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| **Tribes/AAA Services Survey** |
| 1. **There have been numerous discussions about the tribes’ potential interest in managing AAAs specific services without becoming a full-fledged AAA. To this end the specific services must be identified in order to determine what would be allowable under the Federal and State statutes and how we would need to proceed to try to meet this goal.  Please answer the questions and/or identify services that may be of interest.**
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| 1. **What AAA-related services do you currently use and may be interested in providing? Please select from the list below or add at the end of this question if not on the list.**
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| **Services Offered by AAAs** | **AAA Services Tribe Utilizes****“X”** | **AAA Services Tribe is Interested in Managing****“X”** |
| Adult Day Care*-personal care (eating, positioning, transferring, toileting, etc.), social services, routine health monitoring (vital signs, weight, etc.), general therapeutic activities (recreational activities, exercises, etc.), general health education, nutritious meal and snack, supervision, assistance with arranging transportation, first aid when needed.*  |  |  |
| Adult Day Health*-Program can include aspects above, as well as skilled medical services—skilled nursing, physical therapy, occupational therapy, or speech therapy, and psychological or counseling services.* |  |  |
| Adult Protective Services-protecting vulnerable adults from abuse, neglect, self-neglect, abandonment, and exploitation.  We value client self-determination and the professional expertise of our APS colleagues, while working to prevent and end harm by:* Conducting objective, timely, and thorough investigations;
* Assisting Vulnerable Adults to access appropriate services in accordance with statute, rules, policy, and client consent;
* Networking and coordinating with others to serve Vulnerable Adults; and
* Educating Vulnerable Adults and the community about abuse, neglect, self-neglect, abandonment, financial exploitation, and protective services.
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| Case Management*-in-depth assistance to frail elders and adults with disabilities who have significant health and social needs. Case managers conduct in-home assessments, collaborate with clients to develop an individualized service plan which can include a nurse who can provide referrals and coordination with health care professionals, and monitor service plan and track progress on meeting service plan goals. Short-term counseling is provided if needed.*  |  |  |
| Nursing Services Program*-nursing expertise to high-risk case management clients upon referral from case managers. RN Consultants focus on medically complex clients with unstable health conditions providing services including case reviews, home visits, coordination with health care professionals, and valuable nursing input into the plan of care.* |  |  |
| Chronic Care Management*-chronic care management for Medicaid fee-for-service adult patients, improve clinical outcomes and decrease unnecessary utilization by providing community-based RN care management and enhancing coordination, communication and integration of services across safety-net providers.* |  |  |
| Chronic Disease Self-Management Program*-community-based self-management program that assists people with chronic illness. Workshops are held in community settings such as senior centers, churches, libraries and hospitals, where people with different chronic health problems attend together. Two trained leaders facilitate, one or both of whom are non-health professionals with chronic diseases themselves. Gives the skills to coordinate all the things needed to manage their health and helps them keep active.*  |  |  |
| COPES ServicesCOPES/Personal Care services are provided to Medicaid Case Management clients with disabilities, many of whom live alone. **Personal care services** might include help with walking, bathing or eating. A person must need personal care services to receive household services. Examples of **COPES/Ancillary services** include: * Client training by a skilled professional (e.g., medication management by a pharmacist, occupational therapy by a registered therapist, nutrition education by a dietician). Adult day care at a licensed facility that provides personal care, routine health monitoring, and other general therapeutic services.
* Home environmental modifications by licensed, bonded construction companies (i.e., construction or installation of minor physical adaptations and devices).
* Home-delivered meals for housebound clients who lack the ability to prepare meals and do not have help.
* Home health aide services to provide intermittent health and other incidental services beyond what a regular caregiver can provide.
* PERS services, which include the installation of devices and in-home monitoring and response to personal emergency requests for help.
* Skilled in-home nursing services to meet needs that are beyond the capacity of non-licensed staff.
* Specialized medical equipment that allows the client to function better in the home and community (e.g., wheelchairs, special shoes, aids to assist with standing).
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| Disability Access ServicesServices provided include case management, sign language and tactile interpretation services, and advocacy for people who are deaf, deaf-blind, or hard of hearing. ADS also contracts for call-in information and referral services for people with disabilities. Other services include providing training to community agencies and other groups, and advocacy and technical assistance to help make facilities and programs accessible to people with disabilities. |  |  |
| Gatekeeper Training Program-provides group legal representation – including class action lawsuits, advocacy training and information – to service providers, private attorneys and volunteer advocates, and individual client legal services. Legal Services helps older people secure rights, benefits, and entitlements under federal, state and local laws. It also seeks to effect favorable changes in laws and regulations that affect older people. In addition, Legal Services strives to maintain public and private resources that benefit low-income older people. |  |  |
| Long-Term Care Ombudsman ProgramThe Washington State Long-Term Care Ombudsman advocates for residents of nursing homes, adult family homes, and assisted living facilities. Our purpose is to protect and promote the Resident Rights guaranteed these residents under Federal and State law and regulations. |  |  |
| Kinship CareResources identified as relatives raise children of family members. Information includes benefits and services, health care, special needs, legal issues, kinship navigators, and specific professionals. |  |  |
| Respite CareRespite care is a service where another trained person or staff at a facility provide planned, short-term care (a few hours to a few days) for your loved one so you have some time away from caregiving. Respite care can be in your home, through an adult day center, or at a residential care facility. Respite care may be provided by home health care agencies, adult family homes, boarding homes, adult day health or adult day care programs, nursing facilities, or family, friends, and volunteers. |  |  |
| Caregiver Information & Support-focuses on the informal family caregiver and the system that supports the caregiver. It includes in-home and out-of-home respite care services for unpaid caregivers of adults with functional disabilities. ADS administers funds for: * Caregiver information and assistance.
* Support groups.
* Caregiver training.
* Translation and interpreter services.
* Specialized transportation.

Additional services include **Kinship Care** to support relatives (often grandparents) who are raising grandchildren and **Respite Care**, addressing the needs of caregivers by providing them time away from the responsibilities of ongoing care of a disabled adult, ranging from companionship and supervision to skilled nursing care. Respite care is available in the home and in the community. |  |  |
| Enhance Fitness**Enhance Wellness** and **Enhance Fitness** provide low-cost, high-quality, comprehensive health promotion programs for older adults at local community locations. These evidence-based programs include an exercise program that focuses on strength, balance, aerobics, and flexibility through one-hour supervised classes; a seven-session course on healthy living with chronic conditions; and a health enhancement program that provides personal guidance and support to maintain and/or improve health. |  |  |
| Primary Information & Assistance**Primary I&A** provides information to older adults and their family members over the telephone, in-person, and through the internet. Assistance to access services is also provided for clients who are unable to do so themselves. Trained I&A advocates screen clients to determine whether they need referrals to more extensive services, which may include Case Management. |  |  |
| Community Information & Assistance* services are provided to older persons and family members who are not able to use the primary I&A program due to language, cultural, racial or social barriers. ADS currently funds Community I&A services for Chinese, Southeast Asian, Pacific Islander, Russian, East European, Latino, East African, and African American populations.
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| Legal Services-provides group legal representation – including class action lawsuits, advocacy training and information – to service providers, private attorneys and volunteer advocates, and individual client legal services. Legal Services helps older people secure rights, benefits, and entitlements under federal, state and local laws. It also seeks to effect favorable changes in laws and regulations that affect older people. In addition, Legal Services strives to maintain public and private resources that benefit low-income older people. |  |  |
| Memory Care & Wellness Services(MCWS) is a specialized day program for people with dementia and their caregivers. MCWS provides a safe, social and therapeutic environment with meaningful services and activities, including a structured, evidence-based fitness program and health assessments by RNs and occupational therapists. Family caregivers receive support and service coordination as they strive to maintain their own health, wellness, and optimal functioning. |  |  |
| Congregate Nutrition ProgramThe **Congregate Nutrition Program** helps meet the social and dietary needs of older people by providing nutritionally sound meals in a group setting. Ten agencies manage 45 nutrition sites, located throughout King County. Nineteen of the sites tailor meals to the language and cultures of immigrant and refugee seniors once a week. Another four contractors provide meals at 24 senior centers. Some senior centers provide special meals to serve African American, Hispanic, Native American, or Asian American elders. Seattle Parks and Recreation partners with local congregate meal programs by providing gathering space for **Food and Fitness** programming for the elders at local community centers. |  |  |
| Meals on WheelsThe **Home Delivered Nutrition Program**, often known as **Meals on Wheels**, provides nutritious meals to older people who are homebound and unable to prepare meals for themselves. Two agencies provide frozen meals delivered to individuals throughout Seattle and King County, including rural communities. A third contractor delivers hot meals to clients’ homes in a limited area (primarily Latinos). ADS subcontracts with a registered dietician to consult with the contractors who serve immigrant and refugee elders, to ensure that their meals and service comply with program requirements. |  |  |
| Senior Farmers Market Nutrition ProgramADS administers local funds that support nine **Senior Centers** within the city of Seattle. Senior centers are community resource centers that meet the physical and emotional needs of older adults by offering access to services and resources on site, including immunization, health screening, nutrition, and exercise and fitness programs. |  |  |
| Farm to TableIn an effort to improve the health of older adults in the Muckleshoot Indian Tribe, the Muckleshoot Senior Center participates in a Farm to Table pilot project to bring fresh produce straight from local farms to the Senior Center for the senior’s daily lunch program. The Farm to Table program, funded by the King County Public Health Department through a federal economic stimulus grant, focuses on building connections between local farms and meal programs to make the best quality food available for the senior meal program. The Farm to Table program strengthens the tribe’s connection with traditional foods, makes the most of our local agricultural system, and increases the nutritional value of the food served at the Senior Center, thereby helping to improve the health of the Muckleshoot senior community. |  |  |
| Transportation ProgramNutrition and Volunteer Transportation is provided through a subcontracted agency. The **Nutrition Transportation Program** provides transportation within King County to ADS congregate nutrition sites, focusing on access to ethnic and rural meal sites. **Volunteer Transportation** provides rides, by volunteers using their own cars, to medical and other essential appointments. |  |  |
| Nutrition Transportation ProgramThe **Home Delivered Nutrition Program**, often known as **Meals on Wheels**, provides nutritious meals to older people who are homebound and unable to prepare meals for themselves. Two agencies provide frozen meals delivered to individuals throughout Seattle and King County, including rural communities. A third contractor delivers hot meals to clients’ homes in a limited area (primarily Latinos). ADS subcontracts with a registered dietician to consult with the contractors who serve immigrant and refugee elders, to ensure that their meals and service comply with program requirements. |  |  |

Yes I would like to be contacted if you have questions about my choices:

Name:

Phone: