



BGADD PROGRAMS

Bluegrass Area Development District

Program	Age	Requirements	Financial	Provides
Senior Nutrition Program (HDM)	60+ or spouse is over 60	<ul style="list-style-type: none"> - Unable to drive - Lives alone or with someone who is unable to drive 	No financial requirement	1 - 7 hot or frozen meals delivered weekly from Senior Center
Home and Community Based Wavier (HCB)	NA	<ul style="list-style-type: none"> - Medicaid eligible - Must meet institutional/ nursing home level of care - If under 65 must be on disability 	<ul style="list-style-type: none"> - Individual monthly income under \$2,250 - Individual Asset Limit: \$2,000 - Patient liability on income over \$770 	<ul style="list-style-type: none"> - Personal care, - Homemaking - Budget for supplies and home modifications
Kentucky Homecare Program (Homecare)	60 +	<ul style="list-style-type: none"> - Not eligible for HCB Waiver - 2ADLs, 3IADLs or 1ADLs + 2IADLs 	<ul style="list-style-type: none"> - Sliding fee scale including all members of household - 100% fee if over \$2,000 individual and \$3,000 couple 	<ul style="list-style-type: none"> - Personal care - Homemaking - Transportation
National Family Caregiver Program (NFCSP)	See requirements	<ul style="list-style-type: none"> - Caregiver caring for someone 60 + or 55 if they have Alzheimer's/dementia - Grandparent 55 + that are 	No financial requirement	<ul style="list-style-type: none"> - Respite, training, Information, and supplies - \$1,200/year- around 60 hours of respite per year

Popular Programs

Senior Nutrition Program

- Senior Nutrition Program—HDM
- Must not drive, if clients drive—contact Senior Center Directly for flexible funding Covid-19 meals
- Funded by Federal Administration on Aging
- Depending on area and funding, sometimes there is a waiting list

National Family Caregiver Support Program

- For caregivers of individuals with dementia/alzheimers
- Or for grandparents aged 55+ that are raising grandchildren
- Provides 60 hours of respite and budget of \$1200 a year for medical supplies, \$400 provided to grandparents
- Depending on funding, may have a waitlist

Popular Programs

Homecare

- For individuals aged 60+
- Does not meet LOC for Waiver, typically more independent in ADL's and IADL's
- On a sliding fee scale, dependent upon income

Medicaid Waiver Programs

- Nursing home level of care
- Aged 65+ or have documented physical disability
- Must meet income and resource limits
- Has different types of programs; Acquired Brain Injury—Acute or Long Term, Support for Community Living, Michelle P Waiver, Home and Community Based Waiver

ADRC Process

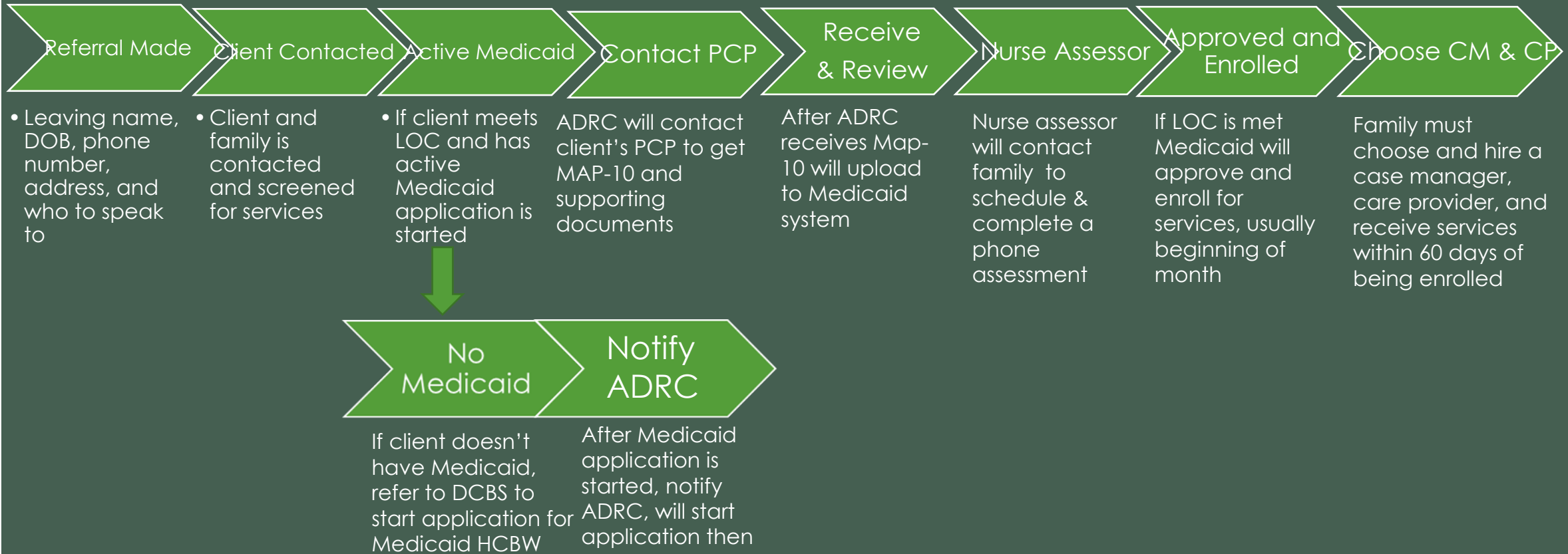
Referrals can be made by

- Leaving a confidential voicemail at 859-266-1116
- Emailing adrc@bgadd.org
- Include clients name, DOB, address, phone number, who best to speak to and any other important info
- Currently running around two weeks behind, will call client in the order that they are received
- Can included a blank Waiver application and Map-10 in referral but not necessary, don't recommend due to timing issues

Our Resource Specialist will call family and see if they meet LOC for Waiver services:

- If client has active Medicaid we can start the application that day, will need Map-10 and supporting documents to complete application
- If client does not have active Medicaid, must contact DCBS and ask to start an application for 'Medicaid for HCBW' NOT traditional Medicaid
- Medicaid for HCBW looks at individuals LOC and individual's income, not household
- Will need to have active Medicaid for HCBW in order to access services

HCBW Process Steps



Medicaid Waiver Programs

Michelle P

Home and Community Based Waiver

- Intellectual or developmental disabilities
 - Diagnosis before age 18
 - Very long waiting list (1-5 years)
 - Assists with bx support, day training, environmental adaptations, personal care, and respite
 - Needs a signed Map-10, psychological assessment, and supporting documents
- Physical disabilities
 - All ages
 - Much quicker to access services, usually months
 - Assists with ADL's and IADL's; bathing, dressing, grooming, chores, transportation
 - Needs a signed Map-10 and supporting documents, depending on client's application

Medicaid Waiver Programs

Support for Community Living

- Must have Intellectual and developmental disability
- Meet the requirements for residence in care facility
- Environmental Accessibility Adaptation, Vehicle Adaptation, Personal Assistance, Residential Support Services
- Needs Map-10, psychological assessment, and supporting documents
- Waiting list several years long

Acquired Brain Injury

- Must have acquired brain injury diagnosis after age 18
- Needs discharge summary, Map-10, and psychological assessment
- Acute—have potential for rehab and retraining
- Long Term Care—have reached plateau and need maintenance
- Services Provided: Adult Day Training, Respite, Companion Services, Community Living Support, Personal Care, Nursing Supports
- Wait list several years long as well

Type of Services Under Waiver

Traditional Services

- Receive services through an agency
- Agency has provided training, background checks, and safety measures
- Can start with traditional services then switch to PDS when room is available
- **Recommended at this time**

Participant Directed Services

- Family member or friend is paid caregiver
- AKA PDO (participant directed option)
- BGADD acts as case manager, family member/friend is caregiver
- Caregiver must meet eligibility requirements and complete background checks & trainings

Important To Remember

- Can have hospice and HCBW at the same time—cannot duplicate services
- Once hospice is activated, Waiver moves to paper billing for services
- HCBW must have a physical disability, many families start with this waiver and switch to other waivers when space is available
- Need to have open Medicaid application in order to start Waiver application, will need active Medicaid for HCBW to access services
- May receive a letter from Medicaid saying they “need the correct type of Medicaid” must call Medicaid and switch from traditional Medicaid to Medicaid for HCBW
- Need to pick a case manager, care provider, and access services within 60 days—otherwise application times out and have to begin again
- Families must receive at least 1 hour of care every 60 days to stay active; do not have to leave child alone with attendant if not comfortable
- Currently recommending, starting with traditional services and switching to PDS when room is available
- Number of hours approved for care is dependent upon Medicaid Nurse’s assessment—children need 24/7 care, as child ages needs are more apparent and may qualify for more hours
- Not an income program for families, offers assistance for natural supports