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State-Funded Home and Community-Based Service Programs for Older People

by

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The AARP Public Policy Institute, formed in 1985, is part of the Policy and Strategy Group at AARP. One of the missions of the Institute is to foster research and analysis on public policy issues of importance to mid-life and older Americans. This publication represents part of that effort.

The views expressed herein are for information, debate, and discussion, and do not necessarily represent official policies of AARP.

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Foreword

Our nation's long-term care system is largely in the hands of the states. Medicaid, the largest public payer for long-term care services, is subject to considerable state variation. For example, states determine what level and type of disability individuals must meet to qualify for services. Within federal guidelines, the states have substantial discretion to determine financial eligibility standards. States can choose whether and under what circumstances to provide home care services, and they can decide the type and amount of services to provide.

Each state's long-term care system is unique, and comparing one state with another is a daunting task. Not only are state Medicaid programs diverse, most states go beyond Medicaid and use their own funds to supplement what they offer under Medicaid. While this complicates interstate comparisons, it is important to view each state's long-term care system in its entirety to understand how the pieces of the puzzle fit together.

In 1997, AARP's Public Policy Institute published "Taking Care of Their Own: State-funded Home and Community-based Care Programs for Older Persons" by Enid Kassner and Loretta Williams, which reported on the number and type of state-funded efforts to provide long-term care programs for older persons. In response to many requests for up-to-date information on these programs, we initiated a new survey in 2003.

While this paper does not track the specific programs included in the earlier report, it does represent two points in time and can be used to assess the relative differences in the number and type of programs offered in 1996 and 2003. We hope this paper will contribute to a greater understanding of the important role that states are playing in providing long-term services and supports for older people.

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Executive Summary

Background

More than six million people age 65 or older in the United States need long-term supportive services. Three-quarters receive services in the community, generally a mix of informal or unpaid care and formal or paid care. Although most people with long-term care needs rely heavily on unpaid help from family and friends, spending for long-term care services is substantial. In 2002, national spending on long-term care totaled almost $180 billion. The Medicaid program is the largest payer for long-term care services in the United States, accounting for 47 percent of this spending.

Yet nearly all states fund community-based long-term care services independent of Medicaid to have greater flexibility in determining eligibility, providing services, and allocating resources. These programs can provide services to people who are not eligible for the Medicaid program as well as services that may not be available under Medicaid. States can design their programs according to their residents' needs, and they can use available resources to provide services without the constraints imposed by federal rules and regulations. State-funded programs play a significant role in terms of both expanding access to care and serving as a source for innovation in care delivery.

Purpose

A 1996 survey from AARP's Public Policy Institute provided a detailed description of state-funded home and community-based care programs, independent of Medicaid, that serve older people. This report provides a more recent description of these state-funded programs and compares data from the recent survey with data from the 1996 survey to provide snapshots of these long-term care programs in states at two points in time. The two data sets also provide some indication of changes in the delivery of home and community-based services, though the findings do not indicate how or why the mix of programs and services has changed in individual states.

Methods

AARP's Public Policy Institute contracted with the Center on an Aging Society at Georgetown University's Health Policy Institute to conduct a survey in the 50 states and the District of Columbia. State officials could respond by mail or fax or complete the survey online. After compiling the data, the Center on an Aging Society asked each respondent to review a set of data tables and verify the information.

Principal Findings

Forty-seven states and the District of Columbia responded to the survey. Maryland, Missouri, and North Dakota declined to participate, and California and Wisconsin provided only some of the information requested.

Number of state-funded programs

- Respondents identified a total of 41 single-service programs in 21 states and 51 multi-service programs in 37 states.
- There was little change in the number of multi-service programs between 1996 and 2003, but the number of single-service programs decreased substantially.
- The number of states with no state-funded programs increased from two to five.

Program funding and revenue sources

- The reported level of spending for state-funded programs was $1.4 billion in fiscal year 2002, slightly higher than the amount reported in 1996 (though not adjusted for inflation).
- General revenue is the funding source for most of the programs. Tobacco taxes or settlement funds and casino or lottery revenue are the most popular alternate sources of funding for state programs.

Program services

- Single-service programs most commonly provided adult day or respite services or meals. Other frequent single services included homemaker, personal care assistance, and care coordination or management.
- The most commonly offered services in the multi-service programs are homemaker, respite, adult day care, and personal care services.
- Compared to 1996, a larger proportion of programs in 2003 reported offering fewer services. Services that require intensive hands-on individual attention, such as home health aide and chore services, were less likely to be offered in 2003, while services such as home repairs and modification, home-delivered meals, transportation, and emergency response systems were more likely to be offered in 2003 than they were in 1996.

Cost-containment strategies

- About half the single-and multi-service programs charge co-payments. Generally, these programs use a sliding-fee scale, which considers the client's financial situation, to determine the amount of the co-payment.
- About one-quarter of the multi-service programs report limiting the number of hours or the value of particular services. Most common is a limit on the value of equipment that can be purchased.
- Also, one-quarter of the programs set an upper limit on the total cost of services that an individual can receive.
- Between 1996 and 2003, the proportion of programs that impose caps on spending decreased considerably, and the use of co-payments decreased somewhat.

State-funded programs and their relationship to Medicaid

- Forty-three of the 51 multi-service programs (84 percent) provide services to people who are not eligible for Medicaid based on financial criteria, and 33 programs (65 percent) provide services to people who are ineligible for Medicaid home and community-based waiver services based on functional eligibility criteria.
- Twenty-nine programs (57 percent) serve people awaiting placement in the state's Medicaid home and community-based waiver program.

- The study asked respondents if changes or restrictions in Medicaid funding had had an impact on state-funded programs. Among those who responded, about half said that they already had seen a change or that they were anticipating a change in the operation of their programs as a result of restrictions on funding for the Medicaid program. For example, 12 programs reported an increase in referrals and expected either greater caseloads or longer waiting lists.

Issues of particular concern to consumers

- Participants have the option of directing their own care in some manner in 43 percent of the multi-service programs.
- The most common method used to measure quality is to conduct periodic client satisfaction surveys. A few programs are beginning to develop and use outcome measures for quality.

Conclusion

State-funded home and community-based long-term care programs continue to play an important role in delivering long-term care services. They provide opportunities for states to offer services to residents who might not qualify for Medicaid, the largest payer for long-term care services, and they provide more flexibility with regard to program design because states are not constrained by federal rules and regulations. Over the last several years, despite an increase in the demand for services, this segment of the long-term care system has experienced little growth. Programs have expanded in some states, but overall, the number of states reporting that they sponsor single-service long-term care programs decreased between 1996 and 2003, as did the number of such programs. Both the number of states sponsoring multi-service programs and the overall number of such programs was more stable.

As states face budget shortfalls, there may be a financial incentive to expand Medicaid's role in the long-term care system since a matching federal payment for services is provided through Medicaid. Many states recognize, however, that while it is necessary to use all available strategies to stretch limited state resources, it is also important to retain programs that traditionally have provided services to a segment of the population that would not otherwise be eligible for care. Also, state-funded programs are valuable because they have been and continue to be a source of innovation in the delivery of long-term care services. They have demonstrated, for example, that the definition of caregiver can be expanded to include family members. They have served as an excellent source of information about services that are available to individuals in the community, and they have demonstrated how funding streams can be blended effectively.

Introduction

Nearly 10 million people in the United States need long-term services and supports, and the majority of them—63 percent—are age 65 or older (Rogers, 2003). Long-term care refers to providing assistance and services to people who are limited or unable to perform basic activities, such as bathing or dressing, because of chronic physical or mental illness or disabling conditions. The aging of society will have a significant impact on the demand for long-term care. In 2000, 35 million people—13 percent of the total population—were age 65 or older (U.S. Bureau of the Census, 2000a). The growth rate of the older population is projected to remain steady until 2010, but it will increase rapidly when the baby boom generation begins turning 65 years of age in 2011. By 2050, it is expected that one in five Americans will be age 65 or older.[1]

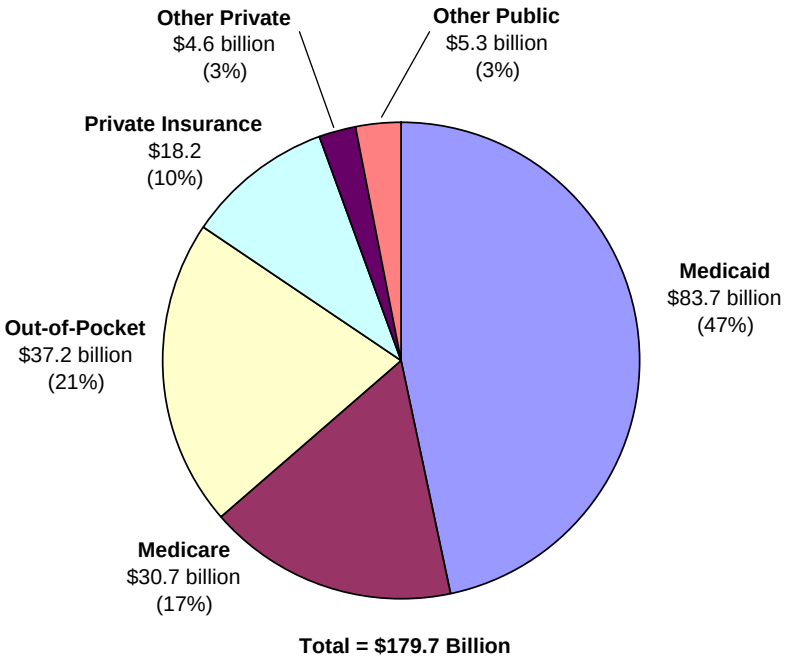
One-quarter of older people with long-term care needs live in nursing homes. The other three-quarters receive services in the community, generally a mix of informal or unpaid care and formal or paid care (Rogers, 2003). Community-based alternatives to institutional care have become more common, and that trend is expected to continue, particularly given that more people are expressing an interest in controlling their own care, and technological advances are making it easier to provide some types of community-based care.

Spending for long-term care

Although most people with long-term care needs rely heavily on unpaid help from family and friends, spending for long-term care services is substantial. In 2002, national spending on long-term care totaled almost $180 billion. The Medicaid program is the largest payer for long-term care services, accounting for 47 percent of spending, or $83.7 billion, in 2002. Out-of-pocket spending by consumers and their families is the next largest source, accounting for 21 percent—$37 billion—of total long-term care spending. Medicare, private insurance, and other private and public sources finance the remainder of long-term care spending (see Figure 1).

[1] Center on an Aging Society analysis of data from Census 2000 (U.S. Bureau of the Census, 2000b).

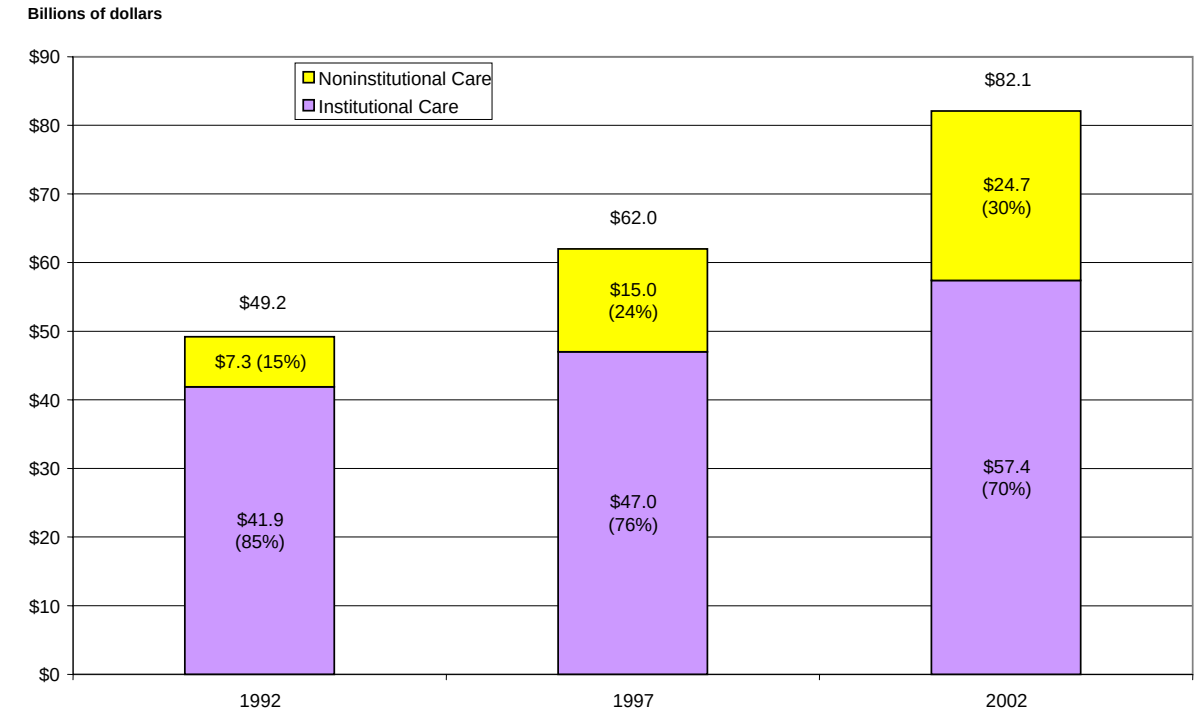
Figure 1. National spending for long-term care, by payer (2002)



NOTE: Total long-term care expenditures include care in hospital-based and freestanding nursing facilities, and from home health agencies as well as personal care services and home and community-based waiver services available through the Medicaid program.
NOTE: Percentages do not add to100 percent due to rounding.
SOURCES: Health Policy Institute, Georgetown University, based on data from: the Centers for Medicare & Medicaid Services, Office of the Actuary, *National Health Expenditures Tables* and unpublished data (2004); B Burwell, *Medicaid Expenditures for Long-Term Care Services: FY 1990-FY2002* (The MEDSTAT Group Cambridge, MA 2003).

Although the majority of long-term care spending is for institutional care, a growing proportion goes to home and community-based care (HCBC). In 1992, 85 percent of Medicaid long-term care spending was for institutional care, and only 15 percent for home and community-based care. By 2002, the proportion of Medicaid long-term care spending for institutional care had decreased to 70 percent, and HCBC had increased to 30 percent—nearly $25 billion. (see Figure 2).

Figure 2. Medicaid spending for long-term care (1992-2002)



NOTE: Spending is adjusted for general inflation to 2002 dollars using the Consumer Price Index. Years are federal fiscal years.

SOURCES: Health Policy Institute, Georgetown University, based on data from B. Burwell, "Medicaid long-term care expenditures, FY1989-2001 " and B. Burwell, K. Sredl, and Siken, "Medicaid long-term care expenditures in FY2002" (Cambridge, MA: The MEDSTAT Group, 13 May 2003, memorandum).

The role of states

As prominent payers for long-term care, states can determine the manner in which publicly financed long-term care services are delivered. For example, the extent to which Medicaid-funded long-term care services are delivered in institutions or in the community differs considerably among states. Each state uses a unique mix of home and community-based programs and services to care for older adults with long-term care needs.

Some federal funding for community-based services is available through the Medicare program, the Older Americans Act, and from Social Services Block Grants. But the bulk of community-based services are financed through the Medicaid program in three ways. Medicaid pays for some home health services, a mandatory benefit, which must be ordered by a physician based on medical necessity. States may also choose to cover Personal Care Services, an optional benefit that assists people with disabilities to perform basic tasks. The largest share of Medicaid spending for home and community-based care is for home and community-based waiver programs, which allow states to adopt various strategies to control or target the cost and use of services. Federal and state governments share the cost of Medicaid services. The federal share is based on a state's per-capita income and is at least 50 percent, but in some states it is as much as 77 percent.

Despite the large federal contribution for Medicaid HCBC, nearly all states also use their own funds to provide community-based long-term care services for several reasons. State-funded programs have greater flexibility in determining eligibility, providing services, and allocating resources than do Medicaid programs. They can provide services to people who are not eligible for the Medicaid program and services that may not be available under Medicaid. States can design their programs according to their residents' needs. They can also limit services based on available resources without the constraints imposed by federal rules and regulations (Summer, 2001). For example, once an individual is found to be eligible for the Medicaid program, the state must provide the full range of Medicaid services, including acute care and other services that may be particularly costly.

Given the level of funding that Medicaid provides nationally, discussions about the delivery of long-term care services generally focus on the Medicaid program. It is important to note, however, that funding patterns differ considerably among states, with a few choosing to finance a substantial portion of their long-term care system outside Medicaid. Thus, state-funded services play a significant role in a number of state long-term care systems by offering the types of services that Medicaid generally does not provide and by making services available to a broader range of residents than might otherwise have access to care.

Purpose of study

A 1996 AARP Public Policy Institute survey provided a detailed description of state-funded home and community-based care programs that serve older people (Kassner and Williams, 1997). This report updates that study by describing current programs funded through a distinct state appropriation that deliver home and community-based long-term care services to older people. We describe two types of state-funded programs: those that provide a single home and community-based service and those that provide multiple services. For single-service programs, we describe funding levels, sources of funding, program eligibility rules, the characteristics of the population served, and cost-containment strategies. We provide similar information for multi-service programs. In addition, we examine the relationship between multi-service programs and the Medicaid program as well as issues related to program operations, such as the role of the case manager, options for consumer direction, and methods to measure quality.

We compare data from the recent survey with data from the 1996 survey to provide snapshots of long-term care systems in states at two points in time. The two data sets also provide some indication of changes in the delivery of home and community-based services, though the findings do not indicate how or why the mix of programs and services has changed in individual states. This survey also went beyond the 1996 survey, including additional questions on the role of care managers, the opportunity for consumer direction in state-funded programs, and what measures are used to assure quality. Data from this study should provide researchers, policymakers, and advocates with a better understanding of how state-funded home and community-based long-term care service programs are designed and operated and how these programs fit into the broader mix of services available in states.

Methods

AARP's Public Policy Institute contracted with the Center on an Aging Society at Georgetown University's Health Policy Institute to conduct a survey to describe state-funded home and community-based care programs in the 50 states and the District of Columbia. AARP and the Center worked collaboratively to develop a survey instrument, which the Center pretested in three states—Florida, Kansas, and Pennsylvania. The instrument was refined and sent to the Director of the State Unit on Aging in each of the states in February 2003. We include a copy of the survey instrument in Appendix 1.

State officials had the opportunity to respond by mail or fax or to complete the survey online. Center staff made follow-up calls when necessary to clarify survey responses. Researchers also viewed state program web sites for program information. Every effort was made to identify all of the state-funded programs. In a few instances, when respondents did not report on well-known programs, researchers contacted them and asked for information about the programs. For the most part, the report relies on respondents' reporting. Thus, the group of programs described here represents most but not necessarily all programs. After compiling the data, the Center on an Aging Society asked each respondent to review a set of data tables and verify the information. Detailed descriptions of all the programs appear in the 15 tables at the end of the report and the findings are summarized below. Data related to funding are for state fiscal year 2002. Other data describe program characteristics in 2003, when the survey was administered.

Comparability of data

Each state has a unique mix of programs and services and a particular way of organizing services. The study tried to promote consistency in reporting, first, by asking respondents to distinguish between two types of programs defined on the survey form:

Definitions of single service and multi-service HCBC programs

State-funded *single-service* HCBC programs provide a single service to older people. Examples include homemaker services, home-delivered meals, attendant care, respite care, etc.

State-funded *multi-service* HCBC programs are those that:

- are state-funded, administered according to state rules, and operate statewide,
- primarily target older people with long-term care needs (programs serving other populations in addition to older people are included in the survey), and
- provide two or more services (not counting case management).

The purpose of characterizing the programs in this way is to show differences in how comprehensive the programs are. In two locations, New Mexico and Texas, respondents listed a group of single-service programs that are administered by a single entity. Taken together they

meet all the criteria of a multi-service program, but they do not have a specific program name. After consultation with respondents confirmed that the programs use a single funding source to provide multiple services, and that funding levels for particular serviced were not available, we termed the services in New Mexico and Texas "Multi-Service Groups" and listed them with the other multi-service programs in Table 1.

It is important to note that some states provide funds or services to benefit older people who need community-based care but do not fit the definitions of single-service or multi-service programs used for this survey. For example, all states have health insurance counseling programs. A few states give small grants to seniors to help defray the cost of care, but those programs are not included in this report. Also, in some instances, states give grants to communities to help develop home and community-based services, and these are not included in this report. Some states provide community-based services in residential facilities, but those programs were beyond the scope of this report.

Information and counseling are important services that often are provided through state-funded programs, but programs that only provide these services are not counted among the single-service programs. For the most part, the programs we describe in this report provide services to older people, but a few of the programs are condition-specific and serve adults of all ages.

The names used to describe particular types of services are not consistent across states, so we designed the survey instrument to elicit uniform responses. The form provided names and descriptions of 16 types of services, and respondents were asked to indicate which services they offered as part of multi-service programs. Respondents also had the opportunity to indicate that they commonly use another name to refer to the defined services and to indicate whether services other than those listed are provided.

Finally, in some instances, funding data are not comparable across states. For example, Illinois could not distinguish between state and federal funds for the Community Care Program. For four of the multi-service programs, respondents could not distinguish between program enrollees funded by state or federal funds. These include Arizona's *Non-Medical Home and Community Based Services*, the District of Columbia's *Senior Services Network*, Illinois's *Community Care Program*, and the *Multi-Service Group* in Texas (see Table 4).

Findings: Program design and operation

We received 48 responses from 47 states and the District of Columbia.[2] Maryland, Missouri, and North Dakota declined to participate in the survey, and California and Wisconsin provided only some of the information requested. Among the states that responded, five report that they do not have state-funded home and community-based service programs: Alabama, Mississippi, Montana, New Hampshire, and Tennessee. By contrast, Alabama and Mississippi were the only states that did not report programs in 1996.

[2] The term, "state," in this report is used to refer to any of the 50 states or the District of Columbia.

Number of programs

Single-service programs

A total of 41 single-service programs operate in 21 states. Ten states have one program, four have two programs, six have three programs, and one state reports having five single-service programs. The number of states providing these programs decreased substantially between 1996 and 2003, as did the number of such programs (see Figure 3).

Multi-service programs

Respondents identified a total of 51 multi-service programs in 37 states. There was little change in the number of multi-service programs between 1996 and 2003.

Figure 3. Number of state-funded programs, 1996 and 2003

	1996 (Number of programs)	2003 (Number of programs)
Single-service programs	69 (in 30 states)	41 (in 21 states)
Multi-service programs	53 (in 38 states)	51 (in 37 states)

SOURCES: Kassner, E., and Williams, L. (1997), *Taking Care of Their Own: State-Funded Home and Community-Based Care Programs for Older Persons*; and data from the Center on an Aging Society *Survey of State-Funded Home and Community-Based Long-Term Care Programs for Older People* (2003).

Program funding

In 1996, AARP found that more than $1.2 billion was spent on all state-funded home and community-based care programs for older people. The level of spending was similar in fiscal year 2002, with a total of $1.4 billion reported. States reported spending $98 million on single-service programs and $1.3 billion on multi-service programs in 2002 (see Table 1).

There is a substantial range in funding for the programs. Differences in the level of funding are one indication that the size and scope of the programs vary considerably (see Tables 2 and 4).

- The number of people served in single-service programs ranges from 37 in Delaware's *Adult Day Care for Alzheimer's Program* to 88,000 in Minnesota's *Senior Nutrition Program*.
- Average annual per enrollee expenditures for the single-service programs range from $31 for the *Senior Nutrition Program* in Minnesota to almost $17,000 for the *Adult Day Care Program* in Michigan.
- Among multi-service programs, the range for the number of people served is also great, from 241 in Nevada's *Community Home-Based Initiatives Program* to more than 229,000 people in Pennsylvania's *Options Program*.

- Average annual per enrollee expenditures for the multi-service programs range from $94 for the *Congregate Housing Services Program* in New Jersey to almost $7,000 for Connecticut's *Home Care Program for Elders*.

Differences in the number of people served and the amount spent in each of the programs are a function, in part, of the size of the population in each state and the level of funding for the program, but they also reflect the extent to which program services are targeted and the complexity or cost of the services. Programs that provide adult day care tend to have smaller enrollment and higher per capita costs, while those providing services such as meals or case management serve large numbers of people at a lower cost.

Revenue sources

Forty-two of the 48 states responding (88 percent) report that general revenue is the source of funding for their home and community-based long-term care service programs. States use general revenue to support 88 percent of single-service programs and 90 percent of multi-service programs (see Tables 2 and 4). Other funding sources supplement general funds or support single- and multi-service programs. Tobacco taxes or settlement funds are the most frequent source of funding other than general revenue (see Figure 4).

Tobacco taxes support single-service programs in Michigan, Nebraska, and Pennsylvania, and multi-service programs in Arizona and Arkansas. Dedicated income taxes support a multi-service program in Georgia, and dedicated taxes from Bingo supplement general revenue funds in South Carolina. New Jersey finances three single-service programs and the *Congregate Housing Services Program* with casino revenue and general revenue. The state lottery funds Pennsylvania's *Options Program*, and Iowa uses investment income to help support the *Senior Living Program*.

Figure 4. Revenue sources, other than general funds, for state-funded home and community-based care programs, 2003

Revenue Source	Number of Single-Service Programs	Number of Multi-Service Programs
Tobacco taxes or settlement	4	2
Casino revenue	3	1
State lottery	1	1
Revenue-unclaimed property	2	0
Dedicated income taxes	0	1
Trust fund	0	1
Dedicated taxes – Bingo	0	1

SOURCE: Data from the Center on an Aging Society *Survey of State-Funded Home and Community-Based Long-Term Care Programs for Older People* (2003).

Locally funded multi-service programs

The survey asked respondents to identify locally funded multi-service programs for the elderly. Seventy percent reported that such programs do not exist. Respondents from Kentucky and Ohio noted that some counties in the state have established special taxes to fund multi-service programs for the elderly. In other states, respondents noted that they combine some local government funds and private contributions with state funds to provide services (see Table 5).

Program eligibility criteria

Single-service programs

All of the single-service programs serve older people, generally defined as people age 60 and older (see Table 2). A few of the programs designed primarily to serve the elderly also provide services to some younger people. The programs are not condition-specific, with the exception of nine programs that target people with Alzheimer's disease or dementia. It is important to note that older people may also receive services from programs that are targeted to other groups, but that serve persons of all ages. For example, some states fund programs for anyone who has a physical disability. Although we do not include these programs in this inventory, they are another source of support for older people in some states.

Multi-service programs

Generally, multi-service programs provide services for adults age 60 and older, though five of the programs serve only people 65 and older. Twelve of the programs also extend benefits to younger adults with physical or cognitive disabilities (see Table 6).

A few programs use additional eligibility criteria. For example, Florida's *Home Care for the Elderly Program*, Kentucky's *Homecare Program*, New Jersey's *Jersey Assistance for Community Caregiving Program*, and South Dakota's *Long-Term Care Alternatives Program*

target people age 60 and older who are at risk of nursing home placement. State funding for the *Multi-Service Group* in Texas is targeted to older individuals with low incomes, particularly low-income minorities and older individuals who live in rural areas.

Financial eligibility rules

The level of applicants' income and the value of their assets are the most common criteria used to determine financial eligibility for public programs. Seventy-six percent of single-service programs and 63 percent of multi-service programs do not have financial eligibility rules, however, and the extent to which programs make financial eligibility determinations changed little between the 1996 and 2003 surveys. Figure 5 illustrates the range of income and asset limits used by those states that impose such limits.

Single-service programs

Commonly, eligibility for participation in the single-service programs is not based on financial status, but five programs do use income and asset limits. An additional two programs use income limits only, and three others examine just the value of assets to determine eligibility (See Table 3).

Multi-service programs

Nine of the 51 multi-service programs use only income limits to determine program eligibility. Three programs use only asset limits, and six other programs use both income and asset limits (see Tables 8 and 9).

Figure 5. Financial eligibility limits, 2003

	Income (Individual monthly limits)	Assets (Individual limits)
Single-service programs	$739-$3,270	$38,000-$80,000
Multi-service programs	$659-$2,694	$2,000-$40,000

NOTE: Numbers presented here represent ranges for income limits in seven single-service and 15 multi-service programs and asset limits in eight single service and nine multi-service programs.
SOURCE: Data from the Center on an Aging Society *Survey of State-Funded Home and Community-Based Long-Term Care Programs for Older People* (2003).

Generally, income limits are tied to a standard such as the federal poverty line, with the highest limits representing a value equal to three times the federal poverty line. However, some programs use different criteria. For example, applicants for Minnesota's *Alternative Care Program* are eligible if the combined value of their income and assets would cover six months or less of nursing home costs. Rhode Island uses the same income standard for the *CoPay Program* and the state-funded pharmacy program (see Table 8).

In examining income limits it is also important to consider the methods states use to calculate "countable" income. Commonly, individuals can deduct the cost of medical insurance premiums or medical care before the state determines eligibility. Some programs also allow deductions for food, utilities, transportation, or unreimbursed costs for death or burial. In Wisconsin's *Community Options Program*, payments for day care, supportive home care, or rental assistance are also deducted from income in making eligibility determinations. Among the programs that use income in determining eligibility, nine report that just the individual's income is considered. Five consider the income of others in the household as well.

A number of programs also allow deductions when determining "countable" assets. For example, the value of the home often is not counted, nor is the value of household and personal items. Programs may also allow deductions for cars, life insurance, or prepaid burial plans.

Program services

Single-service programs

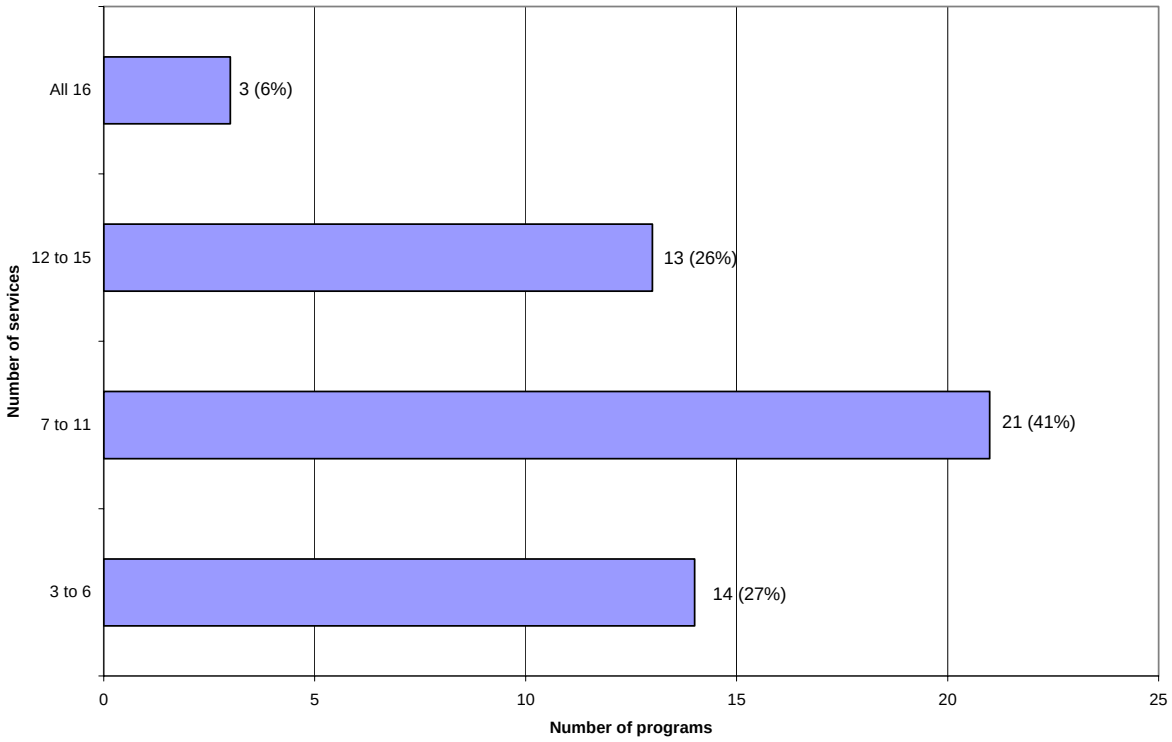
Adult day care, respite services, and meals are the services most commonly offered in single-service programs. Some of the programs specifically provide respite or day care services for people with Alzheimer's disease. Other frequent services include homemaker, personal care assistance, and care coordination or management.

Multi-service programs

The 1996 and 2003 surveys asked specifically about 12 services: skilled nursing, home health aide, personal care, homemaker, chore services, respite care, case management, home-delivered meals, transportation, adult day care, emergency response systems, and home repair or modifications. Four additional services were included in the 2003 survey: health-related home health care, such as assistance with wound care or intravenous therapy, habilitation, special medical equipment and supplies, and needs assessment services.

Only three multi-service programs (six percent) offer all of the 16 services listed in the survey (see tables 13 and 14): the *Alternative Care Program* in Minnesota, the *Options Program* in Pennsylvania, and the *Community Options Program* in Wisconsin. Figure 6 illustrates the range of services offered. The most common services offered in the programs with the fewest services are respite care, adult day care, and homemaker services.

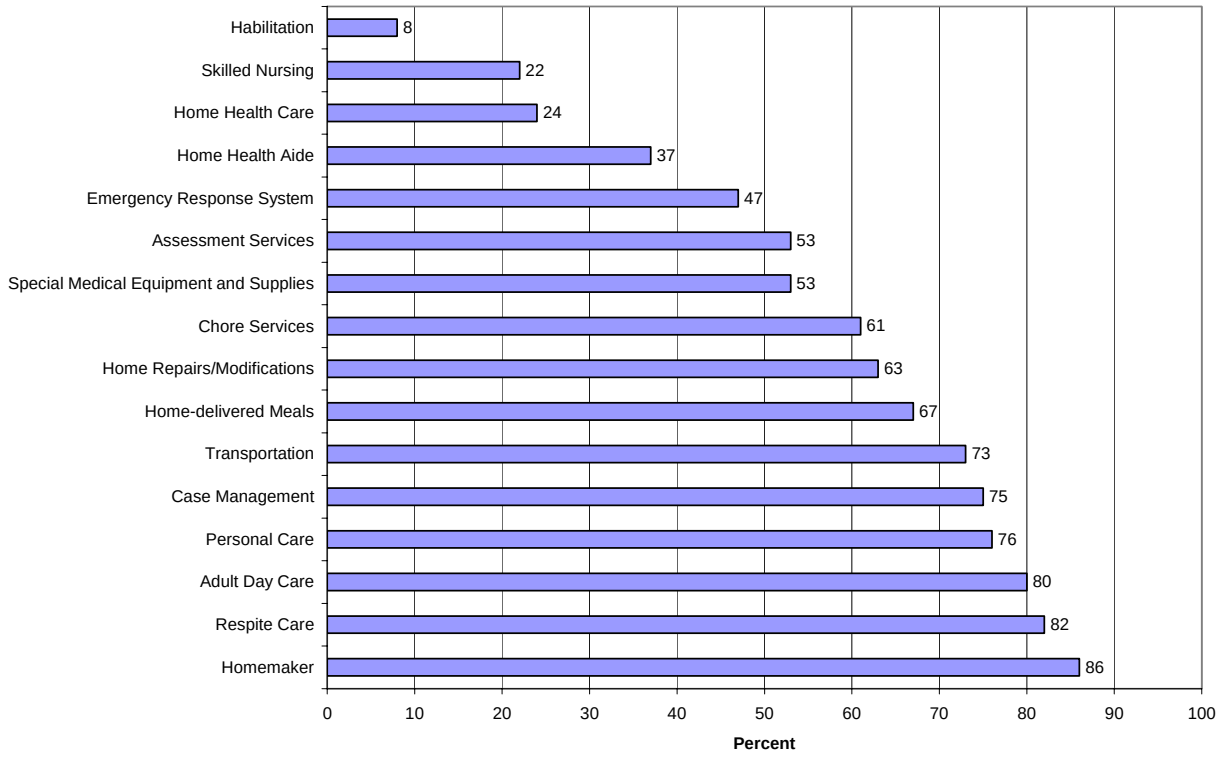
Figure 6. Number of services offered by multi-service programs, 2003



SOURCE: Data from the Center on an Aging Society *Survey of State-Funded Home and Community-Based Long-Term Care Programs for Older People* (2003).

State-funded multi-service programs are least likely to offer habilitation services, which can include skills training, supported employment, or other day services such as daily living skills training. The most frequent services are homemaker services, available in 44 programs (86 percent), respite care, offered by 42 programs (82 percent), and adult day care, offered in 41 programs (80 percent) (see Table 13 and Figure 7).

Figure 7. Proportion of multi-service programs offering various services, 2003

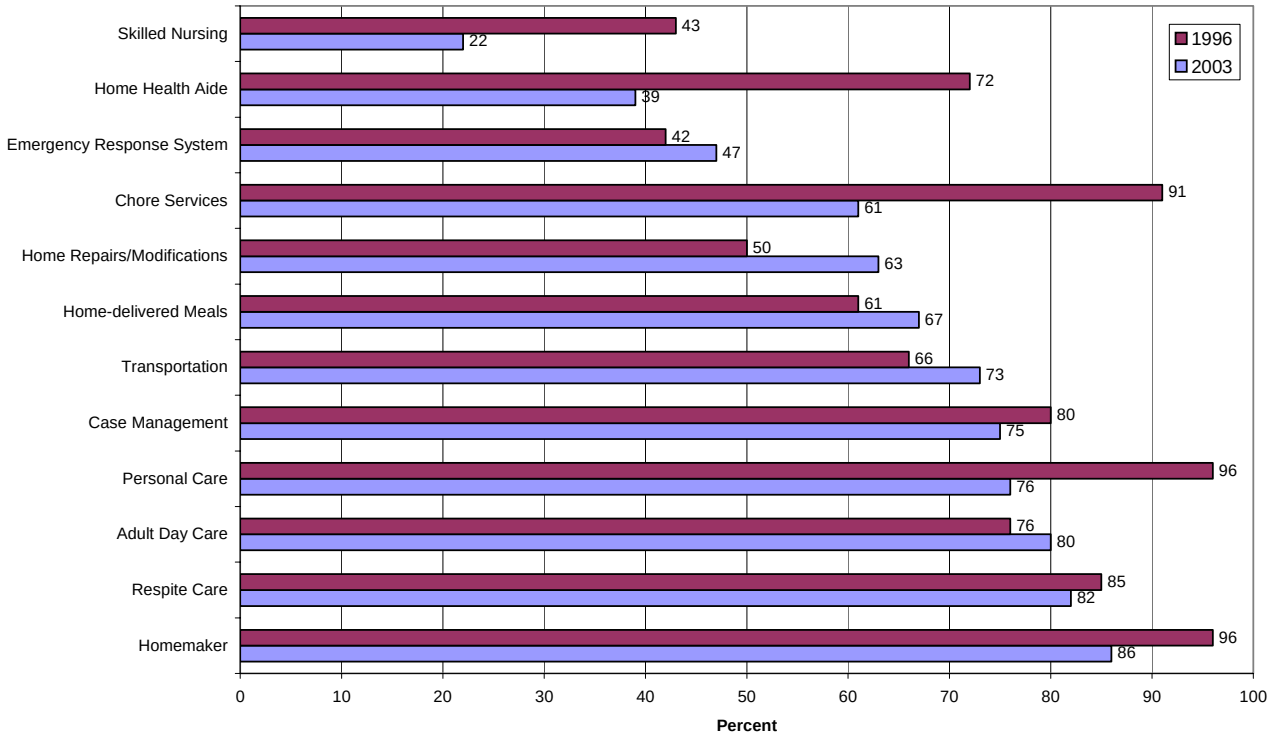


SOURCE: Data from the Center on an Aging Society *Survey of State-Funded Home and Community-Based Long-Term Care Programs for Older People* (2003).

Some respondents identified services that other states do not commonly provide. For example, Florida's *Alzheimer's Disease Initiative* provides respite care as well as memory disorder clinics. Emergency shelter is available through the Massachusetts *Home Care Program*. The Kansas *Senior Care Act* provides commodities such as cleaning supplies, smoke or carbon monoxide detectors, security devices, or eyeglasses to some program participants on a short-term basis.

Changes are evident in the amount and types of services available through multi-service programs in 1996 and 2003. The surveys from both years ask specifically about 12 of the same services. In 2003, fewer programs were likely to offer skilled nursing, home health aide, chore, personal care, homemaker, case management, or respite services. Services that were more likely to be offered include home repairs and modifications, adult day care, home-delivered meals, transportation, and emergency response systems (see Figure 8). These changes in the types of services offered may indicate a trend away from services that require intensive hands-on individual attention.

Figure 8. Proportion of multi-service programs offering various services, 1996 and 2003

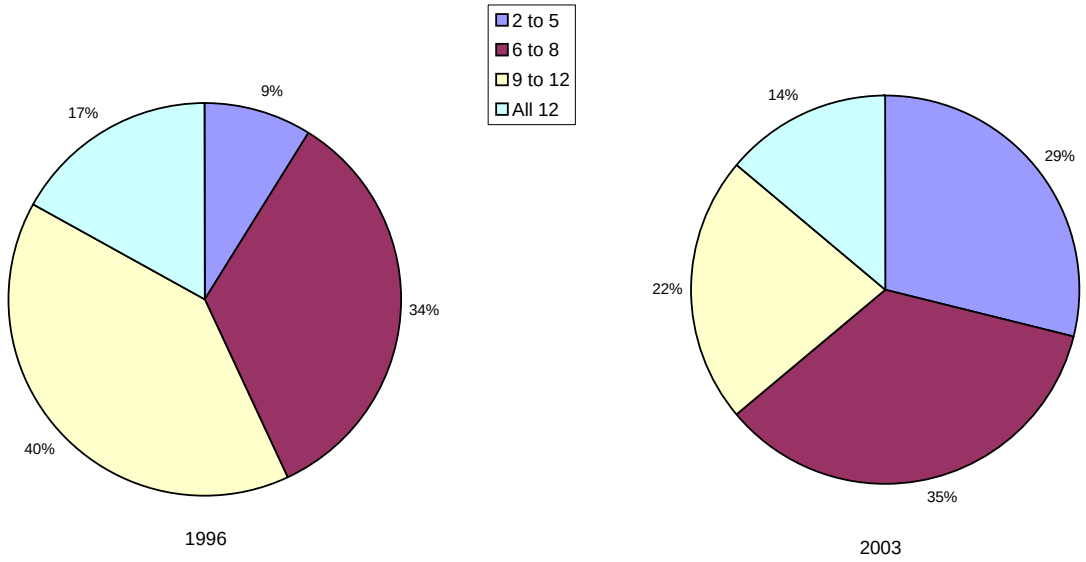


NOTE: Percentages from 1996 are estimates.

SOURCES: Kassner, E. & Williams, L. (1997), *Taking Care of Their Own: State-Funded Home and Community-Based Care Programs for Older Persons* , and data from the Center on an Aging Society *Survey of State-Funded Home and Community-Based Long-Term Care Programs for Older People* (2003).

Another change that occurred between the 1996 and 2003 surveys is that a larger proportion of programs reported offering fewer services. In 1996, 57 percent of multi-service programs offered nine or more services, but that figure dropped to 36 percent by 2003. At the same time, the proportion of programs offering five or fewer services increased from 9 percent to 29 percent (see Figure 9).

Figure 9. Proportion of multi-service programs offering different numbers of services, 1996 and 2003



NOTE: Percentages from 1996 are estimates.

SOURCES: Kassner, E. & Williams, L. (1997), *Taking Care of Their Own: State-Funded Home and Community-Based Care Programs for Older Persons* , and data from the Center on an Aging Society *Survey of State-Funded Home and Community-Based Long-Term Care Programs for Older People* (2003).

Client characteristics

Multi-service programs

Data on the characteristics of the clients served in state-funded multi-service HCBC programs are not readily available. Only about half of the programs—53 percent—have information on the age of clients, and fewer have other descriptive information. The data that are available suggest that the programs tend to serve older women living alone (see Table 7).

Although most of the programs are open to people age 60 and older, clients tend to be older.

- Twelve programs report that they serve clients whose average age is 80 or older.
- Among the programs that report on the proportion of people in different age groups, it appears that most clients are age 75 or older.

Of the 22 programs that reported on the living situation of clients, 13 (59 percent) indicate that at least half of their clients live alone. Data on marital status are available for 14 programs, with all but one program reporting that fewer than half of their clients are married.

The majority of the clients in every program are women. The proportions range from 59 percent in Maine's *Home-Based Care for Elders and Disabled Adults Program* to 81 percent in the two Arkansas programs—the *State Aging Services Program* and the *Cigarette Tax Program*.

Although few of the programs have income limits, program data indicate that participants have low incomes. Estimates of average monthly income range from $696 to $1,410 for an individual. In 2002, the federal poverty line for an individual was $738.

Cost-containment strategies

States use different strategies to try to contain program costs in an effort to use limited resources most effectively. One strategy is to have cost-sharing requirements. None of the single-service or multi-service programs charges premiums for program participation, but some require co-payments for services. Another cost-containment strategy is to limit the amount of particular services that can be provided. Limits may be imposed for particular services using measures such as the number of visits or the cost of services. Another strategy is to impose a cap on the total cost of services for individuals.

Single-service programs

Twenty-one of the single-service programs (51 percent) charge co-payments; in most cases they use a "sliding fee" scale. Programs calculate co-payments based on a formula that takes the program participants' income into account. A few of the programs simply charge everyone 20 percent of the cost of services (see Table 3).

Multi-service programs

Fifty-nine percent of the multi-service programs require co-payments (see Table 12). When programs charge co-payments, they generally use a sliding-fee scale to determine the amount of the co-payment, though a few programs use other methods. For example, the Kentucky *Home Care Program* charges program participants 80 percent of the cost of services if their income is greater than $16,650 per year.

One-quarter (25 percent) of the 51 multi-service programs report having limits on covered services. The most common type of limit is on the value of equipment that can be purchased (see Table 10).

- The Arizona *Tobacco Tax Program* has annual limits on the amount it can spend for adaptive aides and devices or for home repair and adaptation—$1,000 and $1,500 respectively.
- Home repairs are limited to $500 per year in Kentucky's *Homecare Program* and to a one-time amount of $300 in the Wyoming *Community-Based In-home Services Program*.
- South Dakota's *Long-Term Care Alternatives Program* limits monthly rental fees to $35 each for emergency response system and medication management devices.

Some programs limit the number of hours they provide certain services (see Table 10).

- Homemaker services are limited to about eight hours per week in the District of Columbia's *Senior Services Network* and to six hours a week in Nevada's *Community Home-Based Initiatives Program*.
- Adult day care is limited to one day per week in Nevada's *Community Home-Based Initiatives Program*.
- Rhode Island's *CoPay Program* limits home care services to 20 hours per week and adult day care to six days per week.
- Washington's *Family Caregiver Support Program* provides between 120 and 500 hours per year of respite care.

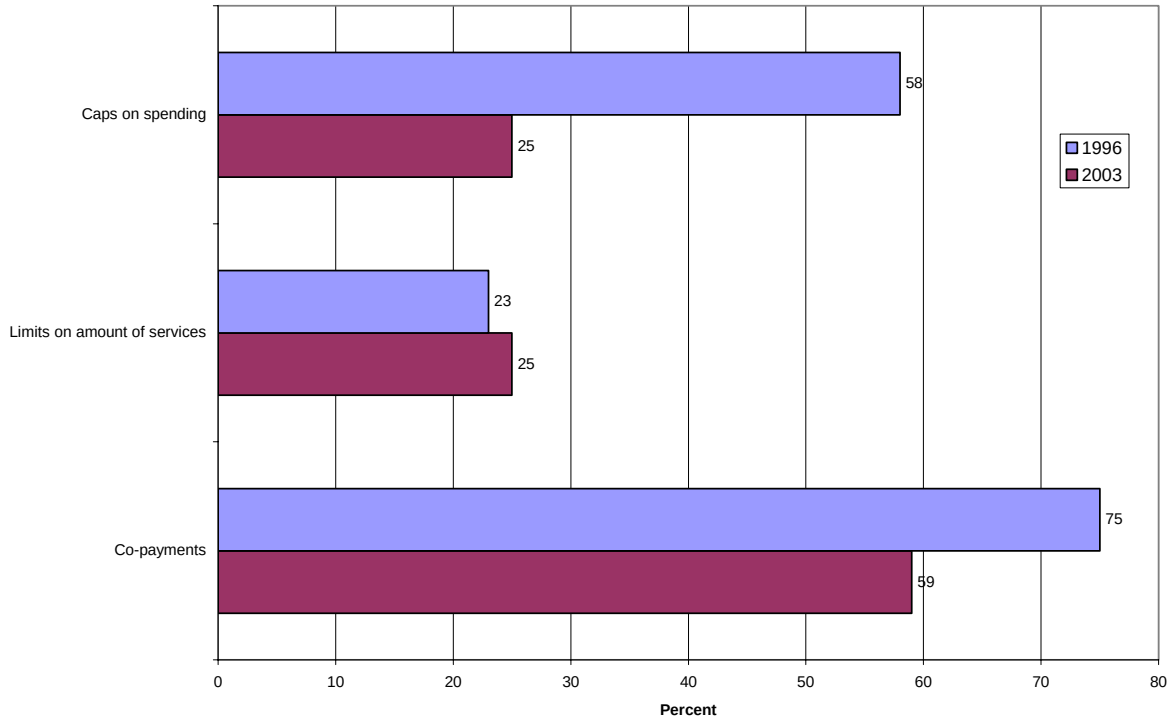
Some programs also have dollar limits for particular services (see Table 10).

- Nebraska's *Disabled Persons and Family Support Program* pays up to $100 per month for chore services.
- The Texas *Multi-Service Group* limits the cost of respite care to $300 per quarter.

Thirteen of the programs (25 percent) set an upper limit on the total cost of services that an individual can receive; this is sometimes called a "care plan cost cap." On a monthly-equivalent basis the caps range from $200 to $3,436 (see Table 11). Three programs tie monthly caps to service categories, which are defined by the level of care the client needs. For example, *Home-Based Care for Elders and Disabled Adults* in Maine has established four levels of care, with cost caps ranging from $1,000 to $3,436 per month. Four programs use formulas for establishing cost caps that are tied to the cost of care in a nursing facility.

A number of respondents noted that although the state may not impose limits on services, local programs are allowed to set limits. Between 1996 and 2003, the proportion of programs that impose caps on spending decreased considerably, and the use of co-payments decreased somewhat (see Figure 10).

Figure 10. Proportion of multi-service programs using cost-containment strategies, 1996 and 2003



NOTE: Percentages from 1996 are estimates.

SOURCES: Kassner, E. & Williams, L. (1997), *Taking Care of Their Own: State-Funded Home and Community-Based Care Programs for Older Persons* , and data from the Center on an Aging Society *Survey of State-Funded Home and Community-Based Long-Term Care Programs for Older People* (2003).

Findings: The role of state-funded multi-service programs relative to the Medicaid program

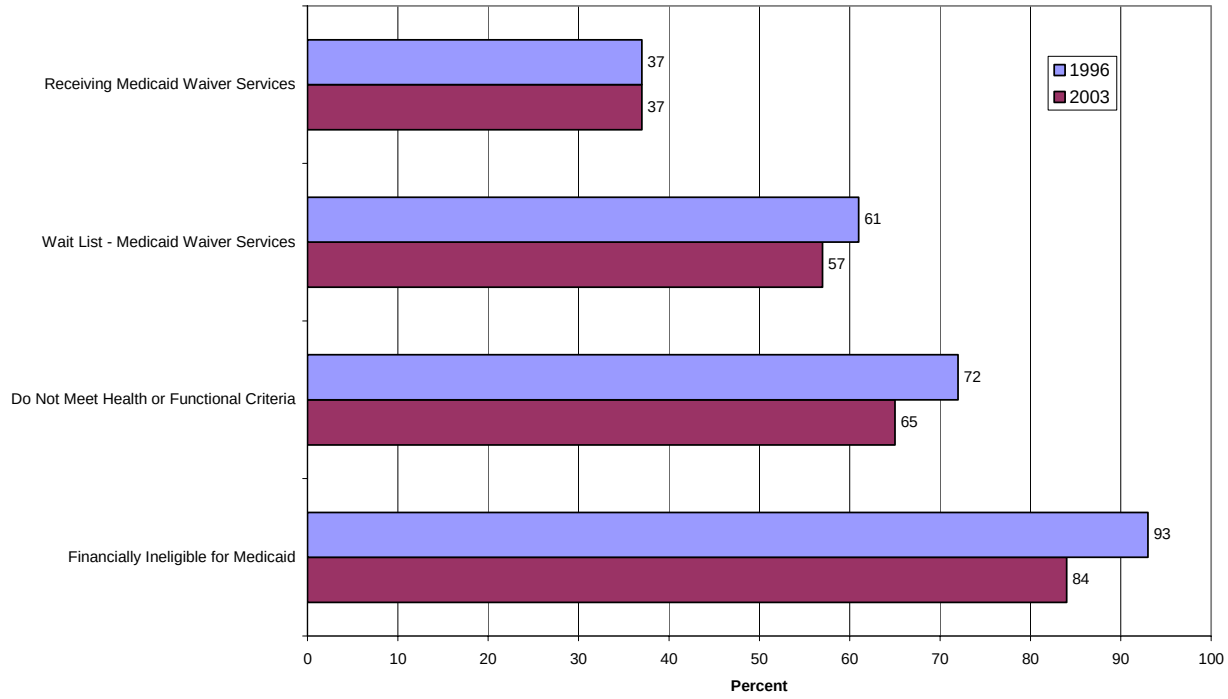
Relationship to Medicaid

Generally, state programs are designed to complement or supplement home and community-based long-term care services provided through the Medicaid program. The manner in which this occurs varies across states, however. Forty-three of the 51 multi-service programs (84 percent) provide services to people who are not eligible for Medicaid based on financial criteria, and 33 programs (65 percent) provide services to people who are ineligible for Medicaid home and community-based waiver services based on functional eligibility criteria. State programs also can fill service gaps while people wait for services for which they already have qualified. Twenty-nine (57 percent of the multi-service programs) serve people awaiting placement in the state's Medicaid home and community-based waiver program. A smaller number of programs provide services to people who also receive services from Medicaid home and community-based waiver programs. The relationship of the multi-service programs to the Medicaid program was similar in 1996 and 2003, but by 2003 it appears that the multi-service programs played a somewhat smaller role in filling gaps for people who do not qualify or are waiting for Medicaid services (see Table 6 and Figure 11).

Respondents also report that 22 of the programs (43 percent) are an important source of care for people awaiting placement in nursing homes.[3] In 1996, 57 percent of the multi-service programs served clients waiting for nursing home placements; by 2003, that proportion had decreased to 43 percent.

[3] Presumably these are individuals who do not qualify for Medicaid, since nursing home services are an entitlement under Medicaid for those who meet its eligibility criteria.

Figure 11. Proportion of multi-service programs providing services to clients who do and do not qualify for Medicaid, 1996 and 2003



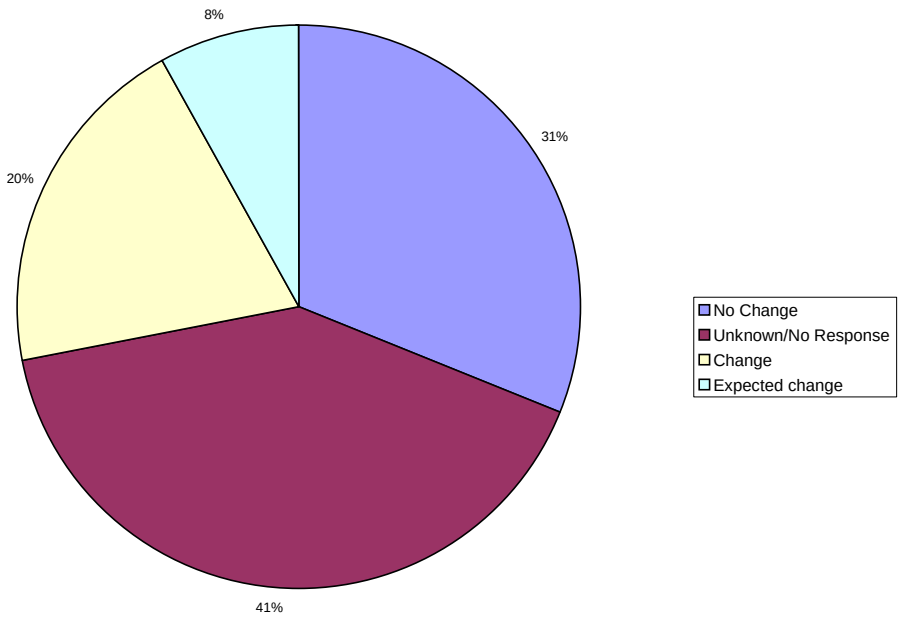
NOTE: Percentages from 1996 are estimates.

SOURCES: Kassner, E. & Williams, L. (1997), *Taking Care of Their Own: State-Funded Home and Community-Based Care Programs for Older Persons* , and data from the Center on an Aging Society *Survey of State-Funded Home and Community-Based Long-Term Care Programs for Older People* (2003).

The impact of changes in Medicaid funding

At the time of the 2003 survey, some states had severe budgetary problems and many others were anticipating shortfalls. When asked if changes or restrictions on Medicaid funding had an impact on the multi-service programs, respondents from 21 programs (41 percent) did not respond or indicated that they were unable to comment. Among those responding—30 programs—the proportion reporting no change was similar to the proportion that said they had seen changes or were anticipating a change in how their programs operate as a result of restrictions on funding for the Medicaid program (31 percent and 28 percent, respectively) (see Figure 12).

Figure 12. Proportion of respondents from state-funded multi-service programs experiencing or expected to experience changes as a result of restrictions on funding for the Medicaid program, 2003



SOURCE: Data from the Center on an Aging Society *Survey of State-Funded Home and Community-Based Long-Term Care Programs for Older People* (2003).

Respondents representing 16 state-funded multi-service programs said that changes or restrictions on Medicaid funding had not had an impact on their programs. An additional four programs noted that there might be an impact, but it had not yet occurred. Among the programs that had experienced or were expecting changes, 12 programs report that they have received more referrals and have either seen an increase in program participation or were anticipating an increase in the length of waiting lists for services. One respondent noted that funding might be shifted from the state-funded program to the Medicaid program, thus decreasing the size of the state-funded program (see Table 15).

Findings: Issues of particular concern to consumers in multi-service programs

The role of the case manager

Thirty-eight (75 percent) of the multi-service programs use case managers, also called care managers. Reports from respondents for 34 of the programs indicate that case managers' roles differ, however. They are most likely to be involved in making care plans and assuring that services are provided, and they are less likely to make eligibility determinations for the program, though many case managers do perform both functions (see Table 14 and Figure 13).

Figure 13. Number and proportion of programs in which case managers perform different functions, 2003

	Number of programs (out of 34)	Proportion of programs (percent)
Coordinates provision of services	33	97
Monitors appropriateness of services	32	94
Determines service needs	31	91
Arranges for care/providers	31	91
Formulates care plan	31	91
Approves changes in care plan	30	88
Determines functional eligibility for program	28	82
Specifies service limits	25	74
Determines that care plan is within certain financial guidelines	22	65
Determines financial eligibility for program	22	65

SOURCE: Data from the Center on an Aging Society *Survey of State-Funded Home and Community-Based Long-Term Care Programs for Older People* (2003).

Consumer direction

Some multi-service programs give consumers the option of directing their own care. The extent of that direction can vary, from assisting case managers in developing a care plan to taking responsibility for hiring, supervising, and, if necessary, firing service providers. Among the multi-service programs, 22 out of 51 (43 percent) give participants the option of directing their own care in some manner (see Table 15).

Measuring quality

Programs use a number of different methods to measure the quality of care participants receive. The most common method multi-service programs use is to conduct periodic client satisfaction surveys. Also, case managers commonly check with clients on the quality of the services they receive. Some state agencies examine program records to monitor the quality of care provided through programs. A few programs are beginning to develop and use outcome measures for quality.

Several responses to a question about measuring quality noted that they are developing new and better quality measures. The most common type of quality measurement is the use of periodic client satisfaction surveys. One-third of the states reported using client satisfaction surveys, and they generally conduct these surveys annually. Only one state—Hawaii—reports using a caregiver survey (see Table 15).

State agencies use a number of different methods to monitor programs. For example, staff conduct audits or case reviews of provider and case manager records. In addition, program staff visit sites to assess the quality of care. Also, many programs rely on case managers to check with clients on the quality of the services they receive. Periodic checks can occur as frequently as every month, to every three months or longer. Utah reports using peer review of documentation to assure quality, and, in addition to using other methods, New Jersey monitors complaints about providers.

A few programs, such as those in Georgia and Wisconsin, report that they are using and developing outcome measures for quality. Washington is the only state that mentioned the use of data reports for quality monitoring. The reports are generated and reviewed quarterly. Consultation with a Caregiver Advisory Council in Washington is also part of the process used to assure quality.

Conclusion

State-funded home and community-based long-term care programs continue to play an important role in the delivery of long-term care services. They provide opportunities for states to offer services to residents who might not qualify for Medicaid, the largest payer for long-term care services, and they provide more flexibility with regard to program design because states are not constrained by federal rules and regulations. Over the last several years, despite an increase in the demand for services, the long-term care system has generally experienced little growth. Programs have expanded in some states, but overall, the number of states reporting that they sponsor single-service long-term care programs decreased between 1996 and 2003, as did the number of such programs. Among multi-service programs, the type and amount of services offered changed, with a trend away from services that require intensive hands-on individual attention, such as home health aide and chore services, toward services such as home repair and modification, home delivered meals, transportation, and emergency response systems.

As states face budget shortfalls, there may be a financial incentive to move away from state-funded programs in favor of expanding Medicaid's role in the long-term care system since Medicaid provides a matching federal payment for the services it provides. Many states recognize, however, that while it is necessary to use all available strategies to stretch limited state resources, it is also important to retain programs that traditionally have provided services to a segment of the population that would not otherwise be eligible for care. Also, state-funded programs are valuable because they have been and continue to be a source of innovation in the delivery of long-term care services. They have served as an excellent source of information about services that are available to individuals in the community, and they have demonstrated how funding streams can be blended effectively.

Regardless of the financing method, states have begun to consider how programs can respond better to requests for more consumer direction, and are considering how case managers can function most effectively as programs evolve. They also recognize the need to develop effective methods to measure the quality of the services provided.

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Appendix 1

SURVEY OF STATE-FUNDED HOME AND COMMUNITY-BASED LONG-TERM CARE PROGRAMS FOR OLDER PEOPLE

AARP Public Policy Institute and Georgetown University, Center on an Aging Society

State:_____ Email address:_____

Name:_____ Phone number:_____

Title:_____ Fax number:_____

Please return the survey by March 14, 2003.
If you would prefer to complete this survey electronically, please go to
http://ihcrp.georgetown.edu/agingsociety/survey.html

The Center on an Aging Society, located at Georgetown University, is conducting a national survey under contract to AARP's Public Policy Institute to examine the various state-funded home and community-based care (HCBC) programs that provide long-term care services for older people. This survey asks about programs funded through a distinct state appropriation. Not included in the survey are federally funded programs, Medicaid state plan services or waiver programs, or programs for people with disabilities that do not serve older people.

Part I of the survey asks for basic information about two types of programs:

- Any single HCBC service
- Multi-service HCBC programs

All respondents should complete Part I.

Part II asks more detailed questions about state-funded multi-service HCBC programs. If your state has a state-funded multi-service HCBC program or programs, please complete Part II of the survey. If there is more than one multi-service HCBC program in your state, please provide a separate Part II response for each of the programs. (Several copies of Part II of the survey are attached).

Definitions of single-service and multi-service HCBC programs

State-funded *single-service* HCBC programs provide a single service to older people. Examples include homemaker services, home-delivered meals, attendant care, respite care, etc.

State-funded *multi-service* HCBC programs are those that:

- are state-funded, administered according to state rules, and operate statewide,
- primarily target older people with long-term care needs (programs serving other populations in addition to older people are included in the survey), and
- provide two or more services (not counting case management)

PART I. PROGRAM INFORMATION

1. Does your state have any single-service HCBC programs for older persons? ☐ Yes ☐ No
   If yes, please complete the following chart for FY 2002.

Name of Single-Service HCBC Program	Source of State Funding (e.g., state general revenue, dedicated taxes, lottery funds, tobacco funds, etc.)	FY 2002 State Appro-priation	Number of people enrolled in FY 2002	Who does the program serve? (people age 60 and older, 65 and older, elderly and physically disabled, etc.)	What is the income limit for a single individual to qualify for this program? ($ per month/year)	Does this program use asset limits when determining eligibility? If so, what is the limit?	Does this program charge premiums?	Are people in this program charged co-payments?

PART I. PROGRAM INFORMATION

2. Does your state have any multi-service HCBC programs for older persons? ☐ Yes ☐ No
   If yes, please complete the following chart for FY 2002.

Name of Multi-Service HCBC Program	Source of State Funding (e.g., state general revenue, dedicated taxes, lottery funds, tobacco funds, etc.)	FY 2002 State Appropriation	Number of people enrolled in FY 2002

3. Are there any locally-funded multi-service HCBC programs serving older persons in your state? ☐ Yes ☐ No

   If yes, please describe:

If there are any state-funded multi-service HCBC programs in your state, please complete Part II of the survey. (Please provide a separate Part II response for each, if there is more than one HCBC program).

If your state does not have any multi-service HCBC programs, you are finished with this survey.

Please return the survey to Emily Ihara.

Fax: 202-687-3110 **Phone: 202-687-0886** **Email: esi@georgetown.edu**
Georgetown University **2233 Wisconsin Avenue, NW Suite 525** **Washington, DC 20007**

PART II: DESCRIPTION OF MULTI-SERVICE HCBC PROGRAMS

Please complete a separate Part II response for *each* state-funded multi-service HCBC program in your state.

Name of program: _____

A. Characteristics of the Population Served

1. For this program, what population does it serve?
   - ☐ persons age 60 and older
   - ☐ persons age 65 and older
   - ☐ older persons and other adults with physical disabilities
   - ☐ other (please specify)_____

2. Does this program serve individuals who are: (check all that apply)
   - ☐ financially ineligible for Medicaid
   - ☐ ineligible for Medicaid waiver services based on health/functional criteria
   - ☐ awaiting placement in the state's Medicaid HCBS waiver program
   - ☐ receiving Medicaid home and community-based waiver services
   - ☐ awaiting placement for nursing home care
   - ☐ other (please specify) _____

3. Please provide any information you have about the characteristics of this program's participants:

   Average age _____

   Percent female _____

   Average annual income _____

   Percent married/widowed/divorced/single _____

   Percent living alone _____

   Other _____

B. Financial Eligibility Criteria

4. What is the income limit for a single individual to participate in this program? $ _____ per _____
   Dollar amount month/year

5. Is this amount tied to a common income standard (e.g., a percentage of SSI or a percentage of the poverty level)?
   ☐ Yes (please describe) ☐ No ☐ N/A

6. Does the program disregard certain types or amounts of income and/or deduct certain expenses when determining eligibility? ☐ Yes (please describe) ☐ No ☐ N/A

Name of program: _____

7. Does this program use asset limits when determining eligibility? ☐ Yes ☐ No ☐ N/A
   If yes, please specify the types of assets that are counted and the maximum amount of assets allowed:

8. Does the program disregard certain types or amounts of assets when determining eligibility?
   ☐ Yes (please describe) ☐ No ☐ N/A

9. Is eligibility based on individual or household income?
   ☐ Individual income ☐ Household/Married couple income ☐ N/A

C. Cost Containment Strategies

10. Does this program limit the amount or quantity of any covered service? ☐ Yes ☐ No

If yes, please describe the limit and how it is defined (for example, respite care is limited to $350 per month or homemaker services are limited to 20 hours per week.)

Service type/name	**Number/ Amount of limit**	**Type of limit (e.g., hours/visits/dollars)**	**Duration of limit (e.g., week/month/year)**

11. Does this program set an upper limit on the total cost of services provided to an individual (care plan cost cap)?
   ☐ Yes (please specify dollar amount): $ _____ per _____
   ☐ No Dollar amount month/year

   If yes, is this care plan cost cap tied to a related factor (i.e., a percentage of average nursing home costs)?
   ☐ Yes (please describe) _____
   ☐ No

12. Does this program charge premiums? ☐ Yes ☐ No
   If yes, please describe the methodology to determine the premium amount charged to an individual:

13. Are participants of this program charged co-payments? ☐ Yes ☐ No
   If yes, please describe the methodology to determine the amount of co-payment for an individual:

Name of program:_____

D. Services

14. What services are provided in this program? (Please check all that apply).
If your state provides the service but calls it a different name, please provide that name.

Common Name	Service Description	Check if service is provided in this program	Service name in your program (if different from common name)
Skilled nursing	Nursing services that are provided by a registered nurse (RN) or licensed practical or vocational nurse (LPN/LVN)		
Home health aide	Assistance with household chores, bathing, personal care, and other daily living needs		
Home health care	Assistance with a wide range of health-related services, such as assistance with medications, wound care, intravenous (IV) therapy		
Personal Care	Assistance with activities of daily living (ADLs) – eating, bathing, dressing, toileting, transferring, as well as with self-administration of medication and meal preparation		
Homemaker	Assistance with general household activities such as meal preparation, shopping, light housekeeping, money management, personal hygiene and grooming, and laundry		
Chore services	Assistance with heavy housekeeping and other tasks, such as snow removal, yard work, and routine repairs		
Respite care	Short-term, temporary assistance provided in the home during the absence of the primary caregiver or to relieve the caregiver; other caregiver support		
Case Management	Services which assist individuals in gaining access to needed medical, social, educational, and other social services		
Home-delivered Meals	Hot or frozen meals delivered to individual's home		
Transportation	Provides transportation to services, activities, and resources. May use bus, taxi, volunteer drivers, or vans services that can accommodate wheelchairs and persons with other special needs		
Adult Day Care	A daytime community-based program that provides a variety of health, social, and related support services in a protective setting		
Habilitation	Services designed to assist individuals with socialization and adaptive skills necessary to reside successfully in home and community-based settings		
Emergency Response Systems	An electronic device which enables individuals at high risk of institutionalization to secure help in an emergency		
Specialized Medical Equip. & Supplies	Equipment and supplies which enable individuals to increase their abilities to perform ADLs or to maneuver the environment in which they live		
Home Repair/ Modifications	Assistance with minor home repairs and modifications necessary to allow the individual to live in the home safely		
Assessment Services	May involve standardized assessment of functioning, ADLs, IADLs, and other criteria necessary to determine individual's ability to remain at home		
Other			
Other			

Name of program: _____

E. Other Program Information

15. What is the role of the case or care manager? (please check all that apply)

- ☐ Determines financial eligibility for the program
- ☐ Determines functional eligibility for the program
- ☐ Determines service needs
- ☐ Formulates care plan
- ☐ Specifies service limits
- ☐ Determines that care plan is within certain financial guidelines
- ☐ Arranges for care/providers
- ☐ Coordinates the provision of services
- ☐ Approves changes in the care plan
- ☐ Monitors appropriateness of services
- ☐ Other (please specify)_____

16. Is there an option for consumer direction in this program? ☐ Yes ☐ No

17. How is quality measured in this program?

18. Please describe the referral process between Medicaid and this program:

19. Have changes or restrictions on Medicaid funding had an impact on this program? If so, how?

Thank you very much for your assistance.
Please return this survey to Emily Ihara.

Fax: 202-687-3110 **Phone: 202-687-0886** **Email: esi@georgetown.edu**
Georgetown University **2233 Wisconsin Avenue, NW Suite 525** **Washington, DC 20007**

Appendix 2

State by State Charts

Table 1. State-Funded HCBC Programs for Older People

State	Single-Service HCBC Programs	FY 2002 State Appropriation	Multi-Service HCBC Programs	FY 2002 State Appropriation	Total
AL	None		None		
AK	Adult Day	$1,413,100	None		
	Care Coordination	$962,900			
	Respite	$491,600			$2,867,600
AZ	None		Non-Medical Home and Community Based Services	$9,982,800	
			Tobacco Tax Program	$500,000	$10,482,800
AR	None		State Aging Services	$4,686,551	
			Cigarette Tax	$3,000,000	$7,686,551
CA	Alzheimer's Day Care Resource Center Program	$4,200,000	IHSS Residual Program	$320,000,000	
			Linkages	$8,300,000	$332,500,000
CO	None		Older Coloradoans Fund	$2,000,000	
			State Funding for Senior Services	$740,000	$2,740,000
CT	Alzheimer's Respite Program	$1,120,200	CT Home Care Program for Elders: State Funded	$23,000,000	
	Day Care for Alzheimer's Victims	$183,397			$24,303,597
DE	Statewide Respite Services	$124,557	None		
	Emergency Response System	$49,288			
	Adult Day Care for Alzheimer's	$452,220			$626,065
D.C.	None		Senior Services Network	$14,727,000	$14,727,000
FL	None		Alzheimer's Disease Initiative	$12,155,902	
			Community Care for the Elderly	$42,364,370	
			Home Care for the Elderly	$9,529,461	$64,049,733
GA	None		Community-Based Services Program	$11,298,871	
			State Funded Alzheimer's Program	$2,873,690	
			Income Tax Check-off Fund	$114,307	$14,286,868
HI	None		Kupuna Care	$4,854,305	$4,854,305
ID	None		Idaho Seniors Services Act	$864,020	$864,020
IL	Home-Delivered Meals	$6,600,000	Community Care Program	$212,800,000	$219,400,000
IN	None		CHOICE (Community and Home Options to Institutional Care for Elderly and Disabled)	$46,000,000	$46,000,000
IA	None		Senior Living Program	$4,177,291	
			Elderly Service	$3,123,757	$7,301,048
KS	None		Senior Care Act	$7,865,402	$7,865,402
KY	Adult Day/Alzheimer's Respite Program	$2,773,800	Homecare	$15,301,500	$18,075,300
LA	Nutrition/Meals	$5,100,000	None		
	Transportation	$600,000			
	Homemaker	$500,000			$6,200,000

State	Single-Service HCBC Programs	FY 2002 State Appropriation	Multi-Service HCBC Programs	FY 2002 State Appropriation	Total
ME	Homemaker Services	$2,000,000	Home-Based Care Elders and Disabled Adults	$13,000,000	
	Adult Day Services	$400,000			
	Alzheimer's Respite	$876,000			$16,276,000
MA	None		Home Care Program	$150,000,000	$150,000,000
MI	Personal Care	$2,664,208	None		
	Homemaker	$3,305,245			
	Adult Day Care	$2,135,372			
	In-Home Respite	$3,277,041			
	Care Management	$7,869,229			$19,251,095
MN	Senior Nutrition	$2,740,000	Alternative Care	$65,000,000	
	Caregiver Support	$453,000			$68,193,000
MS	None		None		
MT	None		None		
NE	Respite - Life Span	$810,000	Disabled Persons and Family Support	$910,000	
	Care Management	$1,716,558			$3,436,558
NV	None		Community Home-Based Initiatives Program	$998,070	$998,070
NH	None		None		
NJ	Adult Day Services Program for Persons with Alzheimer's Disease or Related Disorders	$2,668,908	Jersey Assistance for Community Caregiving (JACC)	$10,000,000	
	Home Delivered Meals	$1,870,832	Congregate Housing Services Program	$3,093,000	
	Statewide Respite Care Program	$6,750,000			$24,382,740
NM	None		Multi-Service Group	$10,905,536	
			Indian Area Agency on Aging	$1,665,352	
			Navajo Area Agency on Aging	$1,006,642	$13,577,530
NY	Supplemental Nutrition Program	$17,209,000	Expanded In-Home Services for the Elderly Program	$25,500,030	$42,709,030
NC	None		Home and Community Care Block Grant	$23,449,112	$23,449,112
OH	None		Senior Community Services Block Grant	NR	
			Alzheimer's Respite	NR	NR
OK	Adult Day Care	$2,997,670	None		$2,997,670
OR	None		Oregon Project Independence	$5,106,951	$5,106,951
PA	Risk Reduction Through Assistive Technology Program	$1,000,000	Options Program	$206,617,706	
			Pennsylvania Family Caregiver Support Program	$11,173,999	$218,791,705
RI	Respite Care	$424,000	CoPay Program	$3,029,000	$3,453,000
SC	None		Alternative Care for the Elderly	$755,389	$755,389
SD	None		Long-Term Care Alternatives Program (LTCAP)	$2,807,363	$2,807,363
TN	None		None		
TX	None		Multi-Service Group	$5,306,470	$5,306,470

State	Single-Service HCBC Programs	FY 2002 State Appropriation	Multi-Service HCBC Programs	FY 2002 State Appropriation	Total
UT	None		Home and Community-Based Alternatives Program	$3,644,828	$3,644,828
VT	Attendant Services Program	$201,368	Housing and Support Services (HASS)	$750,110	
	Homemaker Program	$3,448,203			
	Adult Day Services	$1,038,786			$5,438,467
VA	Home-Delivered Meals	$3,406,545	Community-Based Services Program	$6,283,166	
	Transportation	$910,099			$10,599,810
WA	Respite Care Services	$2,719,119	Family Caregiver Support Program	$622,810	$3,341,929
WV	Community Care Program	$700,000	None		$700,000
WI	Elderly Nutrition	NR	Community Options Program	NR	
WY	None		Community-Based In-Home Services	$1,901,155	$1,901,155
TOTAL	41	$98,162,245	51	$1,313,785,916	$1,411,948,161

Notes: NR = no response.

Table 2. Single-Service HCBC Programs: Funding and Enrollment

State	Name of Single-Service HCBC Program	Source of State Funding	FY 2002 State Appropriation	Number of people enrolled in FY 2002	Who does the program serve?	Per enrollee funding
AL	None					
AK	Adult Day	General Revenue	$1,413,100	482	60+, individuals with disabilities, and individuals with Alzheimer's disease or related disorders	$2,932
	Care Coordination	General Revenue	$962,900	1,157	60+, individuals with disabilities, and individuals with Alzheimer's disease or related disorders	$832
	Respite	General Revenue	$491,600	215	60+, individuals with disabilities, and individuals with Alzheimer's disease or related disorders	$2,287
AZ	None					
AR	None					
CA	Alzheimer's Day Care Resource Center Program	General Revenue	$4,200,000	2,945	Individuals diagnosed with Alzheimer's disease or dementia	$1,426
CO	None					
CT	Alzheimer's Respite Program	General Revenue	$1,120,200	491	Individuals with Alzheimer's or related disorders	$2,281
	Day Care for Alzheimer's victims	General Revenue	$183,397	100	60+	$1,834
DE	Statewide Respite Services	General Revenue	$124,557	67	60+, individuals with physical disabilities	$1,859
	Emergency Response System	General Revenue	$49,288	120	60+, individuals with physical disabilities	$411
	Adult Day Care for Alzheimer's	General Revenue	$452,220	37	Individuals with Alzheimer's or related dementias	$12,222
D.C.	None					
FL	None					
GA	None					
HI	None					
ID	None					
IL	Home-Delivered Meals	General Revenue	$6,600,000	21,539	60+, frail, homebound, disabled, isolated	$306
IN	None					
IA	None					
KS	None					
KY	Adult Day/Alzheimer's Respite Program	General Revenue	$2,773,800	NR	60+, individuals with physical disabilities, frail due to medical conditions or age; social or emotional needs; or any age with probable diagnosis of Alzheimer's	
LA	Nutrition/Meals	General Revenue	$5,100,000	NR	60+	
	Transportation	General Revenue	$600,000	NR	60+	
	Homemaker	General Revenue	$500,000	NR	60+	

State	Name of Single-Service HCBC Program	Source of State Funding	FY 2002 State Appropriation	Number of people enrolled in FY 2002	Who does the program serve?	Per enrollee funding
ME	Homemaker Services	General Revenue	$2,000,000	1,764	60+	$1,134
	Adult Day Services	General Revenue	$400,000	155	60+	$2,581
	Alzheimer's Respite	General Revenue	$876,000	472	60+	$1,856
MA	None					
MI	Personal Care	General Revenue	$2,664,208	2,967	60+	$898
	Homemaker	General Revenue	$3,305,245	6,275	60+	$527
	Adult Day Care	Revenue from unclaimed property; tobacco settlement	$2,135,372	128	60+, Adults with disabilities	$16,683
	In-Home Respite	Revenue from unclaimed property; tobacco settlement	$3,277,041	846	60+, Adults with disabilities	$3,874
	Care Management	General Revenue	$7,869,229	12,509	60+	$629
MN	Senior Nutrition	General Revenue	$2,740,000	88,000	60+	$31
	Caregiver Support	General Revenue	$453,000	7,000	60+	$65
MS	None					
MT	None					
NE	Respite - Life Span	Tobacco funds	$810,000	415	Individuals who have an in-home caregiver needing respite	$1,952
	Care Management	General Revenue	$1,716,558	8,975	60+ with service needs	$191
NV	None					
NH	None					
NJ	Adult Day Services Program for Persons with Alzheimer's Disease or Related Disorders	Casino Revenue Fund and General Revenue	$2,668,908	884	Individuals with Alzheimer's or related disorders	$3,019
	Home-Delivered Meals	Casino Revenue Fund and General Revenue	$1,870,832	8,094	60+, minorities, individuals who are impoverished, frail, and/or vulnerable	$231
	Statewide Respite Care Program	Casino Revenue Fund and General Revenue	$6,750,000	3,060	Unpaid caregivers for people 18+ with chronic physical or mental disabilities	$2,206
NM	None					
NY	Supplemental Nutrition Program	General Revenue	$17,209,000	30,944	60+	$556
NC	None					
OH	None					
OK	Adult Day Care	General Revenue	$2,997,670	851	60+, Individuals with physical disabilities	$3,523
OR	None					

State	Name of Single-Service HCBC Program	Source of State Funding	FY 2002 State Appropriation	Number of people enrolled in FY 2002	Who does the program serve?	Per enrollee funding
PA	Risk Reduction Through Assistive Technology Program	Tobacco funds	$1,000,000	345	60+	$2,899
RI	Respite Care	General Revenue	$424,000	1,500	60+, Individuals with Alzheimer's or related disorders	$283
SC	None					
SD	None					
TN	None					
TX	None					
UT	None					
VT	Attendant Services Program	General Revenue	$201,368	845	60+/disabled	$238
	Homemaker Program	General Revenue	$3,448,203	324	60+/disabled	$10,643
	Adult Day Services	General Revenue	$1,038,786	978	60+/disabled	$1,062
VA	Home-Delivered Meals	General Revenue	$3,406,545	NR	60+	
	Transportation	General Revenue	$910,099	NR	60+	
WA	Respite Care Services	General Revenue	$2,719,119	1,951	Unfunded primary caregivers who provide care to adults 18+	$1,394
WV	Community Care Program	State Lottery	$700,000	491	18+ with the majority of the clients age 60+	$1,426
WI	Elderly Nutrition	General Revenue	NR	NR	60+	
WY	None					
TOTAL			$98,162,245			

Note: NR = no response.

Table 3. Single-Service HCBC Programs: Income and Asset Limits, Premiums, and Co-Payments

State	Name of Single-Service HCBC Program	What is the income limit for a single individual to qualify for this program?	What are the asset/resource limits used to determine eligibility?	Does this program charge premiums?	Are people in this program charged co-payments?
AL	None				
AK	Adult Day	None	None	No	Yes, sliding fee scale
	Care Coordination	None	None	No	Yes, sliding fee scale
	Respite	None	None	No	Yes, sliding fee scale
AZ	None				
AR	None				
CA	Alzheimer's Day Care Resource Center Program	None	None	No	No
CO	None				
CT	Alzheimer's Respite Program	$2,500/mo	$80,000/individual	No	Yes, 20% of cost of service
	Day Care for Alzheimer's victims	None	None	No	No
DE	Statewide Respite Services	None	None	No	Yes, sliding fee scale
	Emergency Response System	None	None	No	No
	Adult Day Care for Alzheimer's	None	None	No	No
D.C.	None				
FL	None				
GA	None				
HI	None				
ID	None				
IL	Home-Delivered Meals	None	None	No	No
IN	None				
IA	None				
KS	None				
KY	Adult Day/Alzheimer's Respite Program	None	None	No	Yes, sliding fee scale
LA	Nutrition/Meals	None	None	No	No
	Transportation	None	None	No	No
	Homemaker	None	None	No	No
ME	Homemaker Services	None	$50,000/individual $75,000/couple	No	Yes, 20% of cost of service
	Adult Day Services	None	$50,000/individual $75,000/couple	No	Yes, 20% of cost of service
	Alzheimer's Respite	None	$50,000/individual $75,000/couple	No	Yes, 20% of cost of service

State	Name of Single-Service HCBC Program	What is the income limit for a single individual to qualify for this program?	What are the asset/resource limits used to determine eligibility?	Does this program charge premiums?	Are people in this program charged co-payments?
MA	None				
MI	Personal Care	None	None	No	No
	Homemaker	None	None	No	No
	Adult Day Care	None	None	No	Yes
	In-Home Respite	None	None	No	Yes
	Care Management	None	None	No	No
MN	Senior Nutrition	None	None	No	No
	Caregiver Support	None	None	No	No
MS	None				
MT	None				
NE	Respite - Life Span	$2,304/mo	$38,000/individual $50,000/couple	No	No
	Care Management	None	None	No	Yes, sliding fee scale
NV	None				
NH	None				
NJ	Adult Day Services Program for Persons with Alzheimer's Disease or Related Disorders	$3,270/mo	$40,000/individual $60,000/couple	No	Yes, sliding fee scale
	Home-Delivered Meals	None	None	No	No
	Statewide Respite Care Program	$1,635/mo	$40,000/individual $60,000/couple	No	Yes, sliding fee scale
NM	None				
NY	Supplemental Nutrition Program	None	None	No	No
NC	None				
OH	None				
OK	Adult Day Care	$739/mo	None	No	No
OR	None				
PA	Risk Reduction Through Assistive Technology Program	$923/mo	None	No	No
RI	Respite Care	None	None	No	Yes, sliding fee scale
SC	None				
SD	None				
TN	None				

State	Name of Single-Service HCBC Program	What is the income limit for a single individual to qualify for this program?	What are the asset/resource limits used to determine eligibility?	Does this program charge premiums?	Are people in this program charged co-payments?
TX	None				
UT	None				
VT	Attendant Services Program	None	None	No	No
	Homemaker Program	None	None	No	Yes, sliding fee scale
	Adult Day Services	Varies *	Varies *	No	Yes, sliding fee scale
VA	Home-Delivered Meals	None	None	No	Yes, sliding fee scale
	Transportation	None	None	No	Yes, sliding fee scale
WA	Respite Care Services	None	None	No	Yes, sliding fee scale
WV	Community Care Program	None	None	No	Yes, sliding fee scale
WI	Elderly Nutrition	None	None	No	No
WY	None				

Notes: NR = no response.

* VT: Each adult day center defines its own income and asset limits and sliding fee scale; there is no standard statewide scale.

Table 4. Multi-Service HCBC Programs: Funding and Enrollment

State	Name of Multi-Service HCBC Program	Source of State Funding	FY 2002 State Appropriation	Number of people enrolled in FY 2002	Per enrollee funding
AL	None				
AK	None				
AZ	Non-Medical Home and Community-Based Services	General Revenue	$9,982,800	16,448 *	
	Tobacco Tax Program	Tobacco Tax	$500,000	798	$627
AR	State Aging Services	General Revenue	$4,686,551	NR	
	Cigarette Tax	Tobacco Tax	$3,000,000	NR	
CA	IHSS Residual Program	General Revenue	$320,000,000	70,000	$4,571
	Linkages	General Revenue	$8,300,000	5,517	$1,504
CO	Older Coloradoans Fund	General Revenue	$2,000,000	NR	
	State Funding for Senior Services	General Revenue	$740,000	NR	
CT	CT Home Care Program for Elders: State-Funded	General Revenue	$23,000,000	3,439	$6,888
DE	None				
D.C.	Senior Services Network	General Revenue	$14,727,000	25,000 *	
FL	Alzheimer's Disease Initiative	General Revenue	$12,155,902	8,880	$1,369
	Community Care for the Elderly	General Revenue	$42,364,370	35,720	$1,186
	Home Care for the Elderly	General Revenue	$9,529,461	7,278	$1,309
GA	Community-Based Services Program	General Revenue	$11,298,871	13,788	$819
	State-Funded Alzheimer's Program	General Revenue	$2,873,690	732	$3,926
	Income Tax Check-off Fund	Dedicated Income Taxes	$114,307	673	$170
HI	Kupuna Care	General Revenue	$4,854,305	6,648	$730
ID	Idaho Senior Services Act	General Revenue	$864,020	2,555	$338
IL	Community Care Program	General Revenue	$212,800,000 **	39,354 *	$5,407
IN	CHOICE (Community and Home Options to Institutional Care for Elderly and Disabled)	General Revenue	$46,000,000	11,000	$4,182
IA	Senior Living Program	Trust Fund	$4,177,291	9,548	$438
	Elderly Service	General Revenue	$3,123,757	10,407	$300
KS	Senior Care Act	General Revenue	$7,865,402	4,248	$1,852
KY	Homecare	General Revenue	$15,301,500	NR	
LA	None				
ME	Home-Based Care for Elders and Disabled Adults	General Revenue	$13,000,000	3,873	$3,357
MA	Home Care Program	General Revenue	$150,000,000	39,000	$3,846
MI	None				
MN	Alternative Care	General Revenue	$65,000,000	12,193	$5,331

State	Name of Multi-Service HCBC Program	Source of State Funding	FY 2002 State Appropriation	Number of people enrolled in FY 2002	Per enrollee funding
MS	None				
MT	None				
NE	Disabled Persons and Family Support	General Revenue	$910,000	550	$1,655
NV	Community Home-Based Initiatives Program	General Revenue	$998,070	241	$4,141
NH	None				$5,339
NJ	Jersey Assistance for Community Caregiving (JACC)	General Revenue	$10,000,000	1,873	$1,033
	Congregate Housing Services Program	Casino Revenue Fund and General Revenue	$3,093,000	2,994	$94
NM	Multi-Service Group	General Revenue	$10,905,536	115,675	$427
	Indian Area Agency on Aging	General Revenue	$1,665,352	3,900	$234
	Navajo Area Agency on Aging	General Revenue	$1,006,642	4,300	$738
NY	Expanded In-Home Services for the Elderly Program	General Revenue	$25,500,030	34,545	$322
NC	Home and Community Care Block Grant	General Revenue	$23,449,112	72,907	
OH	Senior Community Services Block Grant	General Revenue	NR	NR	
	Alzheimer's Respite	General Revenue	NR	NR	
OK	None				
OR	Oregon Project Independence	General Revenue	$5,106,951	4,400	$1,161
PA	Options Program	State Lottery	$206,617,706	229,506	$900
	Pennsylvania Family Caregiver Support Program	General Revenue	$11,173,999	8,020	$1,393
RI	CoPay Program	General Revenue	$3,029,000	1,800	$1,683
SC	Alternative Care for the Elderly	General Revenue, Dedicated Taxes from Bingo	$755,389	484	$1,561
SD	Long-Term Care Alternatives Program (LTCAP)	General Revenue	$2,807,363	1,308	$2,146
TN	None				
TX	Multi-Service Group	General Revenue	$5,306,470	176,625 *	
UT	Home and Community-Based Alternatives Program	General Revenue	$3,644,828	1,865	$1,954
VT	Housing and Support Services (HASS)	General Revenue	$750,110	771	$973
VA	Community-Based Services	General Revenue	$6,283,166	NR	
WA	Family Caregiver Support Program	General Revenue	$622,810	1,354	$460
WV	None				
WI	Community Options Program (COP Regular)	General Revenue	NR	2,254	
WY	Community-Based In-Home Services	General Revenue	$1,901,155	16,665	$114
TOTAL			$1,313,785,916		

Notes: NR = no response.

* Includes clients served by federal funds.

** Includes federal funds.

Table 5. Locally-Funded Multi-Service HCBC Programs

Are there any locally-funded multi-service HCBC programs serving older persons in your state?				
	Yes	**No**	**NR**	**If yes, please describe**
AL		x		
AK		x		
AZ		x		
AR	x			Some United Ways fund aging services. Some local governments fund aging services.
CA	x			The IHSS Residual Program is partly funded by county funds (35%) *
CO		x		
CT		x		
DE			x	
D.C.		x		
FL	x			The local services program provides additional funding to expand long-term care alternatives enabling elders to maintain an acceptable quality of life in their own homes and avoid or delay nursing home placement. This program is funded in four Planning and Service Areas (there are 11 Planning and Service Areas in the state). The Department administers the program through contracts with AAAs which subcontract with local providers for service delivery.
GA	x			Some of the larger urban counties provide significant funding to support a variety of social services for older residents, Senior Centers, meals, transportation, etc.
HI		x		
ID		x		
IL			x	
IN		x		
IA		x		
KS		x		
KY	x			A 3-county area has enacted an aging tax that is used to fund multiple services. Services are provided in accordance with eligibility criteria established for state-funded aging programs.
LA		x		
ME		x		
MA		x		
MI		x		
MN	x			Many with combinations of services, but a large percentage of them are: 1) faith-based (Faith in Action, Parish Nurse, Care Team Ministries) or 2) neighborhood/community-based (e.g., Living at Home/Block Nurse Programs).
MS		x		
MT		x		
NE		x		
NV		x		
NH		x		

Are there any locally-funded multi-service HCBC programs serving older persons in your state?				
	Yes	**No**	**NR**	**If yes, please describe**
NJ		x		
NM		x		
NY		x		
NC		x		
OH	x			56 of 88 counties have a local tax levy senior services programs. Each is designed locally. These tax levies generate roughly $80 million.
OK			x	
OR		x		
PA		x		
RI		x		
SC		x		
SD		x		
TN		x		
TX		x		
UT	x			The same program as the multi-service program described. Funding is a mix of local and state funds and fees collected from the clients served.
VT		x		
VA		x		
WA		x		
WV		x		
WI		x		
WY		x		
TOTAL	8	37	3	

Notes: NR = no response.

* California did not provide detailed responses to the survey. Information in this table was taken from reports/websites but not verified by state officials.

Table 6. Multi-Service HCBC Programs: Population Served

		What population does this program serve?				This program serves individuals who meet any of these criteria:				
State	Name of Multi-Service HCBC Program	60+	65+	Older persons & other adults with physical disabilities		Financially ineligible for Medicaid	Ineligible for Medicaid waiver services based on health/functional criteria	Awaiting placement in the state's Medicaid HCBS program	Receiving Medicaid HCBS services	Awaiting placement for nursing home care
AL	None									
AK	None									
AZ	Non-Medical Home and Community-Based Services	x		x		x	x			
	Tobacco Tax Program	x				x	x			
AR	State Aging Services	x				x	x	x		
	Cigarette Tax	x				x	x	x		
CA	IHSS Residual Program *			x		NR	NR	NR	NR	NR
	Linkages *			x		NR	NR	NR	NR	NR
CO	Older Coloradoans Fund	x				x	x	x	x	x
	State Funding for Senior Services	x				x	x	x	x	x
CT	CT Home Care Program for Elders: State-Funded		x			x	x			
DE	None									
D.C.	Senior Services Network	x				x	x	x		x
FL	Alzheimer's Disease Initiative					x	x	x	x	x
	Community Care for the Elderly	x				x	x	x	x	x
	Home Care for the Elderly	x				x	x	x	x	x
GA	Community-Based Services Program	x				x	x	x	x	x
	State-Funded Alzheimer's Program	x				x	x	x	x	x
	Income Tax Check-off Fund	x				x	x	x	x	x
HI	Kupuna Care	x				x	x	x		x
ID	Idaho Seniors Services Act	x				x	x	x		x
IL	Community Care Program	x				x			x	

		What population does this program serve?				This program serves individuals who meet any of these criteria:				
State	Name of Multi-Service HCBC Program	60+	65+	Older persons & other adults with physical disabilities		Financially ineligible for Medicaid	Ineligible for Medicaid waiver services based on health/functional criteria	Awaiting placement in the state's Medicaid HCBS program	Receiving Medicaid HCBS services	Awaiting placement for nursing home care
IN	CHOICE (Community and Home Options to Institutional Care for Elderly and Disabled)		x	x		x	x	x	x	
IA	Senior Living Program	x				x	x	x	x	
	Elderly Service	x				x	x	x	x	
KS	Senior Care Act	x				x	x	x		x
KY	Homecare	x				x	x	x	x	x
LA	None									
ME	Home Based Care for Elders and Disabled Adults	x		x		x	x			
MA	Home Care Program	x				x	x	x	x	x
MI	None									
MN	Alternative Care		x			x				x
MS	None									
MT	None									
NE	Disabled Persons and Family Support			x		x	x	x	x	
NV	Community Home-Based Initiatives Program		x			x				
NH	None									
NJ	Jersey Assistance for Community Caregiving (JACC)	x				x				
	Congregate Housing Services Program					NR	NR	NR	NR	NR
NM	Multi-Service Group	x				x	x	x	x	x
	Indian Area Agency on Aging	x				NR	NR	NR	NR	NR
	Navajo Area Agency on Aging	x				NR	NR	NR	NR	NR
NY	Expanded In-Home Services for the Elderly Program	x				x				

		What population does this program serve?				This program serves individuals who meet any of these criteria:				
State	Name of Multi-Service HCBC Program	60+	65+	Older persons & other adults with physical disabilities		Financially ineligible for Medicaid	Ineligible for Medicaid waiver services based on health/functional criteria	Awaiting placement in the state's Medicaid HCBS program	Receiving Medicaid HCBS services	Awaiting placement for nursing home care
NC	Home and Community Care Block Grant	x				x	x	x		x
OH	Senior Community Services Block Grant	x				NR	NR	NR	NR	NR
	Alzheimer's Respite					x			x	x
OK	None									
OR	Oregon Project Independence	x				x	x			
PA	Options Program	x				x	x			
	Pennsylvania Family Caregiver Support Program	x				x	x			
RI	CoPay Program		x			x		x		
SC	Alternative Care for the Elderly	x				x		x	x	x
SD	Long-Term Care Alternatives Program (LTCAP)			x						
TN	None									
TX	Multi-Service Group	x				x	x	x		x
UT	Home and Community-Based Alternatives Program	x		x		x		x		
VT	Housing and Support Services (HASS)	x		x		x	x	x	x	x
VA	Community Based Services	x				NR	NR	NR	NR	NR
WA	Family Caregiver Support Program			x		x	x	x		
WV	None									
WI	Community Options Program (COP Regular)			x		x				
WY	Community-Based In-Home Services	x		x		x	x	x		x
TOTAL		37	5	12		43	33	29	19	22

Notes: NR = no response.

* California did not provide detailed responses to the survey. Information in this table was taken from reports/websites but not verified by state officials.

Table 7. Multi-Service HCBC Programs: Characteristics of Program Participants

State	Name of Multi-Service HCBC Program	Average age	Percent female	Average monthly income	Percent married/ widowed/ divorced/single	Percent living alone	Other
AL	None						
AK	None						
AZ	Non-Medical Home and Community-Based Services	85+: 24%	68%	Unknown	M - 30% W - 43% D - 17% NM - 7%	52%	
	Tobacco Tax Program	Unknown	Unknown	Unknown	Unknown	Unknown	
AR	State Aging Services	80	81%	60%: < $738/mo	M - 17% W - 66% NM - 7% Other - 9%	Unknown	75% education level of less than 9th grade
	Cigarette Tax	80	81%	60%: < $738/mo	M - 17 W - 66% NM - 7% Other - 9%	Unknown	75% education level of less than 9th grade
CA	IHSS Residual Program *		66% *				57% ethnic minorities *
	Linkages	Unknown	Unknown	Unknown	Unknown	Unknown	
CO	Older Coloradoans Fund	Unknown	Unknown	Unknown	Unknown	Unknown	
	State Funding for Senior Services	Unknown	Unknown	Unknown	Unknown	Unknown	
CT	CT Home Care Program for Elders: State-Funded	82	76%	Unknown	M - 17.6% W - 59.2% D - 11.6% S - 2.5% NM - 9.1%	57%	White - 73.7% Black - 14.1% Hispanic - 9% AI/AN 0.1% A/PI - 0.6%
DE	None						
D.C.	Senior Services Network	Unknown	Unknown	Unknown	Unknown	Unknown	
FL	Alzheimer's Disease Initiative	82	60%	$1,130/mo	M - 53% W - 38% D - 3.8% S - 2.8%	3%	14% African American

State	Name of Multi-Service HCBC Program	Average age	Percent female	Average monthly income	Percent married/ widowed/ divorced/ single	Percent living alone	Other
FL	Community Care for the Elderly	81	72%	$963/mo	M - 26% W - 56% D - 11% S - 6%	47%	17% African American
	Home Care for the Elderly	82	69%	$696/mo	M - 34% W - 52% D - 6% S - 7%	2%	26% African American
GA	Community-Based Services Program	61-70 : 16% 71-80: 34% 81-90: 37% 91-100: 11%	72%	10%: < $738/mo	M - 27% D/S - 11% W - 54% NM - 4%	50%	40% minority
	State-Funded Alzheimer's Program	71-80: 35% 81-90: 41% 91-100: 11%	68%	32%: < $738/mo	M - 42% W - 44% D - 8% NM - 3%	9%	39% minority
	Income Tax Check-off Fund	61-70 : 35% 71-80: 23% 81-90: 29% 91-100:13%	71%	52%: < $738/mo	M - 19% D/S - 22% W - 48% NM - 10%	55%	26% minority
HI	Kupuna Care	Unknown	Unknown	Unknown	Unknown	Unknown	
ID	Idaho Seniors Services Act	Unknown	Unknown	Unknown	Unknown	Unknown	
IL	Community Care Program	75-79	75%	Unknown	61% widowed	58%	45% minority
IN	CHOICE (Community and Home Options to Institutional Care for Elderly and Disabled)	85+: 33%	Unknown	Unknown	Unknown	Unknown	
IA	Senior Living Program	78	66%	Unknown	Unknown	66%	
	Elderly Service	Unknown	Unknown	Unknown	Unknown	Unknown	
KS	Senior Care Act	81	Unknown	Unknown	Unknown	58%	
KY	Homecare	Unknown	Unknown	Unknown	Unknown	Unknown	
LA	None						

State	Name of Multi-Service HCBC Program	Average age	Percent female	Average monthly income	Percent married/ widowed/ divorced/single	Percent living alone	Other
ME	Home Based Care for Elders and Disabled Adults	77	59%	39%: < $738/mo 34%: $739-1,107/mo 13%: $1,108-1,476/mo 13%: >$1,477/mo	Unknown	6% live alone, without help; 18% live alone, with help	
MA	Home Care Program	81	79%	66%: $746-1,696/mo (single) and $1,000-2,400/mo (couple)	M - 18% W - 57% D - 9% S - 13%	67%	
MI	None						
MN	Alternative Care	Unknown	Unknown	Unknown	Unknown	Unknown	
MS	None						
MT	None						
NE	Disabled Persons and Family Support	Unknown	69%	Unknown	Unknown	51%	
NV	Community Home-Based Initiatives Program	80	78%	$1000/mo	13% married	38%	
NH	None						
NJ	Jersey Assistance for Community Caregiving (JACC)	80	69%	$956	M - 28.66% W - 54.98% D - 9.87% S - 6.05%	Unknown	
	Congregate Housing Services Program	Unknown	Unknown	Unknown	Unknown	Unknown	
NM	Multi-Service Group	Unknown	Unknown	Unknown	Unknown	Unknown	
	Indian Area Agency on Aging	Unknown	Unknown	Unknown	Unknown	Unknown	
	Navajo Area Agency on Aging	Unknown	Unknown	Unknown	Unknown	Unknown	
NY	Expanded In-Home Services for the Elderly Program	75+: 80%	Unknown	Unknown	Unknown	51%	Veterans - 51% Minority - 27%
NC	Home and Community Care Block Grant	Unknown	Unknown	Unknown	Unknown	Unknown	
OH	Senior Community Services Block Grant	75+: 60%	61%	Unknown	Unknown	49%	
	Alzheimer's Respite	Unknown	Unknown	Unknown	Unknown	0%	
OK	None						
OR	Oregon Project Independence	80-89: 50%	79%	59%: $750-2000/mo	Unknown	Unknown	
PA	Options Program	Unknown	Unknown	Unknown	Unknown	Unknown	
	Pennsylvania Family Caregiver Support Program	Unknown	Unknown	Unknown	Unknown	Unknown	

State	Name of Multi-Service HCBC Program	Average age	Percent female	Average monthly income	Percent married/ widowed/ divorced/single	Percent living alone	Other
RI	CoPay Program	85	80%	< $1410/mo	Unknown	52%	
SC	Alternative Care for the Elderly	80	72%	Unknown	Unknown	41%	
SD	Long-Term Care Alternatives Program (LTCAP)	75-79	65% estimate	Unknown	Unknown	85% estimate	
TN	None						
TX	Multi-Service Group	Unknown	Unknown	Unknown	Unknown	Unknown	
UT	Home and Community-Based Alternatives Program	< 60: 14% 60-74: 22% 74-84: 36% 85+: 28%	Unknown	Unknown	Unknown	Unknown	
VT	Housing and Support Services (HASS)	75	Unknown	$935/mo	Unknown	86%	
VA	Community-Based Services	Unknown	Unknown	Unknown	Unknown	Unknown	
WA	Family Caregiver Support Program	Unknown	Unknown	Unknown	Unknown	Unknown	
WV	None						
WI	Community Options Program (COP Regular)	Unknown	Unknown	Unknown	Unknown	Unknown	
WY	Community-Based In-Home Services	73.5	Unknown	Unknown	Unknown	Unknown	

Note: * California did not provide detailed responses to the survey. Information in this table was taken from reports/websites but not verified by state officials.

Table 8. Multi-Service HCBC Programs: Income Limits

State	Name of Multi-Service Program	What is the income limit for a single individual to qualify for this program?	Is the amount tied to a common income standard (e.g., a percentage of SSI or a percentage of the federal poverty level)?				Does the program disregard certain types or amounts of income and/or deduct certain expenses when determining eligibility?				Is eligibility based on individual or household income?		
			Yes	If yes, please describe	No	NA	Yes	If yes, please describe	No	NA	Ind income	Hshld Inc	NA
AL	None												
AK	None												
AZ	Non-Medical Home and Community-Based Services	None				x				x			x
	Tobacco Tax Program	$2,214/mo	x	300% of FPL			x	Housing, food, utilities, medical, insurance, transportation			x		
AR	State Aging Services	$1,090/mo	x	200% of SSI					x		x		
	Cigarette Tax	$1,090/mo	x	200% of SSI					x		x		
	Linkages *	None *				x				x			x
CO	Older Coloradoans Fund	None				x				x			x
	State Funding for Senior Services	None				x				x			x
CT	CT Home Care Program for Elders: State-Funded	None				x				x			x
DE	None												
D.C.	Senior Services Network	None				x				x			x
FL	Alzheimer's Disease Initiative	None				x				x			x
	Community Care for the Elderly	None				x				x			x
	Home Care for the Elderly	$1,635/mo	x	300% of SSI							x		
GA	Community-Based Services Program	None				x				x			x
	State-Funded Alzheimer's Program	None				x				x			x
	Income Tax Check-off Fund	None				x				x			x
HI	Kupuna Care	None				x				x			x
ID	Idaho Seniors Services Act	None				x				x			x

	Name of Multi-Service Program	What is the income limit for a single individual to qualify for this program?	Is the amount tied to a common income standard (e.g., a percentage of SSI or a percentage of the federal poverty level)?				Does the program disregard certain types or amounts of income and/or deduct certain expenses when determining eligibility?				Is eligibility based on individual or household income?		
State			Yes	If yes, please describe	No	NA	Yes	If yes, please describe	No	NA	Ind income	Hshld income	NA
IL	Community Care Program	None				x				x			x
IN	CHOICE (Community and Home Options to Institutional Care for Elderly and Disabled)	None				x				x			x
IA	Senior Living Program	$2,148/mo	x	Between 300% of SSI and 300% FPL					x		x		
	Elderly Service	None				x				x			x
KS	Senior Care Act	None				x				x			x
KY	Homecare	$1,388/mo	x	The scale is developed for the Homecare Program based on the federal poverty scale.			x	Extraordinary out-of-pocket expenses. These expenses include but are not limited to medical expenses.				x	
LA	None												
ME	Home-Based Care for Elders and Disabled Adults	None				x				x			x
MA	Home Care Program	$1,696/mo			x		x	Rental income is adjusted based on expenses (i.e., repairs), but very few people have rental income.				x	
MI	None												
MN	Alternative Care	Combined income and assets are at or below $22,819.	x	Income and assets would cover 6 months or less of nursing home costs, based on individual's level of need. (In MN, this is called their "case mix.")					x			x	
MS	None												
MT	None												

	Name of Multi-Service Program	What is the income limit for a single individual to qualify for this program?	Is the amount tied to a common income standard (e.g., a percentage of SSI or a percentage of the federal poverty level)?				Does the program disregard certain types or amounts of income and/or deduct certain expenses when determining eligibility?				Is eligibility based on individual or household income?		
State			Yes	If yes, please describe	No	NA	Yes	If yes, please describe	No	NA	Ind income	Hshld income	NA
NE	Disabled Persons and Family Support	$1,364/mo	x	185% of FPL			x	Disability and medical expenses				x	
NV	Community Home-Based Initiatives Program	None				x				x			x
NH	None												
NJ	Jersey Assistance for Community Caregiving (JACC)	$2,694/mo	x	365% of FPL			x	Supplemental medical insurance premiums; prescribed medical expenses not reimbursed by insurance; client employed - provider insurance: liability and Worker's Comp; standard deduction of $160/individual or $309/couple can be used instead of itemizing medical deductions.			x		
	Congregate Housing Services Program	$930/mo									x		
NM	Multi-Service Group	None				x				x			x
	Indian Area Agency on Aging	None				x				x			x
	Navajo Area Agency on Aging	None				x				x			x
NY	Expanded In-Home Services for the Elderly Program	None				x				x			x
NC	Home and Community Care Block Grant	None				x				x			x
OH	Senior Community Services Block Grant	None				x				x			x
	Alzheimer's Respite	None				x				x			x
OK	None												

	Name of Multi-Service Program	What is the income limit for a single individual to qualify for this program?	Is the amount tied to a common income standard (e.g., a percentage of SSI or a percentage of the federal poverty level)?				Does the program disregard certain types or amounts of income and/or deduct certain expenses when determining eligibility?				Is eligibility based on individual or household income?		
State			Yes	If yes, please describe	No	NA	Yes	If yes, please describe	No	NA	Ind income	Hshld income	NA
OR	Oregon Project Independence	None				x				x			x
PA	Options Program	None				x				x			x
	Pennsylvania Family Caregiver Support Program	None				x				x			x
RI	CoPay Program	$1,410/mo	x	Tied to state-funded pharmacy program for eligibility			x	Medical expense deductions			x		
SC	Alternative Care for the Elderly	None				x				x			x
SD	Long-Term Care Alternatives Program (LTCAP)	None				x				x			x
TN	None												
TX	Multi-Service Group	None				x				x			x
UT	Home and Community-Based Alternatives Program	$738/mo	x	100% of FPL			x	1. Deductions for medical bills and prescription drugs greater than 10% of monthly gross income 2. Child support, alimony, rent, or mortgage greater than 30% of monthly gross income 3. Unreimbursed costs for death or burial during the preceding 12-month period 4. Dollar amount of medical insurance premiums, including Medicare Part B				x	
VT	Housing and Support Services (HASS)	Varies **				x				x			x

	Name of Multi-Service Program	What is the income limit for a single individual to qualify for this program?	Is the amount tied to a common income standard (e.g., a percentage of SSI or a percentage of the federal poverty level)?				Does the program disregard certain types or amounts of income and/or deduct certain expenses when determining eligibility?				Is eligibility based on individual or household income?		
State			Yes	If yes, please describe	No	NA	Yes	If yes, please describe	No	NA	Ind income	Hshld income	NA
VA	Community-Based Services	None				x				x			x
WA	Family Caregiver Support Program	None				x				x			x
WV	None												
WI	Community Options Program (COP Regular) ***	$659/mo ***	x	NR			x	Payments received to purchase a service (e.g., day care, supportive home care, respite; income tax refund; rental assistance) ***			x		
WY	Community-Based In-Home Services	None				x				x			x

Notes: NA = not applicable.

NR = no response.

* California did not provide detailed responses to the survey. Information in this table was taken from reports/websites but not verified by state officials.

**** Vermont's HASS program is available to residents of participating affordable housing sites. Because of varying income limits on housing units in participating sites, income is varied and not limited to a specific amount.

*** Wisconsin did not provide detailed responses to the survey. Information in this table was taken from reports/websites but not verified by state officials.

Table 9. Multi-Service HCBC Programs: Asset Limits

State	Name of Multi-Service HCBC Program	Are asset limits used to determine eligibility? Yes	Asset Limits	No	NR	Does the program disregard certain types or amounts of assets when determining eligibility? Yes	If yes, please describe	No	N/A
AL	None								
AK	None								
AZ	Non-Medical Home and Community-Based Services			x					x
	Tobacco Tax Program			x					x
AR	State Aging Services			x					x
	Cigarette Tax			x					x
CA	IHSS Residual Program *	x	$2,000/individual $3,000/couple *			x	Home, car *		
	Linkages *			x					x
CO	Older Coloradoans Fund			x					x
	State Funding for Senior Services			x					x
CT	CT Home Care Program for Elders: State-Funded	x	$18,132/individual $27,198/couple			x	Home, car, prepaid burial accounts, life insurance with face value under $1,500.		
DE	None								
D.C.	Senior Services Network			x					x
FL	Alzheimer's Disease Initiative			x					x
	Community Care for the Elderly			x					x
	Home Care for the Elderly	x	$2,000/individual $5,000/couple			x	Homestead, vehicle, prepaid burial contract, burial funds up to $2,500, life insurance with face value under $2,500.		
GA	Community-Based Services Program			x					x
	State-Funded Alzheimer's Program			x					x
	Income Tax Check-off Fund			x					x
HI	Kupuna Care			x					x
ID	Idaho Seniors Services Act			x					x
IL	Community Care Program	x	$10,000/individual			x	Exempt assets = homestead property, clothing, personal effects, household furnishings, motor vehicle(s) except those used for recreation, other.		
IN	CHOICE (Community and Home Options to Institutional Care for Elderly and Disabled)			x					x
IA	Senior Living Program			x					x
	Elderly Service			x					x

		Are asset limits used to determine eligibility?					Does the program disregard certain types or amounts of assets when determining eligibility?			
State	Name of Multi-Service HCBC Program	Yes	Asset Limits	No	NR		Yes	If yes, please describe	No	N/A
KS	Senior Care Act			x						x
KY	Homecare			x						x
LA	None									
ME	Home-Based Care for Elders and Disabled Adults			x						x
MA	Home Care Program			x						x
MI	None									
MN	Alternative Care	x	Combined income and assets are at or below $22,819.				x	Spouse's home/car; funeral plan		
MS	None									
MT	None									
NE	Disabled Persons and Family Support			x						x
NV	Community Home-Based Initiatives Program			x						x
NH	None									
NJ	Jersey Assistance for Community Caregiving (JACC)	x	$40,000/individual $60,000/couple				x	Primary residence; one car		
	Congregate Housing Services Program				x					
NM	Multi-Service Group			x						x
	Indian Area Agency on Aging			x						x
	Navajo Area Agency on Aging			x						x
NY	Expanded In-Home Services for the Elderly Program			x						x
NC	Home and Community Care Block Grant			x						x
OH	Senior Community Services Block Grant			x						x
	Alzheimer's Respite			x						x
OK	None									
OR	Oregon Project Independence			x						x
PA	Options Program			x						x
	Pennsylvania Family Caregiver Support Program			x						x
RI	CoPay Program			x						x
SC	Alternative Care for the Elderly			x						x
SD	Long-Term Care Alternatives Program (LTCAP)	x	$40,000/individual $45,000/couple				x	Homestead property, personal effects, life insurance policies of $5,500 for an individual or $11,000 for a household, burial trust account up to $7,000 for each household member.		

		Are asset limits used to determine eligibility?					Does the program disregard certain types or amounts of assets when determining eligibility?			
State	Name of Multi-Service HCBC Program	Yes	Asset Limits	No	NR		Yes	If yes, please describe	No	N/A
TN	None									
TX	Multi-Service Group			x						x
UT	Home and Community-Based Alternatives Program	x	$6,000/individual $12,000/couple				x	home		
VT	Housing and Support Services (HASS)			x						x
VA	Community-Based Services			x						x
WA	Family Caregiver Support Program			x						x
WV	None									
WI	Community Options Program (COP Regular) **	x	6-month resource allowance is at or below $27,733 **				x	Medically related expenses, home, furnishings, one car, or burial trusts under $2,500 **		
WY	Community-Based In-Home Services			x						x
TOTAL		9		41	1					

Notes: NR = no response.

* California did not provide detailed responses to the survey. Information in this table was taken from reports/websites but not verified by state officials.

** Wisconsin did not provide detailed responses to the survey. Information in this table was taken from reports/websites but not verified by state officials.

Table 10. Multi-Service HCBC Programs: Service Limits

		Does this program limit the amount or quantity of any covered service?			If yes, please describe the limit and how it is defined.			
State	Name of Multi-Service HCBC Program	Yes	No	NR	Service type/name	Number/ amount of limit	Type of limit	Duration of limit
AL	None							
AK	None							
AZ	Non-Medical Home and Community-Based Services		x					
	Tobacco Tax Program	x			Adaptive aids or devices	$1,000	dollars	year
					Home repair and adaptation	$1,500	dollars	year/client or home
AR	State Aging Services	x			Varies by services, but respondent could not provide requested information.			
	Cigarette Tax	x			Varies by services, but respondent could not provide the requested information.			
CA	IHSS Residual Program	x			Total personal assistance (for individuals with severe disabilities, max is 283 hours/month) *	195	hours	month
					For the following individual services, each county sets its own limits, but these are the minimum California statewide limits: *			
					Laundry	1	hour	week
					Grocery shopping	1	hour	week
					Errands	0.5	hours	week
					Domestic chores	6	hours	month
					Personal care services, meal prep/clean up, and prescribed paramedical services varies depending on level of care *			
	Linkages			x				
CO	Older Coloradoans Fund		x					
	State Funding for Senior Services		x					
CT	CT Home Care Program for Elders: State-Funded		x					
DE	None							

		Does this program limit the amount or quantity of any covered service?			If yes, please describe the limit and how it is defined.			
State	Name of Multi-Service HCBC Program	Yes	No	NR	Service type/name	Number/ amount of limit	Type of limit	Duration of limit
D.C.	Senior Services Network	x			Homemaker	About 8 hours per week, but changes depending on the District's financial situation.		
FL	Alzheimer's Disease Initiative		x					
	Community Care for the Elderly		x					
	Home Care for the Elderly		x					
GA	Community-Based Services Program		x					
	State-Funded Alzheimer's Program		x					
	Income Tax Check-off Fund		x					
HI	Kupuna Care		x					
ID	Idaho Seniors Services Act		x					
IL	Community Care Program		x					
IN	CHOICE (Community and Home Options to Institutional Care for Elderly and Disabled)		x					
IA	Senior Living Program		x					
	Elderly Service		x					
KS	Senior Care Act		x					
KY	Homecare	x			Home repair	$500	dollars	year
LA	None							
ME	Home-Based Care for Elders and Disabled Adults		x					
MA	Home Care Program		x					
MI	None							
MN	Alternative Care		x					
MS	None							
MT	None							
NE	Disabled Persons and Family Support	x			Chore	$100	dollars	month
NV	Community Home-Based Initiatives Program	x			Personal Care + Homemaker Services	6	hours	week
					Adult Day Care	1	day	week
NH	None							
NJ	Jersey Assistance for Community Caregiving (JACC)		x					

		Does this program limit the amount or quantity of any covered service?			If yes, please describe the limit and how it is defined.			
State	Name of Multi-Service HCBC Program	Yes	No	NR	Service type/name	Number/ amount of limit	Type of limit	Duration of limit
NJ	Congregate Housing Services Program			x				
NM	Multi-Service Group		x					
	Indian Area Agency on Aging		x					
NM	Navajo Area Agency on Aging		x					
NY	Expanded In-Home Services for the Elderly Program		x					
NC	Home and Community Care Block Grant		x					
OH	Senior Community Services Block Grant		x					
	Alzheimer's Respite		x					
OK	None							
OR	Oregon Project Independence		x					
PA	Options Program		x					
	Pennsylvania Family Caregiver Support Program		x					
RI	CoPay Program	x			Home Care	20	hrs	week
					Adult Day Services	6	days	week
SC	Alternative Care for the Elderly		x					
SD	Long-Term Care Alternatives Program (LTCAP)	x			Lifeline (Emergency Response System)	$35	dollars	monthly rental
					Medication Management Device	$35	dollars	monthly rental
TN	None							
TX	Multi-Service Group	x			Respite	$300	dollars	quarter
UT	Home and Community-Based Alternatives Program		x					
VT	Housing and Support Services (HASS)		x					
VA	Community-Based Services			x				
WA	Family Caregiver Support Program	x			Respite Care	120-500	hours	year
					Supplemental Services	$500-1,000	dollars	year
WV	None							
WI	Community Options Program (COP Regular)		x					
WY	Community-Based In-Home Services	x			Home Modifications	$300	one time	
TOTAL		13	35	3				

Note: NR = no response.

* California did not provide detailed responses to the survey. Information in this table was taken from reports/websites but not verified by state officials.

Table 11. Multi-Service HCBC Programs: Cost Caps

		Does this program set an upper limit on the total cost of services provided to an individual (care plan cost cap)?				If yes, is this care plan cost cap tied to a related factor?			
State	Name of Multi-Service HCBC Program	Yes	If yes, specify dollar amount	No	NR	Yes	No	NA	If yes, please describe
AL	None								
AK	None								
AZ	Non-Medical Home and Community-Based Services			x				x	
	Tobacco Tax Program			x				x	
AR	State Aging Services			x				x	
	Cigarette Tax			x				x	
CA	IHSS Residual Program				x				
	Linkages				x				
CO	Older Coloradoans Fund				x				
	State Funding for Senior Services				x				
CT	CT Home Care Program for Elders: State-Funded	x	Category I: $1,016.98/mo Category II: $2,033.96/mo			x			Client is placed in category according to functional need: Category I (at risk, moderately frail) is 25% of nursing facility cost and Category II (immediate need, very frail) is 50% of nursing facility cost.
DE	None								
D.C.	Senior Services Network			x				x	
FL	Alzheimer's Disease Initiative			x				x	
	Community Care for the Elderly			x				x	
	Home Care for the Elderly			x				x	
GA	Community-Based Services Program			x				x	
	State-Funded Alzheimer's Program			x				x	
	Income Tax Check-off Fund			x				x	
HI	Kupuna Care	x	$1,000/mo				x		
ID	Idaho Seniors Services Act			x				x	
IL	Community Care Program	x	Varies by assessment score and primary service type.						
IN	CHOICE (Community and Home Options to Institutional Care for Elderly and Disabled)	x	$2,286/mo			x			CMS Skilled Nursing Facility Index

		Does this program set an upper limit on the total cost of services provided to an individual (care plan cost cap)?				If yes, is this care plan cost cap tied to a related factor?			
State	Name of Multi-Service HCBC Program	Yes	If yes, specify dollar amount	No	NR	Yes	No	NA	If yes, please describe
IA	Senior Living Program			x				x	
	Elderly Service			x				x	
KS	Senior Care Act	x	$1,445/mo				x		
KY	Homecare			x				x	
LA	None								
ME	Home-Based Care for Elders and Disabled Adults	x	Level I = $1,000/mo Level II = $1,250/mo Level III = $1,800/mo Level IV = $3,436/mo (Levels are based on functional need)			x			Level IV = 85% of average cost of nursing facility.
MA	Home Care Program			x				x	
MI	None								
MN	Alternative Care			x				x	
MS	None								
MT	None								
NE	Disabled Persons and Family Support	x	$300/mo				x		
NV	Community Home-Based Initiatives Program	x	$427/mo				x		
NH	None								
NJ	Jersey Assistance for Community Caregiving (JACC)	x	$600/mo			x			Originally based on the state's cost for another similar program that used federal/state matched funds.
	Congregate Housing Services Program				x				
NM	Multi-Service Group			x				x	
	Indian Area Agency on Aging			x				x	
	Navajo Area Agency on Aging			x				x	
NY	Expanded In-Home Services for the Elderly Program			x				x	
NC	Home and Community Care Block Grant			x				x	
OH	Senior Community Services Block Grant			x				x	
	Alzheimer's Respite			x				x	
OK	None								
OR	Oregon Project Independence			x				x	

		Does this program set an upper limit on the total cost of services provided to an individual (care plan cost cap)?				If yes, is this care plan cost cap tied to a related factor?			
State	Name of Multi-Service HCBC Program	Yes	If yes, specify dollar amount	No	NR	Yes	No	NA	If yes, please describe
PA	Options Program	x	$625/mo				x		
	Pennsylvania Family Caregiver Support Program	x	$200/mo				x		
RI	CoPay Program			x				x	
SC	Alternative Care for the Elderly			x				x	
SD	Long-Term Care Alternatives Program (LTCAP)	x	$850/mo			x			This limit is indirectly related to the amount the state would pay for a Medicaid resident in a nursing facility.
TN	None								
TX	Multi-Service Group			x				x	
UT	Home and Community-Based Alternatives Program	x	$750/mo				x		
VT	Housing and Support Services (HASS)			x				x	
VA	Community-Based Services				x				
WA	Family Caregiver Support Program			x				x	
WV	None								
WI	Community Options Program (COP Regular)			x				x	
WY	Community Based In-Home Services			x				x	
TOTAL		13		32	6				

Note: NR = no response.

Table 12. Multi-Service HCBC Programs: Premiums and Co-Payments

State	Name of Multi-Service HCBC Program	Does this program charge premiums?		Are participants of this program charged co-payments?			
		Yes	No	Yes	No	NR	If yes, please describe the methodology to determine the amount of co-payment for an individual.
AL	None						
AK	None						
AZ	Non-Medical Home and Community-Based Services		x		x		
	Tobacco Tax Program		x	x			Sliding fee scale
AR	State Aging Services		x		x		
	Cigarette Tax		x		x		
CA	IHSS Residual Program *		x	x			If total unearned and countable earned income exceeds income limit, the individual incurs the excess amount as a share of cost. *
	Linkages *		x			x	
CO	Older Coloradoans Fund		x		x		
	State Funding for Senior Services		x		x		
CT	CT Home Care Program for Elders: State-Funded		x		x		
DE	None						
D.C.	Senior Services Network		x		x		
FL	Alzheimer's Disease Initiative		x	x			Sliding fee scale. Clients with an income of $1.00 or more must make a co-payment unless they are determined exempt. Clients who are automatically exempt are Home Care for the Elderly clients, Medicaid Waiver clients, Adult Protective Service clients (exemption cannot exceed 30 days), and individuals and couples with less than $1.00 monthly income.
	Community Care for the Elderly		x	x			Sliding fee scale. Clients with an income of $1.00 or more must make a co-payment unless they are determined exempt. Clients who are automatically exempt are: Home Care for the Elderly clients, Medicaid Waiver clients, Adult Protective Service clients (exemption cannot exceed 30 days), and individuals and couples with less than $1.00 monthly income.
	Home Care for the Elderly		x		x		
GA	Community-Based Services Program		x	x			Sliding fee scale. Household size and annual income are used to determine the percentage of the unit cost for a service that is assessed as a fee or co-pay. Individuals with income at or below $922.50/mo (125% of FPL) do not pay a fee. Those with income above $2,214/mo (300% of FPL) pay 100% of the cost of service.

State	Name of Multi-Service HCBC Program	Does this program charge premiums?		Are participants of this program charged co-payments?			If yes, please describe the methodology to determine the amount of co-payment for an individual.
		Yes	No	Yes	No	NR	
GA	State-Funded Alzheimer's Program		x	x			Sliding fee scale. Household size and annual income are used to determine the percentage of the unit cost for a service that is assessed as a fee or co-pay. Individuals with income at or below $922.50/mo (125% of FPL) do not pay a fee. Those with income above $2,214/mo (300% of FPL) pay 100% of the cost of service.
	Income Tax Check-off Fund		x		x		
HI	Kupuna Care		x	x			Sliding fee scale for all services except case management and home-delivered meals. Individuals with incomes at or below $1,107/mo (150% of FPL) are not charged a fee. Those with incomes between $1,108-1,845/mo (150-250% of FPL) pay 1/3 of the service cost; those with incomes between $1,845-2,583/mo(250-350% of FPL) pay 2/3 of the service cost; those with incomes above $2,583/mo (350% of FPL) pay the full cost. Out-of-pocket health care expenses and emergency expense are deducted.
ID	Idaho Seniors Services Act		x	x			Sliding fee scale for homemaker and chore services for those with income above $738/mo (FPL)
IL	Community Care Program		x	x			Sliding fee scale
IN	CHOICE (Community and Home Options to Institutional Care for Elderly and Disabled)		x	x			Sliding fee scale. Individuals with income at or below $1107/mo (150% of FPL) pay nothing, and those with incomes at or above $2,584/mo (351% of FPL) pay full cost of services.
IA	Senior Living Program		x		x		
	Elderly Service		x		x		
KS	Senior Care Act		x	x			Sliding fee scale. The co-payment amount is based on a table where we relate the individual's income to liquid assets. The income amount is based on poverty guidelines plus a consistent value for each percentage increase. Customers are allowed to use adjusted gross income for farm income. All other incomes are gross.
KY	Homecare		x	x			80% of the cost for service
LA	None						
ME	Home-Based Care for Elders and Disabled Adults		x	x			3% of assets monthly ($15,000 asset disregard); 4% of monthly income
MA	Home Care Program		x	x			Monthly fee based on annual gross income only.
MI	None						
MN	Alternative Care		x	x			Sliding fee scale. Individuals with income above $1,292/mo (175% of FPL) pay 25% of cost of service (excluding case management).
MS	None						
MT	None						
NE	Disabled Persons and Family Support		x		x		

State	Name of Multi-Service HCBC Program	Does this program charge premiums?		Are participants of this program charged co-payments?			If yes, please describe the methodology to determine the amount of co-payment for an individual.
		Yes	No	Yes	No	NR	
NV	Community Home-Based Initiatives Program		x	x			Sliding fee scale. Individuals with income between $1,635 (300% of SSI) and $2,535 pay a co-payment. $1,635-$1,735 pays 10% of services costs; $1,736-$1,835: 20%; $1,836-$1,935: 30%; $1,935-$2,035: 40%; $2,036-$2,135: 50%; $2,136-$2,235: 60%; $2,236-$2,335: 70%; $2,335-$2,435: 80%; $2,436-$2,535: 90%; $2,536 and above: 100% of service costs. Medical care costs (i.e., premiums, prescription costs) are exempt.
NH	None						
NJ	Jersey Assistance for Community Caregiving (JACC)		x	x			Sliding fee scale. Co-pay amounts can be $0, $15, $30, $60, $90, or $120 based on monthly income (i.e., individuals with incomes below $981.99 or couples below $1,323.99 have no co-pay. Individuals with incomes of $2,400-$2,695 or couples with $3,234-$3,632 have a $120 co-pay).
	Congregate Housing Services Program		x	x			Sliding fee scale
NM	Multi-Service Group		x		x		
	Indian Area Agency on Aging		x		x		
	Navajo Area Agency on Aging		x		x		
NY	Expanded In-Home Services for the Elderly Program		x	x			Sliding fee scale. Cost sharing for individuals with incomes at or above $1,107/mo (150% of FPL) except for case management or items on-loan (e.g., microwave). A financial assessment is completed at least annually for each individual/couple, which includes sections on income (including interest/dividend from assets), housing costs, a Medicaid prescreen, a cost share calculation, and a client agreement. Generally, the assessment is based on the person's declaration: documentation is not required. The assessment is based on the income and housing expenses of the individual, or for a married couple, the couples' income and housing expenses. However, if only one member of the couple is a client, the spouse may declare some or all of his/her income unavailable for use of mutual needs.
NC	Home and Community Care Block Grant		x		x		
OH	Senior Community Services Block Grant		x	x			Sliding fee scale
	Alzheimer's Respite		x		x		
OK	None						

State	Name of Multi-Service HCBC Program	Does this program charge premiums?		Are participants of this program charged co-payments?			If yes, please describe the methodology to determine the amount of co-payment for an individual
		Yes	No	Yes	No	NR	
OR	Oregon Project Independence		x	x			Sliding fee scale. Fees start at the federal poverty level net monthly income ($738/mo) and increase by approximately $25 income increments up to 200% of the federal poverty level. Families with net monthly incomes over $1,476/mo (200% of FPL) pay the full hourly rate of services provided. Maximum monthly fees are not greater than 30% of net monthly income for a family of one, and 40% of net monthly income for families of two or more. All medical costs, including prescription drugs, which are the responsibility of the household, may be deducted from the client's gross household income.
PA	Options Program		x	x			Sliding fee scale. Individuals with incomes at or below $922.50/mo (125% of FPL) have no co-pay. Those with income at or above $2214/mo (300% of FPL) pay the full cost of service. Unreimbursed medical expenses are exempt.
	Pennsylvania Family Caregiver Support Program		x	x			Sliding fee scale. Individuals with incomes at or below $1,476/mo (200% of FPL) have no co-pay. Those with incomes at or above $2,804/mo (380% of FPL) pay the full cost of service.
RI	CoPay Program		x		x		
SC	Alternative Care for the Elderly		x	x			Sliding fee scale based on self-declared individual income and ability to pay
SD	Long-Term Care Alternatives Program (LTCAP)		x	x			Sliding fee scale. The cost share is between the incremental monthly income and the cost of a care plan. A $250 expenditure is allowed if the household is paying privately for additional services needed in the home and for medical deductions that exceed $35 in out-of-pocket expenses.
TN	None						
TX	Multi-Service Group		x		x		
UT	Home and Community-Based Alternatives Program		x	x			A fee is charged based on income and family size.
VT	Housing and Support Services (HASS)		x	x			Sliding fee scale or suggested donation amount - varies by site.
VA	Community-Based Services		x	x			Some local Area Agencies on Aging operate their home and community-based care services on a fee-for-service basis and charge people using a sliding fee scale.
WA	Family Caregiver Support Program		x		x		
WV	None						
WI	Community Options Program (COP Regular)		x	x			Sliding fee scale determined by a cost share formula
WY	Community-Based In-Home Services		x	x			Sliding fee scale
TOTAL		0	51	30	20	1	

Notes: NR = no response.

* California did not provide detailed responses to the survey. Information in this table was taken from reports/websites but not verified by state officials.

Table 13a. Multi-Service HCBC Programs: Services Provided

State	Name of Multi-Service HCBC Program	Skilled nursing	HH Aide	HH Care	Personal Care	Home-maker	Chore Services	Respite Care	Case Mgmt	Home-Delivered Meals	Trans-portation	Adult Day Care
AL	None											
AK	None											
AZ	Non-Medical Home and Community-Based Services	*	x	*	x	*	*	x	x	*		*
	Tobacco Tax Program							*	x		*	
AR	State Aging Services				x	x	x	x	x	x	x	x
	Cigarette Tax				x	x	x	x	x	x	x	x
CA	IHSS Residual Program **				x	x	x				x	
	Linkages **				*	*				x	x	x
CO	Older Coloradoans Fund		x		x	x	x	x		x	x	x
	State Funding for Senior Services		x		x	x	x	x		x	x	x
CT	CT Home Care Program for Elders: State-Funded	x	x		x	x	x	x	*	x	x	x
DE	None											
D.C.	Senior Services Network		*		*	x	*	x	x	x	x	x
FL	Alzheimer's Disease Initiative							x	x			*
	Community Care for the Elderly				x	x	x	x	x	x	x	x
	Home Care for the Elderly				x	x	x	x	x			
GA	Community-Based Services Program				x	x		x		x	x	x
	State Funded Alzheimer's Program							x				x
	Income Tax Check-off Fund									x	x	
HI	Kupuna Care		*		x	x	x		x	x	*	x
ID	Idaho Seniors Services Act					x	x	x	x	x	x	x
IL	Community Care Program					x			x		*	*
IN	CHOICE (Community and Home Options to Institutional Care for Elderly and Disabled)	x	x	x	*	x	x	x	x	x	x	*
IA	Senior Living Program	x	x	x	x	x	x	x	x	x	x	x
	Elderly Service	x	x	x	x	x	x	x	x	x	x	x

State	Name of Multi-Service HCBC Program	Skilled Nursing	HH Aide	HH Care	Personal Care	Home-maker	Chore Services	Respite Care	Case Mgmt	Home-Delivered Meals	Trans-portation	Adult Day Care
KS	Senior Care Act		*		*	x	x	x	x		x	x
KY	Homecare		x		x	x	x	x	x	x	*	
LA	None											
ME	Home-Based Care for Elders and Disabled Adults	x	x	x	x	x	x	x	x	x	x	x
MA	Home Care Program	x	x		x	x	x	x	x	x	x	x
MI	None											
MN	Alternative Care	x	x	x	x	x	x	x	x	x	x	x
MS	None											
MT	None											
NE	Disabled Persons and Family Support		x		x	x				x	x	x
NV	Community Home-Based Initiatives Program				x	x	x	x	x			x
NH	None											
NJ	Jersey Assistance for Community Caregiving (JACC)			*	*	x	x	x	x	x	x	*
	Congregate Housing Services Program		x		x	x						
NM	Multi-Service Group				x	x	x	x	x	x	x	x
	Indian Area Agency on Aging				x	*	x	x	x	x	x	x
	Navajo Area Agency on Aging					*		x		x	x	
NY	Expanded In-Home Services for the Elderly Program				*	*		*	x			*
NC	Home and Community Care Block Grant			*	*			*	*	x	x	*
OH	Senior Community Services Block Grant				x	x		x		x	x	x
	Alzheimer's Respite				*	*		x	x			x
OK	None											
OR	Oregon Project Independence			x	x	x	x	x	x	x	*	x
PA	Options Program	x	x	x	x	x	x	x	x	x	x	x
	Pennsylvania Family Caregiver Support Program							x	*			

State	Name of Multi-Service HCBC Program	Skilled Nursing	HH Aide	HH Care	Personal Care	Home-maker	Chore Services	Respite Care	Case Mgmt	Home-Delivered Meals	Trans-portation	Adult Day Care
RI	CoPay Program		*						x			*
SC	Alternative Care for the Elderly					x		x	x	x		
SD	Long-Term Care Alternatives Program (LTCAP)					x		x	x	x		x
TN	None											
TX	Multi-Service Group				*	x		x	*	x	x	
UT	Home and Community-Based Alternatives Program		x	x	x	x	x	x	x	x	x	x
VT	Housing and Support Services (HASS)	x			x	x	x		x		x	*
VA	Community-Based Services				x	x	x	x				x
WA	Family Caregiver Support Program					x		x			x	x
WV	None											
WI	Community Options Program (COP Regular)	x	x	x	x	x	x	x	x	x	x	x
WY	Community-Based In-Home Services				x	x	x	x	x			x
TOTAL		11	20	12	39	44	31	42	38	34	37	41

Notes: NR = no response.

State totals are in Table 13b.

* An asterisk instead of an x indicates that the program provides the service but uses a name other than the one we specified for the service.

** California did not provide detailed responses to the survey. Information in this table was taken from reports/websites but not verified by state officials.

Table 13b. Multi-Service Programs: Services Provided (continued)

State	Name of Multi-Service HCBC Program	Habili-tation	Emer Resp System	Spec Med Equip/ Supplies	Home Repair/ Mod	Assess-ment Services	Total Number of Services	Other (specify)	Other (specify)	Other (specify)
AL	None									
AK	None									
AZ	Non-Medical Home and Community-Based Services		x			*	12			
	Tobacco Tax Program				*	*	5			
AR	State Aging Services		x	x	x	x	12			
	Cigarette Tax		x	x	x	x	12			
CA	IHSS Residual Program **						4			
	Linkages **			x	x	x	8	Telephone reassurance		
CO	Older Coloradoans Fund			x	x		10	Ombudsman services		
	State Funding for Senior Services			x	x		10	Ombudsman services		
CT	CT Home Care Program for Elders: State-Funded		x	x	x	x	14			
DE	None									
D.C.	Senior Services Network			*	*	*	12	Bill paying/ representative payee program		
FL	Alzheimer's Disease Initiative			*			4	Memory disorder clinics	Caregiver training and support groups	
	Community Care for the Elderly		x	x	x		11			
	Home Care for the Elderly		x	x	x		8	Special cash subsidy		
GA	Community-Based Services Program					x	7			
	State Funded Alzheimer's Program					x	3			
	Income Tax Check-off Fund						2			
HI	Kupuna Care						8			

State	Name of Multi-Service HCBC Program	Habili-tation	Emer Resp System	Spec Med Equip/ Supplies	Home Repair/ Mod	Assess-ment Services	Total Number of Services	Other (specify)	Other (specify)	Other (specify)
ID	Idaho Seniors Services Act						7	Adult Protection		
IL	Community Care Program					x	5			
IN	CHOICE (Community and Home Options to Institutional Care for Elderly and Disabled)		x	x	x		14			
IA	Senior Living Program		x	x	x	x	15	Mental Health		
	Elderly Service		x	x	x	x	15	Mental Health		
KS	Senior Care Act		*	*	*	x	12	Material Assistance/Aid - aid in the form of products, goods, or food such as commodities direct distribution, surplus food, groceries or cleaning supplies, clothing, smoke detectors, carbon monoxide detectors, eyeglasses, security devices, etc.	Misc. - This is a one-time purchase or short-time service (duration of less than three months) that does not meet any other service definition.	
KY	Homecare				x	x	10			
LA	None									
ME	Home-Based Care for Elders and Disabled Adults		x		x	x	14			
MA	Home Care Program	x	x	x	x	x	15	Emergency shelter	Companion service	Medication dispensing service
MI	None									
MN	Alternative Care	x	x	x	x	*	16			
MS	None									
MT	None									
NE	Disabled Persons and Family Support			x	x		8	Medications		

State	Name of Multi-Service HCBC Program	Habili-tation	Emer Resp System	Spec Med Equip/ Supplies	Home Repair/ Mod	Assess-ment Services	Total Number of Services	Other (specify)	Other (specify)	Other (specify)
NV	Community Home-Based Initiatives Program		x				7	Medical nutrition therapy		
NH	None									
NJ	Jersey Assistance for Community Caregiving (JACC)		x	x	x		12	Caregiver recipient training: Instruction provided to client or caregiver in either a 1-to-1 or group situation to teach a variety of skills needed for independent living, e.g., use of specialized/adaptive equipment; completion of medically related procedures required to maintain the client in a community setting: ADLs, adjustment to mobility impairment, management of personal care needs, skills to deal with care providers and attendants.		
	Congregate Housing Services Program						3			
NM	Multi-Service Group				x	x	10	Home visiting/telephone reassurance		
	Indian Area Agency on Aging				x	x	10			
	Navajo Area Agency on Aging						4			

	Name of Multi-Service HCBC Program	Habili-tation	Emer Resp System	Spec Med Equip/ Supplies	Home Repair/ Mod	Assess-ment Services	Total Number of Services	Other (specify)	Other (specify)	Other (specify)
NY	Expanded In-Home Services for the Elderly Program		*	*	*	*	9	Ancillary - except for PERS, provides assistance with one-time expenses to address a unique need of an individual that, if it remains unaddressed, would jeopardize the ability of the individual to remain safely in his or her home.		
NC	Home and Community Care Block Grant				*		8			
OH	Senior Community Services Block Grant				x		7			
	Alzheimer's Respite						5	Alzheimer caregiver education	Support groups	
OK	None									
OR	Oregon Project Independence				x		10	Contract Registered Nurse - for assessment and nursing delegation		
PA	Options Program	x	x	x	x	x	16			
	Pennsylvania Family Caregiver Support Program		x	*	x	x	6			
RI	CoPay Program						3			
SC	Alternative Care for the Elderly						4			
SD	Long-Term Care Alternatives Program (LTCAP)		x	x		x	8			
TN	None									

State	Name of Multi-Service HCBC Program	Habili-tation	Emer Resp System	Spec Med Equip/ Supplies	Home Repair/ Mod	Assess-ment Services	Total Number of Services	Other (specify)	Other (specify)	Other (specify)
TX	Multi-Service Group		x		*		8			
UT	Home and Community-Based Alternatives Program		x	x	x	x	14			
VT	Housing and Support Services (HASS)			*		x	9	Foot care		
VA	Community-Based Services						5			
WA	Family Caregiver Support Program		x	x			6	Training	Support group	
WV	None									
WI	Community Options Program (COP Regular)	x	x	x	x	x	16			
WY	Community-Based In-Home Services		x	x	x	x	10			
TOTAL		4	24	27	32	27				

Notes: * An asterisk instead of an x indicates that the program provides the service but uses a name other than the one we specified for the service.

** California did not provide detailed responses to the survey. Information in this table was taken from reports/websites but not verified by state officials.

Table 14. Multi-Service HCBC Programs: Role of the Case Manager

State	Name of Multi-Service HCBC Program	Has case manage-ment	Determines financial eligibility for the program	Determines functional eligibility for the program	Determines service needs	Formulates care plan	Specifies service limits	that care plan is within certain financial guidelines	Arranges for care/ providers	Coordinates the provision of services	Approves changes in the care plan	Monitors appropriate-ness of services
AL	None											
AK	None											
AZ	Non-Medical Home and Community-Based Services	Y		x	x	x			x	x	x	x
	Program	Y	x	x	x	x	x	x	x	x	x	x
AR	State Aging Services	Y	x	x	x	x	x	x	x	x	x	x
	Cigarette Tax	Y	x	x	x	x	x	x	x	x	x	x
CA	IHSS Residual Program											
	Linkages											
CO	Older Coloradoans Fund											
	State Funding for Senior Services											
CT	CT Home Care Program for Elders: State-Funded	Y			x	x	x	x	x	x	x	x
DE	None											
D.C.	Senior Services Network	Y *										
FL	Alzheimer's Disease Initiative	Y		x	x	x	x	x	x	x	x	x
	Community Care for the Elderly	Y		x	x	x	x	x	x	x	x	x
	Home Care for the Elderly	Y	x	x	x	x	x	x	x	x	x	x

State	Name of Multi-Service HCBC Program	Has case manage-ment	Determines financial eligibility for the program	Determines functional eligibility for the program	Determines service needs	Formulates care plan	Specifies service limits	that care plan is within certain financial guidelines	Arranges for care/ providers	Coordinates the provision of services	Approves changes in the care plan	Monitors appropriate-ness of services
GA	Community-Based Services Program											
	State-Funded Alzheimer's Program											
	Income Tax Check-off Fund											
HI	Kupuna Care	Y	x	x	x	x	x	x	x	x	x	x
ID	Idaho Seniors Services Act	Y		x	x	x	x			x	x	x
IL	Community Care Program	Y	x	x	x	x	x	x	x	x	x	x
IN	CHOICE (Community and Home Options to Institutional Care for Elderly and	Y	x	x	x	x	x	x	x	x	x	x
IA	Program	Y	x	x	x	x			x	x	x	x
	Elderly Service	Y			x	x			x	x	x	x
KS	Senior Care Act	Y		x	x	x	x	x	x	x	x	x
KY	Homecare	Y	x	x	x	x	x		x	x	x	x
LA	None											
ME	Home-Based Care for Elders and Disabled Adults	Y	x									
MA	Home Care Program	Y	x	x	x	x			x	x	x	x
MI	None											
MN	Alternative Care	Y	x	x	x	x	x	x	x	x	x	x
MS	None											
MT	None											
NE	Disabled Persons & Family Support											

State	Name of Multi-Service HCBC Program	Has case manage-ment	Determines financial eligibility for the program	Determines functional eligibility for the program	Determines service needs	Formulates care plan	Specifies service limits	that care plan is within certain financial guidelines	Arranges for care/ providers	Coordinates the provision of services	Approves changes in the care plan	Monitors appropriate-ness of services
NV	Community Home-Based Initiatives Program	Y	x	x	x	x	x	x	x	x	x	x
NH	None											
NJ	Jersey Assistance for Community Caregiving (JACC)	Y	x	x	x	x	x	x	x	x	x	x
	Congregate Housing Services Program											
NM	Multi-Service Group	Y *										
	Indian Area Agency on Aging	Y				x			x	x	x	x
	Navajo Area Agency on Aging											
NY	Expanded In-Home Services for the Elderly Program	Y		x	x	x			x	x	x	x
NC	Community Care Block Grant	Y *										
OH	Senior Community Services Block Grant											
	Alzheimer's Respite	Y *										
OK	None											
OR	Oregon Project Independence	Y	x	x	x	x	x	x	x	x	x	x
PA	Options Program	Y	x	x	x	x	x	x	x	x		
PA	Pennsylvania Family Caregiver Support Program	Y	x	x	x	x	x	x	x	x	x	x
RI	CoPay Program	Y	x	x	x	x	x		x	x	x	x

State	Name of Multi-Service HCBC Program	Has case manage-ment	Determines financial eligibility for the program	Determines functional eligibility for the program	Determines service needs	Formulates care plan	Specifies service limits	that care plan is within certain financial guidelines	Arranges for care/ providers	Coordinates the provision of services	Approves changes in the care plan	Monitors appropriate-ness of services
SC	Alternative Care for the Elderly	Y			x					x		x
SD	Long-Term Care Alternatives Program (LTCAP)	Y	x	x	x	x	x	x	x	x	x	x
TN	None											
TX	Multi-Service Group	Y		x	x	x	x	x	x	x	x	x
UT	Home and Community-Based Alternatives Program	Y	x	x	x	x	x	x	x	x	x	x
VT	Housing and Support Services (HASS)	Y							x	x		x
VA	Community-Based Services											
WA	Family Caregiver Support Program											
WV	None											
WI	Community Options Program (COP Regular)	Y	x	x	x	x	x	x	x	x	x	x
WY	Community-Based In Home Services	Y	x	x	x	x	x	x	x	x	x	x
TOTAL		38	22	28	31	31	25	22	31	33	30	32

Note: * These four programs report that they provide case management but do not give detailed information on the role of the case manager.

Table 15. Multi-Service HCBC Programs: Consumer Direction, Quality Measurement, Medicaid Referral Process, and Impact of Changes in Medicaid

State	Name of Multi-Service HCBC Program	Is there an option for consumer direction in this program?			How is quality measured in this program?	Please describe the referral process between Medicaid and this program.	Have changes or restrictions on Medicaid funding had an impact on this program? If so, how?
		Yes	No	NR			
AL	None						
AK	None						
AZ	Non-Medical Home and Community-Based Services		x		Contacts with case managers, client satisfaction surveys are administered every two years	Case management referral	Unable to assess at this time
	Tobacco Tax Program		x		Contacts with case managers	Case management referral, client referrals	Unable to determine
AR	State Aging Services		x		Assessments by State Office	Area Agency on Aging caseworker	NR
	Cigarette Tax		x		Assessments by State Office	Area Agency on Aging caseworker	NR
CA	IHSS Residual Program *	x			NR	NR	NR
	Linkages			x	NR	NR	NR
CO	Older Coloradoans Fund			x	Client satisfaction surveys	The local LTC case management programs refer to the local AAAs. The LTC ombudsman program works with the nursing facilities and receives referrals for at-home care or for caregiver support.	Yes - the decreases in Medicaid have had a large fiscal impact on programs. More clients are being referred for services, and programs are serving more medically fragile adults with a higher need for skilled services.
	State Funding for Senior Services			x	Client satisfaction surveys	The local LTC case management programs refer to the local AAAs. The LTC ombudsman program works with the nursing facilities and receives referrals for at-home care or for caregiver support.	Yes - the decreases in Medicaid have had a large fiscal impact on programs. More clients are being referred for services, and programs are serving more medically fragile adults with a higher need for skilled services.
CT	CT Home Care Program for Elders: State-Funded	x			Annual client surveys to determine client satisfaction	Persons who appear eligible for Medicaid complete an application for that program.	No, not at this time. The program is open and enrolling clients: no waiting list.
DE	None						
D.C.	Senior Services Network			x	NR	NR	NR

State	Name of Multi-Service HCBC Program	Is there an option for consumer direction in this program?			How is quality measured in this program?	Please describe the referral process between Medicaid and this program.	Have changes or restrictions on Medicaid funding had an impact on this program? If so, how?
		Yes	No	NR			
FL	Alzheimer's Disease Initiative		x		Case manager observations; case management agency client satisfaction surveys and quality assurance monitoring; Department of Elder Affairs client satisfaction surveys.	Potential Medicaid-eligible clients must be referred to the Medicaid waiver program.	No
	Community Care for the Elderly		x		Case manager observations; case management agency client satisfaction surveys and quality assurance monitoring; Department of Elder Affairs client satisfaction surveys.	Potential Medicaid-eligible clients must be referred to the Medicaid waiver program.	No
	Home Care for the Elderly	x			Case Manager observations; case management agency client satisfaction surveys and quality assurance monitoring; Department of Elder Affairs client satisfaction surveys.	Potential Medicaid-eligible clients must be referred to the Medicaid waiver program.	No
GA	Community-Based Services Program		x		Outcome measurements are beginning to be implemented for core services provided by various funding programs, including consumer satisfaction as a key measure.	All intake and screening for the statewide Aging program is performed at the Area Agency in 12 regions. Applicants are referred to HCBS, the Medicaid waiver program, or both - based on the initial determination of eligibility and appropriateness. Clients can receive services from both programs simultaneously.	Unknown
	State-Funded Alzheimer's Program		x		Outcome measurements are beginning to be implemented for core services provided by various funding programs, including consumer satisfaction as a key measure.	All intake and screening for the statewide Aging program is performed at the Area Agency in 12 regions. Applicants are referred to HCBS, the Medicaid waiver program, or both - based on the initial determination of eligibility and appropriateness. Clients can receive services from both programs simultaneously.	Unknown

State	Name of Multi-Service HCBC Program	Is there an option for consumer direction in this program?			How is quality measured in this program?	Please describe the referral process between Medicaid and this program.	Have changes or restrictions on Medicaid funding had an impact on this program? If so, how?
		Yes	No	NR			
GA	Income Tax Check-off Fund		x		Outcome measurements are beginning to be implemented for core services provided by various funding programs, including consumer satisfaction as a key measure.	All intake and screening for the statewide Aging program is performed at the Area Agency in 12 regions. Applicants are referredto HCBS, the Medicaid waiver program, or both - based on an initial determination of eligibility and appropriateness. Clients can receive services from both programs simultaneously.	Unknown
HI	Kupuna Care		x		General program monitoring by AAA and state unit on aging staff; client satisfaction surveys; caregiver surveys	Clients are assessed for eligibility upon entry; if thought to be Medicaid-eligible, they are referred to Medicaid for enrollment and may request assistance with paperwork; wait listed Medicaid clients are referred to Kupuna Care and other services.	Yes, Medicaid waiver services have long wait lists; this increases the demands on Kupuna Care, which also maintains wait lists.
ID	Idaho Seniors Services Act	x			Client satisfaction surveys at state level;AAAs use various methods.	Informal referrals	Yes, adding to client load
IL	Community Care Program		x		Primarily through quality improvement reviews of service providers and case management units; also through the Service Improvement Program. Also, providers must survey staff and client satisfaction.	CCP applicants are required to apply for medical assistance.	NR
IN	CHOICE (Community and Home Options to Institutional Care for Elderly and Disabled)	x			Client review by case manager every 90 days; consumer satisfaction survey with feedback to vendors annually; review by state annually.	NR	Yes, CHOICE waiting list has increased
IA	Senior Living Program	x			NR	NR	NR
	Elderly Service	x			Quality Assurance Review at least every 4 years	Referrals between DHS and Area Agencies	NR

State	Name of Multi-Service HCBC Program	Is there an option for consumer direction in this program?			How is quality measured in this program?	Please describe the referral process between Medicaid and this program.	Have changes or restrictions on Medicaid funding had an impact on this program? If so, how?
		Yes	No	NR			
KS	Senior Care Act	x			The quality assurance division determines if the services provided are appropriate and meeting the needs of the individual. It also determines if the customers are satisfied with their provider, worker, and case manager (if they have one).	The AAAs are the single point of entry for both programs, so, when there is a waiting list on the Medicaid program, or if the individual does not meet eligibility for Medicaid and funds are available he or she can receive services under this program. No referral is needed. The assessment is the same for both programs so the customer does not need to have another assessment.	Yes, any changes in Medicaid funding impact the program. When eligibility changes, the pool needing services under Senior Care Act can expand. When services are unavailable under the Medicaid program they can be provided under the Senior Care Act program, which reduces funds available for other customers.
KY	Homecare		x		The case manager has monthly contact with the client to assure that services are provided as established in accordance with an individualized care plan developed cooperatively with the client.	Case managers refer clients to the Medicaid program when it is identified as a potential resource for the client.	No, this has not happened in 2002.
LA	None						
ME	Home-Based Care for Elders and Disabled Adults	x			Case reviews; provider audits; consumer satisfaction surveys	Persons who are eligible for a Medicaid-funded home care program (waiver or state plan) are not eligible to receive services under the state-funded Home-Based Care Program.	No
MA	Home Care Program	x			Consumer satisfaction process	All program applicants are screened for potential eligibility for federal, state, and local benefits, including SSI and Medicaid.	No
MI	None						
MN	Alternative Care	x			Elaborate site visit, random interview method	The county determines eligibility for both - if you're eligible for Medicaid, you usually get Medicaid. (There are at present no MA waiting lists.)	Expected - All of the above is subject to change…the state legislature is poised to reduce this program (100% state funds) to shift some proportion onto MA (50% state; 50% federal).

State	Name of Multi-Service HCBC Program	Is there an option for consumer direction in this program?			How is quality measured in this program?	Please describe the referral process between Medicaid and this program.	Have changes or restrictions on Medicaid funding had an impact on this program? If so, how?
		Yes	No	NR			
MS	None						
MT	None						
NE	Disabled Persons and Family Support	x			Client-driven program; client selects providers.	If an individual is ineligible for Medicaid often referred to DPFS	Yes - increased applications, waiting list.
NV	Community Home-Based Initiatives Program	x			Monthly home visits by social worker; random (10%) quarterly quality assessment visits by supervisor; random 25%-50% annual quality assessment visits by social worker; annual review by Medicaid	Social workers (case managers) manage a mixed caseload of state-funded and Medicaid-funded clients. The programs mirror each other for both funding sources. When a client spends down assets and becomes eligible for Medicaid, the social worker completes the Medicaid application and follows the procedures to put the client on the Medicaid-funded program.	Expected - both programs are severely affected by the current budget problems in Nevada and wait lists for both programs are growing rapidly.
NH	None						

State	Name of Multi-Service HCBC Program	Is there an option for consumer direction in this program?			How is quality measured in this program?	Please describe the referral process between Medicaid and this program.	Have changes or restrictions on Medicaid funding had an impact on this program? If so, how?
		Yes	No	NR			
NJ	Jersey Assistance for Community Caregiving (JACC)	x			Customer satisfaction survey; quality review of case management sites; complaint checks on service providers. (Overall, there is ongoing development to increase quality assurance measures.)	All JACC applications must be routed through the county NJEASE (Easy Access Single Entry) office. Individuals are then screened to determine if a referral for JACC is indicated. (Individuals who are Medicaid eligible or whose resources are clearly above JACC eligibility levels are referred, as appropriate, for alternate service and/or assistance.) Some counties participate in a "Presumptive Eligiblity" option which allows for quicker enrollment in the JACC program, while eligibility is verified. Non-presumptive eligibility requires that the application be routed to two offices for processing: to the appropriate DHSS office for financial eligibility determination and to the designated regional Long-Term Care Field Office for a Pre-Admission Screening to confirm nursing facility level of care. Medicaid HCBS programs are routed through the County Welfare/Boards of Social Services for financial eligibility and through the regional LTC Field Offices for clinical eligibility determination. There is no "presumptive eligibility" option.	No
NJ	Congregate Housing Services Program			x	NR	NR	NR
NM	Multi-Service Group			x	NR	NR	NR
	Indian Area Agency on Aging		x		The Indian AAA monitors and assesses the provision of services by service providers. Providers monitor service delivery to seniors.	Informal	No

State	Name of Multi-Service HCBC Program	Is there an option for consumer direction in this program?			How is quality measured in this program?	Please describe the referral process between Medicaid and this program.	Have changes or restrictions on Medicaid funding had an impact on this program? If so, how?
		Yes	No	NR			
NM	Navajo Area Agency on Aging		x		The Navajo AAA monitors and assesses administration of 3 Navajo Agencies. The agencies oversee service delivery of the individual senior programs located at each Chapter of the Nation.	Informal	No
NY	Expanded In-Home Services for the Elderly Program		x		Through quarterly reports, yearly evaluations (although the depth of review varies from year to year based on a schedule) and ongoing site visits by field staff.	Each AAA is required to have an MOU with the local Department of Social Services, the local agency that administers the Medicaid Program. This MOU is locally developed but must address specific areas, including the referral process.	No
NC	Home and Community Care Block Grant			x	NR	NR	NR
OH	Senior Community Services Block Grant		x		Verify number of limits at monitoring visits and appropriate use service standards	Varies by AAA	NR
	Alzheimer's Respite	x			Integrated into AAA unit monitoring	NR	NR
OK	None						
OR	Oregon Project Independence	x			Surveys on customer satisfaction; audit samples are also used for measuring quality. Additionally, state staff perform field reviews in each local area.	Clients can call the SPD or AAA office in their area via toll-free number for information and referral numbers to inquire about potential eligibility for Medicaid services. All OPI intakes are screened for possible Medicaid eligibility and, if appropriate, a referral to Medicaid is made.	Expected - significant budget shortfalls have resulted in limiting who is eligible for Medicaid. This may have an impact on referrals to the OPI program. Significant reductions or elimination of the Oregon Project Independence program is also expected for the 2003-2005 biennium.
PA	Options Program	x			Data analysis and on-site monitoring	Common intake and assessment	No - other than the fact that the growth in our Medicaid waiver has reduced excess demand for this program.
	Pennsylvania Family Caregiver Support Program	x			On-site assessment (monitoring) and data analysis	Common intake and assessment	No

State	Name of Multi-Service HCBC Program	Is there an option for consumer direction in this program?			How is quality measured in this program?	Please describe the referral process between Medicaid and this program.	Have changes or restrictions on Medicaid funding had an impact on this program? If so, how?
		Yes	No	NR			
RI	CoPay Program		x		Periodic consumer satisfaction survey	Dept. of Elderly Affairs and case managers work closely with Medicaid agency. Case managers are trained to assist families with Medicaid applications if appropriate	No
SC	Alternative Care for the Elderly		x		Quality assurance standards adopted by agency and used by service providers	NR	Yes - reductions in HCB waiver program lead to increased request for services.
SD	Long-Term Care Alternatives Program (LTCAP)		x		6-month review of every eligible client or as needed, annual provider evaluations, periodic meetings with providers, and meet with families as needed.	Adult Services and Aging is within the Dept. of Social Services, which is the Medicaid agency. When a social worker visits with a prospective client and it appears the client's financial situation would qualify him or her for Medicaid the client is referred to an Eligibility Caseworker within the office.	No
TN	None						
TX	Multi-Service Group		x		NR	NR	NR
UT	Home and Community-Based Alternatives Program	x			The minimum is annual monitoring of documentation and client interaction; sometimes more frequent monitoring is done. Peer review of documentation, which is recommended on a quarterly basis.	This happens on an intra-agency basis. Case managers work closely with the eligibility workers and with the Medicaid aging waiver case managers in their area.	Expected - there is a proposal in UT to lower eligibility for Medicaid to 75% of the federal poverty guidelines. There are reports that some AAAs have experienced increased inquiries about this proposed reduction of eligibility, and what options exist for seniors who are not that low-income. If this becomes a state law, waiting lists for the Home and Community-Based Alternatives Program will surely grow.
VT	Housing and Support Services (HASS)	x			Quality outcomes, resident satisfaction survey	NR	Yes - higher demand for non-covered services, especially medical devices, such as eyeglasses, dental work, hearing aides.
VA	Community-Based Services			x			

State	Name of Multi-Service HCBC Program	Is there an option for consumer direction in this program?			How is quality measured in this program?	Please describe the referral process between Medicaid and this program.	Have changes or restrictions on Medicaid funding had an impact on this program? If so, how?
		Yes	No	NR			
WA	Family Caregiver Support Program		x		Quality is measured through quarterly data and narrative reports, caregiver satisfaction surveys, feedback, and caregiver advisory councils.	In the near future, case managers involved with authorized Medicaid services will receive training on how to refer unpaid family caregivers to the Family Caregiver Support Program.	No
WV	None						
WI	Community Options Program (COP Regular)	x			Interviews, outcomes	Same agency	Yes. Too complex for a one-liner.
WY	Community-Based In-Home Services	x			Annual assessment on each grantee who receives funds	Network with Public Health and Department of Family Services	NR
TOTAL		22	21	8			

Notes: NR = no response.

* California did not provide detailed responses to the survey. Information in this table was taken from reports/websites but not verified by state officials.