

AGING STRATEGIC ALIGNMENT PROJECT

State Profile for

ALASKA

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

Background

- Alaska's 60+ population was 80,613 in 2008 (11.7% of the state's total population), with 4.5% below the federal poverty level.¹
- The 60+ population is projected to be 152,489 in 2025 (18.6% of the state's total population).²
- About 14.0% of all households in 2007 had one or more persons age 65 years and older, and 47.8% of persons age 65 years and older had a disability.³
- Of the 116,211 Medicaid beneficiaries in the state in 2003, 5.5% were aged, 10.6% were blind and disabled, 9.4% were Dual Eligible, and 3.7% were HCBS waiver beneficiaries.⁴
- Medicaid expenditures for institutional long-term care were 37.4% of total long-term-care expenditures, compared to 62.6% 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:** Alaska Department of Health and Social Services. www.alaskaaging.org
- **State Medicaid Agency:** Senior and Disability Services of the Department of Health and Social Services. www.hss.state.ak.us/dhcs
- Alaska has a consolidated agency for long-term-care programs: The Department of Health and Social Services (among various divisions). The Long-Term Care Ombudsman is affiliated with long-term care but is in the Department of Revenue.
- The director of Alaska's SUA reports to the Deputy Commissioner for Family, Community & Integrated Services, who reports to the Commissioner of Health and Social Services, who reports to the Governor.
- Alaska does not have Area Agencies on Aging; Alaska is a single service-planning area.
- Alaska's Commission on Aging is the advisory board to the SUA.

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

- Alaska has an ADRC that is not statewide; it serves three service areas.
- All ADRC sites have a physical (bricks and mortar) infrastructure; all ADRC sites operate under a virtual model.
- In addition to serving older adults, the Alaska ADRC serves anyone who requests information.
- The ADRCs are functioning mainly as information and referral sites. Many of the sites are collaborating with the Centers for Independent Living.

Assessment Process

Medicaid

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

Non-Medicaid

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

State Medicaid Plan

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

Medicaid Waivers

- Alaska has two waivers that provide HCBS to older adults and/or adults with physical disabilities. These are: Adults with Physical Disabilities and Older Alaskans Waiver.
- **Adults with Physical Disabilities:** This program serves those age 21 years and older who have physical disabilities. The income and asset limits for an individual are \$1,656/month and \$2,000, respectively; for a couple, they are \$3,312/month and \$3,000, respectively. A community spouse allowance of \$109,560 may apply. A small percentage of participants in this program receive habilitative services; to do so, an individual must meet nursing home level-of-care criteria and have a dual diagnosis of developmental disability.
- **Older Alaskans Waiver:** This program serves those age 60 and older, as well as those with MRDD, a physical disability, or another medical condition that requires a nursing home level of care. Spouses who remain in the community are allowed the maximum resource allowance. The income and asset limits for an

individual are \$1,660 and \$2,000, respectively; for a couple, the asset limit is \$3,000.

- 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

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

State-funded HCBS Programs

- Alaska has two state-funded programs that provide HCBS to older adults and/or adults with physical disabilities. They are: General Relief Assisted Living and Senior Benefits.
- **General Relief Assisted Living:** This program serves those age 18 and older who have come to the attention of Adult Protective Services and need a safe place to reside, but cannot live in an independent setting and/or have not yet qualified for Medicaid services. There is not case management in the traditional sense in this program. There is an expected client contribution under this program.
- **Senior Benefits:** This program serves those age 65 and older. The program is a cash assistance program for those individuals whose income is approximately 175% of the federal poverty level. The money can be used at the participant's discretion. Eligibility for this program does not qualify someone for Medicaid. The income limit is \$22,750 for an individual or \$30,625 for a couple.
- Alaska uses additional state funds to supplement OAA-funded programs. These are Senior Grants: Adult Day Services, Senior In-Home Services, and Alzheimer's disease and related disorders (ADRD) Education and Mini-grants.
- Refer to Table 2 for an overview of select HCBS programs. Table 1 shows the types of services offered.

Locally Funded HCBS Programs

- Alaska uses local funds for HCBS for older adults and/or adults with physical disabilities.
- Provider agencies use a variety of funding sources to expand their operating revenues such as: donations, corporate and foundation grants, pull tabs and fundraisers.

OAA-funded Programs and Grants

- Refer to Table 1 for services provided through Title III of the OAA.
- Alaska uses cost-sharing mechanisms or sliding fee scales in the delivery of state-funded programs, but not Title III services.

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

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

Consumer Direction

- Alaska offers consumer-directed options. The HCBS program in the state that offers consumer direction is Senior Benefits.
- Models of consumer direction available in the state include: cash.
- Those permitted to provide services under consumer direction in Alaska are: provider agencies, adult children of the consumer, other family members, and friends.
- Spouses or parents of a minor child cannot provide services under consumer-directed options.
- Alaska does not use fiscal intermediary services in connection with consumer direction.

- Consumer direction in Alaska began in the 1990s, prior to the development of the current national model.

Managed Care

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

Major Accomplishments and Initiatives

- *Information not reported.*

Table 1: Types of Home- and Community-based Services Provided Under Alaska'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
	Adults with Physical Disabilities (APD)	Older Alaskans Waiver (OA)	General Relief Assisted Living	Senior Benefits	Senior Grants		
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		
Chore / Homemaking	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	X
Information / Assistance / Referral		X			X		X
Legal Assistance / Financial Advice							X
Medical / Dental / Medication Care					X	X	
Mental and Behavioral Health Services							
Nursing	X						
Nutrition / Meals	X	X					X
Personal Supports for Community Living / Transitioning				X			
Rehabilitation / Therapy							
Residential Services	X						
Transportation	X	X					X
Other/Unspecified HCBS							

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

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	Adults with Physical Disabilities (APD)	21+	Yes	State agency: Division of Senior and Disability Services	State agency: Division of Public Assistance	Provider entity	No	No
	Older Alaskans Waiver (OA)	60+	Yes	State agency: Division of Senior and Disability Services	State agency: Division of Public Assistance	Provider entity	No	No
State-funded Programs	General Relief Assisted Living	18+	No	No functional assessment	State agency: Division of Senior and Disability Services	State agency: Adult Protective Services	No	No
	Senior Grants	60+ or anyone with ADRD	No	Provider entity	No financial assessment	Provider entity	Yes (54)	No
	Senior Benefits	65+	No	No functional assessment	State agency: Division of Public Assistance	State agency: Division of Public Assistance	No	Yes

AGING STRATEGIC ALIGNMENT PROJECT

State Profile for

IDAHO

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

Background

- Idaho's 60+ population was 257,172 in 2008 (16.9% of the state's total population), with 9.2% below the federal poverty level.¹
- The 60+ population is projected to be 422,893 in 2025 (22.8% of the state's total population).²
- About 21.4% of all households in 2007 had one or more persons age 65 years and older and 39.8% of persons age 65 years and older had a disability.³
- Of the 193,302 Medicaid beneficiaries in the state in 2003, 6.2% were aged, 13.7% were blind and disabled, 11.4% were Dual Eligible, and 3.0% were HCBS waiver beneficiaries.⁴
- Medicaid expenditures for institutional long-term care were 56.4% of total long-term-care expenditures, compared to 43.6% 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 Assessment Process

- **SUA:** Idaho Commission on Aging.
www.idahoaging.com/abouticoa/index.htm
- **State Medicaid Agency:** Division of Medicaid, Department of Health and Welfare.
www.idahohealth.org/
- Idaho has a consolidated agency for long-term-care programs. The following agencies are consolidated and handle long-term care: Commission on Aging, Division of Medicaid, and Department of Health and Welfare.
- The commissioner of Idaho's SUA reports to the Governor.
- Idaho has six Area Agencies on Aging.

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

- Idaho has an ADRC that is in the process of becoming statewide.
- Some ADRC sites have a physical (bricks and mortar) infrastructure; all ADRC sites also operate under a virtual model.
- In addition to serving older adults, Idaho's ADRC serves: MRDD, physical disabilities, cognitive impairment, Alzheimer's disease and related conditions, families and children, and persons with mental health problems.
- Idaho's ADRC has a pilot site and is in the process of becoming statewide; CMS has extended the grant to make this possible. The ADRC model has been amended while this transition takes place. The new ADRCs will operate under a virtual model and will be linked with all six AAAs to in order to better utilize and disseminate information and resources.

Medicaid

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

Non-Medicaid

- *Information not reported.*

State Medicaid Plan

- Idaho provides HCBS through the state Medicaid plan.
- Refer to Table 1 for specific services provided.
- **PACE:** Idaho does not have PACE sites.

Medicaid Waivers

- Idaho has one waiver that provides HCBS to older adults and/or adults with physical disabilities. The name of the waiver is: Aged and Disabled Waiver.
- **Aged and Disabled Waiver:** This program serves persons age 18 years and older. The income and asset limits for individuals under this waiver are 300% of the federal poverty level (FPL) and \$2,000, respectively.
- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered under the program.

CMS-funded Programs and Grants

- Idaho has two CMS-funded programs and grants that provide HCBS to older adults and/or adults with physical disabilities. These are: Money Follows the Person and Veterans HCBS Program.
- **Money Follows the Person:** *Further information not reported.*

- **Veterans HCBS Program:** *Further information not reported.*
- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered.

State-funded HCBS Programs

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

Locally Funded HCBS Programs

- Idaho 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.
- Idaho uses cost-sharing mechanisms or sliding fee scales in the delivery of Title III services.

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

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

Consumer Direction

- Idaho offers consumer-directed options.

Managed Care

- Idaho has HCBS programs run by managed care health plans.
- The HCBS program is Medicare/Medicaid Coordinated Benchmark Benefit Package for older adults or individuals who are dually eligible for Medicare and Medicaid.

Major Accomplishments and Initiatives

- The collaboration with Medicaid and its Long Term Care Bureau has enhanced all the coordination efforts for HCBS programs and services.
- Idaho is encouraging the AAAs to look for opportunities to be service providers in order to help participants in the Aged and Disabled Waiver program.

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

Types of Services	Program Type / Funding Source				
	Medicaid Waivers	CMS-funded Programs and Grants		State Medicaid Plan	OAA Title III
	Aged and Disabled Waiver	Money Follows the Person	Veterans HCBS Program		
Adult Day Care / Adult Day Health					X
Assisted Living					
Caregiver Services / Respite / Education	X				X
Case Management / Care Coordination	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
Information / Assistance / Referral					X
Legal Assistance / Financial Advice					
Medical / Dental / Medication Care					
Mental and Behavioral Health Services					X
Nursing				X	X
Nutrition / Meals	X			X	X
Personal Supports for Community Living / Transitioning					
Rehabilitation / Therapy				X	X
Residential Services					X
Transportation	X			X	X
Other/Unspecified HCBS					

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

Program Type / Funding Source	Program Name	Ages Served	Nursing Home Level of Care Required	Entity Responsible for Functional Assessment	Entity Responsible for Financial Assessment	Entity Responsible for Case Management	Waiting List (Number)	Consumer Direction Option
Medicaid Waivers	Aged and Disabled Waiver	18+	Yes	State agency: Division of Long Term Care	State agency: Division of Health and Welfare	Case management entities	No	Information not reported
CMS-funded Programs and Grants	Money Follows the Person	Information not reported	Information not reported	Information not reported	Information not reported	Information not reported	Information not reported	Information not reported
	Veterans HCBS Program	Information not reported	Information not reported	Information not reported	Information not reported	Information not reported	Information not reported	Information not reported

AGING STRATEGIC ALIGNMENT PROJECT

State Profile for

OREGON

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

Background

- Oregon's 60+ population was 715,847 in 2008 (18.9% of the state's total population), with 8.7% below the federal poverty level.¹
- The 60+ population is projected to be 1,054,164 in 2025 (23.2% of the state's total population).²
- About 23.2% of all households in 2007 had one or more persons age 65 years and older, and 42.2% of persons age 65 years and older had a disability.³
- Of the 598,110 Medicaid beneficiaries in the state in 2003, 7.1% were aged, 11.8% were blind and disabled, 13.5% were Dual Eligible, and 6.8% were HCBS Waiver beneficiaries.⁴
- Medicaid expenditures for institutional long-term care were 27.3% of total long-term-care expenditures, compared to 72.7% 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 Assessment Process

- **SUA:** Seniors and People with Disabilities Division of the Department of Human Services.
www.oregon.gov/DHS/spwpd/index.shtml
- **State Medicaid Agency:** Seniors and People with Disabilities Division of the Department of Human Services.
- Oregon does not have separate SUA and Medicaid agencies. There are two Medicaid directors; one director for long-term care and another for acute care.
www.oregon.gov/DHS/healthplan/index.shtml
- Oregon has a consolidated agency for long-term-care programs. It is: Seniors and People with Disabilities Division of the Department of Human Services. All Medicaid programs, certification for nursing homes, quality of care, community programs, OAA programs, and MRDD programs are under this division.
- The director of Oregon's SUA reports to the director of the Seniors and People with Disabilities Division of the Oregon Department of Human Services, who reports to the Governor.
- Oregon has 17 AAAs operating in the state.

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

- Oregon does not have an ADRC, but has received grants to start two.
- All ADRC sites will have a physical (bricks and mortar) infrastructure; none of the ADRC sites will operate under a virtual model.
- In addition to serving older adults, Oregon's ADRC plans to serve those with physical disabilities, cognitive impairment, Alzheimer's disease or a related condition.
- Oregon's ADRC would like to target the at-risk population.

Medicaid

- For Medicaid applicants, in determining functional eligibility for nursing home pre-admission, Oregon requires an in-person assessment by someone other than nursing home staff. The Pre-Admission Screening (PAS) and the Preadmission Screening and Resident Review (PASRR) are conducted by the Seniors and People with Disabilities Division.
- All applicants (Medicaid or non-Medicaid) go through the same process as described above.

Non-Medicaid

- For non-Medicaid applicants in Oregon, nursing home pre-admission assessment is performed by someone other than nursing home staff. The assessment is done in person and by case/paper review for older adults, adults with physical disabilities and adults at risk by the Seniors and People with Disabilities Division.
- All applicants (Medicaid or non-Medicaid) go through the same process as described above.

State Medicaid Plan

- Oregon provides HCBS through the state Medicaid plan.
- Refer to Table 1 for specific services provided.
- **PACE:** Oregon has one PACE contractor serving approximately 750 individuals.

Medicaid Waivers

- Oregon has two waivers that provide HCBS to older adults and/or adults with physical disabilities. These are: Aged and Disabled Waiver and Independent Choices (1915j).
- **Aged and Disabled Waiver:** This program serves those aged 18 and older with physical disabilities and older adults; it provides a comprehensive array of HCBS to approximately 28,000 people. In-home

services are generally not provided through agencies; the individual hires someone to provide the service and the state reimburses the cost of care. For an individual to financially qualify for this program, the income level must not exceed 300% of SSI and assets can be no more than \$2,000. A portion of this program is completely consumer directed; the participant chooses the services to receive and does the hiring of the individual.

- **Independent Choices (1915j):** This program is for participants age 18 and older with physical disabilities and for older adults. Participants in this program manage their own services with a budget based on their ADLs and the amount of family and community support they receive. For applicants to financially qualify for this program, their income level must not exceed 300% of SSI and they can have no more than \$2,000 in assets.
- 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

- Oregon has one CMS-funded program and grant that provides HCBS to older adults and/or adults with physical disabilities. This is Money Follows the Person.
- **Money Follows the Person:** This program is for persons of any age who are residing in a nursing home (or hospital) and wish to return to the community. The program's goal is to move very high acuity individuals out of institutional settings. For applicants to financially qualify for this program, their income level must not exceed 300% of SSI and they can have no more than \$2,000 in assets. There is a broad array of HCBS provided through this program, with additional nursing and behavioral supports for the higher acuity participants. The program is expected to move 1,000 participants out of nursing facilities.
- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered.

State-funded HCBS Programs

- Oregon has one state-funded program that provides HCBS to older adults and/or adults with physical disabilities. This is Oregon Project Independence.
- **Oregon Project Independence:** This program is for individuals age 60 and older or those with dementia and/or physical disabilities. The participants in the program manage a budget for services based on functional assessment of ADLs. Participants are expected to contribute to payment for services via a sliding fee scale unless their income is 200% of the federal poverty limit (FPL). Many participants in this program are just above the Medicaid limit or have spent down to the Medicaid limit. The program serves approximately 2,000 people.
- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered.

Locally Funded HCBS Programs

- Oregon uses local funds for HCBS for older adults and/or adults with physical disabilities.
- Local funds are used for all program eligibility assessments and case management responsibilities.

OAA-funded Programs and Grants

- Refer to Table 1 for services provided through Title III of the OAA.
- Oregon uses cost-sharing mechanisms or sliding fee scales in the delivery of Title III services (this may vary from AAA to AAA).
- Oregon has two other OAA-funded programs and grants that provide HCBS to older adults and/or adults with physical disabilities. These are: Health Promotion and Nursing Home Diversion.

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

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

Consumer Direction

- Oregon offers consumer-directed options. The HCBS programs in the state that offer consumer direction are Aged and Disabled Waiver, Money Follows the Person, and Oregon Project Independence.
- Models of consumer direction available in the state include: a Cash and Counseling grant, an option modeled after Cash and Counseling, and cash options.
- Those permitted to provide services under consumer direction in Oregon are: spouses, adult children of the consumer, other family members, and friends.
- The waiver has been amended to allow spouses to be a provider; however, other types of legal guardians are not permitted to provide services under consumer direction.

Managed Care

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

Major Accomplishments and Initiatives

- Oregon's concern is maintaining the balance within the system while accommodating the increase in the older population in the years to come.
- Developing a statewide ADRC to provide counseling and direct assistance is a major priority for Oregon.
- Oregon plans to target the pre-spend down population in the near future. Oregon's overall goal (and mission) is to assist seniors before they need public assistance.

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

Program Type / Funding Source	Program Name	Ages Served	Nursing Home Level of Care Required	Entity Responsible for Functional Assessment	Entity Responsible for Financial Assessment	Entity Responsible for Case Management	Waiting List (Number)	Consumer Direction Option
Medicaid Waivers	Aged & Disabled Waiver	18+	Yes	State agency: Seniors and People with Disabilities Division; Area Agency on Aging	State agency: Seniors and People with Disabilities Division; Area Agency on Aging	State agency: Seniors and People with Disabilities Division; Area Agency on Aging	No	Yes
	Independent Choices - 1915j	18+	Yes	State agency: Seniors and People with Disabilities Division	State agency: Seniors and People with Disabilities Division	State agency: Seniors and People with Disabilities Division	No	Yes
CMS-funded Programs and Grants	Money Follows the Person	All ages	Yes	State agency: Seniors and People with Disabilities Division	State agency: Seniors and People with Disabilities Division	State agency: Seniors and People with Disabilities Division	No	Yes
State-funded Programs	Oregon Project Independence	60+ or younger with dementia	No	State agency: Seniors and People with Disabilities Division; Area Agency on Aging	State agency: Seniors and People with Disabilities Division; Area Agency on Aging	State agency: Seniors and People with Disabilities Division; Area Agency on Aging	Yes (500)	Yes

AGING STRATEGIC ALIGNMENT PROJECT

State Profile for

WASHINGTON

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

Background

- Washington's 60+ population was 1,127,229 in 2008 (17.2% of the state's total population), with 7.8% below the federal poverty level.¹
- The 60+ population is projected to be 1,832,273 in 2025 (22.9% 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 40.7% of persons age 65 years and older had a disability.³
- Of the 1,077,070 Medicaid beneficiaries in the state in 2003, 6.6% were aged, 12.9% were blind and disabled, 11.2% were Dual Eligible, and 2.7% were HCBS waiver beneficiaries.⁴
- Medicaid expenditures for institutional long-term care were 38.2% of total long-term care expenditures, compared to 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 and Disability Services Administration. www.aasa.dshs.wa.gov/
- **State Medicaid Agency:** Department of Social and Health Services. www.dshs.wa.gov/
- Washington has a consolidated agency for long-term-care programs. The following agencies are consolidated and handle long-term care: Home and Community Services, which covers aging and disability, and the Division of Developmental Disabilities Long Term Care Waivers. Both are operated by the Aging and Disability Services Administration.
- The director of Washington's SUA reports to the secretary of the Department of Social and Health Services, who reports to the Governor.
- Washington has 13 Area Agencies on Aging. Four are operated by single county entities, seven are operated by Council of Governments (multiple counties), and two are Tribal entities.

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

- Washington has an ADRC that is not statewide.
- Some ADRC sites have a physical (bricks and mortar) infrastructure; some ADRC sites operate under a virtual model.
- In addition to serving older adults, Washington's ADRC serves those with MRDD, physical disabilities or cognitive impairment (Alzheimer's and other related diseases), families and children, and veterans.
- The pilot ADRC program also serves individuals with mental health diagnoses and substance abuse problems. The ADRC, located in Pierce County, is not limited to information and referral for persons age 60 and older.

Medicaid

- For Medicaid applicants, in determining functional eligibility for nursing home pre-admission, Washington does not require an in-person assessment by someone other than nursing home staff.
- An assessment is required within seven days of nursing home placement for any newly admitted Medicaid resident or when the payment source changes from Medicare to Medicaid.
- Emphasis is placed on community assessments in order to divert nursing home placement.

Non-Medicaid

- For non-Medicaid applicants in Washington, nursing home pre-admission assessment is not performed by someone other than nursing home staff.
- An assessment is conducted within seven days of a nursing home admission, as well as when there is a conversion of the payment source from Medicare to Medicaid or from private pay to Medicaid.
- Emphasis is placed on community assessments in order to divert nursing home placement.

State Medicaid Plan

- Washington provides HCBS through the state Medicaid plan.
- Refer to Table 1 for specific services provided.
- **PACE:** Washington has one PACE site.

Medicaid Waivers

- Washington has four waivers that provide HCBS to older adults and/or adults with physical disabilities. The intent of these programs is to reduce the number of people needing nursing home placement by providing services to support living in the community. These are: Community Options Program Entry System (COPES), Medically Needy In-Home, Medically Needy Residential, and New Freedom.

- **Community Options Program Entry System**

(COPEs): COPEs is the largest and oldest waiver program in Washington, serving 24,000–25,000 aged, blind and disabled participants in a variety of settings. The program has had an unduplicated participant count of 31,000. The functional eligibility assessment for this program utilizes a Care Assessment Tool, an integrated instrument that determines eligibility and benefit level, classifies an applicant into a Resource Utilization Group, and creates a service plan. Depending on the service setting, a daily rate or monthly budget of hours is determined. Following an eligibility determination, the applicant is transferred, based on choice of setting, to another social worker for ongoing case management. Working out of regional offices, case management services are shared between state social workers, who provide interventions for residential participants, and AAA social workers who provide interventions for in-home participants. Case management and assessment services are charged to the Medicaid administration. Core case management functions for the COPEs program include assessment, service planning, and obtaining authorizations and monitoring, as well making determinations for services and assuring compliance with mandatory reporting mechanisms. Supportive functions such as advocacy and family support are also offered. Income eligibility for COPEs is 300% of the federal poverty level (FPL). For a couple, the income limit is currently \$4,044, which is twice the \$2,022 Medicaid Special Income Level (SIL). The asset limit for a single participant is \$2,000, and for a couple it is \$3,000. Consumer-directed options in this program allow participants to choose and have employer authority over an individual provider of personal care.

- **Medically Needy In-Home Waiver (MNIW):** The purpose of this waiver is the same as the COPEs program. The difference is that the financial service eligibility process for MNIW participants considers those with higher incomes, where the cost of service exceeds their income. The cost of care, which is the de facto income standard, is different for each person and takes into account that “medically needy” care may be more expensive. The functional eligibility assessment for this program utilizes a Care Assessment Tool, an

integrated instrument that determines eligibility and benefit level, classifies an applicant into a Resource Utilization Group, and creates a service plan. The resulting classification group determines a monthly budget of hours to be used. Following an eligibility determination, the applicant is transferred to an AAA social worker for ongoing case management. Case management and assessment services are charged to the Medicaid administration. Core case management functions for the MNIW program include assessment, service planning, and obtaining authorizations and monitoring, as well making determinations for services and assuring compliance with mandatory reporting mechanisms. Supportive functions such as advocacy and family support are also offered. Participants must have an income no greater than the Medicaid SIL (currently \$2,022) and under the cost of care. For couples the income requirement is above twice the Medicaid SIL (currently \$4,044) and under the cost of care. The asset limit for an individual is \$2,000, and for a couple it is \$3,000. Consumer-directed options in MNIW allow participants to choose and have employer authority over an individual provider of personal care.

- **Medically Needy Residential Waiver (MNRW):** Waiver services are provided in the following residential settings: adult family homes, enhanced adult residential centers, and assisted living. While the purpose of this waiver is the same as the COPEs program, the financial service eligibility process for MNRW participants considers those with higher incomes, where the cost of service exceeds their income. The cost of care, which is the de facto income standard, is different for each person and takes into account that “medically needy” care may be more expensive. Couples qualifying for this program are allowed incomes no greater than \$4,044, which is twice the Medicaid SIL, and under the cost of care. The asset limit for an individual is \$2,000, and for a couple it is \$3,000. The functional eligibility assessment for this program utilizes a Care Assessment Tool, an integrated instrument that determines eligibility and benefit level, classifies an applicant into a Resource Utilization Group, and creates a service plan. The resulting classification group determines a daily payment rate. Following an eligibility determination, the applicant remains with a

state-employed social worker for ongoing case management. Case management and assessment services are charged to the Medicaid administration. Core case management functions for the MNRW program include assessment, service planning, and obtaining authorizations and monitoring, as well making determinations for services and compliance with mandatory reporting mechanisms. Supportive functions such as advocacy and family support are also offered. There are no consumer-directed options in this program.

- **New Freedom:** This is a nursing home alternative waiver program available in King County. The functional eligibility assessment utilizes a Care Assessment Tool, which determines basic eligibility and classifies an applicant into a Resource Utilization Group. The resulting monthly hours needed are converted into a monthly budget. Case management and assessment services are charged to the Medicaid administration. Income eligibility is 300% of the FPL. Individual participants can have incomes no greater than the Medicaid SIL, which is currently \$2,022. For couples, income amounts are limited to twice the Medicaid SIL or \$4,044. The asset limit for an individual is \$2,000, and for a couple it is \$3,000. New Freedom is considered a fully self-directed program because it allows participants to have employer authority and authority over allocation of their budgets. The program provides a fiscal intermediary that assists participants with budgets and helps them make decisions related to purchasing services.
- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered under each program.

CMS-funded Programs and Grants

- Washington 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 Demonstration Program.
- **Money Follows the Person Demonstration Program:** This demonstration project supports Medicaid eligible individuals who choose to move from an insti-

tutional setting to achieve their goal of living in a less restrictive community setting, where they can reach or maintain their fullest capability. Individuals eligible for this program include older adults, and individuals with developmental, physical or mental disabilities who have been residing in an institutional setting (nursing home, hospital or ICF-MR) for at least six months. Participants in this program will self-identify or receive outreach based on the Minimum Data Set (MDS), which is used to identify potential participants. Participant education is provided to help applicants understand their options beyond the nursing home. The state's functional eligibility assessment tool (CARE) is used to determine basic eligibility. Case management services provide assistance in finding community-based services that meet participants' needs in preparation for and following their transition. Income and asset eligibility requirements are based on the nursing home eligibility standard for both individuals and couples.

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

State-funded HCBS Programs

- Washington has three state-funded programs that provide HCBS to older adults and/or adults with physical disabilities. These are: Chore, Family Caregivers Support Program, and General Assistance for Long Term Care.
- **Chore:** Participants in this program are not eligible for Medicaid HCBS services; they may be grandfathered into the program or authorized as needing protective services under the Adult Protective Services (APS) Program. Participants cannot be eligible for other long-term-care programs. Following the eligibility determination, the applicant is transferred, depending on the program setting, to a social worker employed by the service provider. APS participants are assigned to state staff. Financial eligibility assessments are required for all applicants except APS participants. The financial income limit may be higher for long-term participants who have not yet been phased out of the Chore program. For participants who are grandfathered in, the AAA provides case management interventions.

Net household income cannot exceed the sum of the cost of Chore services and 100% of the FPL adjusted income for the family size. The asset limit for an individual is \$10,000, and for a couple, it is \$15,000. Consumer-directed choices include participants' choice of service providers, but not budget authority. The Chore program is not accepting new participants except for APS referrals, and is being phased out as participants become eligible for other programs.

- **Family Caregiver Support Program:** This program assists caregivers who are providing services to individuals age 18 or older. The Family Caregiver Support Program uses standardized eligibility criteria throughout the state. A determination of the caregiver's eligibility is required annually. The financial eligibility assessment tool used in this program determines fees utilizing a sliding fee scale. Assets are not considered when determining eligibility for service. Services are administered by the AAAs.
- **General Assistance for Long Term Care:** This is a small program that provides assistance to individuals in nursing home facilities or adult family homes. Generally, the program serves about 30 participants, who are assessed for functional eligibility and receive assistance under state General Assistance. Applicants may be waiting for a disability determination, may be undocumented immigrants, or may be immigrants during the five-year wait to become eligible to receive Medicaid benefits. Referrals may come from hospitals, nursing homes or General Assistance community service offices. The income eligibility limit for an individual is \$339 per month and assets can be no greater than \$1,000. The income limit for a couple is \$428 per month, with assets no greater than \$1,000. Consumer-directed options are not available in this program.
- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered.

Locally Funded HCBS Programs

- Washington uses local funds for HCBS for older adults and/or adults with physical disabilities.

- Local funds are generated through the AAAs and vary by planning and service areas. The operating agency decides how to use the local money, and it is defined in the AAA's plan. Generally, the money is earmarked for specific services, (e.g., Amy Wong Fund is for the one-time purchase of equipment or supplies). Local funds may also be used to secure additional federal dollars.

OAA-funded Programs and Grants

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

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

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

Consumer Direction

- Washington offers participants in all programs the choice of qualified providers for all authorized services. For in-home personal care, participants can choose between an individual provider of personal care and an agency provider. Participants retain employer authority over the provider, which includes hiring, firing, scheduling, supervision and approval of time sheets.
- The HCBS programs in the state that offer consumer direction are: Community Options Program Entry System Waiver, Medically Needy In-Home Waiver, New Freedom Waiver, Money Follows the Person

Demonstration Program, State Plan Personal Care, and Chore.

- Models of consumer direction available in the state include: Cash and Counseling (New Freedom Waiver).
- Those permitted to provide services under consumer direction in Washington are: spouses (limited to the state-funded Chore program only), adult children of the consumer, other family members, friends, and others as defined by the participant.
- Washington requires a provider criminal background check using a statewide database. If the provider has lived outside of the state of Washington during the last three years, there is also an FBI process that is followed. Providers must complete a two-hour orientation and a 28-hour Fundamentals of Caregiving Program course within the first four months of working for the participant. Ten hours of continuing education training are required annually.
- Washington uses fiscal intermediary services in connection with consumer direction. The New Freedom waiver is the only program that has a fiscal intermediary.

Managed Care

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

Major Accomplishments and Initiatives

- There is an emphasis on caregiver support and the development of a new caregiver assessment tool to tailor services to specific caregiver needs.
- Money Follows the Person (Roads to Community Living) provides focus and assistance to long-term institutional residents in identifying future service needs.
- The state of Washington had new funding for a government-appointed council charged with defining services and planning for the New Freedom Waiver program.
- The state of Washington recently revised the rate system for residential settings so that rates are aligned with a more refined acuity scale, increasing service options for those with more complex service needs.
- A traumatic brain injury initiative was driven by legislators in response to grass roots advocates and military troops returning from Iraq with traumatic brain injury.

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

Types of Services	Program Type / Funding Source									
	Medicaid Waivers				CMS-funded Programs and Grants	State-funded Programs			State Medicaid Plan	OAA Title III
	Community Options Program Entry System (COPEs)	Medically Needy In-home	Medically Needy Residential	New Freedom		Chore	Family Caregivers Support Program	General Asst for LTC		
Adult Day Care / Adult Day Health	X	X		X	X				X	X
Assisted Living	X		X							
Caregiver Services / Respite / Education	X	X		X	X		X			
Case Management / Care Coordination	X	X	X	X	X	X	X	X	X	X
Chore / Homemaking				X						X
Companion Services / Socialization Activities					X		X			
Employment										
Equipment/Supplies/Modification/Assistive Technology	X	X	X	X	X		X			
Health Promotion Activities	X	X	X	X	X					
Home Health / Personal Care	X	X	X	X	X	X		X	X	
Information / Assistance / Referral							X			X
Legal Assistance / Financial Advice										X
Medical / Dental / Medication Care										
Mental and Behavioral Health Services					X		X			
Nursing	X	X	X	X	X				X	
Nutrition / Meals	X	X		X	X		X			
Personal Supports for Community Living / Transitioning	X	X	X	X	X		X			
Rehabilitation / Therapy					X					
Residential Services	X		X		X					
Transportation	X	X	X	X	X					X
Other/Unspecified HCBS					X					

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

Program Type / Funding Source	Program Name	Ages Served	Nursing Home Level of Care Required	Entity Responsible for Functional Assessment	Entity Responsible for Financial Assessment	Entity Responsible for Case Management	Waiting List (Number)	Consumer Direction Option
Medicaid Waivers	Community Options Program Entry System (COPES)	18+	Yes	State agency: Aging and Disability Services; Area Agency on Aging	State agency: Aging and Disability Services	State agency: Department of Social and Health Services; Area Agency on Aging; other residential facility setting	No	Yes
	Medically Needy In-home	18+	Yes	State agency: Aging and Disability Services	State agency: Aging and Disability Services	Area Agency on Aging	No	Yes
	Medically Needy Residential	18+	Yes	State agency: Aging and Disability Services	State agency: Aging and Disability Services	State Agency: Aging and Disability Services	No	No
	New Freedom	18+	Yes	State agency: Area Agency on Aging; Agencies under subcontract with AAA	State agency: Aging and Disability Services	Case Management (Optional)	No	Yes
CMS-funded Programs and Grants	Money Follows the Person Demonstration Program	All ages	Yes	State agency: Aging and Disability Services	No financial assessment	State Agency: Aging and Disability Services; Area Agency on Aging	No	Yes
State-funded Programs	Chore	18+	No	Area Agency on Aging	State agency: Home and Community Services Social Worker	State Agency: Area Agency on Aging	No	Yes
	Family Caregivers Support Program	18+	No	Area Agency on Aging	Area Agency on Aging	Area Agency on Aging	No	No
	General Assistance for Long Term Care	18+	Yes	State agency: Home and Community Services	State agency: Aging and Disability Services	State Agency: Aging and Disability Services	No	No