

Home and Community-based Services: Just the Facts!

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Overview

- Medicaid
- The State Plan
- Waiver Services
- How can Tribes participate?
- Barriers
- Discussion and Questions

Confusing

Medicaid

- Medical care for low income people
- Defined by Title XIX of the Social Security Act
 - Sometimes called “Title Nineteen”
- Can covers doctors, dentists, medication, transportation—depends on the “State Medicaid Plan”
- Eligibility uses federal standards but the services vary tremendously from state to state.

Medicare

- Medical care for people 65+ regardless of income; permanently disabled, dialysis
- Part A—Hospital, no cost
- Part B—Doctors, \$100/month
- Part D—Medication, cost varies
- QMB/SLMB—cover the cost of Part B premiums for low income elders.

Long Term Care

- Most people do not have the income or resources to pay long for Long Term Care
 - Great Equalizer!
 - Almost everyone winds up on Medicaid
- Medicare will pay for around 3 months in a nursing home after certain hospitalizations
- After that—private pay or Medicaid
- Mr. Jones makes \$1,500 per month from his pension and social security and has \$10,000 in the bank.
 - He will have to pay for his own care until he has less than \$2,000 in the bank
 - He will have to give up his income and keep \$30 for his personal needs.
 - Long Term Care in a NH (and HCBS) is subject to estate recovery
 - Many exemptions in Indian Country

HCBS 1915(c) Waivers

- Nursing Facility care is an entitlement service for low income people over 21
- Very expensive model;
- Most efficient way to give post hospital care
- Reality is that not a whole lot of nursing goes on for most folks
 - Personal Care
 - Custodial Care
- CMS has established that a State may write a plan to provide LTC services to specific groups (diagnoses or conditions) or geographic areas
- Cannot focus on an ethnic group—discrimination; can focus on geography
- Called many things—COPES, Waiver Services, CARE, COMCARE...

HCBS 1915(c) Requirements

- **Level of Care:** Participants must be nursing home level of care
- **Service Plan:** Client's needs and preferences are assessed and reflected in a person-centered service plan.
- **Qualified Providers:** Agencies and workers providing services must be qualified.
- **Health and Welfare:** Participants are protected from abuse, neglect and exploitation
- **Financial Accountability:** A State Medicaid Agency pays only for services that are approved and provided, the cost of which does not exceed the cost of a nursing facility
- **Administrative Authority:** A state Medicaid Agency is fully accountable

In English...



- Elders who would otherwise be in a skilled nursing facility, may be eligible for in-home care instead and remain in the community.
- Tribes can be involved in providing the care to their own elders through contracts with either the State or the local Medicaid oversight agency.

How does it work?

- An elder has a debilitating stroke
- While they are in the hospital they are determined to be eligible for rehabilitation at a skilled nursing facility under MEDICARE.
- After their stay, they are much better but cannot take care of themselves.
- May be able to stay in the nursing home
- May be able to be discharged to home with services under the waiver.
 - Begin early! Takes time and some states have waiting lists

Steps to HCBS

- Elder is assessed for financial eligibility— income usually much more generous than Medicaid (100% FPL);
 - Most states are 300% SSI
 - Certain assets are exempt
- Assets are reviewed
 - Indian homes on reservations are exempt from estate recovery
 - Trust Land is exempt



Once Financially Eligible...



- Elder will be given a physical assessment by a social worker or nurse to determine if they are eligible—must be the same as a nursing home
 - Review ADL's—bathing, eating, grooming, walking, dressing, transferring,

Part of the Assessment...

- Develop a service plan for the elder
 - What needs to be done?
 - When does the elder want it done?
 - Who does the elder want to do it?
- Service plan is written and services are put into place to provide care



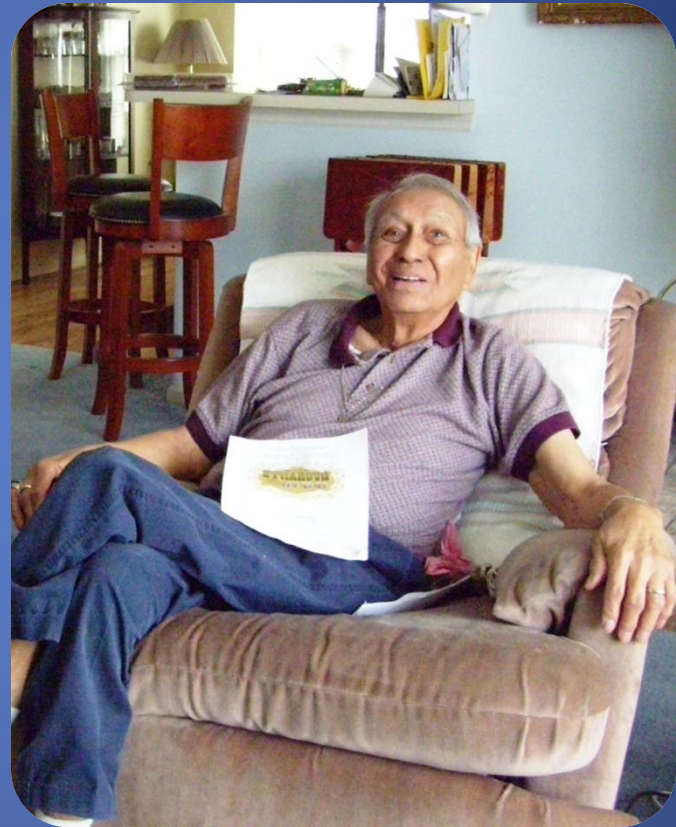
How Does it Work?



- The service plan will tell how much service an elder will get based upon their answers to the questions
- Often, a relative can be hired to provide the care
 - Sometimes a Home Care Agency can provide the care

Personal Care

- Day to day help with personal care can include some housework, but household chores are not the focus of the program
 - Household chores could be a tribal focuses



Essential Chores



- Wood cutting
- Shopping and cooking
- Transportation
- Laundry
- Light housekeeping
- Hauling water
- Only things which are required to keep an elder safe at home

Other Services...

- Whatever is required to keep someone home is usually available under contract
 - Environmental modification
 - Client and Caregiver Training
 - Skilled Nursing
 - Home Health Aide
 - Personal Emergency Units
 - Meals on Wheels
 - Transportation
 - DME's



Reassessment



- Reassessment takes place on a schedule determined by the plan
 - Elder needs to be prepared to give financial and person information once again.
- If an elder has more problems and needs more care, you can request a reassessment

So, What Can Tribes Do?

- Find out how it works.
 - Many elders could use the help and scarce tribal dollars currently are paying for things they could be getting through Medicaid
- Go to your local AAA or other aging program or your state office and ask what other tribes in your state are doing.
- Get copies of the paperwork needed and walk through it with someone who knows how to fill it out
 - Know the pitfalls and errors
- Talk it up with tribal leaders, employment, clinic, Title VI, housing programs and the elders themselves.

Each State and Program is Different

- Think about what fits for your tribe
 - Home Care Agency
 - Caregiver training and preparation
 - Ancillary services through the clinic, meal program, housing,



- Look to see what you are already doing for the elders and find out if it is something you could do for reimbursement

Barriers to Service

Barrier

- Misunderstanding about tribal resources and income by financial evaluators
- Lack of understanding of the service system by elders
- Entrance usually involves interactions with non-Indians and often in the elders home

Answer

- Conduct a training about resources for financial workers and supervisors
- Talk it up! Once one elder goes, others will follow.
- Prepare the elder for the experience. Go to the home with the evaluator.
 - Now is not the time to be “proud”; tell the truth about your needs

Barriers to Service

Barrier

- Elder will not pay their participation in their care
- Poor or no financial records

Answer

- The tribe may consider running their own homecare agency ; forgiving participation
- Your elders' advocate, Title VI Director, or social worker may have to pay close attention to the requirements and get to the elder's house before the bank statement goes into the fire!

Barriers to Service

Barrier

- No trained tribal members to provide the day-to-day care for elders.
- Tribal per capita puts elders just out of eligibility range for services.
- Our tribe already does most of these things for our elders

Answer

- Work with your tribal employment or training program to start this.
- Provide service in lieu of per capita for elders (shovel snow, clean house, firewood)
- Get Paid for it! Find out how to contract with the entity who sets up the service system (state, AAA, counties)

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Your Thoughts and Questions