



INTERNATIONAL ASSOCIATION FOR
INDIGENOUS AGING

BRIDGING CULTURE & CARE:

**MEDICAID HOME AND COMMUNITY BASED
SERVICES FOR TRIBAL ELDERS**



NATIONWIDE LONG TERM SERVICES AND SUPPORTS FACT SHEET

Why Access Long Term Services and Supports?

Many American Indian elders need additional supports to remain healthy and independent in their homes and communities. Indian Health Services and Medicare do not provide this care. Medicaid provides health insurance, as does Medicare or an employer's insurance AND is the primary source of Long Term Supports and Services (LTSS). Medicaid offers many options for LTSS; this resource fact sheet and accompanying video focuses specifically on one type of LTSS, Home and Community Based Services or HCBS.

HCBS offers many benefits compared to traditional nursing home care. HCBS allows you to work with a case manager to create a care plan that meets your needs. You can choose who comes into your home, when they arrive, and how they help care for you. Your friends and family, who are accessible to you even in a rural area, may be able to get paid for the care they're already giving. HCBS offers a medical insurance package and in-home supports at a lower cost than traditional nursing home or assisted living care.

The intent of this project is to:

to inform tribal elders, their caregivers and family members, and Title VI personnel about LTSS resources and options available through Medicaid HCBS waivers

to provide resources on how to access HCBS options; and your rights in securing (and maintaining) such options

to inform and motivate tribal elders their caregivers, family members and other advocates to obtain access to and arrange for/apply for LTSS services/resources

Home and Community Based Services

Every state program for waivers and home and community-based services is different! Not all states offer HCBS as described in this video; for example, Arizona, Rhode Island, and Vermont are a few. Waiver options vary, and states all have different names for their programs, but many have a waiver that serves older adults. A waiver is a federal Medicaid term that describes eligibility requirements different from regular Medicaid. Some of the services offered in HCBS around the country include:

- adult day services
- assistive devices
- chore and homemaker services
- emergency response systems
- home modifications like ramps, grab bars, and adaptations
- in-home nursing
- medical equipment and supplies
- meals
- participant-directed supports
- personal care services
- respite care
- transportation to medical appointments and other important places in your community.



How to Apply

The first action is to Contact your State Medicaid Office.

In most cases, the application has 2-steps the financial and functional application.

When you finish the financial application, you will be assigned a Case Manager based on where you live, who will come to your home to learn more about you and your needs. This process is known as the functional assessment and determines your Level of Care.

Application Resources by State:

<https://www.medicaid.gov/about-us/where-can-people-get-help-medicaid-chip/index.html>

What Does The Application Process Include

Financial Application

You start with the financial application, which typically can be completed online or in person with the help of a staff member from a Medicaid Application Site. You will work with an eligibility specialist. Be sure to tell them you are interested in applying for HCBS because the income requirements for waivers are specific. The specialist will confirm that you meet your state HCBS requirements, which might include:

- are over the age of 65 or have a disability,
- are a US citizen and a resident of the state where you are applying,
- have a monthly income that meets the waiver requirements, and
- have resources under the limit

Resource calculations can be complicated and typically include money in your bank accounts or investments but do not include your primary home and the vehicle used for your transportation.

Functional Assessment

When you finish the financial application, you will be assigned to a Case Manager based on where you live. Your Case Manager will visit your home to learn more about you and your needs. This process is known as the functional assessment and determines your Level of Care.

The functional assessment is a tool used to gather information on the applicant's health and needed support for Activities of Daily living. Activities of Daily Living (ADLs) include items like an applicant's ability to eat, bathe, use the toilet, walk, take medicine, and more. The assessment is done in an applicant's home to ensure safety and resources for proper care.

It can feel uncomfortable to have someone in your home asking questions about personal matters, but Case Managers are trained professionals with a shared goal of getting you the support you need. You can, and you are encouraged to have a friend or family member with you during the assessment. Your friend or family can help share a complete and accurate story about who you are and what you need.

Additional Resources

Waiver programs for Older Adults listed by State:

<https://www.medicaidplanningassistance.org/home-community-based-services/>

Centers for Medicare and Medicaid Information:

<https://www.medicaid.gov/medicaid/home-community-based-services/index.html>

The Video:

<https://iasquared.org/LTSS/>

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