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
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...

- 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, 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!
<table>
<thead>
<tr>
<th>Barrier</th>
<th>Solution</th>
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</thead>
<tbody>
<tr>
<td>Misunderstanding about tribal resources and income by financial evaluators</td>
<td>Conduct a training about resources for financial workers and supervisors</td>
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<tr>
<td>Lack of understanding of the service system by elders</td>
<td>Talk it up! Once one elder goes, others will follow.</td>
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<tr>
<td>Entrance usually involves interactions with non-Indians and often in the elders home</td>
<td>Prepare the elder for the experience. Go to the home with the evaluator.</td>
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<tr>
<td>Elder will not pay their participation in their care</td>
<td>The tribe may consider running their own homecare agency; forgiving participation</td>
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<td>Poor or no financial records</td>
<td>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!</td>
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<tr>
<td>No trained tribal members to provide the day-to-day care for elders.</td>
<td>Work with your tribal employment or training program to start this.</td>
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<td>Tribal per capita puts elders just out of eligibility range for services.</td>
<td>Provide service (shovel snow, firewood); Pay elders who are eligible for care with natural resources funds</td>
</tr>
<tr>
<td>Our tribe already does most of these things for our elders</td>
<td>Get Paid for it! Find out how to contract with the service system</td>
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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.

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