

AGING STRATEGIC ALIGNMENT PROJECT

State Profile for

ARIZONA

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

Background

- Arizona's 60+ population was 1,176,503 in 2008 (18.1% of the state's total population), with 8.4% below the federal poverty level.¹
- The 60+ population is projected to be 2,566,362 in 2025 (26.9% of the state's total population).²
- About 24.5% 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.³
- Of the 1,014,813 Medicaid beneficiaries in the state in 2003, 3.8% were aged, 10.4% were blind and disabled, 11.4% were Dual Eligible, and 0%* were HCBS waiver beneficiaries.⁴ *Note: Data do not include managed long-term-care expenditures.*
- Medicaid expenditures for institutional long-term care were 36% of total long-term-care expenditures, compared to 64% 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:** Arizona Department of Economic Security, Division of Aging and Adult Services.
<https://egov.azdes.gov/cmsinternet/common.aspx?menu=36&menu=28&id=190>
- **State Medicaid Agency:** Arizona Health Care Cost Containment System- Medicaid Agency
www.ahcccs.state.az.us/site/
- Arizona does not have a consolidated agency for long-term-care programs. The following agencies handle long-term care: The Department of Economic Security and the state Medicaid agency. The regulation and licensure of facilities is the responsibility of the Department of Health Service.
- The director of Arizona's SUA reports to the Director of the Department of Economic Security, who reports to the Governor.
- Arizona has eight Area Agencies on Aging.

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

- Arizona has an ADRC that is not statewide but is in the process of expanding.
- Some ADRC sites have a physical (bricks and mortar) infrastructure; all ADRC sites operate under a virtual model.
- In addition to serving older adults, Arizona's ADRC serves: those with MRDD; the physically disabled; those cognitively impaired or with Alzheimer's disease or a related condition; children and families; and veterans.
- Arizona is in the fourth year of its ADRC grant. The ADRC has a website that is operational state/worldwide. The physical ADRC is piloting in Maricopa County and Mohave County. The expanding sites will be located in Pima County, northern Arizona and Benalla. The intent is to have half of the counties covered by the ADRC by the end of the year. There are

four major partners collaborating in the ADRC initiative; the Division of Developmental Disabilities, Independent Living Centers, the Medicaid Agency and the AAA network.

Assessment Process

Medicaid

- For Medicaid ALTCS applicants, in determining functional eligibility for nursing home pre-admission, Arizona requires an in-person assessment by someone other than nursing home staff. The assessment is conducted by the Medicaid agency (AHCCCS).

Non-Medicaid

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

State Medicaid Plan

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

Medicaid Waivers

- Arizona has one Medicaid waiver that provides HCBS to older adults and/or adults with physical disabilities. This is: 1115 Demonstration Waiver.
- **1115 Demonstration Waiver:** This program does not define eligibility by age; the functional assessment is considered an extensive look into ADLs and other functional impairments. The program incorporates acute, behavioral health, institutional, in-home, and alternative residential services. It is considered an all-inclusive managed care program. The program serves individuals with developmental disabilities, physical disabilities, and older adults. Consumer direction is available in this program through self-directed attendant care. Participants in the consumer-directed options hire a caregiver and use a fiscal employer agent. As of January 2009, the income limit for an individual is

\$2,022 and the asset limit is \$2,000. All persons are assessed as individuals.

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

CMS-funded Programs and Grants

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

State-funded HCBS Programs

- Arizona has one state-funded program that provides HCBS to older adults and/or adults with physical disabilities. This is: Non-Medical HCBS.
- **Non-Medical HCBS:** This program serves those age 60 and older. The functional assessment required for the program is based on ADLs and IADLs; an impairment of two or more ADLs or IADLs is necessary to qualify for the program. The assessment is usually conducted by the case management provider agency but sometimes may be conducted through the AAA. There is not a financial assessment associated with this program; however, the program supports the targeting language used by the OAA. Consumer direction is available through the family caregiver supports portion of this program. Several AAAs offer vouchers for respite care services.
- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered.

Locally Funded HCBS Programs

- Arizona uses local funds for HCBS for older adults and/or adults with physical disabilities.
- Local funds are used to match OAA funding.
- Arizona counties are required to contribute toward the state portion of Medicaid match for the ALTCS (distinct from the local funds mentioned above).

OAA-funded Programs and Grants

- Refer to Table 1 for services provided through Title

III of the OAA.

- Arizona uses cost-sharing mechanisms or sliding fee scales in the delivery of Title III services.
- Arizona has two other AoA-funded programs and grants that provide HCBS to older adults and/or adults with physical disabilities. These are: Alzheimer's Disease Demonstration Grant and the Joint Health Promotion Grant.

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

- Arizona uses SSBG to provide HCBS for older adults and/or adults with physical disabilities.
- SSBG funds are provided to the local councils of government and generally support the Non-Medical HCBS program including home care services, respite and home-delivered meals.
- Arizona has local SSBG and state SSBG funds. Localities with local SSBG funds work with their councils of government in order to determine what those funds will be used for. The state SSBG funds have more flexibility in their use. Many AAAs have used the funds to support the Non-Medical HCBS program.
- Arizona uses CSBG to provide HCBS for older adults and/or adults with physical disabilities.
- Arizona's SUA does not provide the CSBG funding and therefore the AAAs are responsible for finding the opportunities to collect these funds.

Consumer Direction

- Arizona offers consumer-directed options. The HCBS programs in the state that offer consumer direction are 1115 Demonstration Waiver and Non-Medical HCBS.
- For Medicaid services, spouses are not permitted to provide consumer-directed services. The spouse can be paid if hired through an agency. Other programs

(besides Medicaid) have a case-by-case flexible model of consumer-directed options.

- Those permitted to provide services under consumer direction in Arizona are: adult children of the consumer, other family members, and friends.
- Arizona uses fiscal intermediary services in connection with consumer direction. There are four in the state.

Managed Care

- Arizona's ALTCS, which includes HCBS, has programs run by managed care health plans. It is mandatory for long-term-care services to be delivered through managed care organizations; the Native American population is an exception to this rule.

Major Accomplishments and Initiatives

- Arizona has accomplished the development and implementation of the self-directed attendant care program through Medicaid.
- Arizona hopes to implement rules in the self-directed attendant care program that allow the caregiver to perform skilled tasks such as insulin injections and other related tasks.
- Arizona would like to strengthen the approach to consumer-directed options so that it is more consistent throughout the state rather than the varied system currently operating.
- The ADRC grant has given Arizona a chance to look at the way it is doing business and, in turn, engage with partners to better provide services to consumers.

Types of Services	Program Type / Funding Source			
	Medicaid Waivers	State-funded Programs	State Medicaid Plan	OAA Title III
	1115 c Demonstration Waiver	Non-Medical HCBS		
Adult Day Care / Adult Day Health				X
Assisted Living				
Caregiver Services / Respite / Education	X	X		
Case Management / Care Coordination	X	X		X
Chore / Homemaking	X	X	X	X
Companion Services / Socialization Activities				
Employment				
Equipment / Supplies / Modifications / Assistive Technology	X		X	
Health Promotion Activities		X		
Home Health / Personal Care	X	X	X	X
Information / Assistance / Referral		X		X
Legal Assistance / Financial Advice				X
Medical / Dental / Medication Care				
Mental and Behavioral Health Services	X			
Nursing	X		X	
Nutrition / Meals	X	X	X	X
Personal Supports for Community Living / Transitioning				
Rehabilitation / Therapy	X		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 Arizona

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	1115 c Demonstration Waiver	No age limits	Yes	State agency: Medicaid agency	State agency: Medicaid agency	Managed care organizations	No	Yes
State-funded Programs	Non-Medical HCBS	60+	No	Area Agency on Aging; Case Management Provider	No financial assessment	Area Agency on Aging; Case Management Provider	Yes (1,398)	Yes

AGING STRATEGIC ALIGNMENT PROJECT

State Profile for

CALIFORNIA

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

Background

- California's 60+ population was 5,728,021 in 2008 (15.6 % of the state's total population), with 8.2% below the federal poverty level.¹
- The 60+ population is projected to be 9,706,019 in 2025 (21.9% of the state's total population).²
- About 22.7% of all households in 2007 had one or more persons age 65 years and older and 40.6% of persons age 65 years and older had a disability.³
- Of the 9,319,148 Medicaid beneficiaries in the state in 2003, 6.9% were aged, 10.8% were blind and disabled, 11.1% were Dual Eligible, and 0.7% were HCBS waiver beneficiaries.⁴
- Medicaid expenditures for institutional long-term care were 45.7% of total long-term-care expenditures, compared to 54.3% for HCBS in fiscal year 2007.⁵ *California's reported expenditures will likely increase as the state submits prior period adjustments. For FY2002 through FY2005, adjustments increased community services expenditures by \$750 million - \$1 billion and ICF/MR spending by \$100 - \$135 million.*

Abbreviations

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

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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:** California Department of Aging.
www.aging.ca.gov
- **State Medicaid Agency:** Department of Health Care Services.
www.dhcs.ca.gov/services/medical/Pages/default.aspx
- California does not have a consolidated agency for long-term-care programs. The Departments of Health Care Services, Aging, and Social Services administer key programs for seniors and adults with disabilities.
- The director of California's SUA reports to the Secretary of Health and Human Services, who reports to the Governor.
- There are 33 Area Agencies on Aging in California.

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

- California has ADRCs that are not statewide.
- There are ADRCs in six Planning and Service Areas in the state.
- The local ADRCs involve a core partnership between the AAA and the Independent Living Center in providing outreach, benefits counseling, and assistance in applying for needed services/programs. This model seeks to build on the existing infrastructure and create strong coordination between these two lead agencies.
- They are also involved in assisting individuals in transitioning from a hospital or nursing home back to their own home.
- Under a federal "Real Choice Systems Change Grant," called CHOICES, California is funding the development of two new ADRCs in Riverside and Orange counties; a state web portal to help the public learn about and access HCBS services; and a comprehensive analysis of California's long-term-care programs and services with recommendations that address fiscal and programmatic barriers to community living.

- Four ADRCs were established with funding from a CMS/AoA ADRC grant.

Assessment Process

Medicaid

- For Medicaid applicants, in determining functional eligibility for nursing home pre-admission, California does not require an in-person assessment by someone other than nursing home staff. The assessment is conducted by hospital staff and a physician. The Department of Health Care Services is responsible for nursing home admission assessments. All consumers (Medicaid or non-Medicaid) go through the same process.

Non-Medicaid

- For non-Medicaid applicants in California, nursing home pre-admission assessment is not performed by someone other than nursing home staff. The Department of Health Care Services is responsible for nursing home admission assessments. All consumers (Medicaid or non-Medicaid) go through the same process.

State Medicaid Plan

- California provides HCBS through the state Medicaid plan. The state's largest HCBS program, In-Home Supportive Services (IHSS), is a personal care benefit in the state plan. A portion of the program is also under an 1115 demonstration waiver (further details under "Medicaid Waivers" below).
- Refer to Table 1 for specific services provided.
- **PACE:** California has five PACE sites serving Alameda, Los Angeles, San Diego, San Francisco and Sacramento counties. Planning is underway for future expansion.

Medicaid Waivers

- California has four HCBS waivers, including a 1115 waiver, that provide services to older adults and adults

with physical disabilities. These are: Assisted Living Pilot, Multipurpose Senior Services Program (MSSP), Nursing Facility/Acute Hospital and the IHSS Plus Program.

- **Assisted Living Pilot:** This program serves those over the age of 21 who have physical disabilities and/or are considered frail older adults. The functional assessment is specifically designed to measure the ADL/IADL needs of the applicant. The financial limits for an individual to qualify for the program are \$1,400 in income and \$2,000 in assets. For a couple, \$4,000 in income and a home and a vehicle are allowable assets; spousal impoverishment rules can apply to the financial assessment.
- **MSSP:** This program serves those age 65 and older. The income limits for individuals and married couples are as follows: The sum of (1) the income standard used to determine eligibility/share of cost and (2) any amount of income disregarded during the Section 1902 (a)(10)(A)(ii) eligibility phase. An individual cannot exceed \$2,000 (\$3,000 for a couple) in liquefiable assets, one house and one car; a recipient may claim an exemption for a second vehicle if it was modified to accommodate the physical handicap or the medical needs of the individual.
- **Nursing Facility/Acute Hospital Waiver:** This program offers in-home services to individuals who would otherwise receive care for at least 90 days in an intermediate/skilled nursing or subacute facility or acute hospital. The waiver includes transitional services, medical equipment, and home modifications.
- **IHSS Plus Waiver:** This program serves a subset of IHSS recipients whose personal care attendants are parents/spouses or they require protective supervision/other services that cannot be included under the state plan.
- 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

- California has one CMS-funded grant that provides HCBS to older adults and/or adults with physical disabilities: Money Follows the Person.
- **Money Follows the Person:** This grant targets Medicaid (Medi-Cal) beneficiaries who have resided in a nursing facility for six continuous months and wish to return to the community. Staff from local lead agencies help identify individuals, perform a functional assessment to identify which HCBS waiver will be appropriate, work with the individual during their transition to the community, and provide periodic follow-up.
- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered.

State-funded HCBS Programs

- California has two state-funded programs that provide HCBS to older adults and/or adults with physical disabilities. These are: Alzheimer's Day Care Resource Centers and Linkages Program.
- **Alzheimer's Day Care Resource Centers:** This program is for those age 18 and older who have Alzheimer's disease, dementia, or a related condition. The program is state-funded and utilizes OAA and Medicaid funds. A functional and cognitive assessment is conducted when the participant enters the program. A functional grid is used to rate the participant's ability to perform ADLs and IADLs. There are no income or asset limits to qualify for this program.
- **Linkages:** This program serves the frail elderly and adults age 18 and older with physical disabilities. Care managers conduct a functional and cognitive assessment to determine eligibility. Eligibility requirements include (1) impairment in one or more ADLs; or (2) impairment in two or more IADLs; or (3) inability to manage affairs due to emotional or cognitive impairment; or (4) impairment by virtue of a significant event or circumstance that has occurred within the past 12 months. There are no income or asset requirements. The program was developed to serve those

who needed assistance but did not meet the income/eligibility criteria for other programs.

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

Locally Funded HCBS Programs

- California uses local funds for HCBS for older adults and/or adults with physical disabilities. In many areas, local funding is used to expand HCBS. The availability and use of these monies is locally determined and, therefore, varies.

OAA-funded Programs and Grants

- Refer to Table 1 for services provided through the Title III of the OAA.
- California does not use cost-sharing mechanisms or sliding fee scales in the delivery of Title III services.
- California's other OAA-funded programs and grants that provide HCBS to older adults and/or adults with physical disabilities are the Evidenced Based Health Promotion and three Alzheimer's disease grants.
- **Evidence Based Health Promotion Grant:** The California Department of Aging has developed a coalition that began with 5 counties and has now expanded to include 19 counties in offering the Chronic Disease Self Management Program and/or A Matter of Balance.
- **Alzheimer's Grants:** The California Department of Aging is conducting two Evidence Based Caregiver Support Programs in partnership with the five Alzheimer's Association Chapters. OAA grant funds are also supporting the development of two new Dementia Care Networks in Southern California serving Latino and Vietnamese families.

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

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

Consumer Direction

- California offers consumer-directed options. IHHS is a consumer-directed program serving over 460,000 Californians of all ages. Nearly 60% of IHSS service providers are family members. Clients are responsible for hiring, training and supervising their personal care providers.

Managed Care

- California has HCBS programs run by managed care health plans. These services are either operated as a direct service benefit or as a separate line of business.

Major Accomplishments and Initiatives

- In spite of reduced state resources, California has and continues to invest in expanding the availability of evidence based health promotion programs to improve the health and wellbeing of older adults.
- California's aging network has been successful raising awareness of older adult mental health issues. This advocacy has resulted in a larger proportion of Mental Health Services Act funding allocations at the county level being targeted to older adult service needs. California's federal grants have provided a valuable opportunity for increased collaboration across departments and agencies at the state and local level.

Table 1: Types of Home- and Community-based Services Provided Under California’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 Pilot	MSSP	NF/Acute Hospital	In Home Supportive Services		Alzheimer’s Day Care Resource Centers	Linkages		
Adult Day Care / Adult Day Health						x		x	x
Assisted Living	x								
Caregiver Services / Respite / Education		x	x			x	x		
Case Management / Care Coordination		x	x		x	x	x	x	x
Chore / Homemaking				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	x			x
Home Health / Personal Care	x	x	x	x			x	x	x
Information / Assistance / Referral		x	x		x		x		x
Legal Assistance / Financial Advice									x
Medical / Dental / Medication Care							x	x	x
Mental and Behavioral Health Services							x	x	
Nursing			x					x	
Nutrition / Meals		x				x		x	x
Personal Supports for Community Living / Transitioning		x	x		x		x		x
Rehabilitation / Therapy			x					x	x
Residential Services	x								
Transportation		x			x	x	x	x	x
Other/Unspecified HCBS			x	x	x	x	x		x

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

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 Pilot	21+	Yes	Care Coordination Agencies	CA Department of Health Care Services (DHCS)	Care Coordination Agencies	Yes (150)	No
	MSSP	65+	Yes	MSSP Providers	CA Department of Health Care Services (DHCS)	MSSP site (provider)	Yes	No
	NF/Subacute/Acute Hospital	All Ages	NF/Subacute/Acute	DHCS Care Managers	CA Department of Health Care Services (DHCS)	DHCS Care Managers	Information Not Reported	No
	In Home Supportive Services	All Ages	No	County Social Services Agency	CA Department of Health Care Services (DHCS)	County Social Services Agency	No	Yes
CMS-funded Programs and Grants	Money Follows the Person	Qualified inpatient facility residents of all ages	No	Entity administering the waiver/state plan program	CA Department of Health Care Services (DHCS)	Case Managers, Transition Team (HCBS service providers), MFP Project Team	No	No
State-funded Programs	Alzheimer's Day Care Resource Centers	18+	No	Local provider care manager	No financial assessment	Local provider care manager	Yes (100)	No
	Linkages	Frail elderly and disabled ages 18+	No	Local provider care manager	No financial assessment	Local provider care manager	Yes (1,889)	No

AGING STRATEGIC ALIGNMENT PROJECT

State Profile for

NEVADA

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

Background

- Nevada's 60+ population was 432,112 in 2008 (16.6% of the state's total population), with 6.7% below the federal poverty level.¹
- The 60+ population is projected to be 922,012 in 2025 (23.9% of the state's total population).²
- About 21.2% of all households in 2007 had one or more persons age 65 years and older and 36.2% of persons age 65 years and older had a disability.³
- Of the 220,417 Medicaid beneficiaries in the state in 2003, 6.9% were aged, 12.8% were blind and disabled, 15.5% were Dual Eligible, and 1.4% were HCBS waiver beneficiaries.⁴
- Medicaid expenditures for institutional long-term care were 54.7% of total long-term-care expenditures, compared to 45.3% for HCBS in fiscal year 2007.⁵

Abbreviations

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

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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:** Nevada Division for Aging Services (DAS). www.aging.state.nv.us/
- **State Medicaid Agency:** Nevada Division of Health Care Financing and Policy (DHCFP). www.dhcfp.state.nv.us/
- Nevada has a consolidated agency for long-term-care programs, which is the Department of Health and Human Services (DHHS). Along with the Director's Office, three divisions within DHHS provide and regulate long-term-care services: DAS, DHCFP and the Health Division.
- The director of Nevada's SUA reports to the director of the Department of Health and Human Services, who reports to the Governor.
- Nevada does not have Area Agencies on Aging.

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

- Nevada has an ADRC that is not statewide.
- All ADRC sites have a physical (bricks and mortar) infrastructure; all ADRC sites also operate under a virtual model.
- In addition to serving older adults, Nevada's ADRC serves those who have MRDD; physical disabilities; and cognitive impairment, including Alzheimer's and related diseases; families and children; veterans; and individuals of all ages seeking information and referral services.
- One of Nevada's ADRCs is located in Washoe County serving the city of Reno, and the other is located in Clark County serving the city of Las Vegas. The state is working toward a statewide system that will act as a resource for anyone needing information.

Medicaid

- For Medicaid applicants, in determining functional eligibility for nursing home pre-admission, Nevada requires an in-person assessment by someone other than nursing home staff. The assessment is conducted by First Health Services under contract with DHCFP.
- A PreAdmission Screening and Resident Review (PASRR) assessment, which assesses the level of functional deficits, is completed. Medicaid beneficiaries must meet the functional deficit criteria. For individuals with a mental health diagnosis, a PASRR II screening is also completed.

Non-Medicaid

- For non-Medicaid applicants in Nevada, nursing home pre-admission assessment is performed by someone other than nursing home staff. The assessment is done by phone and in-person for older adults and adults with physical disabilities by the DHCFP and First Health Services under contract with DHCFP.
- A PASRR assessment, which assesses the level of functional deficits, is completed. Non-Medicaid beneficiaries do not need to meet the functional deficit criteria. For individuals with a mental health diagnosis, a PASRR II screening is also completed.

State Medicaid Plan

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

Medicaid Waivers

- Nevada has four waivers that provide HCBS to older adults and/or adults with physical disabilities. These are: Frail Elderly in HCBS, Waiver for Elderly in Adult Residential Care, Waiver for Persons with Disabilities, and Waiver for the Elderly in Group Care.

- **Frail Elderly in HCBS:** This program targets individuals age 65 and older who, without interventions, are at risk for Medicaid nursing home placement within 30 days. The goal is to maintain individuals in the community. A minimum of three ADL/IADL functional deficits is required in order for an applicant to receive services in this program. Due to budget shortfalls, however, these criteria will increase to five functional deficits in the 2010/2011 state plan, which means that some participants currently enrolled will no longer qualify and will be disenrolled. For individuals, the income eligibility is 300% of Supplemental Security Income (SSI), with assets no greater than \$2,000. In determining eligibility for couples, assets are divided equally; in addition, couples may establish a Miller Trust. Case managers contact the participant monthly to assist with problem solving, review the care plan, and assist with other resource identification and needs. Consumer-directed options are available in this program, with participants given an option of using family or friends to provide services. Participants utilizing consumer-directed options must use an Intermediary Service Organization (ISO).
- **Waiver for Elderly in Adult Residential Care:** This program targets individuals age 65 and older who meet low-income housing requirements. The waiver is available to residents of one assisted living facility located in Las Vegas and has only 50 slots. The intent of this program is to provide an affordable assisted living facility option in the state. A minimum of three functional deficits is required in order for an applicant to receive services in this program; however, these criteria will increase to five functional deficits in the 2010/2011 state plan. For individuals, income eligibility is 300% of SSI with assets no greater than \$2,000. In determining eligibility for couples, assets are divided equally; in addition, couples may establish a Miller Trust.
- **Waiver for Persons with Disabilities:** This program targets participants age 18 and older who are physically disabled. The functional assessment includes a certification by a physician and an adjudication process to determine that the applicant is physically disabled. For individuals, income eligibility is 300% of SSI with assets no greater than \$2,000. In determining eligibility for couples, assets are divided equally; in addition, couples may establish a Miller Trust.
- **Waiver for the Elderly in Group Care:** This program targets individuals aged 65 and older who, without interventions, are at risk for nursing home placement. The participants' income is used to pay for room and board at the group care facility, in addition to transportation, socialization and other activities. Medicaid also pays a daily rate for care based on the participant's level of care need. Facilities under this waiver may be large group homes or small foster homes. Limited consumer-directed options are provided in that participants are given the option of choosing a group care facility. For individuals, income eligibility is 300% of SSI with assets no greater than \$2,000. In determining eligibility for couples, assets are divided equally; in addition, couples may establish a Miller Trust.
- 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

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

State-funded HCBS Programs

- Nevada has two state-funded HCBS programs that provide HCBS to older adults and/or adults with physical disabilities. These are: Community Services Options Program for the Elderly (COPE) and Personal Assistance Services.
- **Community Services Options Program for the Elderly (COPE):** This program targets participants age 65 and older who are at risk of nursing home placement and whose assets and incomes are too high for Medicaid. The goal of this program is to maintain participants in the community and to intervene prior to spending down to Medicaid. The COPE program is the same as the HCBS Medicaid waiver but serves a non-Medicaid eligible population. For this program however, income limits may exceed 300% of SSI up to

\$4,000, with assets up to \$30,000. Consumer-directed options are available in this program with participants given an option of using family or friends to provide services. Participants utilizing the consumer-directed options must use an (ISO).

- **Personal Assistance Services:** This program targets applicants age 18 and older who have severe disabilities that result in significant limitation in their ability to perform functions of daily living. It is expected that services provided under this program will help to improve or maintain the participant's independence and, when combined with other resources, will meet all of the defined care needs. There is no asset limit for this program; however, for households, the income limit is 800% of the federal poverty level (FPL), and participants between 200% and 800% of FPL share in the cost of services on a sliding scale. Consumers are encouraged to interview and choose their caregiver, although one can be assigned to them if preferred. Consumers also direct the care routine and choose their hours of care, within the limitations of the program. Using a standardized functional assessment tool, an occupational therapist or other licensed professional measures the hours needed to meet an individual's care needs. If those needs exceed six hours per day, there must be a supplemental resource available to provide the needed care above six hours. Re-assessments are completed anytime there appears to be a change in the participant's care needs. Case management is provided by the St. Mary's Foundation as part of the service package. Participants are contacted at least three times annually to ensure their satisfaction, to determine if their needs have changed, and to refer them for other services that might be needed. All participant contacts are documented in an electronic case management system.
- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered.

Locally Funded HCBS Programs

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

OAA-funded Programs and Grants

- Refer to Table 1 for services provided through Title III of the OAA.
- Nevada does not use cost-sharing mechanisms or sliding fee scales in the delivery of Title III services.
- Nevada has one other OAA-funded program and grant that provides HCBS to older adults and/or adults with physical disabilities. It is: Family Caregiver Support.

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

- Nevada uses SSBG to provide HCBS for older adults and/or adults with physical disabilities.
- SSBG funds a homemaker program. Tobacco settlement funds are used to supplement the SSBG homemaker program within the Division for Aging Services. In the past, the Division received 30- 50% of Nevada's Tobacco Settlement Funds. These dollars have also funded, in part, the Senior Rx and Disability Rx programs.
- Nevada does not use CSBG to provide HCBS for older adults and/or adults with physical disabilities.

Consumer Direction

- Nevada offers consumer-directed options. The HCBS programs in the state that offer consumer direction are: Frail Elderly in HCBS, Waiver for Persons with Disabilities, Waiver for the Elderly in Group Care, Community Services Options Program for the Elderly, and Personal Assistance Services.
- The model of consumer direction available in the state gives participants the ability to choose their providers.
- Those permitted to provide services under consumer direction in Nevada are: provider agencies, adult children of the consumer, other family members, and friends.

- Nevada uses fiscal intermediary services in connection with consumer direction; there is one in the state.

Managed Care

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

Major Accomplishments and Initiatives

- Nevada has been able to increase the number of participant slots provided through waiver programs.
- Nevada has been able to utilize technology to computerize many of the program assessments, eliminating duplication of effort by case managers.

AGING STRATEGIC ALIGNMENT PROJECT

Table 1: Types of Home- and Community-based Services Provided Under Nevada'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
	Frail Elderly in HCBS	Waiver for Elderly in Adult Residential Care	Waiver for Persons with Disabilities	Waiver for the Elderly in Group Care	Community Services Options Program for the Elderly (COPE)	Personal Assistance Services		
Adult Day Care / Adult Day Health								
Assisted Living								
Caregiver Services / Respite / Education	X				X	X		
Case Management / Care Coordination	X	X	X	X	X	X		X
Chore / Homemaking	X		X		X	X		X
Companion Services / Socialization Activities								X
Employment								
Equipment/Supplies/Modifications/Assistive Technology							X	
Health Promotion Activities						X		
Home Health / Personal Care						X	X	
Information / Assistance / Referral						X		X
Legal Assistance / Financial Advice								X
Medical / Dental / Medication Care								
Mental and Behavioral Health Services								
Nursing							X	
Nutrition / Meals								
Personal Supports for Community Living / Transitioning								
Rehabilitation / Therapy							X	
Residential Services								
Transportation							X	X
Other/Unspecified HCBS								

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

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	Frail Elderly in HCBS	65+	Yes	State agency: Division for Aging	State agency: Division for Aging	State agency: Division for Aging; Case management entity	Yes (219)	Yes
	Waiver for Elderly in Adult Residential Care	65+	Yes	State agency: Healthcare Financing and Policy (Medicaid); Physician	State agency: Healthcare Financing and Policy (Medicaid)	State agency: Healthcare Financing and Policy (Medicaid)	No	No
	Waiver for Persons with Disabilities	18+	Yes	State agency: Medicaid agency; Physician	State agency: Healthcare Financing and Policy (Medicaid)	State agency: Medicaid agency	Information not reported	Yes
	Waiver for the Elderly in Group Care	65+	Yes	State agency: Division for Aging	State agency: Division for Aging	State agency: Division for Aging	Yes (137)	Yes
State-funded Programs	Community Services Options Program for the Elderly (COPE)	65+	Yes	State agency: Division for Aging	State agency: Division for Aging	State agency: Division for Aging	Yes (21)	Yes
	Personal Assistance Services	18+	No	Non-profit (other than AAA or CIL)	Non-profit (other than AAA or CIL)	Non-profit (other than AAA or CIL)	Yes (59)	Yes

