

## CMS Tribal LTSS Program Survey

Please take a few minutes to complete the survey below. The purpose of this survey is to obtain information to help the Centers for Medicare and Medicaid (CMS) develop of a list of tribally operated long-term services and supports (LTSS) programs across Indian Country. Tribes and tribal organizations may provide these services directly, or through a contract or agreement with an outside organization. LTSS are a set of health care, personal care, and social services delivered over an extended period to help persons who are unable to independently perform activities of daily living, such as getting in and out of bed, dressing, bathing, eating, and using the bathroom. LTSS may be provided in community and institutional settings or in a person's own home.

Your response is voluntary. The information from this survey will be shared online on the CMS' LTSS Technical Assistance Center webpage. Thank you for your time.

**The following questions are about types of LTSS that your tribe/tribal program offers or coordinates.**

1. Does your tribe/tribal program have a senior center?

- Yes
- No

2. Does your tribe/tribal program provide independent senior housing?

- Yes
- No

*(Independent senior housing: Homes or apartments reserved specifically for older adults or people with disabilities who do not need assistance with activities of daily living.)*

3. Does your tribe/tribal program have an assisted living facility?

- Yes
- No

*(Assisted living facilities: Facilities of any size—including adult foster homes, group homes, or congregate housing—that provide housing and personal care services, such as meals, housekeeping, transportation, and assistance with activities of daily living, as needed, to persons who can still live independently in their homes.)*

4. Does your tribe/tribal program have an adult day care program?

- Yes
- No

*(Adult day care programs: Non-residential facilities that support the daily living and social needs of elderly or chronically ill adults or people with disabilities.)*

5. Does your tribe/tribal program have a nursing home?

- Yes
- No

*(Nursing home: An institution that provides residential accommodations and regular, skilled nursing care to older and/or chronically ill adults or people with disabilities who are Medicaid recipients.)*

**The following questions are about the types of medical care services and programs your tribe/program provides.**

6. Does your tribe/tribal program provide physical therapy services?

- Yes
- No

7. Does your tribe/tribal program provide case management services?

- Yes
- No

*(Case management: Includes the coordination of mental and physical care services for patients by assigning a health professional to ensure that a patient or client obtains the full range of required services.)*

8. Does your tribe/tribal program have a PACE program?

- Yes
- No

*(Program of All-Inclusive Care for the Elderly (PACE): A Medicare and Medicaid program that provides comprehensive and coordinated medical and social services to frail individuals, 55 years of age and older.)*

9. Does your tribe/tribal program provide wellness and disease management education?

- Yes
- No

*(Wellness and disease management: Provides health and disease prevention information to older adults and people with disabilities.)*

10. Does your tribe/tribal program provide palliative care or hospice services?

- Yes
- No

*(Palliative care: Symptom-focused care for people with life-limiting illnesses that focuses on quality of life.)*

#### **In-Home Care and Home Assistance**

11. Does your tribe/tribal program have a home-delivered meal program?

- Yes
- No

*(Home-delivered meal program: Often called meals-on-wheels; a program that delivers food to older adults who are unable to leave their homes to come to a congregate meal.)*

12. Does your tribe/tribal program provide home maintenance and repair services?

- Yes
- No

*(Home maintenance and repair services: Include basic household upkeep and repairs for individuals who are unable to independently care for their homes.)*

13. Does your tribe/tribal program provide home modification services?

- Yes
- No

*(Home modification services: Services that provide assistance with home alterations (such as building wheelchair ramps, widening doorways, installing lifts and handrails, etc.) that enable older adults or people with disabilities to live independently in their homes.)*

14. Does your tribe/tribal program provide homemaker and chore services?

- Yes
- No

*(Homemaker and chore services: Include assistance with basic, household chores for older adults or people with disabilities.)*

15. Does your tribe/tribal program provide durable medical equipment or supplies?

- Yes
- No

*(Durable medical equipment: Reusable equipment, including walkers, wheel chairs, and hospital beds, prescribed or ordered by a doctor for use in the home. Supplies: necessary items to assist people with their health and personal care such as incontinence supplies, nutrition supplements, wipes, lotions, etc.)*

16. Does your tribe/tribal program have one or more Medicare-certified home health agency(ies)?

- Yes
- No

*(Medicare-certified home health agencies observe Medicare laws and regulations to provide in-home services, such as skilled nursing care, physical therapy, occupational therapy, speech therapy, or pharmacy services for reimbursement through Medicare.)*

### Personal Care

17. Does your tribe/tribal program provide personal care services? (If you answer no, please skip to Question 19.)

- Yes
- No

*(Personal care services: Include assistance for older adults or people with disabilities that need help with activities of daily living.)*

18. Do personal care providers in your tribe/tribal program receive Medicaid or state funding to provide services?

- Yes
- No

## Caregiver Support

19. Does your tribe/tribal program have caregiver support groups?

- Yes
- No

(*Caregiver support groups*: Support groups that allow caregivers to meet in a supportive atmosphere to express their feelings and share coping skills, knowledge, and resources.)

20. Does your tribe/tribal program provide respite services for caregivers?

- Yes
- No

(*Respite services*: Services that provide caregivers with temporary relief from the responsibilities of caregiving. Skilled or semi-skilled workers take over caregiver responsibilities for a brief period of time and care can be provided either at home or in another location.)

## Functional Services

21. Does your tribe/tribal program provide transportation services?

- Yes
- No

22. Does your tribe/tribal program provide financial planning services?

- Yes
- No

23. Does your tribe/tribal program provide nutrition services, such as nutrition education or counseling?

- Yes
- No

24. Does your tribe/tribal program provide language translation services for older adults or people with disabilities who speak their Native language?

- Yes
- No

## Partnerships/Funding

25. Does your tribe/tribal program partner with any of the following entities in order to provide or improve its LTSS program(s)? (Select all that apply.)

- a. Other tribes
- b. Indian Health Service
- c. Urban Indian health programs
- d. Private company/provider
- e. County
- f. State
- g. VA
- h. Other (Please describe): \_\_\_\_\_
- i. Unsure/Do not know

26. Does your tribe/tribal program support its LTSS program(s) with funding from any of the following sources?  
(Select all that apply.)

- a. Tribal support
- b. Indian Health Service (IHS)
- c. Medicaid
- d. Medicare
- e. County support
- f. State (non-Medicaid) support
- g. VA
- h. Other federal (non-Medicaid and non-IHS) support
- i. Other (Please describe): \_\_\_\_\_
- j. Unsure/Do not know

### Tribal Contact Information

<b>Tribe Name:</b> _____		
<b>Tribe/tribal program name:</b> _____	<b>Tribe/tribal program contact name:</b> _____	<b>Contact title:</b> _____
<b>Contact phone number:</b> _____	<b>Contact email address:</b> _____	<b>Contact title:</b> _____
<b>Current tribal leader:</b> _____	<b>Tribal leader phone number:</b> _____	<b>Tribal leader fax number:</b> _____
<b>Tribal Leader email address:</b> _____		