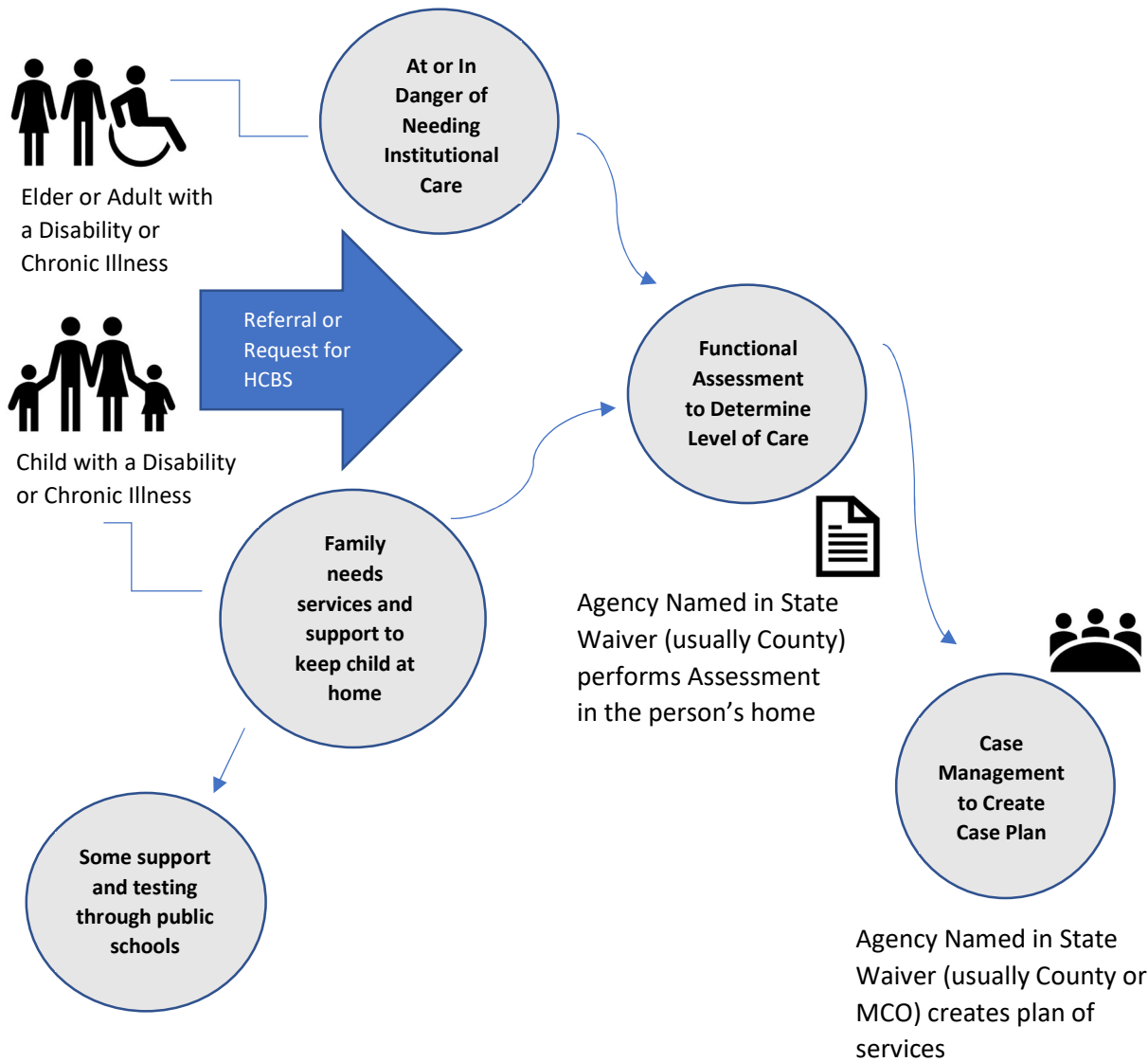


Standard Medicaid HCBS Process



ASSESSMENT & CASE MANAGEMENT

Unless a state Medicaid HCBS waiver includes Tribes, then Tribal members and their families must go through the local county for enrollment and the related assessments. It is important for Tribal staff to be available as an advocate through the process to reduce fear and ensure the Tribal members needs and unique rights are understood.

Tribes need to make sure that state HCBS agencies know that Tribes are payable providers of Medicaid allowable services. This is a Tribe's sovereign right as sovereign and preserved in federal law.

Often, non-Native case management treats Tribal services as a "free" resource.

Tribal members have special provisions for Medicaid income calculations and Estate Recovery. Most state agencies are unaware of these.



Case Plan is created with amount and type of services the Tribal member needs to support them aging in place.

The Case Manager helps connect the Tribal members with a provider of the needed services. This can be Tribal or non-Native providers.

The Tribe may only bill for a service when it is listed on the case plan and the Tribe is listed as the provider. Tribes can also use contracted/purchased care to supply LTSS services.

