

AGING STRATEGIC ALIGNMENT PROJECT

State Profile for

COLORADO

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

Background

- Colorado's 60+ population was 748,420 in 2008 (15.2% of the state's total population), with 8.4% below the federal poverty level.¹
- The 60+ population is projected to be 1,157,300 in 2025 (21.0% of the state's total population).²
- About 18.4% of all households in 2007 had one or more persons age 65 years and older and 36.7% of persons age 65 years and older had a disability.³
- Of the 459,207 Medicaid beneficiaries in the state in 2003, 9.3% were aged, 13.4% were blind and disabled, 15.1% were Dual Eligible, and 5.9% were HCBS waiver beneficiaries.⁴
- Medicaid expenditures for institutional long-term care were 48.4% of total long-term-care expenditures, compared to 51.6% for HCBS in fiscal year 2007.⁵

Abbreviations

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

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

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

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

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

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

Government Structure to Manage HCBS

- **SUA:** Colorado Department of Human Services, Aging and Adult Services.
www.cdhs.state.co.us/aas/
- **State Medicaid Agency:** Colorado Department of Health Care Policy and Financing.
www.colorado.gov
- Colorado does not have a consolidated agency for long-term-care programs. The Department of Health-care Policy and Financing administers Medicaid programs and the Department of Human Services administers the aging and adult programs.
- The director of Colorado's SUA reports to the director of the Department of Human Services, who reports to the executive director, who is the Governor's appointee.

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

- Colorado has both an ADRC and an SPE. The ADRC is not statewide.
- Colorado's ADRC is connected to the state's AAAs; the SPE is connected to the Medicaid agency. The ADRCs are sometimes, but not always, a part of the SPE. If the ADRCs are separate from the SPE, they are housed in a separate county agency or with an AAA.
- All ADRC and SPE sites operate under a virtual model.
- In addition to serving older adults, Colorado's ADRC serves individuals who have physical disabilities or cognitive impairment, including Alzheimer's and related diseases; veterans; and families not including children.
- Colorado is working with Tapestry and the United Way model, providing ADRC services to about 20% of the state's counties. Virtual infrastructures may vary from county to county but all have cross training activities to determine eligibility for multiple benefits. At

least one county employs a resource coordinator to provide short-term case management, while other counties have formed community networking and coordination systems to assist people.

- HCBS case management is provided by the SPE.

Assessment Process

Medicaid

- For Medicaid applicants, in determining functional eligibility for nursing home pre-admission, Colorado requires an in-person assessment by someone other than nursing home staff. The assessment is conducted by ADRC or SPE staff.

Non-Medicaid

- For non-Medicaid applicants in Colorado, pre-admission nursing home assessments are completed by hospital discharge planners or nursing facility staff using the Preadmission Screening and Resident Review (PASRR). The same process is used for both non-Medicaid and Medicaid nursing home admissions; however, the person responsible for the assessment and screening may vary.

State Medicaid Plan

- Colorado provides HCBS through the state Medicaid plan.
- Refer to Table 1 for specific services provided.
- **PACE:** Colorado has three certified PACE sites serving Denver Metro area, Colorado Springs, Montrose and Delta counties.

Medicaid Waivers

- Colorado has one waiver that provides HCBS to older adults and/or adults with physical disabilities. This is: Home and Community Based Services for the Elderly, Blind and Disabled.

- **Home and Community Based Services for the Elderly, Blind and Disabled:** This program serves those 18 years of age or older if blind or disabled and those 65 years of age or older. The Uniform Level of Care Assessment is used for all long-term-care functional assessments, which are shared among different entities. A Single Purpose Application is used to determine financial eligibility. Individual applicants must have incomes no greater than 300% of the federal poverty level and assets no greater than \$2,000. Case management services are available through the SPE.
- 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

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

State-funded HCBS Programs

- Colorado has three state-funded programs that provide HCBS to older adults and/or adults with physical disabilities. These are: Home Care Allowance, State Foster Care, and State Funding for Senior Services.
- **Home Care Allowance** provides an allowance to the participant to pay a caregiver. Participants must be eligible for an old age pension or aid for the needy disabled. The payment is based on the standard of need minus the participant's income (e.g., if their need is \$900 and their Social Security is \$700, they would receive \$200). The Single Purpose Application tool is used to determine financial eligibility. It is the applicant's responsibility to demonstrate, based on income, that he or she has a need for this payment. Clinical and functional assessments are used to determine ADL and IADL needs. Consumer-directed options in this program include a money payment; clients may use these funds to hire anyone they choose.
- **State Foster Care** serves individuals with income levels comparable to Supplemental Security Income (SSI). The program supplements income for participants residing in adult assisted living residences and in need of

supervision and medication monitoring. Participants generally have a mental health diagnosis and require monitoring to remain in the community. Financial assessments are completed to determine the amount of supplemental income provided to the caregiver. Participants are allowed to retain \$50 of their income with the remainder paid to the residential facility. This program has a consumer-directed option, including the option of choosing cash or a voucher for which the participant may select a non-skilled service provider in the community. Providers may be a spouse or guardian. The participant has a contract with a case manager provided by the SPE Medicaid agency. The fiscal intermediary is the county office. This program is being phased out due to lack of demand and the provision of similar services through other funding streams.

- **State Funding for Senior Services** mirrors the requirements for OAA and targets participants who are frail, minority or low income. Clinical and functional assessments are used only to verify the need for home-delivered meals. Some AAAs may complete a very small number of assessments for this program. This program provides supplemental services to OAA; however, all services are not available in all parts of the state.
- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered.

Locally Funded HCBS Programs

- Colorado uses local funds for HCBS for older adults and/or adults with physical disabilities.
- Adult Foster Care and Home Care Allowance programs require a 5% county match of the General Funds.

OAA-funded Programs and Grants

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

- Colorado has two OAA-funded programs and grants that provide HCBS to older adults and/or adults with physical disabilities. These are: Chronic Disease Self Management; and Healthy Aging and Alzheimer's Disease Demonstration.

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

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

Consumer Direction

- Colorado offers consumer-directed options. The HCBS programs in the state that offer consumer direction are: State Funding for Senior Services, HCBS for the Elderly, Blind and Disabled, and Home Care Allowance.
- Models of consumer direction available in the state include: voucher options and cash options (available through HCBS for the Elderly, Blind and Disabled Medicaid Waiver Program, Home Care Allowance, and State Funding for Senior Services state-funded programs).

- Those permitted to provide services under consumer direction in Colorado are: provider agencies, spouses, adult children of the consumer, other family, and friends.
- Colorado uses fiscal intermediary services in connection with consumer direction.

Managed Care

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

Major Accomplishments and Initiatives

- ADRCs are instrumental in breaking down barriers and confusion regarding programs and services, and directing participants to the appropriate agency and resources.

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

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

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

Program Type / Funding Source	Program Name	Ages Served	Nursing Home Level of Care Required	Entity Responsible for Functional Assessment	Entity Responsible for Financial Assessment	Entity Responsible for Case Management	Waiting List (Number)	Consumer Direction Option
Medicaid Waivers	HCBS for the Elderly Blind Disabled	18+ for blind or disabled otherwise 65+	Yes	State agency: Department of Health Care Policy and Financing	County	Single Point of Entry	No	Yes
State-funded Programs	Home Care Allowance	0+	No	State agency: Department of Health Care Policy and Financing	County	Single Point of Entry	No	Yes
	State Foster Care	Information not reported	Information not reported	State agency: Department of Health Care and Policy and Financing	County	Single Point of Entry	No	No
	State Funding for Senior Services	60+	No	Area Agency on Aging or the Provider Entity	No financial assessment	Area Agency on Aging, County, Municipality, Non-profit Organizations other than AAA or CIL, Single Point of Entry, Provider Entity	Yes (Prioritized based on need)	Yes

AGING STRATEGIC ALIGNMENT PROJECT

State Profile for

MONTANA

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

Background

- Montana's 60+ population was 192,524 in 2008 (19.9% of the state's total population), with 8.5% below the federal poverty level.¹
- The 60+ population is projected to be 317,288 in 2025 (30.6% 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 42.4% of persons age 65 years and older had a disability.³
- Of the 110,403 Medicaid beneficiaries in the state in 2003, 8.0% were aged, 15.1% were blind and disabled, 16.7% were Dual Eligible, and 8.9% were HCBS waiver beneficiaries.⁴
- Medicaid expenditures for institutional long-term care were 55.0% of total long-term-care expenditures, compared to 45.0% 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 Assessment Process

- **SUA:** Aging Services Bureau, Senior and Long Term Care Division, Department of Public Health and Human Services.
www.dphhs.mt.gov/sltc
- **State Medicaid Agency:** Community Services Bureau, Senior and Long Term Care Division, Department of Public Health and Human Services.
www.dphhs.mt.gov/programsservices/medicaid.shtml
- Montana has a consolidated agency for long-term-care programs (i.e., the Senior and Long Term Care Division under the Department of Public Health and Human Services). The following agencies are consolidated and handle long-term care: Aging Services Bureau (SUA), Community Services Bureau (Medicaid HCBS) and Nursing Facility Bureau.
- The Director of Montana's SUA reports to the Administrator of the Division of Senior and Long Term Care. The Administrator reports to Director of the Department of Public Health and Human Services, who in turn reports to the Governor.
- Montana has 10 Area Agencies on Aging.

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

- Montana has ADRC sites but its ADRC is not statewide.
- All the ADRC sites have a physical (bricks and mortar) infrastructure; none of the ADRC sites operate under a virtual model.
- In addition to serving older adults, including veterans and those with Alzheimer's disease and related dementias, Montana's ADRC serves the physically disabled and family caregivers of older adults and those with physical disabilities.

Medicaid

- For Medicaid applicants, in determining functional eligibility for nursing home pre-admission, Montana does not require an in-person assessment by someone other than nursing home staff. The assessment is conducted over the phone, unless there is a denial of the claim. In the latter case, an on-site and in-person assessment is required.
- Contractors are responsible for conducting the functional assessment. The assessment is conducted using the Preadmission Screening and Resident Review (PASRR).

Non-Medicaid

- For non-Medicaid applicants in Montana, nursing home pre-admission assessment is not performed by someone other than nursing home staff.
- All non-Medicaid applicants are assessed prior to nursing home admission.
- Assessment using the PASRR Level 1 screen is conducted by contractors over the phone. This assessment is common to both Medicaid and non-Medicaid applicants. However, nursing home staff conduct their own internal assessment using the Minimum Data Set.

State Medicaid Plan

- Montana provides HCBS through the state Medicaid plan.
- Refer to Table 1 for specific services provided.
- **PACE:** Montana has two PACE sites. These became operational in October of 2008. One site is in Yellowstone County and the other is located in Livingston. Montana plans to have 130 participants in its PACE program within three years.

Medicaid Waivers

- Montana has two waivers that provide HCBS to older adults and/or adults with physical disabilities. These

are: Big Sky Bonanza (BSB) Independence Plus and Home and Community Based Services for the Elderly and Disabled.

- **Big Sky Bonanza (BSB) Independence Plus:** This program targets individuals from birth to death but not any specific diagnostic group. Both consumers and their caregivers are eligible for services. Consumers and their caregivers take care of obtaining and providing services and can hire and fire their service providers (see section on Consumer Direction). The asset limit for an individual is \$2,000 and for a couple it is \$3,000.
- **Home and Community Based Services (HCBS) for the Elderly and Disabled Waiver:** This waiver serves all age groups and is not limited to specific target populations. The goal is to help individuals remain in their homes rather than receive services in a hospital or nursing facility. The asset limit for an individual is \$2,000 and for a couple it is \$3,000. This program offers consumer-directed options.
- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered under each program.

CMS-funded Programs and Grants

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

State-funded HCBS Programs

- Montana has one state-funded program that provides HCBS to older adults and/or adults with physical disabilities. This is: Senior Services.
- **Senior Services:** This program does not target any specific population. There are no income or asset limitations for the program; however, sliding fees are used to provide some services.
- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered.

Locally Funded HCBS Programs

- *Information not reported.*

OAA-funded Programs and Grants

- Refer to Table 1 for services provided through Title III of the OAA.
- Montana sometimes uses cost-sharing mechanisms or sliding fee scales in the delivery of Title III services.
- Montana has one OAA-funded grant that provides HCBS to older adults and/or adults with physical disabilities. This is: Alzheimer's Disease and Demonstration Grant.

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

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

Consumer Direction

- Montana offers consumer-directed options. The HCBS programs in the state that offer consumer direction are: BSB Independence Plus waiver and the HCBS for the Elderly and Disabled waiver.
- Models of consumer direction available in the state include: modified Cash and Counseling (BSB Independence Plus waiver). Medicaid pays the provider agencies but the consumer has control over his or her budget. The consumer does not receive cash or vouchers directly. Consumers work with an independent advisor who acts as their advocate and helps them select services and navigate the system.
- Those permitted to provide services under consumer direction in Montana are: provider agencies, spouses, adult children, other family members, friends, and legal guardians and the parents of a minor child.

- Montana has six fiscal intermediaries in the state. However, consumers are allowed to use other fiscal intermediaries that are not on the official list.

Managed Care

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

Major Accomplishments and Initiatives

- Montana's SUA staff is concerned about the country's economic situation and its effect on the provision of HCBS to those in need. As the baby boomers are beginning to turn 65 years old, the demand for services is likely to increase without a corresponding increase in funding.

Table 1: Types of Home- and Community-based Services Provided Under Montana'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
	BSB (Big Sky Bonanza) Independence Plus	HCBS for Elderly and Disabled	Senior Services		
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
Chore / Homemaking	X	X	X		X
Companion Services / Socialization Activities	X	X			
Employment	X	X			
Equipment / Supplies / Modifications / Assistive Technology	X	X		X	
Health Promotion Activities	X	X	X		
Home Health / Personal Care	X	X	X	X	X
Information / Assistance / Referral	X	X	X		X
Legal Assistance / Financial Advice	X	X	X		X
Medical / Dental / Medication Care	X	X		X	
Mental and Behavioral Health Services	X	X		X	
Nursing	X	X			
Nutrition / Meals	X	X	X		X
Personal Supports for Community Living / Transitioning	X	X			
Rehabilitation / Therapy	X	X		X	
Residential Services		X			
Transportation	X	X	X	X	X
Other/Unspecified HCBS	X	X			

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

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	BSB (Big Sky Bonanza) Independence Plus	0+	Yes	State agency; Non-profit (other than AAA or CIL)	State agency: Office of Public Assistance	Department of Public Health and Human Services, Senior and Long Term Care Division, Community Services Bureau	No	Yes
	HCBS for elderly and disabled	0+	Yes	State agency; Non-profit (other than AAA or CIL)	State agency: Office of Public Assistance	Department of Public Health and Human Services, Senior and Long Term Care Division, Community Services Bureau	Yes (500)	Yes
State-funded Programs	Senior Services	60+	No	No functional assessment	No financial assessment	Area Agency on Aging	No	No

AGING STRATEGIC ALIGNMENT PROJECT

State Profile for

NORTH DAKOTA

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

Background

- North Dakota's 60+ population was 125,521 in 2008 (19.6% of the state's total population), with 12.2% below the federal poverty level.¹
- The 60+ population is projected to be 182,122 in 2025 (29.3% 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 39.9% of persons age 65 years and older had a disability.³
- Of the 76,754 Medicaid beneficiaries in the state in 2003, 11.1% were aged, 11.7% were blind and disabled, 19.8% were Dual Eligible, and 5.2% were HCBS waiver beneficiaries.⁴
- Medicaid expenditures for institutional long-term care were 74.4% of total long-term-care expenditures, compared to 25.6% for HCBS in fiscal year 2007.⁵

Abbreviations

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

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

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

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

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

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

Government Structure to Manage HCBS

- **SUA:** Aging Services Division of the North Dakota Department of Human Services. www.nd.gov/dhs/services/adultsaging/
- **State Medicaid Agency:** Medical Services Division of the North Dakota Department of Human Services. www.nd.gov/dhs/services/medicalserv/medicaid/
- The director of North Dakota's SUA reports to the director of the Department of Human Services, who reports to the Governor.
- North Dakota does not have Area Agencies on Aging; it is a single planning and service area.

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

- North Dakota has an ADRC that is not statewide.
- The ADRC site does not have a physical (bricks and mortar) infrastructure; it operates under a virtual model.
- In addition to serving older adults, North Dakota's ADRC serves those with MRDD; those with physical disabilities; those with cognitive impairments, Alzheimer's disease and related conditions; and veterans.
- North Dakota's ADRC is a local initiative, covering only Cass County. It is referred to as Disability and Resource Link, which utilizes a pre-intake form that a number of service providers have agreed to use. Anyone can call the ADRC for information, referral and advice.

Assessment Process

Medicaid

- For Medicaid applicants, in determining functional eligibility for nursing home pre-admission, North Dakota does not require an in-person assessment by someone other than nursing home staff. An assessment is conducted by a private entity (i.e., Dual Diag-

nosis) but it does not have to occur prior to admission to a nursing home.

Non-Medicaid

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

State Medicaid Plan

- North Dakota provides HCBS through the state Medicaid plan.
- Refer to Table 1 for specific services provided.
- **PACE:** North Dakota has three PACE sites. The Bismarck and Dickinson sites are operational and the Garrison site is in the planning stage.

Medicaid Waivers

- North Dakota has two waivers that provide HCBS to older adults and/or adults with physical disabilities. These are: HCBS and Technology Dependent.
- **HCBS:** This program serves those age 16 and older; those with physical disabilities; those with Alzheimer's, dementia, and related conditions; those with traumatic brain injury; and the older adult population. Consumer direction in this program is limited to provider choice.
- **Technology Dependent:** This program serves those age 18 and older who are on a ventilator 20 hours a day or more. The program offers 24-hour care and only has three slots.
- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered under each program.

CMS-funded Programs and Grants

- North Dakota 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:** Eligibility for this program is not based on age; it also serves those with MRDD and physical disabilities. A qualified applicant is one who is Medicaid-eligible and who wishes to transition from a nursing home or institution into the community. The program provides support throughout the participant's lifetime. The program only has four slots. The asset limit for an individual is \$3,000.
- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered.

State-funded HCBS Programs

- North Dakota has two state-funded programs that provide HCBS to older adults and/or adults with physical disabilities. These are: Expanded Service Payment for the Elderly and Disabled and Service Payments for Elderly and Disabled.
- **Expanded Service Payment for the Elderly and Disabled:** This program is for those age 18 and older and provides the same services as the Service Payments for the Elderly and Disabled (described below); however, functional assessment scoring for this program is less rigid.
- **Service Payments for Elderly and Disabled:** This program serves those with physical disabilities; the disability cannot be related to mental illness or any related condition. The program mostly serves those age 18 and older, but respite care and family home care can be provided to those under the age of 18. A level-of-care determination is not a requirement for this program. Payment for services applies in some cases via a sliding fee scale. A married couple cannot have more than \$50,000 in income to qualify. Counties provide a match rate (5-10%) for the program and the remainder is state-funded.
- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered.

Locally Funded HCBS Programs

- North Dakota uses local funds for HCBS for older adults and/or adults with physical disabilities.
- Some counties provide local services, and it is up to those counties to decide how they are implemented and what they will provide.
- North Dakota uses local funds for the state portion of Medicaid match through the use of a mill levy.

OAA-funded Programs and Grants

- Refer to Table 1 for services provided through Title III of the OAA.
- North Dakota does not use cost-sharing mechanisms or sliding fee scales in the delivery of Title III services.
- North Dakota has one other OAA-funded program and grant that provides HCBS to older adults and/or adults with physical disabilities. This is: Alzheimer's Disease Demonstration Grant.
- **Alzheimer's Disease Demonstration Grant:** This program has contracted with two medical facilities in the state to train medical professionals to conduct early-onset dementia screening and to provide referrals for services. The program is also contracting with the Alzheimer's Association to provide assessment and educational training to caregivers and others who want to attend.

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

- North Dakota uses SSBG to provide HCBS for older adults and/or adults with physical disabilities.
- SSBG funds are used by the county Social Service Offices to provide HCBS.
- North Dakota does not use CSBG to provide HCBS for older adults and/or adults with physical disabilities.

Consumer Direction

- North Dakota offers consumer-directed options. The HCBS program in the state that offers consumer direction is Money Follows the Person.
- The model of consumer direction available in the state is provider choice.
- Those permitted to provide services under consumer direction in North Dakota are: provider agencies, spouses, adult children of the consumer, other family members, and friends.
- Individuals can be personal care providers; they are required to be screened for competency and to determine whether a care complaint was ever filed against them.
- North Dakota does not use fiscal intermediary services in connection with consumer direction.
- Consumers in North Dakota do not have any budgetary control; they can choose services and the service providers.

Managed Care

- *Information not reported.*

Major Accomplishments and Initiatives

- Recent accomplishments in North Dakota have been the implementation of the Technology Dependent Waiver, approval for new services under the HCBS Waiver, and implementation of the National Family Caregiver Support program.
- Future initiatives in North Dakota are plans to change the Medicaid income need level. It is currently \$500 for an individual and \$520 for a couple.
- North Dakota also hopes to obtain an ADRC grant.

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

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

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

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	16+	Yes	County	County	County	No	No
	Technology Dependent	18+	Yes	County	County	County	No	No
CMS-funded Programs and Grants	Money Follows the Person	Not based on age	Yes	Center for Independent Living	County	County	No	Yes
State-funded Programs	Expanded Service Payment for the Elderly and Disabled	18+	No	County	County	County	No	No
	Service Payments for Elderly and Disabled	Varies	No	County	County	County	No	No

AGING STRATEGIC ALIGNMENT PROJECT

State Profile for

UTAH

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

Background

- Utah's 60+ population was 344,758 in 2008 (12.6% of the state's total population), with 5.0% below the federal poverty level.¹
- The 60+ population is projected to be 539,790 in 2025 (16.7% of the state's total population).¹
- About 18.8% of all households in 2007 had one or more persons age 65 years and older and 38.8% of persons age 65 years and older had a disability.²
- Of the 285,370 Medicaid beneficiaries in the state in 2003, 4.1% were aged, 10.0% were blind and disabled, 8.1% were Dual Eligible, and 1.8% were HCBS waiver beneficiaries.¹
- Medicaid expenditures for institutional long-term care were 61.4% of total long-term-care expenditures, compared to 38.6% for HCBS in fiscal year 2007.³

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/Agging_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:** Division of Aging and Adult Services (DAAS). www.hsdaas.utah.gov/
- **State Medicaid Agency:** Department of Health (DOH). health.utah.gov/medicaid
- Utah does not have a consolidated agency for long-term-care programs. The Utah DOH oversees licensing, survey and certification of nursing facilities, home health agencies and assisted living facilities. The DOH has final administrative authority for Utah's six HCBS waiver programs, and serves as the operating agency for two of the waivers. The Department of Human Services serves as the operating agency for four HCBS waivers, the Division of Services for People with Disabilities (DSPD) operates three waivers, and DAAS operates one.
- The director of Utah's SUA reports to the executive director of the Department of Human Services, who reports to the Governor.
- Utah has 12 Area Agencies on Aging.

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

- Utah has an SPE that is in the process of becoming statewide.
- All SPE sites will have a physical (bricks and mortar) infrastructure, and all SPE sites will operate under a virtual model.
- In addition to serving older adults, Utah's SPE will serve those with MRDD and physical disabilities.
- Utah's SPE is a similar concept to the ADRC. Called E-Rep, it ties together, via computer, all Medicaid eligibility functions of the Workforce Services of the DOH and the Department of Human Services, as well as both physical and virtual sites that provide information and referral, regardless of type of program. The Department of Workforce Services contracted with IBM to create this program. If Utah obtains an ADRC grant in the future, it will be combined with E-Rep.

Medicaid

- For Medicaid applicants, in determining functional eligibility for nursing home pre-admission, Utah does not require an in-person assessment by someone other than nursing home staff.
- Pre-assessment for nursing home admissions is conducted by the DOH, although nursing home staff may complete the initial assessment. The Minimum Data Set (MDS) and other clinical data are submitted to the DOH Resident Assessment Unit, and are reviewed by a registered nurse (RN), who makes a determination of need for nursing facility care.

Non-Medicaid

- For non-Medicaid applicants, in determining functional eligibility for nursing home pre-admission, Utah does not require an in-person assessment by someone other than nursing home staff, with the exception of Preadmission Screening and Resident Review (PASRR), a federal requirement to assure that people with mental illness or MRDD are appropriately served.
- A nursing facility RN initiates a PASRR Level One Screen. If the applicant is found to have a serious mental illness or MRDD, the state's mental health authority or Division of Services for People with Disabilities (DSPD) would perform the Level Two Screening to assure appropriate placement and services.

State Medicaid Plan

- Utah provides HCBS through the state Medicaid plan.
- Refer to Table 1 for specific services provided.
- **PACE:** Utah has no PACE sites but has private entities interested in creating a PACE-like program using private funding.

Medicaid Waivers

- Utah has three waivers that provide HCBS to older adults and/or adults with physical disabilities. These are: Aging Waiver, New Choices, and Physical Disabilities.

- **Aging Waiver:** This program provides services to participants age 65 and older who are determined to be Medicaid-eligible. The Department of Workforce Services completes the financial assessment to determine eligibility for the program. The functional assessment is conducted by an RN who completes an in-home assessment Minimum Data Set- Home Care (MDS-HC) of ADLs and IADLs, determines nursing home level- of-care need, and initiates screening to determine Medicaid medical eligibility. This information is shared with the Medicaid eligibility specialist who makes the final eligibility determination. Individuals and couples must meet Utah's Medicaid income and asset eligibility standards. Asset limits for this program are \$2,000 for individuals and \$3,000 for couples. Consumer-directed options are used primarily in rural areas. Participants have the option of hiring providers, who may include family members, neighbors or others.
- **New Choices:** This program, which serves approximately 600 participants, is designed to deinstitutionalize skilled nursing residents who have resided in a nursing facility for at least 90 days. In determining services for this program, the nursing facility staff completes the MDS and other clinical data and submits them to the DOH Resident Assessment Unit. RNs review the clinical data to determine medical eligibility for nursing facility level of care. Upon application to the New Choices waiver, an RN from a New Choices waiver case management agency will complete a clinical assessment (MDS-HC) to confirm that the original determination made in the nursing facility remains unchanged. While services provided are very broad, they do not include room and board. Asset limits for this program are \$2,000 for individuals and \$3,000 for couples. Consumer-directed options are available in this program. Participants have the option of hiring providers, who may include family members, neighbors or others.
- **Physical Disabilities:** This program targets applicants who are age 18 and older with physical disabilities. Participants must have the cognitive ability to direct their own services and must have the functional loss of two or more limbs. DSPD administrative case managers complete the clinical assessment (MDS-HC)

in order to determine eligibility and confirm nursing facility level-of-care requirements. Asset limits for this program are \$2,000 for individuals and \$3,000 for couples. Consumer-directed options are available, and this program is entirely self-directed. Providers may include family member, neighbors or others.

- 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

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

State-funded HCBS Programs

- Utah has one state-funded HCBS program that provides HCBS to older adults and/or adults with physical disabilities. This is: TAP.
- **TAP (The Alternative Program):** Utilizing a risk assessment tool, this program provides services to applicants who are in danger of spending down resources to Medicaid eligibility, have been classified as high-risk, and need assistance to remain in their homes and in the community. IADLs and ADLs are fully reviewed by assessment personnel at the time of application, resulting in a risk score that is used to determine eligibility and preference rank. The program is intended to postpone participants' becoming Medicaid eligible. In addition to the general range of supportive services, assistive devices are purchased, (e.g., grab bars, raised toilet seats, hardwood flooring), allowing for increased safety throughout the home. The cost of services provided can be no greater than \$750 per month; however, exceptions can be made on a limited basis to cover other costs (e.g., medications). Individual applicants and couples are allowed to own their home and a vehicle but must have incomes no greater than the federal poverty level (FPL). There are no value limits on the home or vehicle assets as long as they are owned at the time of the application for service. A sliding fee scale is used to determine the cost of services to participants. An annual in-person reassessment

is completed to determine program eligibility and service need. Consumer direction is limited to provider choice (especially in rural areas).

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

Locally Funded HCBS Programs

- Utah uses local funds for HCBS for older adults and/or adults with physical disabilities.
- Local funds are used as the required match for TAP. In some instances, local entities exceed this match requirement.

OAA-funded Programs and Grants

- Refer to Table 1 for services provided through Title III of the OAA.
- Utah does not use cost-sharing mechanisms or sliding fee scales in the delivery of Title III services.
- Utah has two other OAA-funded programs and grants that provide HCBS to older adults and/or adults with physical disabilities. These are: Alzheimer's Demonstration Grant and National Family Caregiver Program.

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

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

Consumer Direction

- Utah offers consumer-directed options. The HCBS programs in the state that offer consumer direction are: Aging Waiver, New Choices, Physical Disabilities (PD) Waiver, and TAP.

- Models of consumer direction available in the state include a modified Cash and Counseling model and limited voucher options for transportation. These options are marketed to those in rural communities; otherwise consumer direction generally consists of provider choice. The PD waiver is entirely consumer-directed, and the New Choices waiver and Aging Waiver offer consumer direction of some services to participants who are interested and capable of self-directing.
- Those permitted to provide services under consumer direction in Utah are: provider agencies, adult children of the consumer, other family members, and friends.
- The provider of consumer-directed options cannot be a spouse; the provider is required to obtain a business license in the state of Utah.
- Utah uses fiscal intermediary services in connection with consumer direction; there are two in the state.

Managed Care

- Utah does not have HCBS programs run by managed care health plans; however, managed care entities are allowed to participate in waiver programs.

Major Accomplishments and Initiatives

- Two years ago, Utah created a legislative group called the Medicaid Interim Committee whose charge was to examine all Medicaid programs and Medicaid spending. The group found that Medicaid waivers for providing HCBS are a more efficient way to provide care to Medicaid-eligible beneficiaries. The state is now examining the options available for the Long Term Care Continuum to further reduce Medicaid costs.
- In 2007, Utah's pilot project known as the Long Term Care – Managed Care Program (FlexCare) became an ongoing program, the New Choices Waiver. The purpose of the waiver is to give individuals who are residing in nursing facilities the option to move into an HCBS setting. The program became available statewide in 2008.

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

Table 2: Selected HCBS Programs for Older Adults and Adults with Physical Disabilities in Utah								
Program Type / Funding Source	Program Name	Ages Served	Nursing Home Level of Care Required	Entity Responsible for Functional Assessment	Entity Responsible for Financial Assessment	Entity Responsible for Case Management	Waiting List (Number)	Consumer Direction Option
Medicaid Waivers	Aging Waiver	65 +	Yes	State agency: Department of Human Services; Division of Aging and Adult Services; Area Agency on Aging	State agency: Department of Workforce Services	Area Agency on Aging; Private Case Management Providers	No	Yes
	New Choices	21+	Yes	State Agency: Department of Health	State Agency: Department of Workforce Services	Private Case Management Providers	No	Yes
	Physical Disabilities	18 +	Yes	State Agency: Department of Human Services, Division of Services for People with Disabilities	State Agency: Department of Workforce Services	Information not reported	Yes (200)	Yes
State-funded Programs	TAP	18+	No	Area Agency on Aging	State Agency: Department of Health Area; Agency on Aging	State Agency: Department of Health; Area Agency on Aging	Yes (550-650)	Yes

AGING STRATEGIC ALIGNMENT PROJECT

State Profile for

WYOMING

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

Background

- Wyoming's 60+ population was 93,669 in 2008 (17.6% of the state's total population), with 4.3% below the federal poverty level.¹
- The 60+ population is projected to be 164,011 in 2025 (31.0% of the state's total population).²
- About 21% of all households in 2007 had one or more persons age 65 years and older and 41% of persons age 65 years and older had a disability.³
- Of the 66,605 Medicaid beneficiaries in the state in 2003, 6.4% were aged, 11.2% were blind and disabled, 13.6% were Dual Eligible, and 4.5% were HCBS waiver beneficiaries.⁴
- Medicaid expenditures for institutional long-term care were 44.3% of total long-term-care expenditures, compared to 55.7% 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:** Wyoming Department of Health, Aging Division.
wdh.state.wy.us/aging/index.html
- **State Medicaid Agency:** Wyoming Department of Health, Office of Healthcare Financing.
wdh.state.wy.us/healthcarefin/index.html
- Wyoming does not have a consolidated agency for long-term-care programs. The following agencies handle long-term care: Wyoming Department of Health, Office of Healthcare Financing and the Department of Family Services.
- The director of Wyoming's SUA reports to the chief of staff for the Wyoming Department of Health, who reports to the Governor.
- The state has no Area Agencies on Aging.

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

- Wyoming has an ADRC that is not statewide.
- All ADRC sites have a physical (bricks and mortar) infrastructure; none of the ADRC sites operate under a virtual model.
- In addition to serving older adults, Wyoming's ADRC serves persons with physical disabilities.
- The two pilot ADRCs in Wyoming are grant funded; there is a bill before the legislature to authorize state funding but it has not been received for the current year.
- *Updated information indicates that the ADRC in Wyoming has lost funding and will cease operations.*

Assessment Process

Medicaid

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

nursing home staff. The assessment is conducted by the Department of Health, Public Health Nurses.

Non-Medicaid

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

State Medicaid Plan

- Wyoming does not provide HCBS through the state Medicaid plan.
- **PACE:** Wyoming has no PACE sites.

Medicaid Waivers

- Wyoming has two waivers that provide HCBS to older adults and/or adults with physical disabilities. These are: the Assisted Living Facility Waiver and the Elderly and Physically Disabled Long Term Care Waiver.
- **Assisted Living Facility Waiver:** The public health nurses screen for functional eligibility using a tool known as LT101. The services that participants receive are provided on a daily rate and are based on the LT101 score. Participants are responsible for their own room and board charges. An individual must have less than 300% of Supplemental Security Income (SSI) to financially qualify for this program. This program offers consumer direction.
- **Elderly and Physically Disabled Long Term Care Waiver:** All waiver groups are income eligible up to 300% SSI Standard. Most consumer-directed options available under this waiver are provided to those individuals on the waiver with MRDD.
- 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

- Wyoming has one CMS-funded program and grant that provides HCBS to older adults and/or adults with physical disabilities. This is: Project OUT.

- **Project OUT:** In order to be eligible for Project OUT, an individual must be Medicaid eligible. The individuals who qualify for this program are at risk of nursing home placement or already reside in a nursing home facility and desire to return to the community. The services provided under this program are designed to help participants live independently in the community.
- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered.

State-funded HCBS Programs

- Wyoming has one state-funded program that provides HCBS to older adults and/or adults with physical disabilities. This is Community-based In-home Services.
- **Community-based In-home Services:** This program targets older adults who are at risk for premature institutionalization. There is no income or asset limit to qualify for this program. The criteria to qualify for this program are based on ADLs and IADLs. Consumer-directed options are limited to provider choice and the choice of services.
- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered.

Locally Funded HCBS Programs

- Wyoming uses local funds for HCBS for older adults and/or adults with physical disabilities.
- Local funds are managed by Wyoming's Department of Health, Aging Division. The funds are given to contracted entities to provide services through a competitive grant process.

OAA-funded Programs and Grants

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

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

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

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

Consumer Direction

- Wyoming offers consumer-directed options. The HCBS programs in the state that offer consumer direction are the Assisted Living Waiver and the Elderly and Physically Disabled Long Term Care Waiver. However, most of these options are available through programs for those with developmental disabilities rather than through aging services. Wyoming has been making efforts to make consumer-directed options available for older adults and adults with physical disabilities.
- Models of consumer direction available in the state include: a Cash and Counseling grant, an option modeled after Cash and Counseling, and voucher options.
- Those permitted to provide services under consumer direction in Wyoming are: provider agencies, spouses, adult children of the consumer, other family, and friends.
- Those permitted to provide services under consumer direction must meet eligibility criteria. An estimated 50-60% of providers are family members or neighbors.
- The state uses fiscal intermediary services in connection with consumer direction.

Managed Care

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

Major Accomplishments and Initiatives

- The Wyoming legislature has been interested in older adult services and is in favor of moving forward with initiatives that promote greater independence.

- Wyoming has hopes for Project OUT. The program is expected to change the way services are provided as well as ensure the dignity of participants.
- Wyoming's concerns about providing services are related to the state of the federal budget.

Table 1: Types of Home- and Community-based Services Provided Under Wyoming’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
	Assisted Living Facility Waiver	Elderly and Physically Disabled Long Term Care Waiver	Project OUT	Community-based In-home 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						
Employment						
Equipment / Supplies / Modifications / Assistive Technology		X		X		
Health Promotion Activities						
Home Health / Personal Care	X			X	X	X
Information / Assistance / Referral	X	X	X	X		X
Legal Assistance / Financial Advice						X
Medical / Dental / Medication Care					X	
Mental and Behavioral Health Services					X	
Nursing		X		X		
Nutrition / Meals	X	X			X	
Personal Supports for Community Living / Transitioning			X		X	
Rehabilitation / Therapy					X	
Residential Services			X			
Transportation	X	X	X			X
Other/Unspecified HCBS						

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

Program Type / Funding Source	Program Name	Ages Served	Nursing Home Level of Care Required	Entity Responsible for Functional Assessment	Entity Responsible for Financial Assessment	Entity Responsible for Case Management	Waiting List (Number)	Consumer Direction Option
Medicaid Waivers	Assisted Living Facility Waiver	19+	Yes	State agency: The Department of Health, Public Health Nurses Office	State agency: Department of Family Services	Case Management Provider Entity	Yes (20)	Yes
	Elderly and Physically Disabled Long Term Care Waiver	18+	Yes	State agency: The Department of Health, Public Health Nurses Office	State agency: Department of Family Services	Case Management Provider Entity	Yes (100)	Yes
CMS-funded Programs and Grants	Project OUT	Not specific to age	Yes	No functional assessment	No financial assessment	Case Management Provider Entity	No	No
State-funded Programs	Community-based In-home Services	60+	Information not reported	State agency: The Department of Health through contracted entities	Information not reported	Case Management Provider Entity	No	Yes