



# Supporting American Indian and Alaska Native People in the Community:

OPPORTUNITIES FOR HOME- AND COMMUNITY-BASED SERVICES IN INDIAN COUNTRY



### Executive Summary

Home- and community-based services (HCBS) that provide assistance to elders and persons with disabilities enable them to avoid unnecessary institutionalization and remain in their homes and communities for as long as possible. HCBS are especially important for American Indian and Alaska Native (AI/AN) communities, given the rural location of some AI/AN communities, and the heightened cultural appropriateness of services delivered in one's home or community. While limited funding is the most commonly reported barrier to the provision of these services, this research reveals that multiple funding sources are available to fund HCBS and that knowledge and use of these funding sources is crucial to providing these needed services to elderly or disabled AI/ANs. Key funding sources include: Medicaid, Medicare, Older American Act Title III and Title VI funding, state funding, private pay, and veterans' assistance. The HSBC programs that were interviewed for this research reported to fund HCBS through the Older Americans Act (OAA) Title III and Title VI, Medicaid reimbursements and waivers, IHS funding, and state grants. These program profiles provide helpful information to other programs in Indian Country that are looking to provide and fund HCBS.

### Introduction and Methodology

This report highlights the importance of and strategies for funding home- and community-based services (HCBS) in Indian Country. The objectives of this report are:

- To overview the kinds of HCBS that enable AI/AN individuals to remain in their homes and communities,
- To clarify why HCBS are of particular importance to AI/AN people who are elderly or who have disabilities, and
- To describe the modes by which selected HCBS programs have funded their programs.

This report also contains profiles and highlights the best practices of five programs currently working to keep AI/AN elders and persons with disabilities within their communities. These programs represent a diverse mix of AI/AN communities, including remote villages in Alaska and the sprawling urban area of Phoenix, AZ. Lastly, this report will also provide important and accessible information for other parties who are interested in establishing, or further developing, HCBS programs in AI/AN communities.

The information held within this report was collected from three primary sources: academic articles, online information sources, and short interviews with program providers. After various programs were identified in the literature and information review stage of this research, the exploration of particular HCBS programs and their funding mechanisms was undertaken through phone interviews with program providers and a long-term care policy expert.

### Long-Term Care

Long-term services and supports (LTSS) are the services and supports used by individuals who need assistance performing routine daily activities such as bathing, dressing, preparing meals, and administering medications. LTSS include medical, personal, and social service supports. Some services assist with activities of daily life such as eating, bathing, and dressing as well as those that assist with the instrumental activities of daily life, including housecleaning, cooking, driving, shopping, taking medication, telephone use, and money management (Goins et al., 2002). Social services include mental health, counseling, legal assistance, and support services (Davis 2013). There are also services that provide support and respite to caregivers (Goins et al., 2011; Yen & Bensen, 2010).

Older AI/ANs have been shown to be among the fastest growing populations in the United States (Goins & Pilkerton, 2010). Between 2000 and 2010, the number of AI/AN adults 65 years or older increased by 40.5%, a growth rate that is 2.7 times greater than that of the overall population of older adults (all races) over the same 10-year period (AoA, 2011). The AI/AN elder population is projected to reach 1,395,000 by the year 2050; that's a 3.5-fold increase from 2010 to 2050 (Goins & Pilkerton, 2010). In addition to studies that reflect the growing population of older AI/AN adults, other studies have revealed that AI/ANs suffer a disproportionately higher rate of disabilities including (lower body) functional disabilities that increase this population's risk for falls (Goins et al., 2012), demonstrating a clear need for LTSS within this population.

LTSS can be divided into institutional (or facility-based) care and home- and community-based services (HCBS). Institutional care refers to the skilled and around-the-clock care delivered in nursing homes. HCBS include those services that are given in a patient's own home, as well as services, such as assisted living facilities and adult day care programs that are provided within a patient's community. While institutional care is necessary when an individual's need for care escalates beyond his or her caretakers' capacity to properly care for him or her, elders and persons with disabilities can be prematurely admitted into facility-based care when HCBS options are not available. There is a growing demand for HCBS, and this demand has been enhanced by incentives (such as matching assistance<sup>1</sup>) now offered through the Affordable Care Act to states that spend their long-term care budget on HCBS instead of facility-based care.

### Home- and Community-Based Services

Generally, HCBS fall into three categories: in-home services such as personal care, chore, and homemaker assistance; community services including adult day care and legal and mental services; and

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<sup>1</sup> For instance, there is an incentive program called the Balancing Incentive Payments Program (BIP) that "allows qualifying states to receive bonus [medical assistance] payments for increasing their share of Medicaid long-term care (LTC) spending on home- and community-based services while reducing their share of Medicaid LTC funding on institutional care" (Stone 2011, P. 6).

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other services such as transportation, case management, and other assistance (AoA). The following list highlights a number of key HCBS.

- Assisted living facilities (or other residential facilities *in* the community)
- Caregiver outreach services (volunteers who check on elders in their homes)
- Congregant meals
- Elder abuse prevention programs
- Financial management assistance
- Homemaker, chore, health support services (assistance with shopping, cleaning, laundry, chopping firewood)
- Home health services or home health care (these two terms are used somewhat interchangeably to refer to medical services delivered in the home)
- Home modification (to assist safety and independence in the home)
- Home repairs (that facilitate independence in the home)
- Home-delivered meals
- Legal assistance
- Medical equipment
- Medication assistance
- Nutrition planning and consultation
- Palliative care (i.e., hospice care for end of life)
- Personal care assistance (assistance with bathing, dressing, eating, restroom use)
- Respite care (including senior centers that offer adult day care or adult day services)
- Transportation assistance

## The Unique Need for HCBS in Indian Country

HCBS are of particular importance for the AI/AN population: they are more culturally appropriate and they prevent or delay elders (or persons with disabilities) from being institutionalized. For those AI/AN individuals who reside in rural locations, institutional care is often an undesirable option. Facilities such as 24-hour nursing homes are commonly located far away from the individual's home and community. Thus, being placed in a nursing home can simultaneously result in individuals being severed from their home, community, families, relationships, language, diet, and overall realm of familiarity. Studies have shown that being placed in distant institutional care facilities often leads to a failure to thrive (DeCourtney et al., 2003). As stated by DeCourtney et al.: "Unaccustomed to detachment from nature, traditional diet, routines, and the 'sterility' of hospitals and nursing homes, many elders fail to thrive and do not survive very long after they leave their village." (DeCourtney et al., 2003).

HCBS help elders and persons with disabilities avoid the risk of unnecessary institutionalization by providing assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs) in patients' homes. Given this assistance, elders and people with disabilities are enabled to live independently in their homes and communities for longer periods of time (Shield et al., n.d.). As described by Bruce Finke, M.D., of the IHS Elder Care Initiative, HCBS, "help keep [persons of age and

persons with disabilities] part of our communities, part of our lives, [and] part of the tribal life.” In this way, HCBS improve the quality and duration of these individuals’ lives. Additionally, HCBS provide a way to receive needed services without being removed from the familiarity and psychosocial comfort and emotional support of the patient’s home and community (DeCourtney et al., 2003).

Services offered on reservations, especially by tribal members, are also more likely to be culturally appropriate than those services offered off of reservations (Chapleski and Dwyer 1995; Goins et al., 2003). This is especially true of palliative and hospice care since some Native communities have particular cultural frameworks for talking about, approaching, and caring for those who are at the end of their life (DeCourtney et al., 2003; Finke et al., 2004). Furthermore, elderly American Indians are more likely to use the services that are tribally run in comparison to those that are perceived as non-tribally affiliated services (Goins et al., 2003). Accordingly, services offered in the home and community are more likely to be used; to lead to improved quality of care and prolonged life, and to represent a more cost-effective alternative to institutional care.

## Funding HCBS

Despite the great need for LTSS within the AI/AN population, a wide disparity exists between the need for HCBS and their actual availability in American Indian communities (Jackson, n.d.). A national study on the availability of HCBS among 108 tribes surveyed found that 52% of HCBS are only moderately available in Indian Country (Goins et al., 2003; See also Jervis et al., 2002).

Frequent need for emergency and acute primary health care was usually met. Mental health, home health aide, homemaker/personal care, home maintenance, transportation, and outreach services were frequently needed and were only moderately met. Also, adult day care, respite care, assisted living, and short-term rehabilitation were frequently needed; these needs were rarely or never met. (Jackson, n.d.)

Providing HCBS requires staff, program coordination capacities, and funding. Limited funding—followed by a narrow understanding of local needs from federal and state levels and excessive regulations—is the most commonly reported barrier to the provision of these services (Goins et al., 2003). These reported challenges require that those communities and individuals interested in developing HCBS programs must have a firm understanding of potential funding sources. There are a number of funding sources for HCBS. Programs should be prepared to secure funding from a diversity of funding sources; doing so is not only necessary, given the limitations of available funding, but also serves to better sustain the program over time (Hartle and Jensen, n.d.).

According to Marilyn Hartle and LaDonna Jensen of the National Adult Day Services Association, grants or loans may be a good option to get HCBS programs started. With seed money obtained, programs can then increase the amount of money they make through operating revenue (i.e., money made by services

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provided, not from grants). Hartle and Jensen write that the traditional array of funding options for revenue, some of which are not applicable to AI/AN programs, includes the following sources:

- Medicaid reimbursements and waiver programs
- Medicare (most commonly for home health and therapy services)
- Older Americans Act funds (Title III and Title VI)
- Private pay and out of pocket
- Social Services Block Grants (Title XX)
- Department of Veterans Affairs
- Child and Adult Care Food Programs (CACFP, USDA)
- Budgeted state-specific funding programs
- County tax levies
- Long-term care insurance plans
- Asset protection long-term care plans
- Managed care programs

Determining how to receive payments for services offered can be difficult, especially when tribe and Title VI funds are limited.

### Medicaid

Medicaid is the largest payer of LTSS. “Federal guidelines require that state Medicaid programs cover skilled nursing facilities, home health aides, medical supplies, and medical equipment.” (NIHB, 2009). In addition to required services, states may choose to cover personal care services, transportation, private duty nursing and other rehabilitating services (NIHB, 2009). Each state develops their own Medicaid funding package, meaning that different states may cover a different array of LTSS with their Medicaid funding. Each state will also have unique certification requirements and reimbursement systems. In Indian Country, Indian Health Services (IHS) and tribally operated programs that are funded under P.L. 93 638 are fully authorized to provide and receive reimbursements for the long-term care services provided (Lewis, 2012). IHS and tribally operated and urban programs can collect reimbursements from Medicaid, Medicare, or other third-party payers at rates equal to preferred providers under federal health plans—as specified in the Indian Health Care Improvement Act (IHCIA Sections 401 and 408).

### Medicaid Waivers

As states have sought more cost-effective home- and community-based methods for providing long-term care services, Medicaid waivers have played an increasingly important role in providing LTSS (Kaiser Family Foundation, 2012). Consequently, Medicaid waivers should be viewed as a way to keep elders and person with disabilities in a community. The list below provides a brief overview of common Medicaid waivers:

- **1915c waivers:** Medicaid waivers—called “HCBS waivers” or “1915 waivers” (specifically 1915c waivers) enable states to pay for case management; home health aide services; homemaker services; personal care services; adult day health, habilitation, and respite care; home and vehicle modifications; assisted living; and chore services to individuals who would otherwise

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require nursing home care. Additionally, states may provide waivers that reimburse for transportation services, home-delivered meals, and home modifications.

- **1115 waivers:** 1115 waivers allow states to use Medicaid funding to create pilot and demonstration projects and provide services not offered under the traditional Medicaid plan. Demonstration projects can address a number of different facets in long-term care delivery, including finance, enrollment, and eligibility.
- **1915(i) State Plan Option:** The 1915(i) waiver covers HCBS for those individuals who do not qualify for facility-based care; this waiver helps states provide care earlier and likely prevents or delays institutionalization.
- **1915 (k) or Community First Choice (CFC):** This Medicaid state plan option was created under the Affordable Care Act and allows states to receive a six percentage-point increase in federal medical assistance percentages for providing HCBS to individuals who would otherwise receive facility-based long-term care. To qualify for CFC, elderly and disabled individuals must meet certain income requirements and otherwise require an institutional level of care (KFF.org).

To qualify for services through an HCBS waiver, an individual must be: a U. S. citizen or legal alien, a state resident of the state offering the waiver, 60 or older or disabled, Medicaid eligible, or (in some states or for some HCBS waivers) at risk of nursing facility placement. It must also have been determined that the individual can be safely maintained in the home or community with the services provided in the plan of care and that these costs will not exceed the cost for institutional care (ibid). Each state may have a different number of waivers, with different services covered.

### Medicare

Medicare provides some limited support for HCBS. Medicare funds up to 100 days of rehabilitation or 24-hour skilled nursing care (ibid). In some instances, when a client has needs in addition to the need for skilled care, Medicare may also pay for personal care services. Mainly, however, Medicare funds rehabilitative home health services (physical therapy, wound care, and IV therapy) and hospice and palliative (i.e., end-of-life) care. To receive reimbursement for home health services (medical services provided in the home) and hospice services, programs must have obtained Medicare certification through a rigorous licensure process. This licensure process may require that the relevant care providers have high levels of education, continue to participate in particular trainings (e.g., ethics, elder abuse prevention), and can pass thorough background checks.

### Other Payers

HCBS are also funded by a handful of other entities, agencies, and programs. According to Bruce Finke, M.D. of the IHS Elder Care Initiative, a patient's family, the Administration on Aging, Title VI of the Older Americans Act, The Aging Network, Title III of the Older Americans Act, IHS, tribes, and the VA are entities that contribute significantly to HCBS. Karen Leetiky, Director of the Zuni Senior Center, adds that state, tribe, and other grants, such as Indian community service block grants or grants through the Robert Wood Johnson Foundation, can also be sought for LTSS program funding.

### Administration on Aging

The Administration on Aging (AoA), a program under the Administration for Community Living, funds nutrition services and information and assistance, as well as transportation, in-home services, caregiver support, and other supportive services under Titles III and VI of the Older Americans Act (OAA) (CMS TTAG & NIHB, 2009). The OAA provides federal funds for state, tribal, and other local social service programs that enable frail and disabled older individuals to remain independent in their communities for as long as possible. OAA programs also receive matching funds from their state.

- **Title III Grants for State and Community Programs on Aging:** Title III grants provide federal funding for HCBS to state agencies on aging (specifically for personal care, case management, homemaker, and in-home respite services (NADSA, 2011). There is a requirement for Area Agencies on Aging that receive Title III funds to coordinate with tribes with whom they have a contract. Title III funding comes from the federal government and is allocated to each states' Area Agencies on Aging.
- **Title VI Grants:** Title VI grants provide grants specifically to Native American-focused programs on aging. Under Title VI of the OAA, the AoA awards grants to tribes and tribal organizations and Native organizations for nutrition services, information and assistance, transportation, in-home supportive services, and caregiver support services. Currently, 246 tribal organizations are funded by Title VI funding (Terry Duffin of the Administration for Community Living (ACL) and Veterans Health Administration). To receive OAA funding, programs must be offered by a federally recognized tribe, serve fifty or more elders age 60 and over, and have a contract with the Area Agency on Aging. Funding must be applied for every 3 years. While grants are competitive for new applicants, re-applying former grantees are automatically funded for another 3 years. Each program must examine the federal (Medicare and Medicaid), state, and other local requirements for licensing and certifying the services they provide.

### Indian Health Service Elder Care Initiative

The IHS Elder Care Initiative Long-Term Care Grant Program funds LTSS that are largely medical in nature. Eligible services include home health, adult day care, skilled nursing, personal care, and comprehensive medical services and supports (NIHB, 2009). Ineligible services include assisted living, socialization, and chore services (ibid). The Department of Veterans Affairs (VA) reimburses adult day services, but may limit coverage to a selected number of days a week. The VA also funds home health care for veterans who are at least 50% disabled due to a service-related condition. The VA does not cover other nonmedical services such as personal care or chore services.

### Grants

Social Services Block Grants provide funds to states for state-identified service needs, including HCBS. Block Grants may comprise a combination of funding sources including Title III funds, state appropriations, and Social Services Block Grant transfers. All services funded by Block Grants are required to be in accordance with service standards issued by the Division of Aging.



## Profiled HCBS Programs and Their Funding Sources

Key stakeholders of AI/AN health have noted that locating programs upon which to model LTSS programs is a universal challenge (National Indian Health Board). For this reason, this section highlights a select number of HCBS programs located in Indian Country that work to keep elders and persons with disabilities in their communities for as long as possible. Special attention will be paid to the services these programs offer and the ways in which these programs fund their operations.

### Case 1: The Confederated Tribes of Siletz Elders Program, Oregon

The Confederated Tribes of Siletz Elders Program in Oregon provides a comprehensive array of nutrition and supportive services including socialization activities, nutrition services, in-home services, caregiver services, financial benefits, and referral services to other local and tribal resources. Specifically, they offer semi-annual elders meals, one-on-one assistance (to inform elders of tribal programs and services), congregate meals, Meals on Wheels deliveries, transportation services, and needed in-home assistance (chore services, homemaker services, and home health aides). These services are provided to those elders not covered by the state or other programs. The Elders Program strives to provide a care plan that makes sense for their particular elders. After an assessment has indicated need, an elder may select an appropriate chore aide, homemaker, or home health aide from their community to help them with heavy outdoor chores, housekeeping, or personal care; the Elders Program pays for these aides. The Elder Program's two most demanded services are chore services (especially wood chopping) and congregate meals.

In Oregon, tribal services, including nutrition services and support for family and informal caregivers, are funded through Title III and Title VI of the Older Americans Act. The Elders Program is funded entirely by Title VI of the Older Americans Act. Nearly all of the services are funded under Title VI Part C; the only exception is the lesser used respite service for caregivers. Respite services are funded by Title VI Part A. The Siletz Elders Program works with the state in the care of their elders; if assessment shows the need for medical care or respite care, the elder will often be referred to the state senior disabilities services for state-provided medical home care and respite assistance. In fact, if an elder needs extensive or medically trained care, they will be required to apply for state assistance prior to services being authorized through the Elders Title VI program. The Elders Program is currently looking into funding that would enable them to provide traditional foods for their congregate meals or Meals on Wheels services.

### Case 2: The Bristol Bay Native Association's Elderly Services Program, Alaska

The Bristol Bay Native Association's (BBNA's) Elderly Services Program provides services to elders in the Bristol Bay region of Alaska. The goal of delivering these services is to help the elders remain in their

village and lead meaningful, independent lives. This is accomplished by providing all elders 60 years or older with a comprehensive and coordinated system of support, as well as nutritional, information, and referral services. BBNA's Elderly Services Program provides transportation, nutrition (including a hot lunch program), and supportive services to elders in many villages of the Bristol Bay Region. BBNA's care coordinators provide assessment and referral services.

The BBNA's elder services are funded through the state and federal government. Title III and Title VI (federal funds) cover respite care, meal and transportation, and chore services. The State Division of Senior and Disabilities Services provides funding for care coordination, and partial funding for nutrition, transportation, and support services through the Alaska Commission on Aging. Care coordination services are also provided through a state grant. Personal care and some chore services are referred to outside organizations. For instance, those in need of personal care are directed to the Yuuyaraq Health and the Community Directed Personal Care Attendant Programs; individuals requiring personal care assistance, respite, or chore services may be referred to the Alzheimer's Resource Agency in Anchorage. These programs are commonly funded by Medicaid or private pay.

### **Case 3: The Standing Rock Sioux Nutrition for the Elderly Program, North and South Dakota**

The Nutrition for the Elderly Program offers congregate meals and Meals on Wheels (home-delivered meals). The purpose of this program is to provide nutritional services to elders who have been found ineligible for state funding (Medicaid) but who still have need for assistance. This program, like other nutrition for the elderly programs, strives to improve the diets of participants and to offer participants opportunities to create and expand informal support networks. There are eight sites: five in South Dakota and three in North Dakota. There is a cook located at each site and traditional food items are incorporated into the meals served for the congregant and home-delivered meals. This includes incorporation of wild turnips, dried corn, junberries, cherries, plums, and traditional herbs into prepared foods. This program, along with other HCBS programs, falls within the Standing Rock Sioux's Health Programs.

The Nutrition for the Elderly Program is largely funded with Title VI funding. However, the program is also supported with Title III funding and other grants. The Title VI funding is provided directly to the tribe from the federal government; the Title III funding is channeled from the federal government to the tribe through the state. A new USDA grant is providing the funds to establish gardens at each of the sites; these gardens provide fresh vegetables for use in the meals provided to qualifying elders. A Farmers Market Grant provides \$50 worth of \$5 vouchers so that elders can purchase fresh produce and traditional food items at their local farmer's market. The Nutrition for the Elderly Program is currently looking for funding to help them provide transportation to and from the farmers markets to facilitate their use of the \$5 vouchers. Their goal is to work with the relevant states (ND, SD) to set up a billing

infrastructure in which HCBS programs could bill the state for services provided to elders who are ineligible for state-funded services.

#### **Case 4: Native American Community Health Center, Inc.'s Native American Adult Day Care Health Care Center, Arizona**

The Native American Adult Day Care Health Care Center in Phoenix is the first AI/AN urban adult day center in the country (NIHB, 2009:14). This facility provides an array of services during the day including supervision, socialization and activities, transportation, hot meals and snacks, medication management, rehabilitation, and assistance with activities of daily living (eating, bathing, restroom use). The Day Care Health Care Center is housed within the Native American Community Health Center (Native Health), a service provider for the Arizona Long Term Care System (ALTCS) Tribal Case Management Program.

The ALTCS Tribal Case Management Program provides acute care (general medical care services), behavioral health, long-term care, and case management services. These services are offered to American Indian ALTCS members who are at risk of institutionalization (i.e., those who are elderly and/or have physical disabilities) who reside on a tribal reservation and whose tribes do not have contracts with Arizona's Medicaid agency to provide case management services for their enrolled ALTCS members. The tribes served by Native American Community Health Center include the Ak-Chin Indian Community, Cocopah Tribe, Colorado River Indian Tribes, Fort McDowell Yavapai Nation, Fort Mohave Indian Tribe, Havasupai Tribe, Hualapai Tribe, Kaibab-Paiute Tribe, Quechan Tribe, Salt-River Pima-Maricopa Indian Community, Tonto Apache Tribe, Yavapai Apache Nation, and Yavapai Prescott Tribe.

The Adult Day Care Health Center, and other ALTCS long-term care and HCBS provided, are paid for by the Arizona Health Care Cost Containment System (AHCCCS). AHCCCS is a state program that administers health care for individuals enrolled in Medicaid. Care facilities, such as the Native Health's Adult Day Care Health Center, must be enrolled with AHCCCS American Indian Health Program to receive payments from AHCCCS for the services provided.

#### **Case 5: Tanana Chiefs Conference Community Health Outreach Program, Alaska**

The Tanana Chiefs Conference (TCC) Community Health Outreach Program (CHOP) provides chore services (housekeeping), personal care assistance, respite for caregivers, and care coordination to elders and persons with disabilities who are located in the Tanana Chiefs Conference rural area. CHOP also provides medical equipment, house modifications, and some other medical services. These services are provided by program coordinators who are registered nurses, care coordinators, personal care assistants, chore aides, respite aids, and community volunteers.

TCC/CHOP relies on Medicaid reimbursements, the Alaska Medicaid CHOICE waiver, IHS funding, and grants such as the Senior-in-Home Grant and the National Family Caregiver Grant to provide their

services. The CHOICE waiver program covers respite, personal care assistance, chore services, specialized medical equipment, home modifications, and other medical services. Respite care and care coordination are also supported by Title VI and the senior-in-home state grant funding. When first starting out, CHOP obtained small grants from the state. They then approached the state to ask for Medicaid reimbursements for the personal care services they were delivering. Eventually, they learned that a state waiver existed that would pay for various other elements of senior care, including specific chores not included as Personal Care Assistance for Medicaid reimbursement.

## Conclusion and Peer-to-Peer Recommendations

There is a great and growing demand for HCBS both at the state and at the individual levels. HCBS are more affordable for the state, and, more importantly, are often preferable to elders and persons with disabilities. In Indian Country, HCBS are of utmost importance; they allow those who are unable to care for themselves the services they need to remain in their homes and communities. In turn, these individuals are given a better quality of care and, according to program administrators, an extended duration of life.

According to administrators of IHS, tribal, and Urban Indian (ITU) LTSS programs, limited funding creates a challenge in communities looking to develop or expand HCBS programs. However, limited knowledge or use of the funding sources that *are* available also serve as barriers to the successful provision of HCBS. This report has provided information on funding sources that are available and are being used by existing HCBS programs.

## Recommendations from ITU LTSS Administrators

The directors of existing home- and community-based service programs have substantial experience and have valuable insights and lessons learned to share with the staff of new and developing HCBS programs.

- Partner with and learn from other ITU LTSS providers.
- Use third-party payers, such as Medicaid and Medicare, which will allow you to provide more services, improve the quality of care, and keep tribal members in their communities. (Cyndi Nation, Director of Tanana Chiefs Conference Community Health Outreach Program, CHOP)
- Research and take advantage of all available funding opportunities and to properly use opportunities to receive reimbursement for the home- and community-based services provided. “[Y]ou’re crazy if you don’t [take advantage of funding opportunities, such as reimbursements]. I couldn’t have a program if I didn’t do that. [N]ot to go after whatever resources that you can to be able to provide that care, for me is unconscionable.” (Cyndi Nation)
- Use grant, tribal, and IHS funding as sources of seed funding rather than as the primary sources of operating funding.

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- In starting a program, and searching for funding, one program director advises that programs “keep working as hard as you can. Get as many services out there as you can for your elders. Look for grants – there are grants out there that we can reach (i.e., obtain).” (Luella Harrison, Director of the Nutrition for the Elderly Program)

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## ACA Outreach to AI/AN Communities

### Offering and funding home and community-based service programs in Indian Country

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## Other Useful Links

National Indian Council on Aging. <http://nicoa.org/advocacy/administration-on-aging/>

The Administration on Aging (AoA).

[http://www.aoa.gov/AoARoot/AoA\\_Programs/HCLTC/supportive\\_services/index.aspx](http://www.aoa.gov/AoARoot/AoA_Programs/HCLTC/supportive_services/index.aspx)

The Administration on Aging's Eldercare Locator (helps you locate LTSS resources and information in your area). <http://eldercare.gov/eldercare.net/public/resources/topic/LTC.aspx>

The National Association of Area Agencies on Aging (N4A). <http://www.n4a.org/>. For a list of Area agencies, and the LTC services offered in each state (including particular tribe area agencies on aging), see <http://www.n4a.org/about-n4a/?fa=aaa-title-VI#WA>.

National Association for Home Care & Hospice. For more information on Home Care Services see <http://www.homecarenews.com/Consumer/home.html>.

The Administration for Community Living. For information on resources for older adults, people with disabilities caregivers and families, and more. [http://acl.gov/Get\\_Help/Help\\_Older\\_Adults/Index.aspx](http://acl.gov/Get_Help/Help_Older_Adults/Index.aspx)

The AoA. For information on programs for AI/ANs.

[http://aoa.gov/AoARoot/AoA\\_Programs/HCLTC/Native\\_Americans/index.aspx](http://aoa.gov/AoARoot/AoA_Programs/HCLTC/Native_Americans/index.aspx)

The Kaiser Family Foundation (KFF). <http://kff.org>

The Kaiser Family Foundation (KFF). For information on 1915(k) waivers see

<http://kff.org/medicaid/state-indicator/section-1915k-community-first-choice-state-plan-option/>