

REQUEST FOR INTEREST (RFI)
ADI, CCE, HCE, MEDICAID WAIVER SERVICES
2010-2016

October 12, 2009

Dear Prospective Bidder:

ElderSource, the Area Agency on Aging for Northeast Florida, Inc., is mandated to establish a comprehensive, coordinated system of services for persons aged 60 and older in its planning and service area. The primary goal is to enable the elderly to remain within their homes and community environments for as long as possible and to avoid premature or unnecessary institutionalization through the provision of cost effective, high quality services.

ElderSource is requesting information from established organizations experienced in providing case management and administrative functions for home and community based services for the elderly in Baker, Clay, Duval, Flagler, Nassau, St. Johns and Volusia Counties. State grant funds are provided to designated Lead Agencies through the Community Care for the Elderly (CCE), Alzheimer's Disease Initiative (ADI), Home Care for the Elderly (HCE) and Medicaid Waiver programs. The contract period is from July 1, 2010 through June 30, 2011 and may be renewed annually for up to five additional years.

ElderSource will designate, by award, one Lead Agency per county, to serve as the case management and service authorizing agency for funded services in that county. The designation of Lead Agency is a challenging responsibility involving multiple ancillary functions dictated by state and federal legislation in addition to the basic tasks of case management and oversight of direct service provision. Examples of some of the major responsibilities of Lead Agencies are listed in Section III of this RFI, Lead Agency Functions and Criteria. Only serious responses clearly documenting a proven track record in this capacity or clearly demonstrating compliance with the criteria, adequate resources and the capacity to function as a Lead Agency will be considered.

In order to insure continuation of ongoing services and to minimize disruption to client services, a "responsive interest" must demonstrate the capability to start up immediately on July 1, 2010. A "responsive interest" must include a plan for the transition and continuation of current services to existing clients and Lead Agency functions, adequate resources to meet minimum local match requirements and demonstrated financial viability to sustain two months of operations prior to receiving funds from this contract.

The Lead Agency's administrative responsibility for these programs includes oversight of a wide array of in-home and community based services. Section IV of this RFI lists those services most frequently authorized by Lead Agencies. In addition to the authorization of services, the Lead Agency is also expected to identify and assist in recruiting potential

vendors, coordinate service delivery, monitor delivery of service and client satisfaction, review and reconcile vendor billing, enter vendor service data on the state database, maintain approved protocol for staffing service issues, hear client and vendor grievances, pay vendors and insure appropriate and efficient utilization of funding and budget authority.

This RFI is for the purpose of determining whether any organization has interest in competing for a competitive procurement to become a Lead Agency and does not include provision of direct services. Under these programs, separate service rates and referral vendor agreements will be issued for qualified vendors who wish to directly provide in-home and community based services other than case management or case aide service. A designated Lead Agency will also be allowed to provide direct client services; however, these services may only be done under separate vendor agreement and must insure client choice of providers.

Estimated active/wait listed caseloads for the current contracts are shown in Section II. Table A of the RFI.

Funding levels for 2010-2011 will be determined and available at the conclusion of the Florida Legislative session. For reference, current funding levels by county and anticipated allocations for respective Lead for direct services are shown in Section II. Table B.

Lead Agency contracts will be awarded on a fixed-rate basis for case management/case aide. ElderSource Referral Agreements for direct client services under the Alzheimer's Disease Initiative, Community Care for the Elderly, Home Care for the Elderly, and Medicaid Waiver programs may be executed directly with qualified vendors. Each Lead Agency will have the option of negotiating its own Referral Agreements for CCE Services. While vendor agreements are held with ElderSource, payments to vendors for direct services provided will be made by the Lead Agency.

To register an interest in bidding to be a Lead Agency for a specific county, a response must be returned to ElderSource, 4160 Woodcock Drive, 2nd Floor, Jacksonville, FL 32207, no later than **5:00 PM, Friday, October 23, 2009**. The county of interest must be specified and a separate response must be submitted for each county. Failure to respond by the deadline specified or failure to clearly specify the county of interest shall constitute a "not interested" response. All questions or inquiries must be submitted by electronic mail to Bill Hardy, Director of Operations, hardyw@elderaffairs.org, telephone 904-391-6619.

ElderSource does not intend to award a contract on the basis of this request for interest or to otherwise pay for the information solicited. Should this RFI lead to a full Request for Proposals (RFP), the resulting Proposals will be evaluated considering overall costs, ability to provide the requisite match, experience in providing like or similar services to older people, integration with other available funding in order to maximize effectiveness of funds, ability to provide a continuum of service alternatives to meet the diverse needs of older people, demonstrated ability to perform all functions required by Chapter 430.201-207, Florida Statutes and overall demonstrated administrative ability.

II. Clients and Funding

TABLE A

Current Year Client Information

Program	Active Clients	Wait Listed Clients
Alzheimer's Disease Initiative (ADI)		
Baker	5	1
Clay	7	8
Duval	19	62
Flagler	6	7
Nassau	3	2
St. Johns	7	19
Volusia	18	27
Community Care for the Elderly (CCE)		
Baker	47	24
Clay	48	166
Duval	221	1347
Flagler	48	68
Nassau	51	89
St. Johns	44	250
Volusia	268	589
Home Care for the Elderly (HCE)		
Baker	5	1
Clay	27	2
Duval	54	107
Flagler	2	2
Nassau	10	17
St. Johns	9	13
Volusia	42	1
Aged & Disabled Adults Waiver (ADA/MW)*		
Baker	13	6
Clay	84	67
Duval	427	342
Flagler	42	25
Nassau	73	44
St. Johns	52	81
Volusia	263	281
Assisted Living for the Elderly Waiver (ALW/MW)*		
Baker		
Clay	23	
Duval	44	3
Flagler	3	1
Nassau	7	9
St. Johns	22	11
Volusia	67	

*NOTE: Funds for the Aged and Disabled Adult and Assisted Living for the Elderly Waiver programs are administered on an area-wide basis versus individual county spending authority. Client numbers are shown for the purposed of estimating Case Management workload.

TABLE B
Current Year Funding

County	Total	Case Mgmt	Services
Baker			
CCE	\$124,921.00	\$34,609.00	\$90,312.00
HCE	12,403.00	968.00	11,435.00
ADI	43,813.00		
Clay			
CCE	206,850.00	28,318.00	178,532.00
HCE	40,580.00	3,175.00	37,405.00
ADI	53,832.00		
Duval			
CCE	1,830,524.00	406,778.00	1,396,633.00
HCE	232,184.00	18,168.00	214,016.00
ADI	129,327.00		
Flagler			
CCE	119,093.00	22,997.00	96,123.00
HCE	12,571.00	983.00	11,588.00
ADI	48,177.00		
Nassau			
CCE	164,159.00	22,980.00	141,179.00
HCE	94,058.00	2,588.00	30,490.00
ADI	44,786.00		
St. Johns			
CCE	248,588.00	34,343.00	214,245.00
HCE	26,508.00	2,076.00	24,432.00
ADI	65,743.00		
Volusia			
CCE	1,157,601.00	174,384.00	982,767.00
HCE	124,097.00	9,711.00	114,386.00
ADI	132,494.00		

III. LEAD AGENCY FUNCTIONS and CRITERIA

Lead Agency functions and criteria include but are not limited to the following:

Coordination

Lead Agency Case Managers will essentially act as “brokers” for community care resources (including vendor services directly contracted by ElderSource) for eligible elderly persons. This includes administering and managing the Community Care for the Elderly (CCE) program, the Home Care for the Elderly (HCE) program, the Aged & Disabled Adult Waiver program, the case management for the Assisted Living for the Elderly Waiver program, and the ordering of services from the established qualified vendors. Each of these programs is funded individually and represents distinct program responsibilities. Goals, scope of services, and responsibilities within each program are defined and must be in compliance with the DOEA Home and Community-Based Services Handbook, July, 2009. A brief description of the programs is located in Section IV of this RFI. The Handbook may be downloaded from the internet at www.elderaffairs.state.fl.us under publications, from the ElderSource site at www.myeldersource.org or obtained from ElderSource with a copy fee.

Confidentiality Requirements and HIPAA Compliance

Information concerning eligible elderly persons who receive services under any DOEA funded program is confidential (Section 430.207 F.S.). All client information collected, stored or transmitted to or from the Lead Agency must be handled in compliance with all Health Insurance Portability and Accountability Act (HIPAA) requirements.

Outreach

It is the responsibility of the Lead Agency to perform outreach to identify and inform frail elders of the availability and range of services.

Intake/Initial Screening and Prioritization

A screening process used to determine the needs of the individual begins with the intake process and completion of the DOEA 701A prioritization assessment form. This form is completed by a trained intake worker or Case Manager and reviewed by a Case Manager or Case Manager Supervisor certified to complete the DOEA assessment forms.

The purpose of the initial screening is to assess potential program eligibility and the severity of the client’s situation. Form 701A, when input into the CIRTS database, will generate a priority score. Standard reports are available to identify clients with the highest priority scores which will be used to determine the order in which new ADI, CCE or HCE clients will be approved for service receipt.

Eligibility Determination

Eligibility determination is the responsibility of the Lead Agency. Potential clients must be 60 years of age or older and functionally impaired (430.203, F.S.). Specific requirements may differ from program to program and can be found in the Home and Community-Based Services Handbook, July, 2009. The DOEA Comprehensive Assessment form (701B) must be completed by a certified case manager to determine functional impairment level. Client eligibility is based on age, need, and institutional risk.

- Case managers must utilize other available community resources prior to use of program funding.
- The Lead Agency must identify potential Medicaid eligible CCE consumers and refer these individuals (if applicable) to ElderSource functioning as the Aging Resource Center for Medicaid Waiver eligibility determination.
- Individuals who have been identified as being potentially Medicaid Waiver eligible are required to apply for Medicaid Waiver services in order to receive CCE services but may receive CCE services while the Medicaid Waiver eligibility determination is pending. If the consumer is found ineligible for Medicare Waiver services for any reason other than failure to provide required documentation and complete scheduled interviews, they may continue to receive CCE services. If the consumer fails to provide required documentation or otherwise refuses to accept Medicaid Waiver services they are ineligible for continuation in the CCE program.
- Individuals who have been identified as being potentially Medicaid Waiver eligible must be advised of their responsibility to apply for Medicaid through the Department of Children and Families (DCF), as a condition of receiving CCE services while the eligibility determination is being processed.

Client Prioritization

Elder abuse, neglect, or exploitation referrals from Adult Protective Services (APS) and persons determined by CARES to be at IMMEDIATE risk of nursing home placement shall be given primary consideration for receiving services. In the case of APS high-risk referrals, clients must be assessed and have services in place within 72 hours of receipt of the referral.

Referral

Services provided under Area Agency on Aging (AAA) funded programs should be considered a last resort in the effort to meet client needs. Case managers must refer to other resources prior to use of program funding and continue to seek additional resources as long as there is a service need. This would include referral to agencies that may charge a fee for the service if the individual is able to afford that fee.

The Case Manager will follow up within 10 days of a referral to an outside agency. All referrals will be documented in Lead Agency client case files.

Determine The Level Of Risk

A client risk score is generated by input of the completed assessment on the DOEA database. This score ranges from 1 to 100 and represents the client's comparability to current nursing home residents. The higher the score, the more comparable the client is to nursing home residents and thus more likely to be "at risk" for nursing home placement. This is the score used to prioritize clients for placement into services.

Determine Functional Status

Service needs are identified from information gathered in the assessment process. A client's functional status is determined by the scores in the Activity of Daily Living (ADL) section and the Instrumental Activities of Daily Living (IADL) section. Each funded program has different eligibility requirements concerning ADLs and IADLs and it is the responsibility of the Case Manager and the Lead Agency to be aware of these requirements as detailed in DOEA's Home and Community-Based Services Handbook.

Establish Service Needs

The assessment information is used to develop the client Care Plan, which should comprehensively address all service needs of the client.

Care Plan Requirements

Lead Agency Case Managers must complete a Care Plan for each eligible client, utilizing DOEA Form 203A. The Care Plan is developed with the client and/or client's caregiver. The Care Plan must meet the requirements set forth in the DOEA Home and Community-Based Services Handbook. (For Medicaid Waiver clients the Care Plan must be developed within the limits of the client risk level as per the Medicaid Waiver Care Plan protocol.)

Co-Payment Requirements

Lead Agency Case Managers must assess all non-exempt CCE and ADI clients a co-payment for service based on the client's ability to pay, in accordance with rules and guidelines in the DOEA Home and Community-Based Services Handbook. The Lead Agency is responsible for billing and collecting or waiving assessed co-payment for all services received. Collected fees must be recorded and the total reported to ElderSource monthly on the Receipts and Expenditures Report. Collected funds must be utilized in the current or subsequent year to provide additional services.

Resource Management and Development

The Lead Agency must see that funds appropriated for program services are used only for the provision of those services and directly related expenditures. The Lead Agency must ensure that all other funding sources have been exhausted before using CCE funding. Additionally, they must ensure that coordination is established with all community based health and social services programs for functionally impaired older persons funded wholly or in part by federal, state, and local funds, in order to provide a continuum of care. Voluntary contributions, gifts, and grants must be solicited and utilized to supplement funding in support of a comprehensive service system.

Service dollars are limited and must be managed to maximize their effectiveness. Care Plans developed by Case Managers are used to determine the amount of funding designated for each service. Evidence must be shown that the potential provider has the staff and the knowledge to effectively manage each program's funds in that County. The Lead Agency is liable for any over-expenditure of the assigned budgets.

Quality Assurance Requirements

In order to assure the delivery of quality services, Lead Agency staff must participate in pre-service and in-service training developed in accordance with standards and requirements specified in the DOEA Home and Community-Based Services Handbook.

The Lead Agency will monitor and evaluate the quality of services delivered by vendor agencies and of services delivered by the Lead Agency staff. The Lead Agency also reports problems, concerns and gives feedback to ElderSource on the dependability and quality of service provided to their clients by service providers subcontracted through ElderSource.

Disaster Preparedness

The Lead Agency is required to register disaster preparedness information for all clients in the CIRTS database. In addition to basic identification, location, emergency contacts, and handicap information, this information includes data concerning a client's need to be registered for a special needs shelter. Lead Agencies must be prepared to use CIRTS reports to provide information on program clients to local emergency management teams and to identify, locate, and assist with the evacuation and other needs of elderly clients in the event of an emergency or disaster, as directed by DOEA.

Client Grievances and Appeals Requirements

The Lead Agency must develop and use approved written procedures that provide for the handling of client complaints and for processing appeals regarding denial, reduction, or termination of core services within each program. **These procedures must include the provision of information regarding the right to appeal and the process for doing so and must follow the minimum DOEA guidelines**

Voter Registration (Medicaid Waiver clients only)

In accordance with the 1993 Voter Registration Act, and Sections 97.021 and 97.058, F.S., Lead Agency Case Managers and staff are required to offer voter registration assistance to individuals applying for any funded program on initial assessment, when changing addresses, and during yearly reassessment. The Case Manager must complete a Voter Registration Preference Form to be filed in the client record, and assist, if the client so desires, in the completion of the Voter Registration Application Form, forwarding of the completed form to the Supervisor of Elections within five days, and complete CIRTS client voter registration data fields. **Time spent on Voter Registration cannot be billed as a case management activity.**

Personnel Standards and Employee Benefits

Personnel policies, standards, and employee benefits incorporated into agency operating procedures, must be developed in accordance with the standards of the agency, as required by the following Assurances and Certifications, and others that are also required by 430.203 F.S.

- Title VI of the 1964 Civil Rights Act prohibiting racial or ethnic discrimination
- Section 504 of the Rehabilitation Act of 1973 prohibiting discrimination on basis of handicap
- Title IX of the Education Amendments of 1972 prohibiting sexual discrimination
- The Age Discrimination Act of 1975
- Section 654 of the Omnibus Budget Reconciliation Act of 1981 prohibiting discrimination on basis of race, creed, color, national origin, sex, handicap, political affiliation, or beliefs
- The Americans With Disabilities Act of 1990 prohibiting discrimination against, and providing for equal opportunities for persons with disabilities

Reporting Requirements

The Lead Agency is required to compile and report client program and service statistics and other data to ElderSource and DOEA in accordance with contract requirements.

Monthly reporting for the DOEA Client Information Registration and Tracking System (CIRTS) requires all client and vendor service data for the previous month to be entered into CIRTS by the 10th day of the following month, as prescribed in DOEA CIRTS Policy Guidelines. Information must be reported in the following categories:

- Client Demographics
- Client Program Enrollment and Waiting List
- Client Assessment Information
- Client Care Plan Information (average care plan cost to be updated and provided separately to Quality Assurance Staff)
- Client Services

The Lead Agency must provide fiscal information and make payment requests in accordance with requirements set forth by the AAA and DOEA. Client and program information must be entered into the CIRTS as required by each of the funded programs. The Medicaid Waiver programs are exempt from this service reporting requirement, but still must report all other data categories on CIRTS. Waiver programs report services directly to the State fiscal agency by transmission through provided software.

The Lead Agency will also be designated an Access Point to the Aging Resource Center. As such, the agency must report contact statistics and utilize the REFER database provided by ElderSource. Refer allows the Lead Agency to view notes and information on clients who have been referred to them from the elder helpline at ElderSource. It also allows Lead Agencies to add to client notes if needed.

All program services except Medicaid Waiver will be reported on monthly Receipts and Expenditures and Request for Payment reports and paid on a unit rate basis. The Lead Agency must review and reconcile vendor service reports and record vendor services on

CIRTS prior to submitting a Request for Payment. The Lead Agency will also be responsible for the reporting of client and service data into CIRTS to ensure timely payments to vendors.

ElderSource will not pay any requests that are not supported by CIRTS documentation. Request for Payments must be reconciled by the Lead Agency before submission to the ElderSource. **Failure to ensure the collection of data and updating of the CIRTS database may result in non-payment or suspension of the contract.**

Each individual client will have one provider “owner of record” for the purpose of registering and maintaining CIRTS information. When clients are served by more than one program or by multiple agencies, the agency responsible for the most comprehensive assessment will be the client’s “owner of record”. Consequently, the agency with the case management responsibility will be the client’s owner of record once services are started in that program. No client will receive case management from more than one funded program. Case Management billing sources will be utilized in the following order:

- Aged & Disabled Adults Waiver/Assisted Living for the Elderly Waiver
- Home Care for the Elderly
- Community Care for the Elderly
- Alzheimer’s Disease Initiative

Staffing and Facility Requirements

Each Lead Agency must have a qualified person designated as the authority over the administrative operations of the agency and/or the CCE program. “Qualified” is defined as meeting the education, experience, and training specified for the position as per DOEA’s Home and Community-Based Services Handbook.

Each Lead Agency must have qualified Case Managers, with average caseloads of 100 or less, in adequate numbers to provide case management services to all eligible agency clients. Information regarding the qualifications and training requirements for agency Case Managers can be found in DOEA’s Home and Community-Based Services Handbook. A Case Manager must be available on call 24 hours per day to address emergency service coordination and APS high risk referrals.

All services must be delivered by qualified staff in accordance with service standards outline in DOEA’s Home and Community-Based Services Handbook. The number of staff should be sufficient to ensure the delivery of quality services in a timely manner.

CCE Lead Agencies must be open and accessible to the public a minimum of 40 hours per week, Monday through Friday, between the hours of 8:00 AM and 5:00 PM. During all other hours, telephone coverage via answering machine must be provided. The agency must be located in a facility that is handicap accessible.

Lead Agencies must have sufficient staff, equipment and resources to complete CIRTS data entry and access electronic mail in a timely manner and must have the computer capability to run software programs utilizing, at a minimum, Windows XP or later operating system. In the event that a new Lead Agency is designated, the new Agency will receive current Lead Agency equipment and peripherals purchased with program

funding. Responders must present evidence of equipment access and adequately trained staff to meet the data entry and data maintenance requirements in a timely manner.

A responder for the Lead Agency designation must be prepared to assume program responsibilities and service provision at 12:01 AM on the first day covered by the contract period, without interruption of service to existing clients. **The contract period for the purpose of this RFI is July 1, 2010 to June 30, 2011.** New applicants for Lead Agency designation must provide, within 30 days after notice of award, detailed plans for transfer of equipment, files and service provision to assure a seamless transition with no interruption of services continuation.

Training Requirements

All DOEA services require a general pre-service orientation along with training specific to the service being provided. Lead Agencies will be responsible for the provision of pre-service and in-service training, based on DOEA Home & Community Based Services Handbook, to all paid staff and volunteers. Protocols for the reporting, paperwork, unusual incident reports, and general expectations will be coordinated between ElderSource, Lead Agency and the service vendors.

Pre-service orientation for staff and volunteers should include:

- An overview of the aging process
- An overview of the aging network
- Communication techniques when dealing with the elderly
- Recognition & prevention of abuse, neglect, exploitation, and the reporting procedures
- Local agency service procedures and protocols
- Client confidentiality requirements, including HIPAA standards.

Case Managers must attend Uniform Client Assessment, Care Plan and Fee Assessment training. They must also receive four hours of in-service training annually, as prescribed in DOEA's Home and Community-Based Services Handbook. Case managers serving the Medicaid waiver programs will be required to receive additional training relative to the respective waiver.

Volunteer Requirements

All applicants must submit a written plan to address recruitment, training, utilization, and retention of volunteers to the fullest extent possible.

Clients to be Case Managed

The Case Manager is the "gatekeeper" in the community care service system. Case Managers are the personnel with the knowledge and responsibility to link clients to the most beneficial and least restrictive array of community services and resources. Services must NOT be restricted to only those funded under the contracted programs. Case Managers should exhaust all other means of service provision, including community and family resources, before using funded programs. Individuals entering the aging services network will be assigned ONE Case Manager, even if enrolled in more than one program. Case Managers will be well versed in ALL funding sources, community resources, and

program requirements. Clients enrolled under more than one program must be case managed in the following priority:

Client to be case managed under (Program)..... if receiving services under (Program/s)
Assisted Living for the Elderly Waiver	ALE and any other program
Aging & Disabled Adult Waiver	ADA and any other program except ALE
Home Care for the Elderly	HCE, and any program other than ADAW
Community Care for the Elderly	ADI,CCE, and any program other than MW
Alzheimer's Disease Initiative	ADI and client is less than 60 years old

Please note that the awarding of the CCE Lead Agency designation also includes the management functions for the Alzheimer's Disease Initiative, the Aged & Disabled Adults Waiver, Home Care for the Elderly and Assisted Living for the Elderly Waiver programs. Service funding for the CCE, ADI and HCE programs will be managed by the designated Lead Agency. Funding for the Medicaid Waiver programs will be managed by ElderSource.

Client choice is a primary consideration in determining service referrals. In situations where the client has no preference, referral determination will be on a rotating basis barring any geographical considerations. A Client Choice form will be used by the Lead Agency listing all service providers available for each service. Client or Caregiver signature will be required to signify acceptance of the choice of provider(s) indicated. This form will be maintained in the client file. Absence of this completed form may result in denial of billing.

Case files must also include a computer generated Turn-around Report, signed by the Case Manager, indicating that the client information on the CIRTTS system is correct and current. Case Managers should access the CIRTTS system before scheduling in-home visits with clients, to ensure correct data and to prevent the duplication of client registration on CIRTTS.

IV. Programs and Services

Community Care for the Elderly (CCE)

CCE is a state funded program offering a variety of in-home and community-based services. Eligibility includes persons 60 or over who are determined to be physically or mentally impaired and need CCE services in order to carry out the normal activities of daily living necessary to remain in a home environment. There is no financial eligibility but if a client is determined able to pay all or a portion of the service cost, co-payments are assessed based on the client's net disposable income (after necessary expenses are deducted). Co-payments may be waived in hardship cases. Most frequently used services include: Case Management & Case Aide, Adult Day Care, Intake, Chore Service, Material Aid, Emergency Alert Response (Lifeline), Medical Transportation, Personal Care, Home Delivered Meals, Pest Control, Homemaking, Respite and Housing Improvement.

Alzheimer's Disease Initiative (ADI)

In this service area, the ADI program offers in-home and in-facility respite service and caregiver support to caregivers of Alzheimer's or other dementia victims. The program also contributes data to agencies researching the disease. Eligibility includes all persons diagnosed as having Alzheimer's disease or a related disorder, regardless of age. In this service area, the ADI program is funded through the CCE Lead Agency and CCE provides Case Management service as well as other CCE services for ADI clients age 60 or over. The ADI program pays for case management for ADI clients under age 60.

Home Care for the Elderly (HCE)

HCE is designed to prevent premature or inappropriate institutionalization by providing basic subsidy financial assistance (average of \$106 per month) and special subsidy support services to caregivers providing care for frail elderly (60 or over) in family-type living arrangements in private homes. Medicaid Waiver clients are not eligible for services under the HCE program.

Aged/Disabled Adult Medicaid Waiver (ADA Waiver)

The ADA Waiver is a Medicaid sponsored program that provides an opportunity for those functionally and financially eligible for Medicaid nursing home care to “waive” nursing home placement and remain at home with the assistance of home and community based services. To be eligible for the ADA Waiver, an individual must meet the Institutional Care Program (ICP) income and asset requirements as well as a functional impairment criterion. The ADA Waiver includes the following services: adult day health care, caregiver training and support, case aide, case management, chore services, consumable medical supplies, counseling, emergency alert response, environmental modifications, escort, health support, home-delivered meals, homemaker and personal care services, pest control, physical therapy, respite care, risk reduction services and speech therapy.

Assisted Living Medicaid Waiver (ALE Waiver)

The ALE Medicaid Waiver is another home and community based services Medicaid program that “waives” nursing home placement, for recipients who reside in Assisted Living Facilities (ALFs) licensed for Extended Congregate Care (ECC) or Limited Nursing Services (LNS). The program helps pay residents fees and paying for extra services needed to prevent institutionalization. Eligibility is limited to recipients who meet both the Institutional Care Program (ICP) income and asset requirements and the functional impairment criteria as defined by the Waiver. The Waiver can provide three services: case management, ALF residence and assistance fees and incontinence supplies to eligible recipients living in ALFs. The service components of assisted living services are: attendant call system, attended care, behavior management, chore, companion services, homemaker, intermittent nursing, medication administration (within the ALF license), occupational therapy, personal care, physical therapy, specialized medical equipment and supplies, speech therapy and therapeutic social and recreational services. The ALE Waiver program is administered by ElderSource through the CCE Lead Agency in each county.