

# AGING STRATEGIC ALIGNMENT PROJECT

## State Profile for

# IOWA

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

### Background

- Iowa's 60+ population was 596,110 in 2008 (19.9% of the state's total population), with 7.7% below the federal poverty level.<sup>1</sup>
- The 60+ population is projected to be 804,461 in 2025 (26.9% of the state's total population).<sup>2</sup>
- About 24.6% of all households in 2007 had one or more persons age 65 years and older and 35.9% of persons age 65 years and older had a disability.<sup>3</sup>
- Of the 361,760 Medicaid beneficiaries in the state in 2003, 9.8% were aged, 16.3% were blind and disabled, 19.6% were Dual Eligible, and 4.7% were HCBS waiver beneficiaries.<sup>4</sup>
- Medicaid expenditures for institutional long-term care were 62.3% of total long-term care expenditures, compared to 37.7% for HCBS in fiscal year 2007.<sup>5</sup>

#### Abbreviations

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

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

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

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

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

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

### Government Structure to Manage HCBS

- **SUA:** Iowa Department of Elder Affairs.  
[www.state.ia.us/elderaffairs/](http://www.state.ia.us/elderaffairs/)
- **State Medicaid Agency:** Iowa Department of Human Services.  
[www.dhs.iowa.gov/](http://www.dhs.iowa.gov/)
- Iowa does not have a consolidated agency for long-term-care programs.
- Six state agencies handle long-term-care programs: the SUA, the State Medicaid Agency, Inspections and Appeals (the Survey and Certification agency), Public Health, Education (Vocational Rehabilitation, which conducts disability determination), and Corrections (operates Local Community Options).
- The director of Iowa's SUA reports to the Governor.
- Iowa has 13 Area Agencies on Aging.

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

- Iowa has a statewide ADRC. Its website is: [www.lifelonglinks.org](http://www.lifelonglinks.org). The ADRC serves all consumers, especially aging consumers and consumers of all ages with disabilities.
- The ADRC operates two county-wide pilot sites in Linn and Johnson counties.
- Using state dollars, Iowa began a pilot program in two eastern counties in April, 2008, to create a single entry point system that further enhanced information and referral processes for long-term-care services. Local-level partners collaborated to form an Advisory Council for long-term care in their particular service areas; the SUA contracted with one lead agency to assist in forming the local-level collaborations. In one county, the lead agency is a county government, while in the other, it is an elder service agency. Each service provider that was part of the collaboration signed a Memorandum of Agreement to provide particular services (actual or in-kind services) and/or to serve on

the Advisory Council. Within the partnership, entry points exist to provide information and referral to long-term-care applicants. Applicants also have the option to speak to a long-term supports options counselor. One full-time staff person is devoted to providing counseling in each service area.

### Assessment Process

#### Medicaid

- For Medicaid applicants seeking initial admission to a nursing facility, the assessment form must be completed by a medical professional who is not employed by, under contract or otherwise, or associated with the facility. State policy allows for situations in which the medical professional is also the facility's Medical Director. In such cases, the facility must have a policy in place to ensure there is no conflict of interest and that an accurate and objective assessment is completed. The form is then faxed to the Department of Human Services (Medicaid agency). Final determination as to whether the applicant meets nursing home level-of-care requirements is made by nurse reviewers employed by the state's Quality Improvement Organization, which is under contract with the Medicaid agency.
- Financial eligibility is determined by the income maintenance worker in the Medicaid agency. This worker reviews the financial information provided by applicants and requests additional information or verification, if needed.

#### Non-Medicaid

- For non-Medicaid applicants in Iowa, nursing home pre-admission assessment is not performed by someone other than nursing home staff.
- Non-Medicaid consumers do not require a separate functional assessment other than what is required by the Preadmission Screening and Resident Review (PASRR).

## State Medicaid Plan

- Iowa provides HCBS through the state Medicaid plan.
- Refer to Table 1 for specific services provided.
- **PACE:** Iowa has one PACE site in Sioux City. If successful, Iowa plans to expand the PACE program to other sites in the state.

## Medicaid Waivers

- Iowa has one waiver that provides HCBS to older adults. This is: Medicaid Elderly Waiver.
- **Medicaid Elderly Waiver:** This program targets adults who are age 65 and older. The functional and financial assessment process is similar to that of nursing home Medicaid applicants (see the section above on Assessment Process for Medicaid applicants). A physician completes a one-page functional assessment form, which is obtained from the applicant or the case manager, and returns it to the Medicaid agency. Final eligibility determination is made by nurse reviewers employed by the state's Quality Improvement Organization, which is under contract with the Medicaid agency. Paperwork for the financial assessment is completed by the applicant. Sometimes case managers or staff of provider agencies may assist an applicant with completing the application materials. Final financial eligibility is reviewed and determined by the income maintenance worker. The income limit for an individual is \$2,022 and the asset limit is \$2,000. The income eligibility limit for a couple is \$2,022, or \$4,044 if both are on the waiver. The asset limit for the couple is \$3,000 if both are on the waiver. However, through spousal impoverishment provisions, up to \$109,560 in resources can be attributed to a spouse when determining the asset limit for a couple on the elderly waiver. A case management provider organization is eligible to provide case management services if it is accredited and meets the standards for case management as defined by the Mental Health, Mental Retardation, Developmental Disabilities and Brain Injury Commission; the Joint Commission; Council on Accreditation of Rehabilitation Facilities (CARF); Council on Quality and Leadership in Supports for People

with Disabilities; the Department of Elder Affairs; or the Department of Public Health. Consumer-directed options are available in this program to any consumer on the waiver (see section below on Consumer Direction for more details). Assisted living services are not a separate service under this waiver, but waiver recipients can access services provided in assisted living if the assisted living provider is enrolled as Consumer Directed Attendant Care provider.

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

## CMS-funded Programs and Grants

- Iowa has one CMS-funded program that provides HCBS to older adults and/or adults with physical disabilities. This is: Money Follows the Person.
- **Money Follows the Person:** Currently, this program focuses on individuals with MRDD who reside in intermediate care facilities. *This target population is not within the scope of this project, however.*

## State-funded HCBS Programs

- Iowa has two state-funded HCBS programs that provide HCBS to older adults and/or adults with physical disabilities. These are: the Senior Living Program and General Aging Fund.
- **Senior Living Program:** This program is designed to assist low- and moderate-income seniors by providing them with a wide array of HCBS in order to promote their independence and delay institutionalization. Since it is a flexible program, allowable long-term-care services include those that are specified under the medical assistance HCBS waiver for the elderly or the National Aging Program Information System. For determining financial eligibility, "low income" by rule is defined as a household income of less than 300% of Supplemental Security Income (SSI). Applicants self-report their own income and no standardized assessment process is used to verify the information. Applicants also self-report their functional limitations.

- **General Aging Fund:** State dollars are available for various HCBS from the state's general fund as appropriated by the legislature each year.
- Iowa is also funding the pilot programs for the ADRCs in two counties (refer to section above on ADRCs).
- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered.

### Locally Funded HCBS Programs

- Iowa uses local funds for HCBS for older adults and/or adults with physical disabilities.
- Local agencies such as AAAs pursue local funding to complement services that are provided through federally and state-funded programs.

### OAA-funded Programs and Grants

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

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

- Iowa does not use SSBG to provide HCBS for older adults.
- Iowa does not use CSBG to provide HCBS for older adults.

### Consumer Direction

- Iowa offers consumer-directed options. The HCBS program in the state that offers consumer direction is the Consumer Choices Option.
- Models of consumer direction available in the state include: modified Cash and Counseling. This grew out of Iowa's original Cash and Counseling grant. Consumers do not receive cash or vouchers directly.

- A consumer can retain an independent support broker to help hire a provider. The independent support broker must be at least age 18 and cannot be the consumer's spouse, guardian, conservator, trustee, representative payee, or durable power of attorney for health care or financial matters. The independent support broker cannot provide any other services to the consumer.
- Consumers may choose to purchase self-directed personal care, individual-directed goods and services, or self-directed community supports and employment. They can purchase these services from businesses or from individuals such as adult children, other family members, and friends.
- Iowa has one fiscal intermediary in the state that handles payments to providers.

### Managed Care

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

### Major Accomplishments and Initiatives

- Iowa has transitioned case management into a service under the Medicaid Elderly Waiver. Earlier case management services were funded by state and local dollars, and the nature and amount of funding could vary depending on the availability of these funds. With payment from Medicaid, case management providers now receive more consistent funding for their services.
- Iowa's single entry point task force was signed into law in the 2007 legislative session, after which a single entry point resource team began meeting in December, 2007. The team has submitted recommendations on how long-term care should be structured in the state. However, with the current budget crisis, it is difficult to anticipate the extent to which the recommendations can be implemented.
- Another major initiative is the availability of consumer-directed options under the Medicaid waiver programs. Although a significant number of participants have not opted for management of their own

care, it is likely that future generations will choose these options.

- Iowa has initiated an Office of Substitute Decision Maker. Due to funding limitations, however, the office is not fully operational; it is providing information and education on substitute decision makers and is building the foundation of what will become a statewide program.
- Finally, Iowa has received an evidence-based health promotion grant (Chronic Disease Self Management Program) that is preventive in nature and likely to improve the quality of life of Medicaid-eligible consumers and those with chronic conditions.

Table 1: Types of Home- and Community-based Services Provided Under Iowa's Programs for Older Adults						
Types of Services	Program Type / Funding Source					
	Medicaid Waivers	State-Funded Programs			State Medicaid Plan	OAA Title III
	Medicaid Elderly Waiver	General Aging Fund	Senior Living Program			
Adult Day Care / Adult Day Health	X	X	X		X	
Assisted Living						
Caregiver Services / Respite / Education	X	X	X		X	
Case Management / Care Coordination	X	X	X		X	
Chore / Homemaking	X	X	X		X	
Companion Services / Socialization Activities/Senior Companion	X	X	X		X	
Employment		X			X	
Equipment / Supplies / Modifications / Assistive Technology	X	X	X	X	X	
Health Promotion Activities		X	X		X	
Home Health / Personal Care	X	X	X	X	X	
Information / Assistance / Referral		X	X		X	
Legal Assistance / Financial Advice		X	X		X	
Medical / Dental / Medication Care		X		X	X	
Mental and Behavioral Health Services	X	X		X	X	
Nursing	X	X	X	X	X	
Nutrition / Meals	X	X	X		X	
Personal Supports for Community Living / Transitioning		X	X		X	
Rehabilitation / Therapy				X		
Residential Services				X		
Transportation	X	X	X	X	X	
Other/Unspecified HCBS	X	X	X		X	

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

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	Medicaid Elderly Waiver	65+	Yes	Physician	State agency: Department of Human Services	Varies (provider must meet Medicaid qualifications)	No	Yes
State-funded Programs	General Aging Fund	60+*	No	No functional assessment	No financial assessment	Area Agency on Aging	No	No
	Senior Living Program	60+*	No	No functional assessment	No financial assessment	Area Agency on Aging	No	No

\* State-funded programs are for those age 60+ with the exception of the Office of Substitute Decision Maker, which is available to adults age 18 and older.



# AGING STRATEGIC ALIGNMENT PROJECT

## State Profile for

# KANSAS

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

### Background

- Kansas's 60+ population was 501,329 in 2008 (17.9% of the state's total population), with 8% below the federal poverty level.<sup>1</sup>
- The 60+ population is projected to be 713,518 in 2025 (24.4% of the state's total population).<sup>2</sup>
- About 22.3% of all households in 2007 had one or more persons age 65 years and older, and 39.9% of persons age 65 years and older had a disability.<sup>3</sup>
- Of the 316,411 Medicaid beneficiaries in the state in 2003, 8.9% were aged, 15.3% were blind and disabled, 17.5% were Dual Eligible, and 6.2% were HCBS waiver beneficiaries.<sup>4</sup>
- Medicaid expenditures for institutional long-term care were 46.6% of total long-term-care expenditures, compared to 53.4% for HCBS in fiscal year 2007.<sup>5</sup>

#### Abbreviations

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

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

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

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

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

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

## Government Structure to Manage HCBS

- **SUA:** Kansas Department on Aging (KDOA).  
www.agingkansas.org
- **State Medicaid Agency:** Kansas Health Policy Authority (KHPA).  
www.khpa.ks.gov
- Kansas does not have a consolidated agency for long-term-care programs. KDOA provides all long-term-care programs for the aged and for individuals residing in nursing homes. KDOA has responsibility for those with physical disabilities who reside in a nursing home, while the Kansas Department of Social and Rehabilitation Services has responsibility for those with physical disabilities who are on a waiver.
- The director of Kansas's SUA reports to the Governor.
- Kansas has 11 Area Agencies on Aging.

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

- Kansas has an ADRC, but it is not yet statewide.
- In addition to serving older adults, Kansas' ADRC also serves those with physical disabilities.
- Existing AAAs and Centers for Independent Living (CIL) serve as ADRC pilot sites. Staff of these agencies collaborate to streamline access to services.
- Kansas has pilot ADRC sites in both a rural and an urban area. Working with the AAAs and CILs, Kansas is investigating different software packages to develop a virtual resource center. Once this is online, all AAAs and CILs across the state will be able to access information about resources.

## Assessment Process

### Medicaid

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

nursing home staff. The assessment is conducted by the Kansas Department on Aging, AAA or hospital staff.

### Non-Medicaid

- For non-Medicaid applicants in Kansas, nursing home pre-admission assessment is performed by someone other than nursing home staff. The assessment is done in person for all consumers by the Kansas Department on Aging, AAA or hospital staff.
- If someone calls an AAA expressing a desire to enter a nursing home, the AAA does the pre-admission care assessment and the Preadmission Screening and Resident Review (PASRR). Hospitals have volunteered to do the care assessment for applicants who are hospitalized. Assessment data from the AAAs and hospitals are entered into a management information system used by the state agency to provide official notification of functional eligibility. This is the same process used for any type of payment and applies to all applicants, regardless of Medicaid eligibility.

## State Medicaid Plan

- Kansas provides HCBS through the state Medicaid plan.
- Refer to Table 1 for specific services provided.
- The state Medicaid agency (KHPA) provides direction as to what is available under the state plan. The SUA is responsible for case management, PACE and nursing home programs through the state plan. The SUA also prepares and submits plan amendments to KHPA.
- **PACE:** Kansas has two existing PACE sites. One serves Wichita and Sedgwick County with 275 slots; the other serves Topeka, Shawnee County, and six surrounding counties with 75 slots.

## Medicaid Waivers

- Kansas has two waivers that provide HCBS to older adults and/or adults with physical disabilities. These are: HCBS-Frail Elderly and Physically Disabled.

- **HCBS-Frail Elderly:** This program serves those who are nursing home-eligible and those with Alzheimer's disease, dementia, and related conditions. Per new CMS guidelines and regulations, any applicant who meets the qualifications can enroll in the program that best suits him or her, based on financial and functional eligibility. The Kansas Department on Aging contracts with case management entities to complete the assessments. The asset limit for an individual is \$2,000; the income limit is \$727. The asset limit for a couple to qualify for this program is \$3,000. Case management is not available under this waiver, but could be provided as targeted case management under the state Medicaid plan. Attendant care services can be consumer-directed, which includes consumer responsibility for hiring, training, firing and monitoring time sheets. A payroll agent processes time sheets and submits them to the information management system for payment. The 12 hours a day of attendant care can be combined with other services for 24-hour care. There are no other caps.
  - **Physically Disabled:** While this waiver serves those age 16-65, current participants are offered a choice six months before their 65<sup>th</sup> birthday to continue receiving waiver services. A uniform assessment instrument is used to assess functional eligibility (i.e., ADL and IADL functioning). Although there may be presumptive eligibility (or presumptive disability), there is also a determination using Social Security standards. It is possible to have Social Security disability but not qualify for this waiver, however. Local and regional offices of the Department of Social and Rehabilitation Services conduct the Medicaid eligibility assessment, as Medicaid eligibility is another criterion for participation. The income limit is \$727 and the asset limit is \$2,000 for an individual; for a married couple, the asset limit is \$3,000. Case management is provided through the state Medicaid plan (not through the waiver). Targeted case managers work for the CILs and home health agencies are enrolled as providers. A list of agency choices is provided for case management services. If the consumer wishes, the case manager can assume the responsibility for hiring, training and firing personal care attendants, including agency aides. The consumer can also choose to receive home-delivered meals and targeted case management.
  - 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
- Kansas has one CMS-funded program that serves older adults and/or adults with physical disabilities. It is the Money Follows the Person demonstration grant.
  - **Money Follows the Person Demonstration (MFP):** This program serves persons with MRDD, those with physical disabilities, frail elderly, and those with traumatic brain injury. Applicants must express interest in going back to the community, have been on Medicaid for at least 30 days prior to their application, and reside in a nursing facility for six months or more. Income and asset limits are the same as those for state Medicaid eligibility. The asset limit for an individual is \$2,000; the income limit is \$727. The asset limit for a couple to qualify for this program is \$3,000. Case management is provided through the state Medicaid plan. Potential referrals to the program have been identified through the Minimum Data Set (MDS) for nursing home resident assessment and care screening, focusing on Section Q (Discharge Potential and Overall Status), as well as through the Kansas Department on Aging and AAAs. Services mirror the 1915c waiver services for the frail elderly.
  - Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered.
- ## State-funded HCBS Programs
- Kansas has one state-funded HCBS program that serves older adults and/or adults with physical disabilities. It is Senior Care Act (SCA).
  - **Senior Care Act:** This program is geared toward applicants who are at risk of entering a nursing home and not financially eligible for Medicaid. It requires the same functional level-of-care need as the HCBS-Frail Elderly waiver. The program has a sliding fee scale based on income and assets, ranging from zero if an applicant is at the federal poverty level, to 100% of

the cost of services. An AAA case manager completes the financial and functional assessment. Attendant care services can be self-directed as described under HCBS-Frail Elderly above; case management is optional. Services are based on the consumer's needs with a maximum monthly expenditure of \$1,445.

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

### Locally Funded HCBS Programs

- Kansas uses local funds for HCBS for older adults age 60 or older. Some AAAs receive county funds; if so, they receive \$2 from the state for every \$1 they receive from the county. Some counties have local levies for aging services. Local funding for HCBS totals approximately \$2 million.

### OAA-funded Programs and Grants

- Refer to Table 1 for services provided through Title III of the OAA.
- Kansas does not use cost-sharing mechanisms or sliding fee scales in the delivery of Title III services.
- Kansas does not have any other OAA-funded programs or grants that serve older adults and/or adults with physical disabilities.

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

- Kansas uses SSBG to provide HCBS for older adults age 60 or older.
- About \$4.5 million is used in the Senior Care Act program to supplement state money.
- Kansas does not use CSBG to provide HCBS for older adults and/or adults with physical disabilities.

### Consumer Direction

- Kansas offers consumer-directed options. The HCBS programs in the state that offer consumer direction are HCBS-Frail Elderly, Physically Disabled Waiver, and Senior Care Act.
- Those permitted to provide services under consumer direction in Kansas are: provider agencies, adult children of the consumer, other family, and friends. All must be at least 18 years old. A spouse or legal guardian cannot be a provider.
- Kansas uses multiple fiscal intermediaries in connection with consumer direction.

### Managed Care

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

### Major Accomplishments and Initiatives

- Oral health services have recently been added to the HCBS-Frail Elderly and Physical Disabled waivers; as a result, AoA highlighted Kansas as a program champion on its website. These were previously covered under the state Medicaid plan only for emergencies.
- Expedited Service Delivery was recently begun. If an applicant appears to be Medicaid-eligible after a simple assessment, he or she can become an HCBS participant while waiting up to 45 days for a financial determination from the Department of Social and Rehabilitation Services. Billings are processed through the HCBS-Frail Elderly waiver if the participant is then found to be Medicaid-eligible; otherwise, service providers are paid with state funds allocated by the legislature.
- CMS approval has been received to start a Comprehensive Support Service to help those with cognitive impairment remain safely in the community, rather than enter a nursing home. They may receive up to 12 hours of home supervision a day.

**Table 1: Types of Home- and Community-based Services Provided Under Kansas'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		
	HCBS-Frail Elderly	Physically Disabled	Money Follows the Person Demonstration	Senior Care Act	State Medicaid Plan	OAA Title III
Adult Day Care / Adult Day Health	X		X			X
Assisted Living						
Caregiver Services / Respite / Education				X		X
Case Management / Care Coordination			X	X	X	X
Chore / Homemaking	X	X	X	X		X
Companion Services / Socialization Activities	X		X			
Employment						
Equipment / Supplies / Modifications / Assistive Technology	X	X	X	X	X	X
Health Promotion Activities	X					X
Home Health / Personal Care	X	X	X	X		X
Information / Assistance / Referral						X
Legal Assistance / Financial Advice						X
Medical / Dental / Medication Care	X	X	X	X		X
Mental and Behavioral Health Services						
Nursing	X					
Nutrition / Meals		X				X
Personal Supports for Community Living / Transitioning			X			
Rehabilitation / Therapy					X	
Residential Services						
Transportation		X				X
Other/Unspecified HCBS			X			

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

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-Frail Elderly	65+	Yes	Case Management Entity	State agency: Social and Rehabilitation Services	Targeted case management through state Medicaid plan, not through waiver	No	Yes
	Physically Disabled	16-65	Yes	Targeted case managers	State agency: Social and Rehabilitation Services	Targeted case management through state Medicaid plan, not through waiver	Yes (10)	Yes
CMS-funded Programs and Grants	Money Follows the Person Demonstration	21+	Yes	Case Management Entity	State agency: Social and Rehabilitation Services	Targeted case management through state Medicaid plan, not through waiver	No	Yes
State-funded Programs	Senior Care Act	60+	Yes	Area Agency on Aging	Area Agency on Aging	Area Agency on Aging	Yes (495)	Yes

# AGING STRATEGIC ALIGNMENT PROJECT

## State Profile for

# MISSOURI

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

### Background

- Missouri's 60+ population was 1,110,339 in 2008 (18.8% of the state's total population), with 9.3% below the federal poverty level.<sup>1</sup>
- The 60+ population is projected to be 1,583,917 in 2025 (25.1% of the state's total population).<sup>2</sup>
- About 23.6% of all households in 2007 had one or more persons age 65 years and older, and 42.3% of persons age 65 years and older had a disability.<sup>3</sup>
- Of the 1,081,496 Medicaid beneficiaries in the state in 2003, 8.1% were aged, 13.7% were blind and disabled, 15.9% were Dual Eligible, and 0.7% were HCBS waiver beneficiaries.<sup>4</sup>
- Medicaid expenditures for institutional long-term care were 55.1% of total long-term-care expenditures, compared to 44.9% for HCBS in fiscal year 2007.<sup>5</sup>

#### Abbreviations

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

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

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

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

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

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

## Government Structure to Manage HCBS

- **SUA:** Missouri Division of Senior and Disability Services.  
www.dhss.mo.gov
- **State Medicaid Agency:** Missouri Healthnet Division.  
www.dss.mo.gov/fsd/msmed.htm
- Missouri does not have a consolidated agency for long-term-care programs. The Division of Senior and Disability Services, through a memorandum of understanding with Missouri Healthnet Division, handles HCBS programs and quality oversight.
- The director of Missouri's SUA reports to the director of the Department of Health and Senior Services, who reports to the Governor.
- Missouri has 10 Area Agencies on Aging.

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

- Missouri has an SPE that is not statewide.
- The SPEs have physical locations; there is not a virtual component.
- In addition to serving older adults, Missouri's SPEs serve persons with physical disabilities, MRDD and/or cognitive impairments, veterans, and anyone needing HCBS.
- The SPEs are being developed under an ADRC grant in conjunction with a hospital discharge planning grant to serve an 18-county area.

## Assessment Process

### Medicaid

- For Medicaid applicants, in determining functional eligibility for nursing home pre-admission, Missouri does not require an in-person assessment by someone other than nursing home staff. All nursing homes are required to give every applicant who is using Medicaid

to pay for his or her care an information booklet on how to access long-term-care services in the home. If they choose to do so, nursing homes refer applicants to the SUA for in-person assessment.

### Non-Medicaid

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

### State Medicaid Plan

- Missouri provides HCBS through the state Medicaid plan.
- Refer to Table 1 for specific services provided.
- **PACE:** Missouri has two PACE sites. One of these is in the planning stage.

### Medicaid Waivers

- Missouri has two waivers that provide HCBS to older adults and/or adults with physical disabilities. These are: Aged and Disabled Waiver and Independent Living Waiver.
- **Aged and Disabled Waiver:** A comprehensive functional assessment is carried out covering functional status, unmet needs, and current support systems. There are nine categories for level of care; to qualify for nursing home level of care, the applicant must score at least at the 21-point level. The assessments are generally done in the applicant's home but can be done in a hospital or nursing facility. The income limit for an individual is \$1,187, the asset limit is \$1,000, and spousal impoverishment rules apply; applicants are considered as individuals so there are no income and asset limits for couples/households. The program serves about 22,000 individuals.
- **Independent Living Waiver:** This program uses the same assessment process as the Aged and Disabled Waiver; the income limit for an individual is \$737 with a \$999.99 asset limit; the married income limit is \$992 with a \$1,999.99 asset limit; the waiver is approved for 600 participants. The personal care services in this waiver are consumer-directed; waiver applicants must

be able to self-direct their personal care attendant 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

- Missouri has one CMS-funded program and grant: Money Follows the Person.
- **Money Follows the Person:** Applicants must be in a nursing facility at least six months and on Medicaid at least one month to qualify. They must transition to a house that the participant or participant's family owns or leases, or to a residential setting with no more than four individuals living in the home. This is a joint program of the Department of Health and Senior Services, Department of Mental Health and the Missouri Healthnet Division.
- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered.

## State-funded HCBS Programs

- Missouri does not have state-funded HCBS programs for older adults and/or adults with physical disabilities.

## Locally Funded HCBS Programs

- Missouri uses local funds for HCBS for older adults and/or adults with physical disabilities.
- A number of counties use earmarked county-level tax funds that are managed by a tax board. The funds can be appropriated for a variety of services including home-based care (generally for those who do not qualify for state-authorized services) and for building and operating senior centers.

## OAA-funded Programs and Grants

- Missouri 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.
- Missouri has other OAA-funded programs and grants that provide HCBS to older adults and/or adults with physical disabilities. These include an Alzheimer's grant to provide caregiver education, training and support.

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

- Missouri uses SSBG to provide HCBS for older adults and/or adults with physical disabilities.
- SSBG funds are combined with state revenue funds to provide HCBS to persons who are in the process of Medicaid spend down or during periods of ineligibility for Medicaid. A policy change resulted in some Medicaid recipients (approximately 90 physically disabled adults) becoming ineligible; their services are covered until they leave the program through attrition or spend down to Medicaid.
- Missouri does not use CSBG to provide HCBS for older adults and/or adults with physical disabilities.

## Consumer Direction

- Missouri offers consumer-directed options. The HCBS programs in the state that offer consumer direction are state plan Consumer-Directed Services (personal care attendant services) and the Independent Living Waiver (personal care attendant services). The participant works with a Center for Independent Living or Consumer-Directed Services vendor to select a caregiver; these organizations also function as the participant's fiscal intermediary to pay the caregiver based on timesheets/services rendered.

## Managed Care

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

- Personal care and adult day health care must be provided by managed care health plans when the individual meets the eligibility criteria. This generally includes individuals who receive Medicaid services through a designated sole source provider or vendor.
- CMS has approved an Assisted Living Waiver. The waiver will reimburse for three levels of need plus incontinence supplies for Missouri Healthnet participants residing in a licensed Assisted Living Facility enrolled as a Medicaid provider, thus enabling participants to postpone or avoid using nursing home care.

### Major Accomplishments and Initiatives

- Missouri is working to expand HCBS choices, particularly through consumer-directed options of care.
- There are serious concerns about the economy at the state and federal levels and how this will impact HCBS.

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

Table 2: Selected Home- and Community-based Services Programs for Older Adults and Adults with Physical Disabilities in Missouri

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	63+	Yes	State agency: Department of Health and Senior Services	State agency: Department of Social Services	Information not reported	No	No
	Independent Living Waiver	18 - 64	Yes	State agency: Department of Health and Senior Services, Division of Senior and Disability Services	State agency: Department of Social Services	Center for Independent Living; Non-profit (other than AAA or CIL)	Yes (39)	Yes
CMS-funded Programs and Grants	Money Follows the Person (MFP)	18+	Yes	State agency: Department of Health and Senior Services	State agency: Department of Social Services	No case management	No	No

# AGING STRATEGIC ALIGNMENT PROJECT

## State Profile for

# NEBRASKA

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

### Background

- Nebraska's 60+ population was 325,406 in 2008 (18.2% of the state's total population), with 8.2% below the federal poverty level.<sup>1</sup>
- The 60+ population is projected to be 454,446 in 2025 (25.1% of the state's total population).<sup>2</sup>
- About 22.7% of all households in 2007 had one or more persons age 65 years and older, and 36.1% of persons age 65 years and older had a disability.<sup>3</sup>
- Of the 253,728 Medicaid beneficiaries in the state in 2003, 8.4% were aged, 11.5% were blind and disabled, 15.0% were Dual Eligible, and 1.7% were HCBS waiver beneficiaries.<sup>4</sup>
- Medicaid expenditures for institutional long-term care were 62.4% of total long-term-care expenditures, compared to 37.6% for HCBS in fiscal year 2007.<sup>5</sup>

#### Abbreviations

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

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

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

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

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

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

## Government Structure to Manage HCBS State Medicaid Plan

- **SUA:** Nebraska State Unit on Aging, [www.hhs.state.ne.us/aging.htm](http://www.hhs.state.ne.us/aging.htm)
- **State Medicaid Agency:** Division of Medicaid, Department of Health and Human Services, [www.hhs.state.ne.us/Medicaid/](http://www.hhs.state.ne.us/Medicaid/)
- Nebraska has a consolidated agency for long-term-care programs: the Department of Health and Human Services.
- Nebraska's SUA is one of eight units in the Division of Medicaid, which is one of six divisions under the Department of Health and Human Services. The Division of Medicaid is organized into acute care and long-term-care units.
- The director of Nebraska's SUA reports to the administrator of the Long-Term Care Section, who reports to the director of the Medicaid and Long-Term Care Division, who reports to the Governor.
- Nebraska has eight Area Agencies on Aging.

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

- Nebraska does not have an ADRC.

## Assessment Process

### Medicaid

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

### Non-Medicaid

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

- Nebraska provides HCBS through the state Medicaid plan.
- Refer to Table 1 for specific services provided.
- **PACE:** Nebraska has no PACE sites. There is one site in the planning stage located in Omaha.

## Medicaid Waivers

- Nebraska has one waiver that provides HCBS to older adults and/or adults with physical disabilities. This is the Aged and Disabled Medicaid Waiver.
- **Aged and Disabled Medicaid Waiver:** This program is for adults aged 65 and older and also serves adults with physical disabilities. The individual must qualify for Medicaid. To be eligible for the program, the income limits are 100% of federal poverty level (FPL) or \$903 per month for an individual or a couple. The asset limits are \$4,000 for an individual and \$6,000 for a couple. Consumer-directed options are available under this program. A participant can select, hire and fire providers.
- 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

- Nebraska 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:** Eligibility for this program is not based on age; participants in the program have indicated (on the Minimum Data Set; MDS) that they wish to return home and have someone who would support their transition out of the nursing home or intermediate care facility. In addition to serving older adults and adults with physical disabilities, this program serves those with MRDD and individuals with traumatic brain injury. Medicaid waiver programs provide support and services for qualified individuals upon leaving the skilled nursing facility. Case manage-

ment is supplied for the first year of transition to identify any personal or community barriers and to promote services use.

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

## State-funded HCBS Programs

- Nebraska has three state-funded programs that provide HCBS to older adults and/or adults with physical disabilities. These are: Care Management, Disabled Person and Family Support Program, and Life Span Respite.
- **Care Management:** This program targets those age 60 and older in need of nursing home level of care. Participants are above financial Medicaid eligibility. The intent of the program is to provide needed assistance in the community, preserve vital communities and assist people to age well in place.
- **Disabled Person and Family Support Program:** This program targets individuals just above financial eligibility for Medicaid. The Department of Health and Human Services refers applicants to this program when they are deemed ineligible for Medicaid services.
- **Life Span Respite:** Eligibility for this program is not based on age; it serves those with special needs who require 24-hour supervision. There is not a functional eligibility assessment; a statement from the family indicating the special need of the individual is submitted to the Department of Health and Human Services, Respite Subsidy Program. To financially qualify for this program, a participant's income level must be at 312% of the federal poverty level (FPL) or \$2,816 for an individual or \$ 3,788 for a couple (for each additional family member the income limit is increased by \$972); there are no asset requirements. The program works closely with the AAAs to promote it as a service option for caregivers. Participants are given \$120/month as reimbursement for respite care.
- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered.

## Locally Funded HCBS Programs

- Nebraska uses local funds for HCBS for older adults and/or adults with physical disabilities.
- Local funds are used for senior centers, county veterans' services, and interdenominational coalitions.

## OAA-funded Programs and Grants

- Refer to Table 1 for services provided through Title III of the OAA.
- Nebraska uses cost-sharing mechanisms or sliding fee scales in the delivery of Title III services.
- Nebraska has two other OAA-funded grant that provide HCBS to older adults and/or adults with physical disabilities. These are the Alzheimer's Disease Demonstration Grant and SMP.
- The Alzheimer's Disease Demonstration Grant is a consumer-based program that provides vouchers for caregiver services and client needs. The program has partnered with Alzheimer's Associations and an AAA to provide services. The program is focusing on those with early-onset dementia.
- The SMP program is a Medicaid/Medicare fraud prevention grant that educates consumers and trains volunteers to detect and report fraud.

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

- Nebraska uses SSBG to provide HCBS for older adults and/or adults with physical disabilities.
- SSBG is used to provide direct services such as congregate meals, home-delivered meals, chore/house-keeping services, respite care, and transportation. These funds are administered through the Department of Health and Human Services and usually priority is given to those just above Medicaid eligibility.

- Nebraska does not have an ADRC. Nebraska uses CSBG to provide HCBS for older adults and/or adults with physical disabilities.

CSBG is used to meet the needs of vulnerable individuals including those with low income and those with physical disabilities. Each community action agency provides services to older adults and adults with physical disabilities based on local needs and local resources. In 2008, the nine agencies served 12,326 older adults and 3,575 individuals with disabilities. CSBG dollars were used to support emergency activities such as food assistance, rent/mortgage payments, medical care, legal assistance, violence protection, temporary shelter, disaster relief, clothing and transportation. CSBG dollars also support activities related to housing, job training or employment, energy assistance and tax preparation assistance.

### Consumer Direction

- Nebraska offers consumer-directed options. The HCBS programs in the state that offer consumer direction are: Aged and Disabled Medicaid Waiver, the Alzheimer's Disease Demonstration Grant, Personal Assistance Services, Disabled Person and Family Support Program, and Life Span Respite.
- Those permitted to provide services under consumer direction are: provider agencies, adult children of the consumer, other family members, and friends.
- Nebraska does not use fiscal intermediary services in connection with consumer direction. Under the Life Span Respite Program and the Disabled Person and Family Support Program, a participant selects the provider and submits a claim to the state; the state then issues payment to the participant or to the service provider.

### Managed Care

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

### Major Accomplishments and Initiatives

- One of Nebraska's initiatives is to improve the quality of waiver services through a quality assurance plan.
- Nebraska's concern in regards to nursing home transition is the difficulty of working with a largely rural state. Transportation is problematic and improving the transportation system and care coordination are essential for successful transitioning.

Types of Services	Program Type / Funding Source						
	Medicaid Waivers	CMS-funded Programs and Grants	State-funded Programs			State Medicaid Plan	OAA Title III
	Aged and Disabled Medicaid Waiver	Money Follows the Person	Care management	Disabled Person and Family Support Program	Life Span Respite		
Adult Day Care / Adult Day Health							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				X			
Equipment / Supplies / Modifications / Assistive Technology	X			X		X	
Health Promotion Activities							
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
Personal Supports for Community Living / Transitioning	X						
Rehabilitation / Therapy						X	
Residential Services							
Transportation	X			X	X		X
Other/Unspecified HCBS	X						

Table 2: Selected HCBS Programs for Older Adults and Adults with Physical Disabilities in Nebraska								
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 Medicaid Waiver	Disabled Adults and 65+	Yes	Area Agency on Aging	State agency: Department of Health and Human Services	Area Agency on Aging	No	Yes
CMS-funded Programs and Grants	Money Follows the Person	Not based on age	Yes	No functional assessment	No financial assessment	No case management	No	Yes
State-funded Programs	Care management	60+	Yes	Area Agency on Aging; Care Management Unit	Area Agency on Aging; Care Management Unit	Area Agency on Aging; Care Management Unit	No	Yes
	Disabled Person and Family Support Program	All age groups	No	State agency: Department of Health and Human Services	State agency: Department of Health and Human Services	State agency: Department of Health and Human Services	No	Yes
	Life Span Respite	Not based on age	No	No functional assessment	State agency: Department of Health and Human Services	State agency: Department of Health and Human Services	No	Yes