National Indian
Health Board

An Overview of Long-Term Care in Indian Country

Centers for Medicare & Medicaid Tribal Technical Advisory Group (CMS TTAG)
&
The National Indian Health Board (NIHB)

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The Red Feather of Hope and Healing

BACKGROUND:

The Centers for Medicare & Medicaid Service Tribal Technical Advisory Group (CMS TTAG) is comprised of one elected tribal leader, or an appointed representative from each of the twelve geographic Areas of the Indian Health Service (IHS) delivery system. In addition, there is one representative from each of the three national Indian organizations headquartered in Washington DC, National Indian Health Board (NIHB), National Congress of American Indians (NCAI), and Tribal Self-Governance Advisory Group (TSGAC). The TTAG serves as an advisory committee to CMS on health care issues affecting American Indians and Alaska Natives (AI/AN) as well as the IHS Tribal and urban Indian (I/T/U) health programs that serve them.

The CMS TTAG was established in the fall of 2003 with the first face-to-face meeting held in February 2004 to provide advice and input to the CMS on policy and program issues affecting delivery of health services to AI/AN served by CMS-funded programs. Since its inception, the TTAG has carried out its responsibilities as an advisory group by holding monthly conference calls and three face-to-face meetings each year. In order to perform more in-depth analysis of Medicare, Medicaid, and SCHIP policies, effecting AI/ANs, the TTAG also works through smaller subject specific subcommittees. One of these is the Long-Term Care (LTC) Subcommittee.

The LTC Subcommittee consists of individual TTAG members, technical advisors, and employees from CMS and the IHS. The LTC subcommittee was formed to provide advice to the TTAG, which in turn will advise CMS regarding improving access for AI/AN to existing and new LTC services that serve elders and non-elderly people with disabilities.

In order to assist the TTAG and CMS to better understand and improve LTC services in Indian Country, the LTC subcommittee has recommended the development of a LTC report, providing an overview of LTC services in Indian Country. In January 2008, CMS issued an Intra-Departmental Delegation of Authority (IDDA) to IHS (IDDA-08-48) for funding technical and administrative support of the TTAG between 8/1/2008-12/31/2008. Among other work products under the IDDA, was support from the NIHB of the LTC subcommittee. That support included providing ongoing staff and research support regarding existing LTC models and options in Indian Country; identifying existing documents, conducting interviews regarding experiences and issues at the Federal, State, and local level, and reviewing of legal research and policy barriers related to IHS and Tribal operation of LTC services and expansion of those services.

This overview of LTC is a first step in the process to produce a more comprehensive LTC Report scheduled to be completed by January 2010, which will provide the basis for a LTC Resource Guide/Tool-Kit to be finalized by September 2010.[1]

[1] The due dates mentioned for the LTC report and LTC Tool-Kit are taken from the 2010-2015 CMS AI/AN Strategic Plan, Objective 5a, Task 1.

INTRODUCTION

With tribal members living longer, the demand for LTC services in Indian Country is increasing. Advances in health care in the Indian health system have led to a decrease in infant mortality and fewer deaths from infectious disease, resulting in a population that is living longer and experiencing more age related debilitating diseases requiring LTC services. Although only 12% of AI/AN are age 55 and older, this group has grown by 25% over the previous 10 years and the overall life expectancy for AI/AN has increased from 51 years in 1940 [2] to 76.9 years in 2001.

Although LTC has traditionally been viewed as facility-based nursing home care, LTC consists of the wide spectrum of health and social services required to care for individuals who are limited in their capacity to care for themselves due to physical, cognitive, or mental disability. These conditions frequently result in the individual being dependent on others for an extended period. The continuum of services ranges from the home-based services to facility-based, such as nursing home care or assisted living. LTC can consist of on-going assistance with daily personal care activities such as bathing, dressing, eating, using the bathroom, and getting in and out of bed. It may also include assistance with such tasks as shopping, cooking, gathering firewood, and transportation. LTC plays an important role in the management of medication and ensuring that individuals receive their necessary medical care. It is also a leading cause of catastrophic out-of-pocket costs for families and involves substantial government spending, primarily through Medicaid and limited through Medicare. After the initial depletion of personal resources, many people turn to Medicaid to pay for their LTC services.

Family members provide the majority of LTC in the AI/AN community, as among the general population. However, even when family members are involved, additional support and professional services are frequently required to avoid admission to a nursing home, which is often the most expensive form of LTC and the one least desired by elders and others. In addition, increasingly both elders and others experiencing disabilities opt to remain in their own home with an array of support services that allow them to live independently as long as possible. However, no matter how much individuals may wish to remain outside of congregate care, some elders and individuals with disabilities may at some point require some form of assisted living and/or congregate care, and ultimately skilled nursing home care.

It is commonplace in Indian communities, as throughout the Country, for LTC services to be widely distributed operationally. It is commonplace for meal service and other nutritional assistance to be offered outside the health program, as are housing support, chore service, and many other home based assistance programs. Frequently the services are poorly coordinated as each focuses on carrying out the specific requirements of their funding agency, such as individual services supported by the Administration on Aging and services paid for by Medicaid through State programs. Since IHS, BIA and tribal funding for LTC is limited, in many communities, individuals who need LTC must obtain them from non-Indian providers.

The following three factors—the breadth of the continuum of services, the wide variety of ways in which CMS funded programs are implemented by States, and the wide distribution of

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[2] "Guidelines for Palliative Care Services in the Indian Health System" December, 2006, Indian Health Services, available at: http://www.ihs.gov/NonMedicalPrograms/NC4/Documents/FINALPCGUIDELINES.pdf

authority for LTC services—make it very challenging to identify and catalog the current availability of services let alone try to propose systemic changes that would be effective throughout Indian Country.

Notwithstanding the challenges, the purpose of this report is to begin the process of summarizing and reviewing LTC models and options that have developed in Indian Country. The Report also includes a very preliminary summary of elder services provided by IHS, Tribes, or Tribal Organizations, separated by IHS service areas based on information gathered from the service locator map at the National Resource Center on Native American Aging (NRCNAA).[3] It is the authors hope that Tribes reviewing this data will work with the NRCNAA to improve the completeness of the information. The final report will include an analysis of LTC programs provided by IHS and tribally operated programs, and identification of the legal authorities and/or barriers for each of these programs in carrying out LTC services.

The data tables included in Appendix "D" are not a comprehensive listing of all Tribal elder program services available. Even the rudimentary information we have been able to obtain makes it clear that there are wide disparities in the availability of most components of LTC, particularly if one looks only at those services provided by IHS or Tribes. Even those services that may exist are insufficient to meet the need; and that new models for identification and coordination of services are needed in order to maximize the resources that may be available and to expand them. One of the ongoing goals of the final LTC report will be to identify how AI/ANs are accessing the care that they need.

Future efforts for improving LTC in Indian Country:

- Develop strategies for accessing and coordinating different sources of funding.
- Work in partnership with the Indian Health Service to expand LTC services.
- Work in partnership with CMS to increase access to services and reimbursements.
- Work to further develop and build up LTC services and advocacy efforts in Indian Country.
- Enhance HCBS to allow elders to remain in their own homes.
- Increase support for families and other caregivers.

It is important to keep in mind that the objective is to develop a variety of delivery and financing models for LTC that work within the existing constructs of Indian Country. These models ideally, will improve on the typically disjointed delivery system that is most common throughout the United States, including in Indian communities.

[3] Available at: http://ruralhealth.und.edu/projects/nrcnaa/servicelocator.php

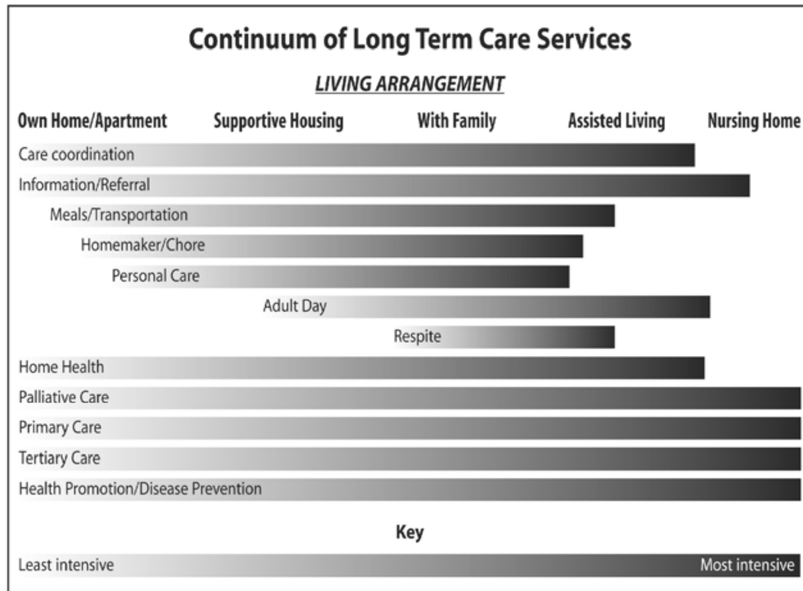
Long Term Care: What is it?

Long term care is generally defined as the care of an elder or individual with a disability who requires on-going assistance with activities of daily living, such as bathing, dressing, grooming, eating, toileting, transferring, shopping and cooking. LTC services provide support to clients and their families with medical, personal, and social services delivered over a sustained period of time. These services are delivered in a variety of settings, ranging from a person's own home to institutional settings, to ensure quality of life, maximum independence, and dignity. LTC in AI/AN communities also includes the importance of maintaining cultural values in the delivery system

Most LTC is provided at home – either in the home of the person receiving care or at a family member's home. There is also an increasing amount of LTC available in the community through programs such as adult day service centers, transportation services, and home care agencies that often supplement care at home or provide respite for family caregivers. In addition, there are a variety of residential care settings, such as assisted living, board and care homes for people who cannot stay at home, but whose needs may be able to be met outside a nursing home. Nursing homes provide LTC to people whose needs include nursing care or 24-hour supervision in addition to their personal care needs.

This range of LTC services is typically referred to as a continuum of care. The continuum of care describes these services in a linear manner, from least to most complex. But people do not necessarily receive the services in this way. The timing of services needed is specific to each individual, and a person can receive any number of services along the continuum at the same time and or at different stages of their life. Someone may need the most intensive service in a nursing home for rehabilitation following a stroke, and may then move back home and receive services on the lower end of the continuum. Figure 1 depicts the continuum in a linear model with housing options across the top and various home and community based and medical services.[4]

Figure 1



[4] Kay Branch, "Long Term Care Needs of Alaska Native Elders", Alaska Native Tribal Health Consortium, August 2005.

The viability of LTC care in any community, and particularly Indian Country requires the knowledge and the efficient use of all available funding resources. The funding sources are widely distributed and disjointed and each has its own eligibility rules.

It is of the utmost importance to develop strategies for coordinating multiple resources and locating additional sources to fund LTC initiatives in Indian Country. In order to provide satisfactory LTC services adequate funding is the necessary foundation. Knowledge of the funding sources, the requirements for eligibility for services provided by the funding sources, and the ability to provide culturally appropriate services to tribal members using these sources are primary factors in developing LTC programs.

Most people who receive LTC outside of a nursing home require additional help either from family or from friends to supplement services from paid providers. This is because so much of the care needed is personal care: help with activities such as bathing, toileting, and dressing, help managing medications, which can be part of a package of services covered under certain Medicaid or Medicare options, but which often are not covered because of the complexity of program and eligibility standards. Financial assistance is required in nearly every case where individuals need care outside the home.

Identifying and maximizing the sources of funding, building linkages among the different components of LTC, and providing assistance to individuals who need LTC to obtain access to the right mix of services pose huge challenges in Indian Country.

Who Funds or pays for Long Term Care?

Very few individuals have the resources to pay the cost of their own LTC services. Medicaid is the single largest payer for virtually all forms of LTC. According to *Medicaid a Primer 2009* by the Henry J. Kaiser Family Foundation, " Medicaid covers more than 6 of every 10 nursing home residents and finances 40% of all long-term care spending in the nation."[5] Historically, most long-term services financed by Medicaid have been provided in institutions. However, more recently the trend has been toward providing home and community-based services (HCBS) through 1915(c) waivers and other special programs associated with various aspects of LTC, such as the PACE program. HCBS waiver programs allow states to deliver care in the community to individuals as an alternative to receiving care in institutions.

The Deficit Reduction Act of 2005 (DRA) gave states more flexibility to provide community-based LTC services by amending their Medicaid State Plans (SPA) rather than through the cumbersome waiver process. Because the HCBS waivers allow states to provide appropriate and desirable care in a manner more conducive to local communities, waivers and the services they cover vary from place to place. Terminology for LTC programs and services also vary from State to State making comparative data difficult to compile and analyze. Further complicating the understanding of what constitutes LTC and how it is paid for is the fact that, in addition to

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[5] Available at: http://www.kff.org/medicaid/upload/7334-03.pdf

Medicaid and to a more limited extent Medicare, there are a wide range of other agencies that fund various services that are critical to the network of LTC services.

Such resources include but are not limited to the Administration on Aging (AoA), the Indian Health Service (IHS), Bureau of Indian Affairs (BIA), and Tribal resources.[6] In addition, there are other federal programs which provide LTC assistance either directly (to the client), or indirectly (through service or facility development). The Department of Veterans Affairs (VA) supports nursing home care and a wide range of non-institutional services to Veterans. The Department of Housing and Urban Development (HUD) administers a number of programs that assist adults with LTC limitations. The Congregate Housing program provides meals and supportive services to assist frail elderly remain living independently in HUD-subsidized housing. The Assisted Living Conversion program allows HUD-subsidized facilities to modify their apartments and common areas to accommodate the frail elderly.[7]

Examples of LTC Funding Sources

IHS Elder Care Initiative Long Term Care Grant Program:

The goal of the IHS Elder Care Initiative Long Term Care Grant Program is to support the planning and implementation of sustainable LTC services for AI/AN elders. The primary focus for planning and program development for AI/AN LTC is at the tribal and urban community level. Tribes have different histories, capabilities, and resources with regard to LTC program development and will have differing priorities in building LTC infrastructure. Key to planning LTC services is assessing need based on population demographics and functional impairment. Equally important is the identification of services acceptable to elders and their families, and identifying the means for sustaining the services after the grant period.[8] Many of the grantees are in the early stages of identifying unmet needs, identifying available resources, and developing a vision for LTC services. Other grantees have been providing LTC services with Tribal dollars and are developing mechanisms for reimbursement, expansion, and sustainability.

Funding for this grant program is limited to LTC services that are primarily medical in nature--based on an individual assessment, part of an individual plan of care, and are linked to a specific diagnosis. Eligible services include personal care, home health, adult day health, skilled nursing, and comprehensive medical LTC. Ineligible services include assisted living, socialization, and chore services.

Grants have been awarded on a competitive basis every two years, and are divided into two categories:

1) assessment and planning, including a comprehensive plan for service delivery, (awards in the amount of $50,000 a year) and

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[6] William Benson, *Long Term Care In Indian Country Today, A Snapshot*, "American Indian and Alaska Native Roundtable on Long Term Care: Final Report 2002," Prepared by: Jo Ann Kauffman, Kauffman and Associates, Inc., Spokane, WA

[7] CRS Report for Congress RL33919, *Long-Term Care: Consumers. Providers, Payers, and Programs*, by Carol O'Shaughnessy, Julie Stone and Thomas Gabe, March 15, 2007

[8] http://www.ihs.gov/medicalprograms/eldercare/index.cfm?module=longtermcare#Grants

2) implementation and/or getting started with a particular service, (awards in the amount of $75,000 a year)

Grants for the two-year cycle beginning in September 2006 were awarded to:

- Aleutian / Pribiloff Islands Association, Inc.
- Cherokee Nation
- Ho Chunk Nation
- Inter Tribal Council of Arizona, Inc./ Hopi Tribe
- Kenaitze Tribe
- Mt. Sanford Trial Consortium
- Native American Community Health Center, Inc.
- San Carlos Apache Tribe
- Southeast Alaska Regional Health Consortium
- Tucson Indian Center
- Yurok Tribe

Grants for the two-year cycle beginning in September 2008 were awarded to:

- Bristol Bay Area Health Corporation
- Chugachmiut
- Colorado River Indian Tribes
- Huron Patawatomi
- Inter-Tribal Council of Michigan
- Kodiak Area Native Association
- Leech Lake Band of Ojibwe
- Nimiipuu Health – Nez Perce Tribe
- Pueblo of Jemez
- Qutekcak Native Tribe
- Ramah Navajo School Board
- Southern Indian Health Council.

The Administration on Aging (AoA)*:*

Under Title VI of the Older Americans Act (OAA), The Administration on Aging (AoA) awards grants directly to Tribes and Tribal organizations and native organizations for nutrition services (including congregate and home delivered meals), information and assistance, transportation, and in-home supportive services. Title VI programs are also important sources for social interaction and supportive services. Many programs provide traditional craft activities and health promotion activities, including aerobic exercise classes, fitness walking, and line dancing.[9]

The 1978 Amendments to the OAA created Title VI, Grants for Indian Tribal Organizations, to promote the delivery of supportive and nutritional services for Indian elders that are comparable to services provided under Title III of the OAA. (Title III of the OAA, entitled Grants for State and Community Programs on Aging, is the nationwide program of supportive and nutritional service for persons over age 60 of all ethnic groups.) Title III funding provided through states

[9] http://www.aoa.gov/press/prodsmats/fact/pdf/fs_AmerIndian.doc

also supports a few tribally run AoA agencies, such as the Navajo Nation and the Inter Tribal Council of Arizona, Inc.

In the OAA Amendments of 1987, the name of Title VI was changed to Grants for Native Americans, and Part B, Native Hawaiian Programs, was added. Nutritional services and information and assistance services are required by the OAA. Nutritional services include congregate meals and home-delivered meals (meals on wheels). Home and community-based supportive services include information and assistance, transportation, chore services, and other supportive services that contribute to the welfare of older Native Americans.

In the OAA Amendments of 2000, Part C, the Native American Caregiver Support Program was added. This program assists families in caring for an older relative with a chronic illness or disability. The program helps tribes provide multifaceted systems of support services for family caregivers of elders and for grandparents caring for grandchildren.

Medicaid:

Medicaid funding helps pay for LTC services. Federal guidelines enable each state to determine, within limits set by the Federal government, who is eligible for Medicaid, what services are covered, and the circumstances in which a particular service is provided to an individual. Federal guidelines require that State Medicaid programs cover skilled nursing facilities, home health aides, medical supplies, and medical equipment. States may also choose to cover such services as:

- Personal care services
- Physical therapy
- Occupational therapy
- Speech pathology
- Audiology
- Rehabilitation
- Private duty nursing
- Transportation

In addition, States may obtain a Home and Community Based Services Waiver (also referred to as a 1915(c) waiver) that enables them to cover the following non-inclusive list of services to people who would otherwise require nursing home care:

- Case management
- Home health aide services
- Homemaker services
- Personal care services
- Adult day health, habilitation, and respite care
- Home modifications

- Vehicle modifications
- Assisted living
- Chore services

In their waiver application, States define the population (i.e.; elderly, developmental disability, traumatic brain injury) that will be eligible for the waiver and what services the waiver will cover, as well as, the maximum number of people the waiver will serve. Finally, States may limit a waiver to a geographical area(s) within the State.

Medicare:

Medicare is a federally funded health insurance program available to U.S. citizens age 65 and older and certain disabled people and pays for very limited LTC services. Generally, Medicare will pay for LTC services for a maximum of 100 days as necessary for rehabilitation or skilled nursing care after a three-day hospitalization. In-home services are available but beneficiaries must be "homebound" or need "intermittent" skilled nursing or therapy services and be under the care of a physician who prescribes their plan of care. Personal care services or assistance with Activities of Daily Living (ADL) are also available through Medicare but only if the client needs these in addition to skilled care. Individuals who need only assistance with ADL are not eligible for these services under Medicare.

Eligibility for Medicare is based on an individual's or their spouse's work history and payments to Social Security. It is interesting to note that barriers exist in Indian Country to access Medicare-paid LTC services. Since Indian Tribes assumed that health care was covered by treaty through access to Indian Health Service programs, for many years many tribal governments and businesses elected not to pay into the Medicare system. Tribal members employed by the Tribe during this time lack access to Medicare and although they continue to have medical coverage through IHS, they lack access to the Medicare LTC benefit. In addition, because of the lack of formal employment over their lifetime, some AI/AN Elders do not qualify for Medicare.

Housing and Urban Development (HUD):

Mortgage Insurance for Nursing Homes, Intermediate Care, Board & Care, and Assisted-living Facilities: Section 232 and Section 232/223(f). Section 232 insures mortgage loans to facilitate the construction and substantial rehabilitation of nursing homes, intermediate care facilities, board and care homes, and assisted-living facilities. Section 232/223(f) allows for the purchase or refinancing with or without repairs of existing projects not requiring substantial rehabilitation. Mortgages may be used to: 1) finance the construction and rehabilitation of nursing homes, intermediate care facilities, board and care homes, and assisted living facilities; 2) enable borrowers to buy or refinance (with or without repairs) projects that do not need substantial rehabilitation; 3) install fire safety equipment.

Facilities must accommodate 20 or more residents who require skilled nursing care and related medical services, or those who while not in need of nursing home care, are in need of minimum but continuous care provided by licensed or trained personnel. Assisted living facilities, nursing

homes, intermediate care facilities, and board and care homes may be combined in the same facility covered by an insured mortgage or may be in separate facilities.

Eligible mortgagors include investors, builders, developers, public entities (nursing homes) and private nonprofit corporation and associations. For nursing homes only, applicants may be public agencies that are licensed or regulated by a State to care for convalescents and people who need nursing or intermediate care. In fiscal year 2006, the HUD insured mortgages for 222 projects with 24,945 beds/units, totaling $1.3 billion.[10]

LTC Programs in Indian Country

One of the nearly universal challenges for any community concerned about assuring a true system of LTC for its elders and others who require that level of service is to find other programs on which they can model their system, or even components of a system. The National Resource Center on Native American Aging (NRCNAA), located at the University of North Dakota has developed a standardized list of components of LTC and used it to compile data from Tribal entities providing such services. To define services that each tribe offers the NRCNAA conducted phone calls in cooperation with the national resource centers in Alaska and Hawaii.[11] The NRCNAA used the data to create an interactive service locator map, by state, that will list what services each entity provides. These data have been placed in tables (see Appendix "D") and sorted by IHS service areas in an attempt to give a sampling of services that are available within those areas.[12] It is important to note that the tables presented in this report are not an attempt to provide a comprehensive listing of all Tribal services available, but rather to demonstrate the efforts of Tribes and Tribal organizations to provide much needed services to their members. In addition, the list they use is a useful starting place for understanding more about what constitutes LTC.

The following is a list of definitions relied on by the NRCNAA. Their definitions appear in italics. In order to provide some additional information about these categories of service, we have added some additional information about the services.

- **Adult Day Care:**
  This Service provides a protective setting for those who cannot be left alone due to health care and social needs. They provide a variety of health, social, and other support services in a protective setting during part of the day. Adult day centers typically operate programs during normal business hours five days a week; some may have evening and weekend hours. Adult Day Care is a social model of adult day service for elders It is different from Adult Day Health services, which utilize a rehabilitation model and have numerous medical professionals working with the elders. Adult Day Health is a useful way for tribes to provide respite for family caregivers who are providing LTC services for their elders. Its services provide protective supervision,

[10] http://www.hud.gov/offices/hsg/mfh/progdesc/nursingalcp232.cfm
[11] http://ruralhealth.und.edu/projects/nrcnaa/projects.php
[12] Accuracy and completeness of the data presented here has not been verified. The data presented is as it was presented by the NRCNAA at: http://ruralhealth.und.edu/projects/nrcnaa/servicelocator.php

assistance with activities of daily living, meals, and recreation for elders and others needing LTC. Tribes can provide these services using AoA Title VI C funds and many do provide this level of care at their senior centers.

- **Assisted Living**
  This service provides help with non-medical aspects of daily activities in an atmosphere of separate, private living units. It is designed for people who want to live in a community setting and who need or expect to need help functioning, but who do not need as much care as they would receive at a nursing home.

- **Adult Family Home (Adult Foster Home, Adult Care Home)**
  This service is similar to an Assisted Living, however it is usually on a smaller scale (1-12 beds) and the elders who live in the homes may be eligible for HCBS services in addition to their room and board.

- **Caregiver Programs**
  This service provides support for caregivers of older adults and some services for grandparents raising grandchildren. Services include information, referral, training, support groups, lending closets, respite care, and a number of other services.

- **Case Management**
  This service provides assistance for families in assessing the needs of older adults and making arrangements for services to help them remain independent. This includes, but is not limited to assisting, coordinating, and managing LTC services; developing a plan of care; and monitoring your LTC needs over extended periods of time.

- **Congregate Meals**
  This service provides meals in a senior center or other site where older adults can enjoy a meal and socialize with others.

- **Elder Abuse Prevention Programs**
  This service investigates allegations of abuse, neglect and exploitation, and interventions in substantiated cases. Some tribes provide these services through the activities of a multidisciplinary team working on behalf of specific elders and their families.

- **Emergency Response Systems**
  This service provides in-home 24-hour electronic alarm systems that enable homebound persons to summon emergency help. It can provide an automatic response to a medical or other emergency via electronic monitors. If you live alone, you wear a signaling device that you activate when you need assistance.

- **Employment Services**
  This service provides opportunities for older adults to explore employment options.

- **Financial Assistance**
  This service provides counseling on financial management, prescription drug programs, Social Security benefits, food stamps, energy assistance and the like.

- **Government Assisted Housing**
  This service offers rent subsidized housing.

- **Home Care Services**
  Home care services include assistance with personal care, housekeeping, transportation, essential shopping, and meal preparation by trained workers employed by licensed agencies.
- **Home-Delivered Meals**
  This service provides (Meals on Wheels) for homebound elders.
- **Home Health Services**
  This service provides help with activities such as changing wound dressings, checking vital signs, cleaning catheters and providing tube feedings. Home health may include skilled, short-term services such as nursing, physical or other therapies ordered by a physician for a specific condition.
- **Home Modification**
  This service provides aid in renovations to increase the ease of use, safety, security and independence in the home. It includes adaptations to homes that can make it easier and safer to carry out activities such as bathing, cooking, and climbing stairs and alterations to the physical structure of the home to improve its overall safety and condition.
- **Home Repair**
  This service provides programs that help keep housing in good repair, such as roofing, plumbing and insulation, in order to avoid major problems.
- **Information and Referral/Assistance**
  Specialists provide assistance and links to available services and resources.
- **Legal Assistance**
  This service provides advice and representation for certain legal matters such as government program benefits, tenant rights and consumer problems.
- **Nursing Facilities**
  This service provides a skilled center equipped to handle individuals with 24-hour nursing needs, post-operative recuperation, complex medical care demands as well as chronically-ill individuals who can no longer live independently; facilities may be freestanding or part of a senior community.
- **Personal Care**
  This service provides assistance for functionally impaired individuals with bathing, dressing, walking, eating, supervision, emotional security, and housekeeping.
- **Respite Care**
  This service offers a break for caregivers who provide ongoing supervision and care of a person with a functional and /or cognitive impairment. It gives families temporary relief from the responsibility of caring for family members who are unable to care for themselves. Respite care is provided in a variety of settings including in the home, at an adult day center, or in a nursing or assisted living home.
- **Retirement Communities**
  This service provides a facility that offers seniors combined housing, services and

health care while allowing them to enjoy a private, residential lifestyle of independence and assurance of long-term health care.

- **Senior Center Programs**
  This service provides a variety of recreational and educational programs for older adults.
- **Shared Housing**
  This service provides an organized shared-housing-network where seniors can share their home, or the home of another.
- **Telephone Reassurance**
  This service offers regular contact and safety checks to homebound seniors and disabled persons by trained staff or volunteers.
- **Transportation**
  Provides services for older adults or persons with disabilities who lack private transportation or who are unable to utilize public transportation. It can help individuals get to and from medical appointments, shopping centers and access a variety of community services and resources.
- **Volunteer Services**
  This service gives opportunities for older adults to provide telephone reassurance, friendly visits, insurance counseling and more.

In the course of work on this Report, some Tribal LTC initiatives stood out. We are confident that there are many more, but even these few examples that follow highlight various ways Tribes are working to expand access to tribally managed LTC.

Programs of All-Inclusive Care for the Elderly (PACE): The PACE model was developed to address the needs of LTC clients and providers. For most participants, the comprehensive service package permits them to continue living at home while receiving services rather than be institutionalized, although a PACE program must include nursing home services should they become necessary. Capitated financing from both Medicare and Medicaid allows providers to deliver all covered services participants need rather than be limited to those reimbursable under the Medicare and Medicaid fee-for-service systems. Participants must be at least 55 years old, live in the PACE service area, and be certified as eligible for nursing home care by the state. The PACE program becomes the sole source of services for Medicare and Medicaid eligible enrollees.[13] A condition of CMS approval has been that the Tribal Pace must also offer to serve the non-Indian elders residing in the geographic area for which the Pace was approved.

Currently there is one PACE program sponsored by a Tribal entity. Cherokee Elder Care in Tahlequah, Oklahoma operates that program.[14] See appendix A. Started in 2008, this program is remarkable also in that it is the most rural of all PACE programs approved by CMS.

Medicaid Certified Tribal Home Care Agency: White Earth Nation under contract with the State of Minnesota to provide functional eligibility determination and case management for

[13] PACE overview available at: http://www.cms.hhs.gov/PACE/01_Overview.asp#TopOfPage
[14] Additional Information available: http://eldercare.cherokee.org/FAQs/tabid/850/Default.aspx

Medicaid and state-funded home and community-based services for seniors. The federal government pays 100% of costs for Medicaid services provided by tribes and tribal organizations. Under the terms of the contract between Minnesota's Department of Human Services and the White Earth tribe, the tribal health agency provides an alternative access point for older people who live on the reservation who need home and community-based services. Tribal staff reports their members are more likely to use the services when they can access them through familiar tribal health services. Offering an on-reservation location staffed by tribal members increased access to services for American Indians and non-Indians living within the Reservation Boundaries.[15] See appendix B.

Personal Care Program: The Eagle Shield Senior Citizens Center is a program developed by the Blackfeet Tribe to provide assistance to the elderly of the Blackfeet Reservation. The Center provides access to the Personal Care Attendant Program. The Personal Care Attendant (PCA) Program offers in-home care tasks that are medically necessary for recipients whose health conditions cause them to be functionally limited in performing activities of daily living. This program is an option with the purpose of delivering services to the elderly and/or disabled for their comfort and safety. Services can include assistance with activities of daily living and/or personal hygiene, assistance with meal preparation, and household tasks. An added benefit to the PCA program is that it employs and provides training for local individuals of the Blackfeet Indian Reservation.[16]

Zuni Elders Clinic: The Public Health Services Indian Hospital at Zuni, New Mexico offers a monthly Elders Clinic. The clinic is conducted one afternoon a month with four elders scheduled during each clinic. During the two-hour clinic visit, the elder (and their primary caregiver, if possible) is seen by a clinical nurse specialist, physician, pharmacist, psychologist, audiologist, physical therapist, dietitian, and dentist. Following the clinic, the providers discuss each case and formulate recommendations for care and services that are forwarded to the primary care physician and social services for follow-up. The clinic targets elders with complex health problems that have multiple unmet needs and are potential LTC consumers.[17]

Adult Day Services: Native American Community Health Center, Inc., Phoenix, Arizona has implemented The Native American Adult Day Health Care Center, which is the first American Indian/Alaska Native urban adult day center in the country. Adult day health serves frail elderly and physically disabled adults needing support, assistance and supervision during the day and provides transportation, activities, socialization, companionship, hot meals and snacks, health monitoring and medication management, activities of daily assistance living (bathing, toileting and feeding assistance) and rehabilitation.[18]

Assisted Living: Marrulut Eniit (Yup'ik for Grandmother's House) is an assisted living home that opened in Dillingham, Alaska, in February 2000. It is a joint non-profit combining the

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[15] Information available at: http://www.cms.hhs.gov/PromisingPractices/Downloads/mnltctribal.pdf

[16] "Native American MAP for Elder Services," National Resource Center on Native American Aging Center for Rural Health, available at: http://ruralhealth.und.edu/projects/nrcnaa/names/names.pdf

[17] "Achieving Best Practice in Long Term Care for Alaska Native and American Indian Elders", National Resource Center for American Indian, Alaska Native, and Native Hawaiian Elders,: prepared by P. Kay Branch and Stacy L. Smith, http://elders.uaa.alaska.edu/reports/yr2_1best-practices.pdf

[18] Additional information available at: http://www.nachci.com/.

efforts of Tribal health, social services, housing, local Tribal and city governments. It consists of 10 accessible units. A local cook prepares traditional foods, there is a smoke house on site where residents can observe or help with the smoking and preparing of fish, there is also a maqi or steam bath on site.[19] Each unit includes a small living area, bedroom and kitchen area and attendant caretakers are available 24-hours a day. Marrulut Eniit enables elders who need assisted living care to remain near family and friends.[20]

Nursing Home: In 1981, the Laguna Pueblo tribe built a nursing facility to provide health care to their elderly population. The facility staffed and managed by the Laguna Rainbow Corporation and has 58 beds and is Medicare and Medicaid certified. The facility also provides community based services such as congregate and home delivered meals, and incorporates tribal ceremonies. This increases the interaction between elders and families living in the community and those living in the nursing home.

Archie Hendricks, Sr. Skilled Nursing Facility and Hospice Care is a 60-bed Skilled Nursing Facility directed by the Tohono O'odham Nursing Care Authority**.** *The Skilled Nursing Facility was awarded a 5 Star Rating, the highest, by CMS in December 2008*. It provides skilled nursing care to the Elders of the Tohono O'odham Nation with illnesses, injuries, or disabilities utilizing the combination of today's latest clinical care combined with Tohono O'odham's Values, Traditions and culturally appropriate services utilizing Traditional Healers. Archie Hendricks, Sr. provides much of the nursing care that was previously provided only in a hospital setting or in an Off-Reservation nursing facility. As a result, most issues related to LTC needs are provided enabling individuals to return to their own homes when possible.

With the growth of Tribal LTC programs has come a need for these programs to share experience and knowledge with each other. From 2005 - 2007, Tribal LTC programs have met annually at the **American Indian & Alaska Native Long Term Care Conference:**, which has been sponsored by a mix of federal, Tribal, and not-for-profit organizations. Participants benefit from the experiences of successful program directors while learning from each other about how to create and develop sustainable programs, cultivate federal, state, and private resources and respond to the unique LTC needs of their communities. The success of this conference has confirmed the need for an ongoing community of interest to support those working so hard to develop formal Tribal LTC resources.[21]

Barriers to LTC

Whether services are provided by IHS, a Tribe or Tribal organization, or an Urban Indian program, it is apparent that there are many barriers to providing a continuum of LTC services for AI/AN. Many Tribal communities share some of these barriers while others are unique to a population or geographic area. With that in mind, NIHB, the TTAG and specifically the LTC sub-committee will be seeking further input to compile a more thorough list of barriers.

[19] *See* footnote 8.
[20] Additional information available: http://www.hss.state.ak.us/dsds/rural/pdfs/11_Development_Model.pdf and http://www.hud.gov/offices/pih/pihcc/grandmashouse.ppt
[21] More information can be found at: http://www.aianlongtermcare.org/

Therefore, the following is intended as examples to stimulate discussion and is not a conclusive list.

- **Geographic Isolation**

The remote location of most Indian reservations and tribal lands is a barrier to LTC. Vast distances, lack of transportation, and few, if any, supportive housing options pose significant barriers to LTC service delivery.

- **Lack of professional and skilled staff**

The shortage of professional and paraprofessional LTC workers is currently one of the most serious barriers to providing adequate health care, forcing individuals to leave their communities and frequently travel great distances to receive services.

- **Eligibility barriers**

Tribal members who need LTC frequently encounter barriers to access because of misunderstanding about tribal assets, income, fee and trust land, and benefits available to them because of their tribal standing.

- **Cultural barriers**

Tribal members who need to receive LTC services through Medicaid are required to have an assessment that determines their need for services and documents their care needs. Frequently these assessments must be conducted by non-Indian case managers or social workers who lack sufficient understanding of cultural traditions. Inappropriate approaches to very personal matters are frequently met with silence and the non-responsive elder loses service hours or is found ineligible.

- **Assessment bias**

LTC assessments, based upon the CMS Minimum Data Set (MDS) do not include additional scoring for individuals who live a subsistence lifestyle. Elder assessments for individuals who heat with wood, hunt for meat, and gather wild foods do not provide sufficient additional hours for these activities. In addition, there is not sufficient consideration paid to an elder's position in the community. As spiritual and cultural leaders in their community, attendance at cultural and social events IS an activity of daily living and must be treated as such by assessment processes and documents.

- **Lack of knowledge of non-tribal services available to elders**

LTC services are widely understood and utilized by non-Indian elders. Through years of education and outreach, Area Agencies on Aging and States have encouraged the use of HCBS services and enhanced access to nursing facilities. Indian elders have not been reached with the same information and do not access services at the same level that others do. Tribal outreach programs have demonstrated efficacy and efficiently connect elders to services available to them.

What Next?

Increasing the availability of LTC service will enable AI/AN elders and individuals with disabilities to remain in their communities, receive care in a timely manner, help manage chronic health conditions, and allow families to remain together. Currently there are no designated programs within the Indian Health system focusing and organizing health care to meet the LTC needs of AI/AN. Furthermore, LTC services provided by the federal government have not been consolidated under one agency resulting in LTC services to be uncoordinated in nature. In addition, many Tribal leaders and/or Tribal health staff/advocates are not aware of the array of LTC services available, or the agencies from which they are available.

Another major barrier to LTC services in Indian Country is the State/Federal Medicaid Partnership. Medicaid is the largest payer of LTC services in the United States today, however tribes have difficulty in establishing Medicaid funded LTC services in Tribal communities.[22] The statutory authority for Medicaid does not specifically include Tribes. As such, Tribes must work through State governments to access Medicaid Services. Thus, some new efforts in progress emphasize the importance of coordination and collaboration between Tribes and States in providing LTC.

An example of such collaboration is **New Mexico's new Coordination of Long-Term Services (CoLTS)** [23] program, which is one of the Nation's first comprehensive programs to coordinate LTC for individuals. The CoLTS program brings together and coordinates a full range of healthcare services, from highly specialized hospital and institutional care to community-based support services that currently are fragmented and may not be easily available to those who need them. Populations enrolled in this new comprehensive program will include: the Disabled and Elderly (D&E) waiver program; Medicaid Personal Care Option (PCO) program; residents of nursing facilities; dual eligibles who have not yet accessed the system of long-term services in the state; and certain qualified individuals with brain injuries.

As a statewide mandatory program, CoLTS encompasses rural and Native American communities, as well as the State's urban population. A joint endeavor by the New Mexico Department of Aging and Long-Term Care Services and the Department of Human Services, CoLTS is designed to empower individual consumers of healthcare and to produce long-term cost savings. The cornerstone of CoLTS is coordination of care and services. Care coordination that encourages maximum involvement of the consumer/participant in the service planning process will result in more services being available in home- and community-based settings, and decreased dependency on institutional care.

Waiver applications for the CoLTS program were approved by CMS in July 2008 with an implementation date of August 1, 2008.

CoLTS has several goals, including:

- Offer seamless access to a choice of culturally responsive, appropriate, and quality long-term services;
- Provide a system of services that minimizes stays in institutional settings, such as a nursing home, by increasing access to less restrictive home and community based services;
- Promote improved health status and quality of life and reduced dependency on institutional care;
- Use best practices from other states seeking to improve coordination and reduce fragmentation.

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[22] Jordan Lewis, "Lack of Long-Term Care Services in Indian Country: An Analysis of Extending Medicaid Long Term Care Funding to Non-638 Tribal Programs," at: http://elders.uaa.alaska.edu/reports/ltc-kaiser07-1.pdf

[23] Overview of the CoLTS program available at: http://www.nmaging.state.nm.us/COLTS_overview.html

Final Thoughts:

This report is the first step in the process to produce a comprehensive LTC Report that will facilitate the development of a LTC Tool Kit for Tribal leaders, Tribal health officials, Tribal members, and advocates to use as a guide in their efforts to establish viable LTC programs for their communities. The comprehensive LTC Report will explore the following points in more detail, as well as address other issues and concerns that may arise or are identified by the TTAG and/or the LTC Subcommittee.

- More detailed research of federal funding and its application to LTC
- More detailed analysis of LTC services by area
- Detailed inventory of states and their efforts to cooperate with Tribes in providing LTC needs (Medicaid State Plan Amendments, and Waivers)
- Address barriers in depth and offer methods to overcome those barriers
- Expanded interviews with individuals (Tribal, State and Federal) that are involved in the administration of LTC in Indian Country

APPENDIX "A"

Cherokee Elder Care/PACE Program

Cherokee Elder Care/PACE FAQ Sheet:
Available at http://eldercare.cherokee.org/faqs/tabid/850/default.aspx

What is Cherokee Elder Care?

The elderly represent a growing and vital resource in our communities that may need an added level of care. Cherokee Elder Care was created to work in conjunction with the community, state and federal government to provide this specialized care to northeastern Oklahoma. Cherokee Elder Care is the first PACE program in the state of Oklahoma and the first PACE program to be sponsored by a Native American tribe. Additionally, it is only the third rural PACE site scheduled to open in the nation. It represents a team effort to increase the availability and quality of services, facilitate their timely delivery and enhance the lives of elderly persons by assisting them to remain in their homes as long as possible.

What is the PACE program?

PACE (Programs of All-inclusive Care for the Elderly) is a federal program designed to keep elders living in their homes, connected with their communities and out of nursing home facilities. The PACE center combines the services of an adult day health center, primary care office, and rehabilitation facility into a single location. Services include but are not limited to primary care, rehabilitation, prescription medication, meals/nutritional counseling, respite services, caregiver training, home health and transportation. Utilizing an inter-disciplinary team (IDT) comprised of physicians, registered nurses, nurse practitioners, therapists, social service workers, dieticians, and transportation specialists, the total needs of the elder can be addressed. This provides an all-inclusive and comprehensive continuum of care designed to maintain and ideally to improve the quality of life for our elderly. All services are provided through Medicare and Medicaid. Inpatient services (temporary nursing home and hospital) and dental services are provided through partnerships with other providers.

What are the qualifications to participate in PACE?

- Must be 55 years of age or over
- Must be certified by the state as needing a nursing home level of care
- Can be safely cared for in the community
- Must live in a PACE service area

Once opened, the Cherokee Elder Care center in Tahlequah will serve persons living in the following zip codes: 74347, 74352, 74364, 74368, 74423, 74403, 74464, 74471, 74452, 74427, 74451, 74434 and 74441. Future centers are planned to expand the participant area.

Do I have to be a citizen of the Cherokee Nation to participate?

No. Participation is open to all persons who qualify for the PACE program.

APPENDIX “B”

White Earth Nation
Medicaid Certified Tribal Home Care Agency

PROMISING PRACTICES IN HOME AND COMMUNITY- BASED SERVICES:
Available at: http://www.cms.hhs.gov/PromisingPractices/Downloads/mnltctribal.pdf
Minnesota -- American Indian Tribe Providing Assessment and Case
Management for Home and Community-Based Waiver Services
Issue: Increasing Access to Long-Term Care Services on Indian Reservations

Summary

The State of Minnesota contracts with the White Earth Nation to provide functional eligibility determination and case management for Medicaid and state-funded home and community-based services for seniors. Tribal staff report their members are more likely to use the services when they can access them through familiar tribal health services. The federal government pays 100% of costs for Medicaid services provided by tribes and tribal organizations.

Introduction

Access to home and community-based services (HCBS) is increasingly important for American Indian and Alaska Natives, including the rapidly growing population of indigenous elders. The number of American Indians age 65 and older increased over 21 percent in the 1990s, while overall this age group increased 12 percent.

The State of Minnesota and the White Earth tribe, part of the Minnesota Chippewa Tribe, worked together to increase long-term care service access and utilization for American Indian seniors. The state contracts with the tribe to determine eligibility for HCBS and to provide case management for older people with long-term care needs on their reservation. These contracts improve access to HCBS by taking advantage of the community's preference to receive assistance from the tribe instead of external agencies. Minnesota is one of a few states where people can access publicly funded HCBS through tribes (Wisconsin and Alaska are two other states.)

This document describes the arrangement between the Minnesota Department of Human Services and the White Earth Nation. It is based on interviews with state staff and tribal representatives, information from state and tribal Web sites, and reports on American Indian and Alaska Native access to HCBS published by the UCLA Center for Health Policy Research and the National Indian Council on Aging.

Background

Minnesotans access publicly funded long-term supports primarily through county social service or public health agencies. (In ten counties, Medicaid participants can obtain long-term care services through a managed care organization under a program that combines funding for Medicare and Medicaid services, Minnesota Senior Health Options. This program was not available in the counties that include the White Earth reservation at the time of this publication.) Counties provide community support planning as part of the state's preadmission screening program, called Long-Term Care Consultation. County-employed nurses and social workers perform functional eligibility assessments for nursing facility services and for two home and community-based services programs for older people: the Elderly Waiver and Alternative Care. The Long-Term Care Consultants also provide long-term care planning after the assessment to public program applicants and private pay individuals. Counties also typically provide case management to Elderly Waiver and Alternative Care participants.
The Elderly Waiver and Alternative Care programs fund a wide range of services for older people with limited financial resources who require the level of care that a nursing facility

provides. The Elderly Waiver is a Medicaid HCBS waiver, while Alternative Care is a state-funded program for older Minnesotans with moderate incomes who have income or assets above Medicaid financial eligibility standards.

Services available under these programs include case management, home health services, personal care, homemaker services, home delivered meals, adult day care, respite, supplies and equipment, home modifications, transitional services, assisted living, and other certified community residential services. In state fiscal year 2003, the Elderly Waiver served 13,561 people with $104 million in expenditures and Alternative Care served 11,709 people at a cost of $76 million.

The White Earth tribe has over 20,000 members, including approximately 4,000 members living on the reservation. The reservation spans three rural northwest Minnesota counties – Becker, Clearwater, and Mahnomen. According to 2000 census data, 44 percent of the over 9,000 people living on the reservation described their race as American Indian, either alone or in combination with other races. Over 1,300 reservation residents, or 15 percent, were age 65 or older.

Intervention

Under the terms of the contract between Minnesota's Department of Human Services (DHS) and the White Earth tribe, the tribal health agency provides an alternative access point for older people who live on the reservation who need home and community-based services.

People on the reservation can choose either the county or the tribe to provide the following:

- Long-Term Care Consultation (both functional eligibility assessments for nursing facility services, the Elderly Waiver, and Alternative Care, and service planning for people regardless of financial status)
- Case management for the Elderly Waiver and Alternative Care
- Financial eligibility determination for the state-funded Alternative Care program

Financial eligibility workers located at county departments of social services still determine a person's financial eligibility for Medicaid. The White Earth tribal health agency and the counties coordinate eligibility determination to ensure timely decisions and provision of service.

Older people living on the White Earth reservation, both members and non-members of the tribe, can learn about home and community-based services from informational materials, acute care providers, the White Earth Home Health Agency, and word-of-mouth. The Home Health Agency, part of the Tribal Health Service, maintains an office on the reservation near tribal headquarters. Many people in the area are familiar with the agency because it provides a wide range of services.

Once a person's eligibility for the Elderly Waiver or for Alternative Care is established, the participant works with the case manager to select his or her services. The participant can choose from providers in the area. According to the tribe, most participants choose to receive services from the tribal home health agency.

Implementation

The White Earth tribe's role in Medicaid and state-funded home and community-based services expanded gradually between 2001 and 2003. First, in 2001 the state amended the authorizing

statute for the Alternative Care program to allow any tribe to contract with DHS to provide case management and to manage other aspects of the state-funded program.

The state and tribe soon realized that the tribe also needed a role in eligibility determination in order to improve access. As a result, DHS contracted with the White Earth tribe to provide Long Term Care Consultation in 2002. The state did not enact new legislation but used broad authority in state law that permits the Commissioner of Human Services to contract with tribes for the provision of any service or program under the commissioner's purview.

Providing Long Term Care Consultation enabled the tribe to start the process for people to receive services. However, the tribe still did not provide case management for the Elderly Waiver, for which many seniors on the reservation qualified. Legislation in 2003 specifically authorized a pilot project in which the White Earth tribe provides case management for the Elderly Waiver.

In both 2001 and 2003, DHS included legislation related to tribal management of home and community-based services within the Governor's human services legislative package. Each year the legislation passed with little controversy. Some staff from area county governments opposed the change, arguing that they were already effectively serving people on the reservation. However, in general the counties were supportive of an expanded role for the tribe.

Tribal staff reported that implementation of its new duties in Long Term Care Consultation, the Elderly Waiver, and Alternative Care went smoothly. Existing tribal and state staff executed the necessary contracts between DHS and the tribe. Long Term Care Consultation staff from nearby counties provided technical assistance regarding assessments and case management. The tribal health system was well-prepared to work on these programs because it already included a licensed, Medicare-certified home health agency that provided home and community-based services for people with long term care needs. Under the new contract, the tribe has expanded these services by adding staff, including a full-time social worker to provide case management.

One of the greatest challenges was establishing the tribe's access to the state's Medicaid Management Information System, which is also used for Alternative Care. Tribal staff needed to access to the system and receive training in order to access information and to input functional eligibility assessments and service plans.

Impact

With services now offered through the tribal health agency, individuals living on the reservation may choose between tribal and county access points, and between tribal and county case management. Offering an on-reservation location staffed by tribal members increased access to services for American Indians and others living on the reservation. The tribe currently serves 125 people on the Elderly Waiver and Alternative Care.

State staff reported the arrangement with White Earth tribe involved no additional state expenditures. For Alternative Care, the state allocated funds to the tribe out of its annual program budget. Alternative Care is not an entitlement, so serving people on the reservation did not automatically increase total expenditures.

For the Elderly Waiver, the federal government pays 100% of service expenditures. According to a 1996 Memorandum of Agreement between the Indian Health Service and the Centers for Medicare & Medicaid Services (then the Health Care Financing Administration), the federal

government pays 100 percent of expenditures for services provided by tribal health service organizations. Previously, the 100 percent federal payment only applied to services if provided through a facility owned or leased by the Indian Health Service. Now the full payment applies to all tribal health organizations with funding authorized by Titles I or III of the Indian Self-Determination and Education Assistance Act. The memorandum is available at http://www.cms.hhs.gov/aian/moafinal.pdf.

Contract Information:
For more information on the White Earth tribe's role in HCBS, please contact Jolene Kohn at the Minnesota Department of Human Services – (651) 297-3805 or jolene.kohn@state.mn.us – or Pat Butler, Manager of the White Earth Home Health Agency, at (218) 983-3285 or patb@whiteearth.com. Online information about Minnesota's HCBS programs and White Earth services, respectively, are available at http://www.dhs.state.mn.us/main/groups/aging/documents/pub/DHS_id_005990.hcsp and at http://www.whiteearth.com/.

One of a series of reports by Medstat for the U.S. Centers for Medicare & Medicaid Services (CMS) highlighting promising practices in home and community-based services. This report is intended to share information about different approaches to offering home and community-based services. This report is not an endorsement of any practice.

APPENDIX “C”

Outline of LTC PowerPoint Presented at NIHB’s Annual Consumer Conference September 2008

Tribal Partnering for Long Term Care in the 21st Century

NIHB Consumer Conference
September 24, 2008
Temecula, California

Today's Presentation

- Trends in aging – nationally and in Indian Country
- Long Term Care in Indian Country
  - Examples of local innovations & partnerships
- The IHS and Long Term Care
- Current policy issues related to LTC
- CMS Tribal Technical Advisory Group, LTC Subcommittee
  - LTC tool kit and resource guide

Long Term Care

Care of an elder or individual with a disability who requires on-going assistance with daily living activities such as cooking, bathing, dressing, eating, and shopping.

LTC services support elders and their families with medical, personal, and social services delivered in a variety of settings, ranging from a persons' own home to institutional settings, to ensure quality of life, maximum independence and dignity.

Does the IHS "Do" Long-Term Care?

The IHS provides medical long-term care services, within both home and institutional settings, in fulfillment of its health care mission.

Resources for long term care are in competition with other health care needs.

The IHS does not provide housing.

The IHS does not enter contracts, compacts or funding agreements related to custodial care or assisted living.

The IHS does not provide a comprehensive package of long term care services.

IHS Authorities for Long-Term Care
A working model

Medical Long-Term Care services are within the authority of the Indian Health Service

A medical LTC service should be:

- based on an individual assessment by a qualified professional.
- part of an individual care plan.
- linked to a specific diagnosis or diagnoses.

IHS Authorities for Long Term Care
A working model

Examples of programs or services that are considered medical LTC services:

- Personal care delivered in elder housing
- Swing beds, skilled nursing services, medical rehabilitation services
- Medical Transportation
- Medical Nutrition Therapy
- Activities in a therapeutic setting
- Medically required safety modifications in the home
- Medical model Elder Day Health
- LTC programs integrating medical Long Term Care services using the "PACE" model.

IHS Authorities for Long Term Care
A working model

Examples of programs or services that were **not** considered medical LTC services:

- Assisted Living / Elder Housing
- Non medical transportation
- Non medical nutrition
- Socialization
- Chore services
- Social Elder Day
- PACE (Program of All-inclusive Care of the Elderly) as a specific CMS program

The Aging Population

Living in poverty age 65 and older
(Census 2000)

- AI/AN: 23.5%
- African American 23.5%
- US All races: 9.9%

Long Term Care

- Most provided by families

Elderly receiving LTC services
75% live in community
25% live in nursing homes

Funding for LTC

- Medicare funding is limited
- Medicaid is primary 3rd party payer
- Limited LTC insurance
- Tribal Funds
- Older Americans Act Programs
  - Nutrition, transportation and support

Tribal Innovations in LTC

- Cherokee Nation
  - PACE
- White Earth Nation
  - Tribal oversight of HCBS
- Blackfeet Tribe
  - Personal Care Services
- Ho-Chunk Nation
  - Working with state on getting reimbursement for services provided
- Native American Community Health Center
  - Adult Day Center
- Marrulut Eniit
  - Assisted living
- Laguna Pueblo

- Nursing home

Cherokee PACE

- Program for All-inclusive Care for the Elderly
  - Adult day health center
  - Interdisciplinary work teams

White Earth Nation

- Tribal management of Elderly Waiver and Alternative Care programs
- Partnership with State of MN to create tribal authority to determine service eligibility, level of care & care plan
- Medicaid and other state funds

Blackfeet Tribe

- Personal Care Program
- Began in 1996 – currently employ 32 PCAs
- Medicaid, VA and private pay
- $1M annual income for last 4 years

Ho-Chunk Nation

- Range of LTC services provided with Tribal funds
- IHS Elder Care Initiative grant
- Increasing third party revenue to enhance/expand programs
- Partnerships with State of Wisconsin and Tribal programs in 16 counties

Native Health Adult Day Center

- First American Indian urban adult day center!
- Promotes physical and emotional well-being through social and health services
- Elders remain in community with family-family can still work
- Medicaid reimbursement under AZ LTC Services
- Variety of funders for building remodel

Marrulut Eniit Assisted Living

- 15 bed assisted living home
- Building grant funded
- Services paid by Medicaid and resident

Laguna Pueblo Nursing Home

- Built in 1981
- Managed by Laguna Rainbow Corp
- Currently 58 beds
- Medicaid certified

Challenges for Tribal LTC

- Increase in longevity & chronic conditions = more people needing LTC
- Sustainable funding for developing new services
- Working with multiple partners
  - State and local governments, IHS, CMS, AoA

LTC & IHS

- IHS Elder Care Initiative
  - Grants
  - AI/AN LTC Conference
- Increasing Priority Nation-wide
  - Over 200,000 Native Elders over 60
  - Poverty
  - Increased Risk for disease
  - Life expectancy
- No one Agency responsible for LTC

Models of Elder Care Evolving in Indian Country

- Utilize existing resources to fund the core services,
- Integrate and coordinate available resources – state, federal, local - to enhance effectiveness,
- The Tribe or community is the focus of planning,
- Planning includes attention to tribal/community cultural values,
- Emphasis is on home and community-based care,
- Strongly reliant on the family.

IHS

- Health care provider: Birth to Death
- All eligible Native Elders share the same right of access to health Care

- Provides medical coverage for Elders in private and Tribally operated nursing homes.

Indian Health Service Legislation

- Snyder Act of 1921 authorized funds "for the relief of distress and conservation of health…[and]…for the employment of…physicians…for Indian Tribes throughout the United States."
- Indian Self-Determination and Education Assistance Act (P.L. 93-638)
- Indian Health Care Improvement Act (P.L. 94-437)
- IHS legislation, regulations and appropriations are silent specific to long-term care.

Barriers to LTC

- Funding
  - IHS is not an entitlement program
  - Level of Need Funding 52%
  - No appropriations for LTC
- Culture and Language
- Federal Regulations
- Tribal – State Relations

Future of LTC

- Older Americans Act
  - Title VI: Grants for Native Americans
  - American Caregiver Support Program
- Indian Self-Determination and Education Assistance Act
  - Title VI: Tribal Self-Governance – Department of Health & Human Services

Indian Health Care Improvement Act Reauthorization

- S. 1200 (passed) and H.R. 1328 (pending)

- **Sec. 205 Shared Services for Long-Term Care.**
- ` (a) Long-Term Care- Notwithstanding any other provision of law, the Secretary, acting through the Service, is authorized to provide directly, or enter into contracts or compacts under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) with Indian Tribes or Tribal Organizations for, the delivery of long-term care (including health care services associated with long-term care) provided in a facility to Indians. Such agreements shall provide for the sharing of staff or other services between the Service or a Tribal Health Program and a long-term care or related facility owned and operated (directly or through a contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.)) by such Indian Tribe or Tribal Organization.

- `(b) Contents of Agreements- An agreement entered into pursuant to subsection (a)--
- `(1) may, at the request of the Indian Tribe or Tribal Organization, delegate to such Indian Tribe or Tribal Organization such powers of supervision and control over Service employees as the Secretary deems necessary to carry out the purposes of this section;
- `(2) shall provide that expenses (including salaries) relating to services that are shared between the Service and the Tribal Health Program be allocated proportionately between the Service and the Indian Tribe or Tribal Organization; and
- `(3) may authorize such Indian Tribe or Tribal Organization to construct, renovate, or expand a long-term care or other similar facility (including the construction of a facility attached to a Service facility).
- `(c) Minimum Requirement- Any nursing facility provided for under this section shall meet the requirements for nursing facilities under section 1919 of the Social Security Act.
- `(d) Other Assistance- The Secretary shall provide such technical and other assistance as may be necessary to enable applicants to comply with the provisions of this section.
- `(e) Use of Existing or Underused Facilities- The Secretary shall encourage the use of existing facilities that are underused or allow the use of swing beds for long-term or similar care.

CMS TTAG

- The Centers for Medicare & Medicaid Service's (CMS) Tribal Technical Advisory Group (TTAG) is comprised of Tribal Leaders, or their designee, from each of the 12 IHS Areas and 3 National Indian Organizations (NIHB, NCAI, & TSGAC)
- The TTAG serves as an advisory body to CMS, providing expertise on policies, guidelines, and programmatic issues affecting the delivery of health care for AI/ANs served by Titles XVIII, XIX, and XXI of the Social Security Act or any other health care program funded by CMS.

LTC Subcommittee Charge

- The purpose of the LTC Subcommittee is to consider existing and new programs that are authorized for funding by Medicaid and Medicare related to both institutional and home-and-community-based long term care, including programs that serve elders, as well as those that serve non-elderly people with disabilities.
- The focus of the LTC Subcommittee is on developing policies that create better integration between CMS and Indian health programs.

LTC Subcommittee Goals

Goals:

- To better understand and improve LTC services in Indian Country, CMS will develop a LTC Resource Guide documenting and evaluating LTC services in Indian Country. The Guide will identify and evaluate opportunities for Tribes to use Medicare, Medicaid, and waiver provisions to improve upon and expand LTC services.

- CMS will review the recommendations identified and will develop an AI/AN LTC service delivery plan designed to allow Tribes more flexibility in providing LTC services.
- CMS working with the TTAG will educate tribal leaders about the importance of long term care planning for health services, particularly addressing the needs of elders, veterans, and those with disabilities.

"Our goal should be to help elders live out their lives in comfort, not taking medications they don't need and not living where they don't want to."

Andrew Jimmie, Minto, Alaska

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Appendix “D”

TABLES

NOTE: The following tables are examples only and are not intended to be a comprehensive listing of all Tribal services available within a particular area. The data was taken from The National Resource Center on Native American Aging (NRCNAA), Native Service Locator Map at: http://ruralhealth.und.edu/projects/nrcnaa/servicelocator.php

Table I: Tribal Entities with Elderly Services: **Aberdeen Area**

Tribe	Location	State	IHS area	CMS Region	Adult Day Care	Assisted Living	Caregiver Programs	Case Management	Congregate Meal	Elder Abuse Prev.	Emergency Resp Sys.	Employment Services	Financial Assistance	Gov't Assisted Housing	Home Delivered Meals	Home Health Services	Home Modification	Home Repair	Inform.& Referral Ast.	Legal Assistance	Nursing Facilities	Personal Care	Respite Care	Retirement Communities	Senior Center Programs	Shared Housing	Telephone Reassurance	Transportation	Volunteer Services
Cheyenne River Sioux Tribe	Eagle Butte,	SD	AB	VIII					*					*	*	*													
Crow Creek Sioux Tribe	Ft. Thompson	SD	AB	VIII		*	*	*	*			*	*	*	*	*	*	*	*	*		*			*		*	*	
Lower Brule Sioux Tribe	Lower Brule	SD	AB	VIII		*	*		*			*		*	*	*	*								*				
Omaha Tribe of Nebraska	Macy	NE	AB	VII	*		*	*	*					*	*				*		*	*	*		*		*	*	*
Rosebud Sioux Tribe	Rosebud	SD	AB	VIII		*	*	*	*			*	*	*	*			*	*		*		*	*	*		*	*	*
Santee Sioux Tribe of Nebraska	Niobrara	NE	AB	VII					*			*		*	*	*	*	*	*	*		*	*		*		*	*	*
Sisseton-Wahpeton Sioux Tribe	Agency Village	SD	AB	VIII					*					*	*	*	*	*	*	*	*	*			*		*	*	*
Spirit Lake Nation	Fort Totten	ND	AB	VIII			*	*	*			*		*	*	*	*	*	*	*					*		*	*	
Standing Rock Sioux Tribe	Fort Yates	ND	AB	VIII		*	*	*	*			*	*	*	*		*	*	*	*	*	*	*		*		*	*	*
Three Affiliated Tribes	New Town	ND	AB	VIII			*	*	*			*	*		*		*	*	*	*					*		*		*
Trenton Indian Service Area	Trenton	ND	AB	VIII			*	*	*			*	*	*	*	*	*	*	*	*		*	*		*		*	*	*
Turtle Mountain Band of Chippewa Indians	Belcourt	ND	AB	VIII			*		*			*	*	*	*	*	*		*	*			*	*	*		*	*	*
Winnebago Tribe of Nebraska	Winnebago	NE	AB	VII					*			*		*	*	*	*	*	*	*					*		*	*	*

Table II: Tribal Entities with Elderly Services: **Alaska Area**

Tribe	Location	State	IHS area	CMS Region	Adult Day Care	Assisted Living	Caregiver Programs	Case Management	Congregate Meal	Elder Abuse Prev.	Emergency Resp Sys.	Employment Services	Financial Assistance	Gov’t Assisted Housing	Home Delivered Meals	Home Health Services	Home Modification	Home Repair	Inform.& Referral Ast.	Legal Assistance	Nursing Facilities	Personal Care	Respite Care	Retirement Communities	Senior Center Programs	Shared Housing	Telephone Reassurance	Transportation	Volunteer Services
Tanana Chiefs Conference for all sub-regions	Fairbanks	AK	AK	X	*		*	*	*					*	*	*			*	*	*				*				*
Yakutat Native Association	Yakutat	AK	AK	X			*	*	*			*			*				*			*						*	

Table III: Tribal Entities with Elderly Services: **Albuquerque Area**

Tribe	Location	State	IHS area	CMS Region	Adult Day Care	Assisted Living	Caregiver Programs	Case Management	Congregate Meal	Elder Abuse Prev.	Emergency Resp Sys.	Employment Services	Financial Assistance	Gov't Assisted	Home Delivered	Home Health Services	Home Modification	Home Repair	Inform.& Referral	Legal Assistance	Nursing Facilities	Personal Care	Respite Care	Retirement	Senior Center	Shared Housing	Telephone	Transportation	Volunteer Services
Eight Northern Indian Pueblos Council (Picuris, etc.)	San Juan Pueblo	NM	AQ	VI			*	*	*			*	*	*	*	*	*	*	*	*		*	*		*		*	*	*
Five Sandoval Indian Pueblos, Inc.	Bernalillo	NM	AQ	VI			*	*	*			*		*	*	*	*	*	*			*	*		*		*	*	*
Jicarilla Apache Tribe	Dulce	NM	AQ	VI		*	*	*	*				*		*	*	*	*	*	*		*	*		*		*	*	*
Laguna Rainbow Corporation	Casa Blanca	NM	AQ	VI	*	*	*	*	*				*	*	*	*	*		*	*	*	*	*		*			*	*
Mescalero Apache Tribe	Mescalero	NM	AQ	VI		*		*	*				*		*				*	*	*				*		*	*	*
Pueblo de Cochiti	Cochiti Pueblo	NM	AQ	VI			*	*	*					*	*	*	*		*	*	*	*	*		*		*	*	
Pueblo of Acoma	Pueblo of Acoma	NM	AQ	VI			*	*	*			*	*		*		*	*	*				*		*		*	*	*
Pueblo of Isleta	Isleta	NM	AQ	VI	*		*	*	*			*		*	*	*	*	*	*			*	*		*			*	*
Pueblo of Jemez	Jemez Pueblo	NM	AQ	VI	*		*		*					*	*	*	*	*	*			*			*	*	*	*	*
Pueblo of San Felipe	San Felipe Pueblo	NM	AQ	VI			*	*	*			*	*		*		*	*	*	*		*	*		*		*	*	*
Pueblo of Taos	Taos	NM	AQ	VI			*	*	*			*			*	*	*	*	*	*	*	*	*		*		*	*	*
Pueblo of Zuni	Zuni	NM	AQ	VI	*		*		*			*			*	*		*	*	*		*	*		*		*	*	*
Santa Clara Pueblo	Espanola	NM	AQ	VI			*		*			*	*	*	*	*			*	*		*	*		*		*	*	*
Santo Domingo Pueblo Tribe	Albuquerque	NM	AQ	VI		*	*	*	*			*		*	*	*	*	*	*	*		*	*		*	*	*	*	*
Southern Ute Indian Tribe	Ignacio	CO	AQ	VIII			*	*	*			*		*	*	*	*	*	*			*	*	*	*		*	*	*
Ute Mountain Ute Tribe of Indians	Towaoc	CO	AQ	VIII	*				*				*	*	*		*	*	*						*		*	*	

Table IV: Tribal Entities with Elderly Services: **Bemidji Area**

Tribe	Location	State	IHS area	CMS Region	Adult Day Care	Assisted Living	Caregiver Programs	Case Management	Congregate Meal	Elder Abuse Prev.	Emergency Resp Sys.	Employment Services	Financial Assistance	Gov't Assisted Housing	Home Delivered Meals	Home Health Services	Home Modification	Home Repair	Inform.& Referral Ast.	Legal Assistance	Nursing Facilities	Personal Care	Respite Care	Retirement Communities	Senior Center Programs	Shared Housing	Telephone Reassurance	Transportation	Volunteer Services
Bad River Band of Lake Superior Chippewa	Odanah	WI	BE	V			*	*	*			*	*	*	*	*	*	*	*	*			*		*		*	*	*
Bay Mills Indian Community	Brimley	MI	BE	V			*	*	*			*	*	*	*	*	*	*		*	*	*			*			*	
Bois Forte Band of Chippewa	Vermillion	MN	BE	V		*	*		*			*		*	*	*	*	*	*	*		*	*		*		*	*	*
Forest County Potawatomi Community	Crandon	WI	BE	V		*	*	*	*			*	*	*	*	*	*	*	*	*		*	*		*		*	*	*
Grand Portage ENP	Grand Portage	MN	BE	V				*	*				*	*	*	*	*	*	*	*		*			*		*	*	
Grand Traverse Band of Ottawa & Chippewa	Peshawbestown	MI	BE	V			*	*	*				*	*	*	*	*	*	*	*		*	*	*					*
Ho-Chunk Nation Committee	Black River Falls	WI	BE	V			*		*			*	*	*	*	*	*	*	*	*			*		*		*	*	*
Inter-Tribal Council of Michigan	Sault Ste. Marie	MI	BE	V		*	*	*	*			*	*	*	*	*	*		*			*	*		*		*	*	
Keweenaw Bay Indian Community	Baraga	MI	BE	V		*	*	*	*			*		*	*	*	*	*	*		*	*	*		*		*	*	*
Lac Courte Oreilles	Hayward	WI	BE	V		*	*	*	*			*	*	*	*	*	*	*	*	*		*	*	*	*	*	*	*	*
Lac du Flambeau Band of Chippewa	Lac du Flambeau	WI	BE	V			*		*			*	*	*	*	*	*	*	*	*			*		*		*	*	*
Leech Lake Band of Chippewa	Cass Lake	MN	BE	V			*	*	*			*	*	*	*	*	*	*	*	*		*	*		*		*	*	*
Little Traverse Bay Bands of Odawa Indians	Harbor Springs	MI	BE	V		*		*	*				*	*	*	*	*	*	*			*			*		*	*	
Menominee Indian Tribe of Wisconsin	Keshena	WI	BE	V	*	*	*	*	*			*	*	*	*	*	*	*	*	*		*	*		*		*	*	*
Minnesota Chippewa Resource Development	Cass Lake	MN	BE	V		*	*	*	*			*	*		*	*	*	*	*	*		*	*		*		*	*	*
Oneida Tribe of Indians of Wisconsin	Oneida	WI	BE	V		*	*	*	*			*	*	*	*		*	*	*	*		*	*	*	*		*	*	
Pokagon Band of Potawatomi Indians	Dowagiac	MI	BE	V					*					*		*	*	*	*		*				*				*
Red Cliff Band of Lake Superior Chippewa	Bayfield	WI	BE	V	*	*	*	*	*			*	*	*	*	*	*	*	*	*	*	*	*		*			*	*
Red Lake Band of Chippewa	Red Lake	MN	BE	V		*	*		*					*	*	*	*	*	*			*	*		*	*	*	*	
Sault Ste. Marie Tribe of Chippewa	Sault Ste. Marie	MI	BE	V				*	*			*	*	*	*	*	*	*	*	*		*	*		*		*	*	*
St. Croix Tribal Council	Webster	WI	BE	V			*	*	*			*	*		*	*	*	*	*	*					*			*	*
Stockbridge-Munsee Community	Bowler	WI	BE	V				*	*					*	*		*	*	*	*	*				*		*	*	
White Earth Reservation Tribal Council	White Earth	MN	BE	V			*	*	*			*		*	*	*	*	*	*	*	*	*	*	*	*			*	*

Table V: Tribal Entities with Elderly Services: **Billings Area**

Tribe	Location	State	IHS area	CMS Region	Adult Day Care	Assisted Living	Caregiver Programs	Case Management	Congregate Meal	Elder Abuse Prev.	Emergency Resp Sys.	Employment Services	Financial Assistance	Gov't Assisted Housing	Home Delivered Meals	Home Health Services	Home Modification	Home Repair	Inform.& Referral Ast.	Legal Assistance	Nursing Facilities	Personal Care	Respite Care	Retirement Communities	Senior Center Programs	Shared Housing	Telephone Reassurance	Transportation	Volunteer Services
Assiniboine and Sioux Tribes	Poplar	MT	BI	VIII		*	*		*			*			*		*	*	*		*		*		*		*	*	*
Blackfeet Nation	Browning	MT	BI	VIII	*	*	*		*			*	*	*	*		*	*	*	*		*	*	*	*		*	*	*
Chippewa-Cree Tribe	Box Elder	MT	BI	VIII			*		*			*	*		*		*	*	*			*	*		*		*	*	*
Confederated Tribes of Salish and Kootenai of the Flathead Reservation	St. Ignatius	MT	BI	VIII		*	*	*	*				*	*	*	*	*	*	*						*	*			*
Crow Nation	Crow Agency	MT	BI	VIII		*	*	*	*			*		*	*		*	*	*	*	*	*	*		*			*	
Fort Belknap Indian Reservation	Harlem	MT	BI	VIII		*	*	*	*			*	*	*	*		*	*	*	*		*	*		*		*	*	*
Shoshone Tribal Business Council-Eastern	Ft Washakie	WY	BI	VIII					*			*		*	*	*	*	*	*	*	*	*				*	*	*	

Table VI: Tribal Entities with Elderly Services; **California Area**

Tribe	Location	State	IHS area	CMS Region	Adult Day Care	Assisted Living	Caregiver Programs	Case Management	Congregate Meal	Elder Abuse Prev.	Emergency Resp Sys.	Employment Services	Financial Assistance	Gov't Assisted Housing	Home Delivered Meals	Home Health Services	Home Modification	Home Repair	Inform.& Referral Ast.	Legal Assistance	Nursing Facilities	Personal Care	Respite Care	Retirement Communities	Senior Center Programs	Shared Housing	Telephone Reassurance	Transportation	Volunteer Services
Bear River Band of the Rohnerville Rancheria & Pala Band of Mission Indians	Loleta	CA	CA	IX	*	*	*	*	*				*	*	*	*	*	*		*		*	*				*	*	*
Bishop Indian Tribal Council	Bishop	CA	CA	IX			*		*						*	*	*	*	*	*		*	*		*			*	*
Blue Lake Rancheria	Blue Lake	CA	CA	IX	*		*	*	*			*	*		*	*	*	*	*	*	*	*	*		*		*	*	
California Indian Manpower Consortium - Ysabel, Pasual	Sacramento	CA	CA	IX			*	*	*						*	*		*	*			*	*		*			*	
Fort Mojave Indian Tribe	Needles	CA	CA	IX			*		*			*		*	*		*	*	*	*			*		*		*	*	
Hoopa Valley Tribe	Hoopa	CA	CA	IX					*					*	*	*			*						*		*	*	
Indian Senior Center, Inc.	Ukiah	CA	CA	IX					*			*		*	*				*	*		*		*	*		*	*	*
Karuk Tribe of California	Orleans	CA	CA	IX			*		*				*	*	*	*	*	*	*	*		*		*	*		*	*	*
(Old) Round Valley Indian Tribes	Covelo	CA	CA	IX		*	*		*					*	*	*	*	*		*		*	*		*				
Picayune Rancheria	Coarsegold	CA	CA	IX					*			*	*		*	*	*	*	*	*		*			*			*	*
Pit River Health Services	Sacramento	CA	CA	IX															*										
Redding Rancheria Indian Health Services	Redding	CA	CA	IX			*	*	*						*	*			*	*		*	*		*		*	*	*
Riverside-San Bernardino County Indian Health-for Pechanga	Banning	CA	CA	IX			*		*						*				*				*		*			*	
Santa Ynez Band of Mission Indians	Santa Ynez	CA	CA	IX	*		*	*	*			*	*		*	*			*		*	*	*		*		*	*	
Toiyabe Indian Health Project - North and South	Bishop	CA	CA	IX			*	*	*				*		*	*	*	*	*	*		*	*					*	*

Table VII: Tribal Entities with Elderly Services: **Nashville Area**

Tribe	Location	State	IHS area	CMS Region	Adult Day Care	Assisted Living	Caregiver Programs	Case Management	Congregate Meal	Elder Abuse Prev.	Emergency Resp Sys.	Employment Services	Financial Assistance	Gov't Assisted Housing	Home Delivered Meals	Home Health Services	Home Modification	Home Repair	Inform.& Referral Ast.	Legal Assistance	Nursing Facilities	Personal Care	Respite Care	Retirement Communities	Senior Center Programs	Shared Housing	Telephone Reassurance	Transportation	Volunteer Services
Alabama-Coushatta Tribe	Livingston	TX	NS	VI			*	*	*			*	*	*	*	*	*	*	*	*		*	*		*		*	*	
Catawba Indian Nation	Rock Hill	SC	NS	IV			*		*			*		*	*		*	*		*		*	*		*		*	*	*
Institute for Indian Development	Baton Rouge	LA	NS	VI			*	*	*			*	*		*	*			*			*			*		*	*	*
Kickapoo Traditional Tribe of Texas	Eagle Pass	TX	NS	VI					*			*		*	*		*	*	*						*		*	*	*
Mississippi Band of Choctaw Indians	Choctaw	MS	NS	IV			*		*			*	*		*	*	*	*	*	*	*	*	*		*			*	
Passamaquoddy Tribe	Perry	ME	NS	I					*			*	*	*	*	*	*	*		*	*		*	*	*			*	*
Penobscot Indian Nation	Indian Island	ME	NS	I		*		*	*			*	*		*	*	*	*	*					*	*			*	
Poarch Creek Indians	Atmore	AL	NS	IV			*	*	*				*	*	*	*	*	*	*	*	*	*			*		*	*	*
Saint Regis Mohawk Tribe	Akwesasne	NY	NS	II			*	*	*				*	*	*	*	*	*	*	*			*		*		*	*	*
Seminole Tribe of Florida	Okeechobee	FL	NS	IV			*	*	*			*	*		*	*	*	*	*	*		*			*		*	*	

Table VIII: Tribal Entities with Elderly Services: **Oklahoma City Area**

Tribe	Location	State	IHS area	CMS Region	Adult Day Care	Assisted Living	Caregiver Programs	Case Management	Congregate Meal	Elder Abuse Prev.	Emergency Resp Sys.	Employment Services	Financial Assistance	Gov't Assisted Housing	Home Delivered Meals	Home Health Services	Home Modification	Home Repair	Inform.& Referral Ast.	Legal Assistance	Nursing Facilities	Personal Care	Respite Care	Retirement Comm.	Senior Center Prog.	Shared Housing	Telephone Reassurance	Transportation	Volunteer Services
Absentee Shawnee Tribe	Shawnee	OK	OK	VI			*	*	*					*	*	*	*	*	*	*		*	*		*		*	*	*
Apache Tribe of Oklahoma	Anadarko	OK	OK	VI			*	*	*				*	*		*			*	*		*	*		*				*
Cheyenne-Arapaho Tribes of Oklahoma	Concho	OK	OK	VI		*	*	*	*			*		*	*		*	*	*		*	*	*		*		*	*	*
Choctaw Nation of Oklahoma	Durant	OK	OK	VI		*	*		*			*		*			*	*	*	*	*	*	*	*	*				
Citizen Band Potawatomi of Oklahoma	Shawnee	OK	OK	VI		*	*	*	*			*		*	*		*	*	*				*	*	*		*	*	*
Comanche Indian Tribe	Lawton	OK	OK	VI	*	*	*		*			*		*	*	*	*	*	*	*	*	*	*	*	*		*	*	*
Delaware Tribe of Western Oklahoma	Anadarko	OK	OK	VI			*	*	*				*	*	*	*	*	*		*		*	*		*		*	*	*
Eastern Shawnee Tribe of Oklahoma	Wyandotte	OK	OK	VI			*	*	*				*		*	*	*	*	*				*		*		*	*	
Fort Sill Apache Tribe	Apache	OK	OK	VI			*		*								*	*	*				*		*		*	*	
Iowa Tribe of Kansas and Nebraska	White Cloud	KS	OK	VII			*		*					*	*	*	*	*	*	*			*		*			*	*
Iowa Tribe of Oklahoma	Perkins	OK	OK	VI		*	*	*	*			*	*	*	*	*	*	*	*	*		*	*		*		*	*	*
Kaw Tribe of Oklahoma	Kaw City	OK	OK	VI				*	*			*		*	*	*	*		*	*					*		*	*	*
Kickapoo Tribe in Kansas	Horton	KS	OK	VII			*		*						*		*	*					*		*		*	*	*
Kiowa Tribe of Oklahoma	Carnegie	OK	OK	VI		*	*	*	*			*	*	*	*	*	*	*	*	*		*	*		*		*	*	*
Muscogee (Creek) Nation	Okmulgee	OK	OK	VI		*	*	*	*			*		*	*	*	*	*	*	*		*	*	*	*		*	*	*
Osage Nation of Oklahoma	Pawhuska	OK	OK	VI			*	*	*					*	*	*	*	*	*						*		*	*	*
Ottawa Tribe of Oklahoma	Miami	OK	OK	VI			*	*	*					*	*	*	*	*				*	*				*	*	*
Pawnee Tribe of Oklahoma	Pawnee	OK	OK	VI			*		*			*		*	*	*	*	*	*	*	*		*		*		*	*	*
Ponca Tribe of Oklahoma	Ponca City	OK	OK	VI		*	*		*			*	*	*	*	*	*	*	*	*		*			*		*	*	
Prairie Band of Potawatomi Indians	Mayetta	KS	OK	VII			*	*	*			*	*	*	*		*	*	*	*			*		*		*	*	*
Quapaw Tribe of Oklahoma	Quapaw	OK	OK	VI			*	*	*					*	*	*		*	*	*		*	*		*		*	*	
Sac and Fox Tribe of Indians of Oklahoma	Stroud	OK	OK	VI			*	*	*			*	*	*	*				*				*		*		*	*	*
Seneca-Cayuga Tribe of Oklahoma	Grove	OK	OK	VI			*	*	*			*	*	*	*	*	*	*	*	*	*	*	*		*		*	*	*
United Keetoowah Band of Cherokee Indians in	Tahlequah	OK	OK	VI			*	*	*						*		*	*	*	*			*		*		*	*	*
Wichita and Affiliated Tribes	Anadarko	OK	OK	VI			*		*			*	*		*	*	*	*	*	*		*	*		*		*	*	*
Wyandotte Nation	Wyandotte	OK	OK	VI			*		*			*		*	*			*	*				*		*				*

Table IX: Tribal Entities with Elderly Services: **Phoenix Area**

Tribe	Location	State	IHS area	CMS Region	Adult Day Care	Assisted Living	Caregiver Programs	Case Management	Congregate Meal	Elder Abuse Prev.	Emergency Resp Sys.	Employment Services	Financial Assistance	Gov't Assisted Housing	Home Delivered Meals	Home Health Services	Home Modification	Home Repair	Inform.& Referral Ast.	Legal Assistance	Nursing Facilities	Personal Care	Respite Care	Retirement Communities	Senior Center Programs	Shared Housing	Telephone Reassurance	Transportation	Volunteer Services
Ak-Chin Indian Community	Maricopa	AZ	PH	IX			*		*				*		*	*	*	*							*			*	*
Cocopah Indian Tribe	Somerton	AZ	PH	IX	*			*	*			*			*		*	*	*						*		*	*	
Elko Band Council	Elko	NV	PH	IX	*	*	*	*	*			*		*	*	*	*	*	*	*	*	*	*		*		*	*	
Fallon Paiute-Shoshone Tribes	Fallon	NV	PH	IX		*	*	*	*			*		*	*	*	*	*	*	*	*				*	*	*	*	*
Gila River Indian Community	Sacaton	AZ	PH	IX			*	*	*			*		*	*	*	*	*	*	*		*	*		*		*	*	
Hopi Tribal Council	Kykotsmovi	AZ	PH	IX			*	*	*			*	*				*	*	*	*		*	*		*				*
Hualapai Tribal Council	Peach Springs	AZ	PH	IX				*	*						*				*						*			*	
Inter-Tribal Council of Nevada (Ely, Yomba, Battle Mountain)	Reno	NV	PH	IX			*		*						*								*						
Pyramid Lake Paiute Tribe	Nixon	NV	PH	IX			*		*					*	*		*	*	*	*					*		*	*	*
Quechan Indian Tribe	Yuma	AZ	PH	IX			*	*	*			*	*	*	*	*	*	*	*		*	*			*		*	*	*
Reno-Sparks Indian Colony	Reno	NV	PH	IX				*	*			*	*		*	*	*	*	*						*	*	*	*	*
Salt River Pima-Maricopa Community	Scottsdale	AZ	PH	IX		*	*	*	*			*	*	*	*	*	*	*	*	*		*	*		*		*	*	
San Carlos Apache Tribe	San Carlos	AZ	PH	IX		*			*			*		*	*	*			*			*			*			*	*
Shoshone-Paiute Tribes (Duck Valley)	Owyhee	NV	PH	IX			*	*	*			*		*	*	*		*	*			*	*		*			*	*
Walker River Paiute Tribe	Schurz	NV	PH	IX			*	*	*			*	*	*	*	*		*	*	*		*			*			*	*
Washoe Tribe of Nevada and California	Gardnerville	NV	PH	IX			*	*	*			*	*	*	*	*	*	*	*	*		*	*		*		*	*	*
White Mountain Apache Tribe	White River	AZ	PH	IX			*	*	*			*	*	*	*	*	*		*			*	*		*		*	*	*
Yavapai Apache Nation	Clarksdale	AZ	PH	IX					*			*	*	*	*	*	*	*	*	*					*			*	
Yerington - Paiute Tribe	Yerington	NV	PH	IX		*		*	*			*		*	*	*	*	*	*	*	*	*			*			*	

Table X: Tribal Entities with Elderly Services: **Portland Area**

Tribe	Location	State	IHS area	CMS Region	Adult Day Care	Assisted Living	Caregiver Programs	Case Management	Congregate Meal	Elder Abuse Prev.	Emergency Resp Sys.	Employment Services	Financial Assistance	Gov't Assisted Housing	Home Delivered Meals	Home Health Services	Home Modification	Home Repair	Inform.& Referral Assist.	Legal Assistance	Nursing Facilities	Personal Care	Respite Care	Retirement Communities	Senior Center Programs	Shared Housing	Telephone Reassurance	Transportation	Volunteer Services
Colville Confederated Tribes	Nespelem	WA	PO	X			*	*	*			*	*		*	*	*	*	*	*	*		*		*		*	*	*
Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indian	Florence	OR	PO	X			*	*	*			*	*	*	*	*	*	*	*	*		*	*		*		*	*	*
Confederated Tribes of Grand Ronde	Grand Ronde	OR	PO	X	*	*	*	*	*			*	*	*	*	*	*	*	*				*	*	*		*	*	*
Confederated Tribes of Siletz Indians of Oregon	Siletz	OR	PO	X			*	*	*			*		*	*	*	*	*	*	*		*	*		*			*	
Confederated Tribes of the Umatilla Indian Reservation	Pendleton	OR	PO	X					*					*	*		*	*		*					*				
Confederated Tribes of Warm Springs	Warm Springs	OR	PO	X		*	*	*	*			*		*	*	*	*	*	*	*	*	*	*		*		*	*	
Klamath Tribe	Chiloquin	OR	PO	X	*		*	*	*			*		*	*	*		*	*		*		*				*	*	*
Lower Elwha Klallam Tribe	Port Angeles	WA	PO	X			*		*					*	*		*	*	*	*		*	*		*		*	*	*
Lummi Indian Business Council	Bellingham	WA	PO	X			*	*	*			*	*	*	*	*	*		*	*		*			*			*	
Makah Indian Tribal Council	Neah Bay	WA	PO	X			*	*	*				*	*	*	*	*	*	*	*		*	*		*		*	*	
Muckleshoot Indian Tribe	Auburn	WA	PO	X			*	*	*				*	*	*	*	*	*	*	*		*	*	*	*	*	*	*	*
Port Gamble Sklallam Tribe	Kingston	WA	PO	X			*	*	*			*	*	*	*	*	*		*	*		*	*		*		*	*	*
Puyallup Tribal Health Authority	Tacoma	WA	PO	X	*				*				*		*		*	*	*			*			*				*
Quileute Tribal Council	LaPush	WA	PO	X					*			*		*	*	*	*	*	*		*	*	*				*	*	*
Quinault Indian Nation	Taholah	WA	PO	X			*	*	*				*	*	*	*			*			*	*		*		*		*
Shoshone-Bannock Tribes	Fort Hall	ID	PO	X			*	*	*				*	*	*	*	*	*	*	*		*	*	*	*		*	*	*
Spokane Tribe of Indians	Wellpinit	WA	PO	X			*	*	*					*	*		*	*	*	*		*	*		*		*	*	*
Stillaguamish Tribe of Indians	Arlington	WA	PO	X								*	*																
Swinomish Indian Tribal Community	LaConner	WA	PO	X			*	*	*			*		*	*	*	*	*	*						*		*	*	*
Yakama Nation Area Agency on Aging	Toppenish	WA	PO	X			*	*	*			*		*	*	*	*	*	*	*		*	*	*				*	*

Table XI: Tribal Entities with Elderly Services: **Tucson Area**

Tribe	Location	State	IHS area	CMS Region	Adult Day Care	Assisted Living	Caregiver Programs	Case Management	Congregate Meal	Elder Abuse Prev.	Emergency Resp Sys.	Employment Services	Financial Assistance	Gov't Assisted Housing	Home Delivered Meals	Home Health Services	Home Modification	Home Repair	Inform.& Referral Ast.	Legal Assistance	Nursing Facilities	Personal Care	Respite Care	Retirement Communities	Senior Center Programs	Shared Housing	Telephone Reassurance	Transportation	Volunteer Services
Pascua Yaqui Association	Tucson	AZ	TU	IX		*	*	*	*			*	*	*	*	*	*	*	*	*	*	*	*		*		*	*	*
Tohono O Odham Nation	Sells	AZ	TU	IX			*	*	*				*		*	*			*		*	*			*			*	