waiver program, or who have been newly enrolled through the central registry. This includes individuals diagnosed with a brain injury. Individuals are required to meet a nursing facility level of care and specific financial eligibility criteria. Two unique features of the Mi Via program are the ability to self-direct services, and the flexibility to create and manage services and supports that meet individual needs and may not oth-

erwise be available in a traditional waiver model. With the help of a consultant, and based upon their needs, participants create a services-and-supports plan and a budget that they manage, which includes the flexibility to hire support workers and purchase goods and other services. A third-party assessor approves the services-and-supports plan and budget. This program is administered through a tri-agency partnership including the New Mexico Aging and Long Term Services, the New Mexico Department of Human Services, and the New Mexico Department of Health.

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

CMS-funded Programs and Grants

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

State-funded HCBS Programs

- The New Mexico Aging and Long-Term Services Department has several state-funded programs offering short-term in-home services, adult day care, meals, and environmental modifications to eligible older adults and/or adults with physical disabilities and brain injuries.

Locally Funded HCBS Programs

- New Mexico uses local funds for HCBS for older adults and/or adults with physical disabilities.
- Many cities, including Albuquerque, Santa Fe and Las Cruces, as well as area Native American communities contribute significant resources for local (non-Medicaid) services and supports.

OAA-funded Programs and Grants

- Refer to Table 1 for services provided through Title III of the OAA.
- New Mexico uses cost-sharing mechanisms or sliding fee scales in the delivery of Title III services.

- The Title III funding is used on a limited basis, primarily for adult day care.
- New Mexico has one other OAA-funded program and grant that provides HCBS to older adults and/or adults with physical disabilities. This is: Benefits Counseling. Benefits Counseling provides direct services (congregate meals, home delivered meals, adult day health, legal assistance, etc.) in the community.

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

- New Mexico uses SSBG to provide HCBS for older adults and/or adults with physical disabilities.
- The SSBG funds are used to support services offered through the AAAs.
- New Mexico does not use CSBG to provide HCBS for older adults and/or adults with physical disabilities.

Consumer Direction

- New Mexico offers consumer-directed options. The HCBS program in the state that offers consumer direction is Mi Via-Self Directed Waiver.
- Those permitted to provide services under consumer direction in New Mexico are: provider agencies, spouses, adult children of the consumer, other family members, friends, and anyone who is part of a participant's circle of support.
- New Mexico uses fiscal intermediary services in connection with consumer direction. The fiscal intermediary pays for services, supports, and goods purchased through the Mi Via waiver.

Managed Care

- New Mexico has HCBS programs run by managed care health plans
- Coordination of Long Term Services (CoLTS) is currently being implemented in New Mexico under a

1915(b)/(c) combination, which will provide HCBS for older adults and people with disabilities (includes those with brain injury, but not developmental disabilities). CoLTS is intended to manage long-term services and acute-care services for certain Medicaid populations, for example, adults receiving personal care options benefits and individuals receiving Disabled and Elderly Waiver services. Additionally, CoLTS coordinates Medicaid and Medicare benefits for participants who are dually eligible. The CoLTS initiative is coordinated between the New Mexico Human Services Department/Medical Assistance Division and the New Mexico Aging and Long-Term Services Department/Elderly & Disability Services Division. By June 30, 2009, New Mexico projects that approximately 38,000 individuals will be transitioned into the CoLTS program.

Major Accomplishments and Initiatives

- Development and implementation of the Mi Via Self Directed Waiver.
- Implementation of CoLTS on a geographic phase-in basis. The last phase of the CoLTS implementation will begin in April, 2009, and will be completed by June 30, 2009.

Table 1: Types of Home- and Community-based Services Provided Under New Mexico'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 |
| | Disabled and Elderly Waiver | Mi Via - Self-Directed Waiver | | |
| Adult Day Care / Adult Day Health | X | X | | X |
| Assisted Living | X | X | | |
| 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 | |
| Health Promotion Activities | | X | | X |
| Home Health / Personal Care | | X | X | |
| Information / Assistance / Referral | | | | X |
| Legal Assistance / Financial Advice | | | | X |
| Medical / Dental / Medication Care | | | X | |
| Mental and Behavioral Health Services | | | | |
| Nursing | X | X | | |
| Nutrition / Meals | | X | | X |
| Personal Supports for Community Living / Transitioning | | X | | X |
| Rehabilitation / Therapy | X | X | X | |
| Residential Services | | | | |
| Transportation | | X | X | X |
| Other/Unspecified HCBS | | | | |

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

| Program Type / Funding Source | Program Name | Ages Served | Nursing Home Level of Care Required | Entity Responsible for Functional Assessment | Entity Responsible for Financial Assessment | Entity Responsible for Case Management | Waiting List (Number) | Consumer Direction Option |
|-------------------------------|-------------------------------|--------------------|-------------------------------------|---|--|--|-----------------------|---------------------------|
| Medicaid Waivers | Disabled and Elderly Waiver | No age restriction | Yes | Medicaid utilization review contractor | State agency: Income Support Division, Human Services Department | Case Management Agencies | Yes (17,340) | No |
| | Mi Via - Self-Directed Waiver | No age restriction | Yes | Third-party assessor/ utilization management contractor | State agency: Income Support Division, Human Services Department | Consultant contractor agency | Yes | Yes |

AGING STRATEGIC ALIGNMENT PROJECT

State Profile for

OKLAHOMA

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

Background

- Oklahoma's 60+ population was 677,530 in 2008 (18.6% of the state's total population), with 10.6% below the federal poverty level.¹
- The 60+ population is projected to be 930,178 in 2025 (24.3% of the state's total population).²
- About 23.9% of all households in 2007 had one or more persons age 65 years and over, and 46.6% of persons age 65 years and older had a disability.³
- Of the 625,875 Medicaid beneficiaries in the state in 2003, 8.4% were aged, 12.1% were blind and disabled, 15.5% were Dual Eligible, and 3.0% were HCBS waiver beneficiaries.⁴
- Medicaid expenditures for institutional long-term care were 57.5% of total long-term-care expenditures, compared to 42.5% for HCBS in fiscal year 2007.⁵

Abbreviations

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

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

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

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

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

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

Government Structure to Manage HCBS

- **SUA:** Aging Services Division, Oklahoma Department of Human Services.
www.okdhs.org
- **State Medicaid Agency:** Oklahoma Health Care Authority.
www.ohca.state.ok.us
- Oklahoma does not have a consolidated agency for long-term-care programs. The following agencies handle long-term care: Oklahoma Health Care Authority; Oklahoma Department of Human Services, Aging Services Division; and the Oklahoma State Department of Health.
- The director of Oklahoma's SUA reports to the director of the Department of Human Services, who reports to Secretary for Human Services, who reports to the Governor.
- Oklahoma has 11 Area Agencies on Aging.

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

- Oklahoma does not have an SPE or ADRC.

Assessment Process

Medicaid

- For Medicaid applicants, in determining functional eligibility for nursing home pre-admission, Oklahoma does not require an in-person assessment by someone other than nursing home staff. Most assessments are done after admission.

Non-Medicaid

- For non-Medicaid applicants in Oklahoma, nursing home pre-admission assessment is not required.

State Medicaid Plan

- Oklahoma provides personal care through the state Medicaid plan.

- Refer to Table 1 for specific services provided.

- **PACE:** Oklahoma has one PACE site started in 2008 by the Cherokee Nation.

Medicaid Waivers

- Oklahoma has one waiver that provides HCBS to older adults and/or adults with physical disabilities. This is: ADvantage Program.
- **ADvantage Program:** This program serves those age 65 and older and those age 21 and older who have physical disabilities. A consumer-directed option, called CDPASS, is being piloted in Tulsa County and only covers personal care assistance; the participant in the consumer-directed option recruits, hires, fires and manages the hired service provider. The participant in the consumer-directed option is assisted by a case manager and uses the services of a fiscal intermediary. The income limit for an individual is 300% of the federal poverty level and the asset limit is \$2,000; couples are treated as individuals. Once the Medicaid unit has determined financial eligibility, the applicant is referred to SUA nursing staff for functional eligibility determination.
- 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

- Oklahoma has one CMS-funded program and grant that provides HCBS to older adults and/or adults with physical disabilities. This is Money Follows the Person.
- **Money Follows the Person:** This program is for those aged 19 and older with MRDD or a chronic disability or illness. The assessment is done by a transition coordinator using the same tool as for the ADvantage Program (the Uniform Comprehensive Assessment Tool). The transition coordinators also provide case management services; these persons are certified and employed by various entities including Centers for Independent Living. The income level for qualified individuals is 185% of federal poverty level

(FPL) and the asset limit is \$2,000. About 2,000 persons are targeted for transition.

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

State-funded HCBS Programs

- Oklahoma has one state-funded program that provides HCBS to older adults and/or adults with physical disabilities. This is: Adult Day Health Care.
- **Adult Day Health Care:** This program serves those age 60 and older and individuals age 21 and older with physical disabilities. The Adult Day Health Care service is also offered under the ADvantage Program to ensure that all participants eligible for Medicaid are funded under it because state funds are very limited. For the state program, the individual income level is \$2,084 and the income level for couples is \$4,168, with no asset limits. There is no functional assessment required for applicants age 60 and older for the state program; for those under age 60, a statement from their physician is required for eligibility. All participants in the program must need socialization services and the caregiver must require respite services.
- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered.

Locally Funded HCBS Programs

- Oklahoma uses local funds for HCBS for older adults and/or adults with physical disabilities.
- Local funds are used as a match for Title III (OAA) funds.

OAA-funded Programs and Grants

- Refer to Table 1 for services provided through Title III of the OAA.
- Oklahoma does not use cost-sharing mechanisms or sliding fee scales in the delivery of Title III services.
- Oklahoma has one other OAA-funded program and grant that provides HCBS to older adults and/or

adults with physical disabilities. This is: Living Longer, Living Stronger, Evidence-based Wellness Grant.

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

- Oklahoma uses SSBG to provide HCBS for older adults and/or adults with physical disabilities.
- SSBG funds are used for congregate meals (\$4,573,273 in 2007), adult day care (\$1,003,000 in 2007) and adult protective services (\$5,697,776 in 2007).
- Oklahoma does not use CSBG to provide HCBS for older adults and/or adults with physical disabilities.

Consumer Direction

- Oklahoma is piloting one consumer-directed option in its ADvantage Program, which covers personal care services. Vouchers are used for caregiver respite services.
- Those permitted to provide services under consumer direction in Oklahoma are: adult children, other family members, friends, and provider agencies.
- All providers must be approved by the Department of Human Services. A legally responsible adult may provide services under consumer-directed options if no other provider option is available.
- Oklahoma uses one fiscal intermediary service in connection with consumer direction.
- A consumer-directed option is included in the Money Follows the Person Program.

Managed Care

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

Major Accomplishments and Initiatives

- The Department of Human Services has assumed direct responsibility for the administration of the AD-vantage Program, which previously had been outsourced, and has received approval to offer an assisted living services option in its Medicaid waiver program.
- The department is working towards receiving funding for an SPE (ADRC) and expanding its consumer-directed options.
- The department also anticipates implementing an integrated voice response system for its personal care attendant program, which it has piloted with successful results and significant cost savings.
- There are concerns about how the growing number of severely physically disabled younger adults will be served when they reach 21 and are no longer eligible for current state programs unless they have MRDD.

Table 1: Types of Home- and Community-based Services Provided Under Oklahoma'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 | | |
| | ADvantage Program | Money Follows the Person Nursing Facility Transition Grant | Adult Day Health Care | State Medicaid Plan | OAA Title III |
| Adult Day Care / Adult Day Health | X | X | X | | |
| Assisted Living | X | | | | |
| 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 | | | |
| Employment | | X | | | |
| Equipment / Supplies / Modifications / Assistive Technology | X | X | | X | |
| Health Promotion Activities | | | | | X |
| Home Health / Personal Care | X | X | | X | |
| Information / Assistance / Referral | | | | | X |
| Legal Assistance / Financial Advice | X | | | | X |
| Medical / Dental / Medication Care | X | X | | X | |
| Mental and Behavioral Health Services | | X | | X | |
| Nursing | X | X | | X | |
| Nutrition / Meals | X | X | | | X |
| Personal Supports for Community Living / Transitioning | | X | | | |
| Rehabilitation / Therapy | X | X | | X | |
| Residential Services | | | | | |
| Transportation | | X | | X | X |
| Other/Unspecified HCBS | | | | | X |

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

| Program Type / Funding Source | | 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 | ADvantage Program | Age 65+ or Age 21+ with a physical disability | Yes | State Agency: Aging Services Division, Department of Human Services | State agency: Department of Human Services | Private Case Management Entities | No | Yes |
| CMS-funded Programs and Grants | Money Follows the Person Nursing Facility Transition Grant | Adults, age 19+ with MRDD or chronic disabilities or illnesses | Yes | Transition Coordinators | State agency: Department of Human Services | Varies | No | Yes |
| State-funded Programs | Adult Day Health Care (part of the Advantage Program) | 60+ and 21+ with a physical disability | No | Physician | State agency: Department of Human Services | No case management | No | No |

AGING STRATEGIC ALIGNMENT PROJECT

State Profile for

TEXAS

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

Background

- Texas' 60+ population was 3,515,525 in 2008 (14.5% of the state's total population), with 11.7% below the federal poverty level.¹
- The 60+ population is projected to be 6,089,260 in 2025 (19.7% of the state's total population).²
- About 19.6% of all households in 2007 had one or more persons age 65 years and older and 45.1% of person's age 65 years and older had a disability.³
- Of the 3,339,796 Medicaid beneficiaries in the state in 2003, 8.1% were aged, 10.3% were blind and disabled, 15.1% were Dual Eligible, and 1.7% were HCBS waiver beneficiaries.⁴
- Medicaid expenditures for institutional long-term care were 57.5% of total long-term-care expenditures, compared to 42.5% for HCBS in fiscal year 2007.⁵

Note: Data for Texas 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 Assessment Process

- **SUA:** Texas Department of Aging and Disability Services (DADS).
www.dads.state.tx.us/
- **State Medicaid Agency:** Health and Human Services Commission.
www.hhsc.state.tx.us/Medicaid/index.html
- Texas does not have a consolidated agency for long-term-care programs. However, DADS regulates and oversees all nursing facilities and licensure for long-term services, and administers the waiver programs for physical and intellectual disabilities and aging programs. The financial eligibility for Medicaid programs is overseen by the Health and Human Services Commission.
- The director of Texas' SUA reports to the Health and Human Services Executive Commissioner, who reports to the Governor.
- Texas has 28 Area Agencies on Aging.

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

- Texas has an ADRC that is not statewide. Eight ADRCs operate in Dallas, Tarrant County, North Central Texas, East Texas, Central Texas, Bexar County, Harris County, and Houston-Galveston.
- Most ADRC sites have a physical (bricks and mortar) infrastructure; one ADRC site operates solely through a virtual model, with partner agencies co-located through technology.
- In addition to serving older adults, Texas' ADRCs serve those with MRDD, physical disabilities or cognitive impairment (such as with Alzheimer's disease and related conditions), and families and children.

Medicaid

- For Medicaid applicants, in determining functional eligibility for nursing home pre-admission, Texas does not require an in-person assessment by someone other than nursing home staff.
- Medical necessity is determined by the Texas Medicaid Health Partnership (TMHP), a contractor in the state. Financial eligibility is determined by the Health and Human Services Commission. TMHP makes the final determination on medical necessity for nursing facility care.

Non-Medicaid

- For non-Medicaid applicants in Texas, nursing home pre-admission assessment is not performed by someone other than nursing home staff.
- The same process is used for Medicaid and non-Medicaid clients; medical necessity is determined by the Texas Medicaid Health Partnership (TMHP), a contractor in the state. Financial eligibility is determined by the Health and Human Services Commission. TMHP makes the final determination on medical necessity for nursing facility care.

State Medicaid Plan

- Texas provides HCBS through the state Medicaid plan.
- Refer to Table 1 for specific services provided.
- **PACE:** Texas has two PACE sites located in El Paso and Amarillo. A third PACE site has been approved for Lubbock and is under construction. It is expected to be operational by the end of 2009.

Medicaid Waivers

- Texas has four waivers that provide HCBS to older adults and/or adults with physical disabilities. These are: Community Based Alternatives Waiver (CBA), Integrated Care Management (ICM) Mandatory, Integrated Care Management (ICM) Non-Mandatory, and STAR+PLUS.

- **Community Based Alternatives Waiver (CBA):**

Participants in this program are adults age 21 and over who are physically disabled and low income. The Medical Necessity and Level of Care Assessment is used to determine an individual's skilled nursing level-of-care need. Form 2060, Consumer Needs Assessment Questionnaire and Task/Hour Guide, is used to determine the individual's functional ability to complete ADLs. Participants choose a home health agency to conduct the medical assessment and to provide waiver services. TMHP determines medical necessity. A care plan is developed through this process. The home health agency ensures that services are coordinated through assigned provider networks. The cost of services can not exceed 200% of the reimbursement rate that would have been paid to receive services at a nursing home. In addition, Department of Aging and Disability Services (DADS) case managers provide support and follow-up interventions. As gatekeepers, DADS staff ensure through follow-up and home visits that all necessary services are being provided. Participants' income levels may be no greater than 300% of Supplemental Security Income (SSI). Applicants are required to meet the Medicaid resource limits for Medicaid in a nursing facility, which for individuals are \$2,022 for income and \$2,000 for assets. Spousal impoverishment levels apply and vary by household. Consumer-directed options are available and are referred to as Consumer Directed Service Options. This option may include nursing, respite, and speech, occupational and physical therapy services. Individuals may access Community Based Alternatives by being placed on an interest list or by using the Money Follows the Person provisions that apply to individuals applying for CBA services while in a nursing facility.

- **Integrated Care Management (ICM) Mandatory:**

This 1915(c) waiver program provides a non-capitated service rate. The ICM waiver includes the same array of services as the Community Based Alternatives waiver. ICM members who receive only Medicaid have access to an annual adult wellness check. The Integrated Care Management contractor (ICMC) must provide, or arrange to provide to members who receive only Medicaid, comprehensive disease management services. For participants deemed eligible for SSI

or other full Medicaid benefits and who qualify for services under this program, there is no interest list. The Medical Necessity and Level of Care Assessment for this program are completed by an agency under contract with the state. The contractor then forwards the assessment to the DADS, Integrated Care Management Support Unit (ICMSU), which approves the assessment and plan of care. The ICMSU enters the services authorized by the contractor into the Service Authorization System (SAS). The contracting agency is also responsible for service coordination. Income limit for this program is 300% SSI. Applicants are required to meet the Medicaid resource limits for Medicaid in a nursing facility, which for individuals are \$2,022 for income and \$2,000 for assets. Spousal impoverishment levels apply and vary by household. Consumer-directed service options are available for this program and allow participants to choose providers and manage services.

- **Integrated Care Management (ICM) Non-Mandatory:**

This program duplicates the program description and services of the ICM Mandatory program (described above) except that applicants may be placed on an interest list if all slots are filled. Applicants must meet all other eligibility requirements of other waiver programs in the state, including income and asset requirements.

- **STAR+PLUS:** This 1915(b) waiver program provides a capitated service rate. Functional assessments in this program may be provided by various managed care organizations contracted throughout the state. Income and asset limits for this program include income levels no greater than 300% SSI. Applicants are required to meet the Medicaid resource limits for Medicaid in a nursing facility, which for individuals are \$2,022 for income and \$2,000 for assets. Spousal impoverishment levels apply and vary by household. Consumer-directed service options allow participants to interview, choose Attendant Services or Personal Assistant Services, schedule service time and manage services provided. Participants may also elect not to choose and manage services.

- 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

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

- **Money Follows the Person (MFP):** This program has been a part of Texas' long-term-care model for several years, transitioning thousands of Texas residents from a nursing facility or Intermediate Care Facility for Persons with Mental Retardation (ICF/MR). MFP options are available in all Texas waivers. The program has been so successful that some ICF/MR facilities within the state are interested in closing and transitioning their participants into a HCBS waiver. For eligible applicants, the MFP program may be used to bypass interest lists for other waiver programs. The goal is to assist participants with relocation and services that enable them to remain in the community. Functional and financial assessments are not needed in the MFP program, as participants have already been assessed as Medicaid-eligible residents in ICF/MR facilities and nursing homes. MFP initiatives have enabled Texas to extend supports in the Community Based Alternatives Waiver, the STAR+PLUS Waiver and the Integrated Care Management Waiver. Texas has also been able to expand and pilot some behavioral health initiatives in at least one county and provide night staff for individuals requiring 24-hour supervision.

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

State-funded HCBS Programs

- Texas has one state-funded program that provides HCBS to older adults and/or adults with physical disabilities. This is: In-Home and Family Support.
- **In-Home and Family Support:** This program provides direct grant benefits to those who have a physical disability that substantially limits their ability to

function independently. An individual must meet functional eligibility criteria based on assessment of ADLs and functional limitation areas in order to receive In-Home and Family Support Program (IHFSP) benefits. A co-payment for services is determined by utilizing a sliding fee scale that starts at 105% of the state median income for household size. There are no asset limits for this program. This program allows flexibility for applicants who may not qualify for other state plan or waiver benefits financially or functionally.

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

Locally Funded HCBS Programs

- Texas uses local funds for HCBS for older adults and/or adults with physical disabilities.
- AAAs and their services providers require a funding match at the local level. Sources of the match include city and county funds.

OAA-funded Programs and Grants

- Refer to Table 1 for services provided through Title III of the OAA.
- Texas does not use cost-sharing mechanisms or sliding fee scales in the delivery of Title III services.
- Texas has one other OAA-funded program and grant that provides HCBS to older adults and/or adults with physical disabilities, the Nursing Home Diversion Grant. These dollars will be used to establish a partnership with the Central Texas ADRC and the Scott and White Healthcare System. Services to veterans will be coordinated under the Nursing Home Diversion grant.

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

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

- SSBG funds are used to support the Texas Guardianship Program, which works to substantiate abuse, neglect, or exploitation of individuals who have been adjudicated as incapacitated in their ability to manage their personal finances or make decisions. These funds are also used to support Adult Foster Care and “Other Grant Benefits” such as home-delivered meals, family care and emergency response services. Participants receiving SSBG (Title XX) services must have incomes no greater than \$1,869 per month and assets no greater than \$5,000 for an individual or \$6,000 for a couple. Functional assessments are used to determine the need for SSBG services.
- Texas does not use CSBG to provide HCBS for older adults and/or adults with physical disabilities.
- Support advisors are available to assist those who may need guidance with being an employer. Participants are offered the option to participate in consumer direction upon enrollment and annually thereafter. Participants may also request participation at any time during their enrollment in a program. Under consumer direction, 90% of their total budget has to go towards wages and other benefits, so participants have some flexibility in deciding what wage to pay as long as the wage is within the standards set by the state. Service providers must undergo a criminal background check.
- Texas uses fiscal intermediary services in connection with consumer direction.

Consumer Direction

- Texas offers consumer-directed service options. The HCBS programs in the state that offer consumer direction are Primary Home Care (under the state Medicaid Plan), Community Based Alternatives, Integrated Care Management - Mandatory, Integrated Care Management - Non Mandatory, STAR+PLUS, and In-Home and Family Support programs.
- Models of consumer direction available in the state include: an option modeled after Cash and Counseling and voucher options. Voucher options are available through OAA programs (e.g., homemaking and respite). Texas is exploring the feasibility of adding transportation vouchers.
- Those permitted to provide services under consumer direction in Texas are: provider agencies, adult children of the consumer, other family members, and friends.
- Spouses and representative designees are not allowed to provide services under consumer direction and providers may not live in the home with the participant.
- Texas has HCBS programs run by managed care health plans.

Managed Care

Major Accomplishments and Initiatives

- Texas has received a substantial appropriation from the legislature to fund the Interest List, individuals who are waiting to receive HCBS. In the 2006-2007 Legislative session, \$97.9 million in General Revenue funds were allocated, which allowed departments to access federal funding to reduce the wait time for waiver programs. The legislature again appropriated \$71.4 million in 2008-2009 funding. This resulted in services to 8,000 more individuals in the 2008-2009 biennium.
- As a result of its Promoting Independence Plan, Texas has been a leader in promoting independence and implementing Money Follows the Person.

AGING STRATEGIC ALIGNMENT PROJECT

Table 1: Types of Home- and Community-based Services Provided Under Texas' 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 Based Alternatives Waiver (CBA) | Integrated Care Management (ICM) Mandatory | Integrated Care Management (ICM) Non-mandatory | STAR+PLUS | Money Follows the Person | In Home and Family Support | | |
| Adult Day Care / Adult Day Health | | | | | | | X | X |
| Assisted Living | X | X | X | X | X | | | |
| Caregiver Services / Respite / Education | 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 |
| Companion Services / Socialization Activities | | | | | | | | |
| Employment | | | | | | | | |
| Equipment/Supplies/Modifications/Assistive Technology | X | X | X | X | X | X | | X |
| Health Promotion Activities | | X | 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 | X | X | X | | |
| Mental and Behavioral Health Services | | X | X | X | | X | | |
| Nursing | X | X | X | X | X | | X | |
| Nutrition / Meals | X | X | X | X | X | | X | X |
| Personal Supports for Community Living / Transitioning | X | X | X | | X | X | | |
| Rehabilitation / Therapy | X | X | X | X | X | X | | |
| Residential Services | X | X | X | X | X | | | |
| Transportation | | | | | | X | | X |
| Other/Unspecified HCBS | | | | | | | | X |

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

| 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 Based Alternatives Waiver (CBA) | 21+ | Yes | State agency: Department of Aging and Disability Services | State agency: Health and Human Services Commission | State agency: Department of Aging and Disability Services; Providers | Yes | Yes |
| | Integrated Care Management (ICM) Mandatory | 21+ | Yes | Evercare State Contract Provider | State agency: Health and Human Services Commission | Evercare State Contract Provider | No | Yes |
| | Intergrated Care Management (ICM) - Non-Mandatory | 21+ | Yes | Evercare State Contract Provider | State agency: Health and Human Services Commission | Evercare State Contract Provider | Yes | Yes |
| | STAR+PLUS | 21+ | Yes | Evercare or Other Managed Care Organization Provider | State agency: Health and Human Services Commission | State agency: Health and Human Services Commission; HMO | Yes | Yes |
| CMS-funded Programs and Grants | Money Follows the Person | 21+ | Yes | No functional assessment | No financial assessment | State agency: Department of Aging and Disability Services for non-managed care cases; managed care organization | No | Yes |
| State-funded Programs | In Home and Family Support | 4+ | No | State agency: Department of Aging and Disability Services | State agency: Department of Aging and Disability Services | State agency: Department of Aging and Disability Services | Yes | No |

