



Keeping Our Elders Home!

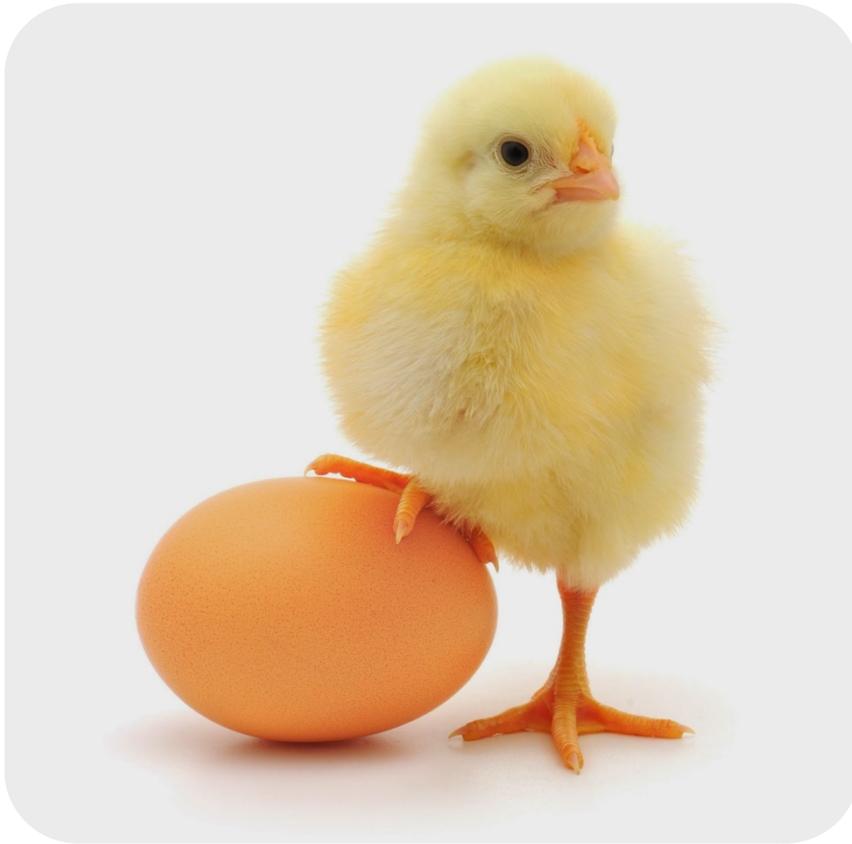


Overview

- What Comes First?
- Medicaid
- The State Plan
- Waiver Services
- How can Tribes participate?
- Barrier Busting
- Discussion



What Came First...Chickens or Eggs



- It is not uncommon to find tribes with no elders receiving LTSS or Nursing Home Services until the end of their lives
- Difficult to counsel to start own services
- Recommend getting elders into existing service systems to understand them better

Basics

Medicare

- Medical care for people 65+ regardless of income; permanently disabled, dialysis
- Part A—Hospital, no cost
- Part B—Doctors, \$134/month
- Part D—Medication, cost varies
- QMB/SLMB—cover the cost of Part B premiums for low income elders.
- Very limited long term care benefit; most in a nursing home
 - Only after hospitalization for at least three midnights
 - Only for about three months with a decreasing payment structure over that three months
 - In home, only HOME HEALTH care
 - Licensed Provider
 - No help for personal care at home

More Basics

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.
- More than half of all LTC is paid for by Medicaid
- About half of the money spent is on nursing home care
- There is an alternative to care in a facility
- HOME AND COMMUNITY-BASED CARE or HCBS

HCBS Brings the Services to Elders

- Usually Elders want to stay at home or at least in the community
- Medicaid allows States to develop “Waiver Programs” to bring the services out of the nursing home and into the community
- Let’s talk about Long Term Services and Supports....



Long Term Services and Support: Nursing Homes

- Nursing homes are the entitlement service under Medicaid
- Very expensive to provide
- Most people do not have money to pay
 - Great Equalizer!
 - Almost everyone winds up on Medicaid
- Medicare will pay for around 3 months in a nursing home after certain hospitalizations
 - Not payment in full
- After that—private pay or Medicaid

Long Term Services and Support: Nursing Homes

- Mr. Jones is 78 years old and recently was hospitalized with a stroke
- Hospitalized for a week, he was discharged to a NH under Medicare A
 - Days 1–20: \$0 charged
 - Days 21–100: \$161 charged per day
 - Days 101 and beyond: Mr. Jones pays all costs
- 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 around \$50 for his personal needs.
 - After this, Medicaid will pay

Entitlement Service is Skilled Nursing

- Nursing Facility care is an expensive model
 - Most efficient way to give post hospital care
- Not a whole lot of nursing goes on for many folks
 - Personal Care
 - Custodial Care
- So, CMS decided to allow people to stay out of nursing homes and receive their long term services in their own homes and communities
- Waivers-
 - Statewideness
 - Comparability
 - Some Income and resource requirements for Medicaid

In English...



An eye



An actor



An oven

A tree



A dog



A bed



- 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 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 if they can afford it or are eligible for Medicaid
- 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 medical Medicaid (100% FPL);
 - Up to are 300% SSI
 - Certain assets are exempt (one car, a commercial fishing vessel, your home, some cash)
- Income from Natural Resources is exempt



Once Financially Eligible...

- Elder will be given a physical assessment by a social worker or nurse to determine if they are eligible—
- Their care needs must be the same as they would have to be in a nursing home
- Review ADL's—
 - Bathing
 - Eating
 - Grooming
 - Walking
 - Dressing
 - Transferring
 - Need for supervision
 - Medication assistance



How Does This Work?



- The Assessment will tell how many service hours an elder will get based upon their answers to the questions during the assessment
- This can be a sticky wicket
 - Pride
 - Fear
- A relative may be hired to provide the care
- Sometimes a Home Care Agency can provide the care

Next Step Develop a Plan...

- 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



When developing a Service Plan...

- The Developer will
 - Determine who will provide personal care
 - Determine the need for additional services
- Each State writes their own menu of services available under waivers for them to use
- Some of the services on the menu may include:
 - Home-delivered meals
 - Transportation
 - Skilled nursing assistance
 - Training
 - Diet Counseling
 - Range of Motion
 - Assistance with heavy chores

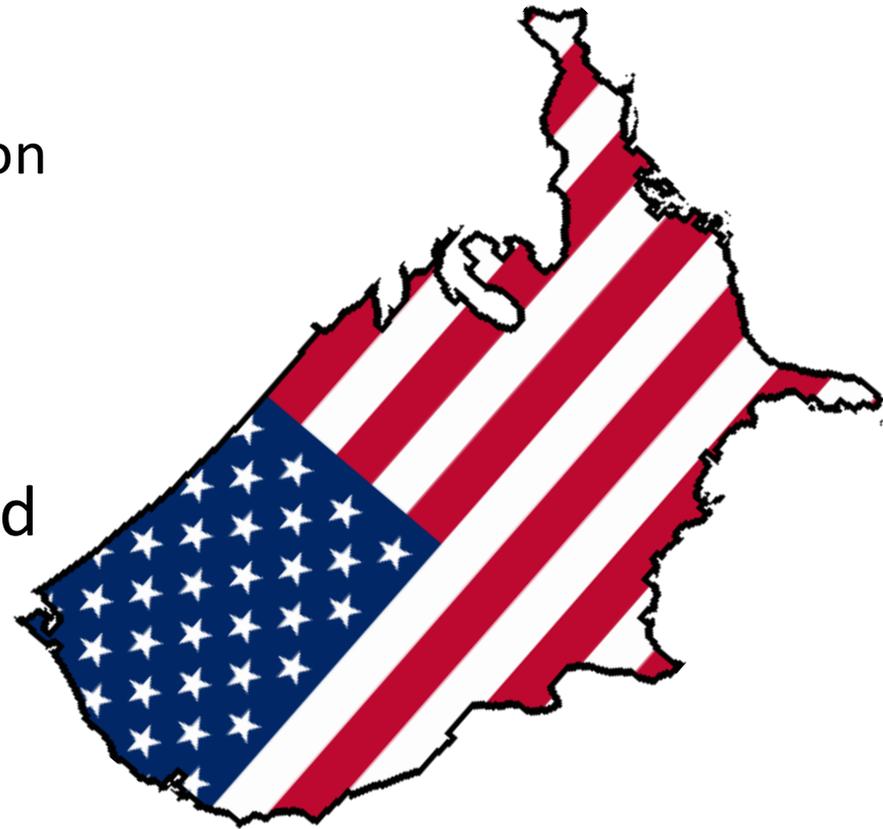
No Better Care than a Tribe Caring for their Own.

- To provide the services and be reimbursed for them while they are caring for their own elders.
- This can be an additional revenue source for Tribes and Title VI Programs
- Tribally provided care is better for the elders



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 with a little modification



Reassessment



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

So, What Can We 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
- Contact your Regional ACL Office for help to find out about the programs in your state



Start the Process

- Get copies of the paperwork needed to sign up and walk through it with someone who knows how to fill it out
 - AAA/ADRC; Tribal Clinic Staff
- Know the pitfalls and errors
- Talk it up with tribal leaders, employment, clinic, Title VI, housing programs. and the elders themselves
- Everyone has a part to play



NEWS FLASH...

- CMS sent a letter to states which said:

We will pay for 100% of the cost of care for native elders if the tribe provides the services to the elder or if their clinics have a care coordination agreement with someone else to do it...

- This is a Half-Price Sale for States!
- This could save states lots of money so they are likely to be interested in working with tribes to make it so

However...

- If the state is going to save money by helping tribes to set up these services, they need to be spending money now!
- If there are no elders using waiver services, there is no savings to the state because there is no current cost to the state
- So the first steps are:
 - Understand the system
 - Know how to apply
 - Get some elders on the waiver system
 - Talk up the services with tribal leaders
 - Don't Give Up!

| Barrier | Solution |
|--|--|
| Misunderstanding about tribal resources and income by financial evaluators | Conduct a training about resources for financial workers and supervisors |
| Lack of understanding of the service system by elders | Talk it up! Once one elder goes, others will follow. |
| Entrance usually involves interactions with non-Indians and often in the elders home | Prepare the elder for the experience. Go to the home with the evaluator. |

| Barrier | Solution |
|--|---|
| Elder will not pay their participation in their care | The tribe may consider running their own homecare agency; forgiving participation |
| Poor or no financial records | Someone will have to pay close attention to the requirements and get to the elder's house before the bank statement goes into the fire! |

| Barrier | Solution |
|---|--|
| No trained tribal members to provide the day-to-day care for elders. | Work with your tribal employment or training program to start this. |
| Tribal per capita puts elders just out of eligibility range for services. | Provide service (shovel snow, firewood); Pay elders who are eligible for care with natural resources funds |
| Our tribe already does most of these things for our elders | Get Paid for it! Find out how to contract with the service system |

Don't just order off the menu



- Tribes must take charge and establish services which will best serve their community
- Not limited to only those programs and regulations which currently exist
- Help tribes to design services which break the barriers to service for their own

Questions and discussion

- What do tribes have now?
- What do tribes think is important for designing services in the future?
- What can ACL do to support tribes in developing services?
- How can we advocate?
- What types of technical assistance do tribes want from their Regional Office, ACL, their States or others?





Your Thoughts and Questions



Have Additional Questions about the Older Americans Act?

Regional Support Center Staff are available for you.

Regional Support Centers serve as the focal point for the development, coordination and administration of Administration for Community Living program and activities within designated HHS regions.

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