
QUESTIONS AND ANSWERS ON THE TAILORED SUPPORTS FOR OLDER ADULTS (TSOA) AND MEDICAID ALTERNATIVE CARE (MAC) PROGRAMS

COLUMBIA LEGAL SERVICES

OCTOBER 2017

1. What are TSOA and MAC?

TSOA and MAC are new Medicaid programs. TSOA and MAC provide free services to unpaid caregivers who are taking care of family members who are at least 55 years old. TSOA also supports individuals who do not have an unpaid caregiver. TSOA and MAC are different from traditional long-term care programs. Traditional programs provide services to the person who needs care. TSOA and MAC focus on the caregiver and the person who needs care.

TSOA is for people who are not currently eligible for Medicaid. MAC is for people who are eligible for traditional Medicaid long-term care programs, but choose not to go on those programs. MAC benefits are similar to TSOA benefits.

For information about traditional, long-term care programs see:

[*Questions and Answers on the COPES Program, Questions and Answers on the Community First Choice Program, and Questions and Answers on Medicaid for Nursing Home Residents*](#) at:

www.washingtonlawhelp.org/issues/aging-elder-law/long-term-care-assistance-copes-nursing-homes

2. How is TSOA/MAC eligibility determined?

To get TSOA or MAC, you (the person who needs care) must be financially eligible (see Questions 7-9).

You must also be functionally eligible. This means you must need the same level of care as someone in a nursing facility. This is the same level of care the COPES and Community First Choice programs require.

You will be assessed to see if you meet nursing facility level of care. There will also be an informal interview to evaluate your ability to care for yourself.

3. When does coverage begin?

You may be eligible for TSOA or MAC services the day you call to ask about the programs. This is because both TSOA and MAC allow services to be authorized based on a quick pre-screening of

financial and functional eligibility criteria over the phone. The goal of both programs is to get services in place quickly to support the people who are caring for your needs.

If you are found eligible after the pre-screening, you can receive services through the end of the month following the month you were approved. For TSOA, you may still have to go through the formal application process. This will confirm your financial and functional eligibility.

Example: Sally called to see if she was eligible on June 10. She was approved that day based on the quick pre-screening. Sally will be eligible through the end of July. This will give her time to go through the formal application process.

If it turns out later you were not eligible for services, you do not have to pay for the cost of the services you received.

Note: TSOA and MAC cannot be back-dated or retroactive. This means they will not cover services provided before the date services were first authorized.

4. How do I apply?

You can apply for TSOA and MAC in several ways:

- Call your Department of Social and Health Services (DSHS) Home and Community Services (HCS) office to speak with a social worker. To find your HCS office, call 1-800-422-3263 or use the

online tool to find the HCS office for your county.

www.dshs.wa.gov/altsa/resources

- Contact your local Area Agency on Aging office and ask to speak with a Family Caregiver specialist. (www.washingtoncommunitylivingconnections.org/consumer/index.php)
- Apply online at www.washingtonconnection.org

Note: if you are applying online for TSOA, check the box for “Tailored Supports for Older Adults (TSOA)” which is below the Long Term Services and Supports banner; if you are applying online for MAC, check the box for “Health Care Coverage: Everyone applying is 65 or older, blind or disabled” which is below the Washington Apple Health banner.

- For MAC: submit a paper application (HCA form 18-005) to a local HCS office or fax a completed HCA form 18-005 to 1-855-635-8305. You can get an application at www.hca.wa.gov/assets/free-or-low-cost/18-005.pdf or pick one up at your local HCS office.
- For TSOA: submit a paper application form (HCA form 18-008) to a local HCS office or fax a completed HCA 18-008 form to 1-855-635-8305. You can get an

application at
<https://www.hca.wa.gov/assets/free-or-low-cost/18-008.pdf>

or pick one up at your local HCS office.

- For both MAC and TSOA: mail your completed application to PO Box 45826 Olympia, WA 98504.

5. Can I get help with the application process?

Many people need help applying. Family members or friends may be able to help. Help is also available from your local Area Agencies on Aging and from DSHS staff, especially for people who have physical or mental impairments that make it hard to get through the application process on their own.

If you need help in the application process from DSHS, you or someone else should tell a DSHS representative that you need help. DSHS rules require what are called “necessary supplemental accommodation services” when they are needed. These services include help filling out forms and help finding information or papers needed for your application.

6. What services do TSOA and MAC offer?

A family caregiver specialist at the AAA will work with you to:

- assess you and your caregiver’s needs;
- discuss your goals and preferences; and

- explain the services you and your caregiver can get.

There are three service levels for both MAC and TSOA: Step 1, Step 2, and Step 3. Each Step has a dollar limit.

- Step 1 services are limited to \$250 on a one-time basis.
- Step 2 services are limited to \$500 annually minus any amount spent on Step 1 services.
- Step 3 services for MAC are limited to an average of \$550 per month not to exceed \$3,300 in a six month period.
- Step 3 services for people on TSOA who have an unpaid caregiver are limited to an average of \$550 per month not to exceed \$3,300 in a six month period.
- Step 3 services for people on TSOA who don’t have an unpaid caregiver are limited to \$550 per month.

You and your caregiver, if you have one, will choose the services from those available. The services available in each Step are described in the Appendix. **Note:** The list of services in the Appendix is not exhaustive. Your case manager may approve services not listed.

The rules about services are a little different for MAC and TSOA, so read carefully.

For MAC:

First, to qualify for MAC, you must have an unpaid caregiver. You can get Step 1

services after DSHS approves your eligibility and you have a care plan.

You can get Step 2 services after your unpaid caregiver has a TCARE screening. The TCARE screening gathers information about your caregiver. This information is used to decide whether there will be a full TCARE assessment. If your TCARE screening scores are not high enough, your caregiver will not get a TCARE assessment and you will not be eligible for Step 3. You will get a care plan involving Step 2 services.

You can get Step 3 services if your caregiver qualifies for a TCARE assessment and you have a care plan for getting those services.

The TCARE assessment will identify one or more "Strategies." There are five Strategies labeled from "A" to "E." Each Strategy includes services intended to address a caregiver's identified burdens and stresses.

Not all services are available in each Strategy. Strategy B, for example, has the most services from which to choose. Strategy E only has one service. If the TCARE assessment determines that Strategies A and B are appropriate, you and your caregiver may choose any of the services listed up to the benefit level allowed for Step 3.

The maximum number of Strategies the TCARE assessment will identify is 5. The services available in each Strategy are in the Appendix.

For TSOA:

You have an unpaid caregiver: If you have an unpaid caregiver, it's no different than MAC which is described just above.

You don't have an unpaid caregiver: If you don't have a caregiver, you can receive Step 1 services after DSHS approves your eligibility and you have a care plan.

To receive Step 2 services, you will have a GetCare screening and a care plan. The scores from the screening will determine if you qualify to have a GetCare assessment. If you do not qualify for a GetCare assessment, you will have access to Step 2 services. See the Appendix for the services you can get at Step 2.

If you qualify for a GetCare assessment, you get access to most of the Step 3 services up to the Step 3 limit. You will get a care plan in order to receive Step 3 services. See the Appendix for the services you can get at Step 3.

Note: You can also get personal care and nurse delegation services at Step 3. All of your Step 3 services cannot cost more than the Step 3 limit.

More information:

Ask your case manager for information if there is something you don't understand, including if you want to know:

- why you were placed into the Strategy(ies) you were placed in;

- why you were placed in the Step you were placed in; or
- why you did not qualify for a TCARE or GetCare assessment.

You can also talk to an advocate. Call the Northwest Justice Project or contact them online.

People under 60, call: 1-888-201-1014.

People over 60, call: 1-888-387-7111.

Contact online at:

<https://waoi.legalserver.org/modules/a2j/intake.php>

You can ask for a hearing if:

- you are not found eligible for MAC or TSOA;
- you think you should have been assigned to a higher Step;
- you or your caregiver need services not listed in the Appendix that your case manager won't approve; or
- you need services in a Strategy for which you are not eligible.

To ask for a hearing, write to the Office of Administrative Hearings at P.O. Box 42489, Olympia, Washington 98504-2489.

To find out more, see [Representing Yourself at an Administrative Hearing](#) at www.washingtonlawhelp.org

7. How are income and resources defined for purposes of TSOA and MAC?

To get TSOA or MAC, both your income and resources must be within set limits.

In counting your *income* for a month, DSHS looks at what you *received that month*. Income usually includes such things as Social Security, VA benefits, pension payments, and wages.

In counting your resources for a month, DSHS essentially takes a snapshot of your resources as of the first moment of the first day of the month. Whatever resources exist at that exact moment are the resources counted. Resources typically include such things as real estate, funds in bank accounts (but not including this month's income) and stocks. Funds from a payment that counted as income last month will count as resources this month if you still have them as of the first of this month. Not all resources count for purposes of determining resource eligibility.

8. Am I "income eligible" for TSOA or MAC?

For TSOA:

You are income eligible if your separate, gross income (not counting your spouse's income) is at or below \$2,205 per month. Your spouse's income is not counted. \$2,205 is also the income limit for single people.

For MAC:

You are financially eligible for MAC if you are eligible for categorically needy (CN) Medicaid or Alternate Benefit Plan (ABP) Medicaid.

Categorically Needy (CN): You are financially eligible for CN if you meet one of the following criteria:

- You receive SSI.
- You are legally blind, have been determined disabled, or you are age 65 or older and your countable income is under \$735 per month if you are single or \$1103 per month if you are married.
- You are legally blind, have been determined disabled, are under 65, and you are working. If so, you may qualify for Apple Health under the Healthcare for Workers with Disabilities (HWD) program if your countable income is below 220% Federal Poverty Level (FPL) (for 2017 this is \$2,211 for a single person). You will need to pay a premium for coverage.
- You are eligible for the Breast & Cervical Cancer program and your income is below 300% FPL (for 2017 this is \$3,015 per month).
- You are eligible for and enrolled in coverage under the Modified Adjusted Gross Income (MAGI) programs as a parent or caretaker relative.

Alternate Benefit Plan (ABP): You are financially eligible for ABP if you have income below 138% of the Federal Poverty Limit (FPL). For a single person in 2017, that means your income must be equal to or below \$1,387 per month. For a

household of two, the income limit is \$1,867 per month.

9. Am I “resource eligible” for TSOA or MAC?

For TSOA:

You are eligible if your resources (assets, property, savings) are below \$53,100 for a single person and \$108,647 for a married couple so long as your spouse is not in a medical institution. Medical institutions include: hospitals, nursing homes, and hospice care centers. To stay TSOA-eligible, you must transfer any resources worth more than \$53,100 out of your name and into your spouse’s name within a year of becoming TSOA-eligible. Certain "exempt" resources are not counted in determining whether you fall within this limit. Exempt resources are described in Question 10.

For MAC:

Some Apple Health programs do not look at what resources you have. If you are eligible under those programs, then you may receive MAC services and no resource limit applies. Programs that do not have resource limits are:

- MAGI-based programs (coverage for parents or care-taker relatives, coverage for pregnancy, children and single adults)
- Healthcare for Workers with Disabilities

If you receive SSI, you are eligible for MAC.

If you are age 65 or older, or are blind, or have a disability, and you are not eligible

for one of the programs without a resource limit, then you must have resources below \$2,000 if you are single or \$3,000 if you are married.

Certain "exempt" resources are not counted in determining whether you fall within this limit. Exempt resources are described in Question 10.

10. What resources are not counted to determine TSOA eligibility?

A. What are exempt resources?

Some resources are considered exempt and are not counted toward the resource limits that were discussed in the previous section. Exempt resources can include your home, household goods and personal effects, some real estate sales contracts, a car, life insurance with a face value of \$1,500 or less, most burial plots and prepaid burial plans, and certain other property and items used for self-support. Some of these are discussed in more detail below.

B. When is a home exempt?

A home (which may be a house and surrounding land, a condominium or a mobile home) may be an exempt resource. The exemption applies if the TSOA/MAC recipient lives in the home, or is temporarily absent but intends to return to it. It also applies as long as the recipient's spouse or, in some cases, a dependent relative continues to live in the home. Unlike other Long Term Care (LTC) programs, there are no home equity limits under the MAC and TSOA programs.

Even when a home is exempt, a married Medicaid applicant or recipient still may wish to transfer their interest in it to a spouse. Such a transfer may make it easier for the spouse to sell or otherwise dispose of the home or prevent estate recovery in the future. But, such a transfer is not always a good idea. It may, for example, have adverse tax or other consequences in some cases.

Before making such a transfer, you should consult with a lawyer familiar with Medicaid rules and estate planning.

The proceeds from the sale of an exempt home are also exempt if, within three months of when they are received, they are used to purchase a new exempt home.

C. When is a car exempt?

One car is exempt, no matter how much it is worth, if it is used for transportation either for the TSOA recipient or for a member of the recipient's household.

D. When are burial funds and burial spaces exempt?

A burial fund of \$1,500 for an individual (and an additional \$1,500 for a spouse) may be claimed as exempt if set aside in a clearly designated account to cover burial or cremation expenses. If an individual has life insurance that is claimed as exempt, then the face value of the life insurance will count as part of the individual's burial fund. So, for example, if a TSOA recipient has exempt life insurance with a face value of \$1,000, then only \$500 may be exempted in a designated account for burial expenses.

An *irrevocable trust* for burial expenses or a *pre-paid burial plan* may be claimed as exempt as long as it does not exceed reasonably anticipated burial expenses. The value of such a trust or plan will count against the exemption for burial funds or life insurance.

Burial spaces for TSOA recipients and immediate family members are exempt no matter how much they are worth.

A complete listing of burial and related expenses are described in WAC 182-512-0500(8).

E. Are household goods and personal effects exempt?

Household furniture and other household goods, as well as clothing, jewelry, and personal care items are exempt no matter how much they are worth.

F. When is a sales contract exempt?

The seller's interest in any sales contract entered into before December 1, 1993 is an exempt resource unless it is transferred. A sales contract entered into after November 30, 1993 is exempt only if it is a contract for the sale of the seller's home and includes fair market terms. A sales contract entered into after May 2004 is exempt only if it is for the sale of the seller's principal residence at the time he or she began a period in a medical facility (including a nursing home) or on COPEs and if it requires repayment of the principal within the seller's "anticipated life expectancy." The *payments* received under an exempt sales contract will be treated as *income*.

G. When is life insurance exempt?

The cash surrender value of life insurance may be claimed as exempt if the total *face* value (amount payable at death) is not more than \$1,500. For couples, each spouse may claim \$1,500. If the face value of an individual's life insurance is more than \$1,500, the entire *cash surrender* value (the amount payable if the policy is canceled) is counted as a non-exempt resource. (It will count against the resource limits discussed in the previous section.) Life insurance with no cash surrender value has no effect on MAC/TSOA eligibility.

H. When is an entrance fee paid to a continuing care retirement community or life care community exempt?

An entrance fee paid by a long-term care Medicaid applicant to a continuing care retirement community or life care community is still considered a resource available to the applicant to the extent that: (1) the applicant has the right to use the fee (including using to pay for care); (2) the contract allows for the refund of any remaining entrance fee on death or termination of the contract and leaving the community; and (3) the fee does not convey an ownership interest in the community.

11. Can I transfer resources without affecting TSOA or MAC eligibility?

Transfer of asset rules (which can be found in WAC 182-513-1363) do not apply to TSOA or MAC. But, the transfer of an asset may affect eligibility for other long-term care programs such as COPEs or help paying for a nursing home if the

transfer is made within 5 years of needing that service.

Example: Sally's adult daughter, Linda, is available to take care of Sally for free, but she needs support to do so. Sally enrolls in TSOA in 2017 and Linda gets services from TSOA for two years. Sally has a stroke in 2019 and needs to go into a nursing home. In 2018, Sally gave Linda a \$10,000 gift. This gift may prevent Sally from being eligible for help from Medicaid to pay for nursing home care for at least 34 days.

For more information about transfers that may affect eligibility for long-term care programs, see our publications [Questions and Answers on the COPES Program](#), [Questions and Answers on the Community First Choice Program](#), and [Questions and Answers on Medicaid for Nursing Home Residents](#) at:

www.washingtonlawhelp.org/issues/aging-elder-law/long-term-care-assistance-copes-nursing-homes

12. Is there Estate Recovery for TSOA or MAC?

No. Estate Recovery does not apply to TSOA and MAC services.

Estate Recovery does apply to other Medicaid services. For more information see our publication [Estate Recovery for Medical Services Paid for by the State](#).

13. Do I have to pay for TSOA or MAC services?

You do not have to pay for services under the TSOA and MAC programs.

<p>TSOA and MAC rules are complicated. Before taking steps you don't understand, you should get individualized legal advice.</p>
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Appendix for TSOA & MAC

Step 1: I'm on MAC or TSOA and have an unpaid caregiver. I've been approved for Step 1 services. What services can I get? What services can my caregiver get? **Note:** the lists below are not exhaustive. Ask your case manager if you want a service not listed.

Your **caregiver** can get:

Training, education, and consultation which include but are not limited to:

- Support groups, both online and in-person;
- Group training;
- Caregiver coping and skill building training;
- Consultation on supported decision making;
- Caregiver training to meet the needs of the care receiver;
- Financial or legal consultation;
- Health and wellness consultation;
- Dementia Consultation/Training;
- Long Term Care Planning;
- Caregiver Conference;
- Caregiver Consultation;
- Family Caregiver Training/Education;
- Powerful Tools for Caregivers;
- Dietician Consultation;
- Chronic Disease Self-Management Education;
- Fall Prevention Workshop;
- Medication Management Consultation; and
- STAR-C for managing difficult behavioral symptoms.

Information and referrals to family caregiver or community resources.

Health maintenance and therapy supports which include but are not limited to:

- Counseling related to caregiving role;
- Evidence-based exercise programs;
- Massage therapy;
- Acupuncture therapy;
- Health promotion and wellness services; and
- RDAD (Reducing Disease in Alzheimer's Disease).

Caregiver assistance services which include but are not limited to:

- Short-term respite to allow the caregiver to attend an educational event or training series;
- Home safety evaluation; and
- Transportation, but only in conjunction with the delivery of a service identified in the care plan.

You (the care receiver) can get:

Training, education, and consultation which include but are not limited to:

- Support groups, both online and in-person;
- Group training;
- Financial or legal consultation;
- Health and wellness consultation;
- Dementia Consultation/Training;
- Long Term Care Planning;
- Dietician Consultation;
- Chronic Disease Self-Management Education;
- Fall Prevention Workshop; and
- Medication Management Consultation.

Information and referrals to community resources.

Health maintenance and therapy supports which include but are not limited to:

- Adult day health;
- Evidence-based exercise programs;
- Massage therapy;
- Acupuncture therapy;
- Health promotion and wellness services; and
- RDAD (Reducing Disease in Alzheimer's Disease).

Specialized equipment and supplies which include but are not limited to:

- Care supplies, including incontinence supplies, reaching aids (grabbers), and sock aids;
- Specialized medical equipment, including durable medical equipment; and
- Assistive/adaptive equipment/technology;

Note: Step 1 services have a one-time limit of \$250.

Step 2: Part 1: I'm on MAC or TSOA and have an unpaid caregiver. I've been approved for Step 2 services. What services can I get? What services can my caregiver get? **Note:** the lists below are not exhaustive. Ask your case manager if you want a service not listed.

Your **caregiver** can get:

Training, education, and consultation which include but are not limited to:

- Support groups, both online and in-person;
- Group training;
- Caregiver coping and skill building training;
- Consultation on supported decision making;
- Caregiver training to meet the needs of the care receiver;
- Financial or legal consultation;
- Health and wellness consultation;
- Dementia Consultation/Training;
- Long Term Care Planning;
- Caregiver Conference;
- Caregiver Consultation;
- Family Caregiver Training/Education;
- Powerful Tools for Caregivers;
- Dietician Consultation;
- Chronic Disease Self-Management Education;
- Fall Prevention Workshop;
- Medication Management Consultation; and
- STAR-C for managing difficult behavioral symptoms.

Information and referrals to family caregiver and community resources.

Health maintenance and therapy supports which include but are not limited to:

- Counseling related to caregiving role;
- Evidence-based exercise programs;
- Massage therapy;
- Acupuncture therapy;
- Health promotion and wellness services; and
- RDAD (Reducing Disease in Alzheimer's Disease).

Caregiver assistance services which include but are not limited to:

- Short-term respite to allow the caregiver to attend an educational event or training series;
- Adult day care;
- Housework/errands and yard work;
- Home delivered meals for the care receiver;
- Minor home modifications and repairs to the care receiver's home;
- Home safety evaluation of the care receiver's home; and
- Transportation, but only in conjunction with the delivery of a service identified in the care plan.

You (the care receiver) can get:

Training, education, and consultation which include but are not limited to:

- Support groups, both online and in-person;
- Group training;
- Financial or legal consultation;
- Health and wellness consultation;
- Dementia Consultation/Training;
- Long Term Care Planning;
- Dietician Consultation;
- Chronic Disease Self-Management Education;
- Fall Prevention Workshop; and
- Medication Management Consultation.

Information and referrals to community resources.

Health maintenance and therapy supports which include but are not limited to:

- Adult day health;
- Evidence-based exercise programs;
- Acupuncture therapy;
- Massage therapy;
- RDAD (Reducing Disease in Alzheimer's Disease); and
- Health promotion and wellness services.

Specialized medical equipment and supplies which include but are not limited to:

- Care supplies, including incontinence supplies, reaching aids (grabbers), and sock aids;

- Specialized medical equipment, including durable medical equipment;
- Assistive/adaptive equipment/technology; and
- Personal emergency response systems (PERS).

Note: Step 2 services have an annual limit of \$500.

Step 2: Part 2: I'm on TSOA and don't have an unpaid caregiver. I've been approved for Step 2 services. What services can I get? **Note:** the lists below are not exhaustive. Ask your case manager if you want a service not listed.

Training, education, and consultation which include but are not limited to:

- Support groups, both online and in-person;
- Group training;
- Financial or legal consultation;
- Health and wellness consultation;
- Dementia Consultation/Training;
- Long Term Care Planning;
- Dietician Consultation;
- Chronic Disease Self-Management Education;
- Fall Prevention Workshop; and
- Medication Management Consultation.

Information and referrals to community resources.

Health maintenance and therapy supports which include but are not limited to:

- Adult day health;
- Evidence-based exercise programs;
- Acupuncture therapy;
- Massage therapy;
- Health promotion and wellness services; and
- RDAD (Reducing Disease in Alzheimer's Disease).

Specialized medical equipment and supplies which include but are not limited to:

- Care supplies, including incontinence supplies, reaching aids (grabbers), and sock aids;
- Specialized medical equipment, including durable medical equipment;
- Assistive/adaptive equipment/technology; and
- Personal emergency response systems (PERS).

Personal Assistance Services which include but are not limited to:

- Adult day care;
- Housework/errands and yard work;
- Home delivered meals for the care receiver;
- Minor home modifications and repairs to the care receiver's home;
- Home safety evaluation of the care receiver's home; and
- Transportation, but only in conjunction with the delivery of a service identified in the care plan.

Note: Step 2 services have an annual limit of \$500.

Step 3: Part 1: I'm on MAC or TSOA and have an unpaid caregiver. I've been approved for Step 3 services. What services can I get? What services can my caregiver get?

The TCARE assessment will determine the Strategies for which you and your caregiver qualify. You and your caregiver can select from any of the services listed under the Strategies identified by your assessment. For example, if your assessment identifies Strategies B and C, you may select from any of the services marked with an "X" in the B and C columns. **Note:** the services listed below are not exhaustive. Ask your case manager if you want a service not listed.

Services	Strategies				
	A	B	C	D	E
<i>Training and education</i>					
Group training such as: <ul style="list-style-type: none"> • Caregiver conference • Fall Prevention Workshop 		X			
Caregiver coping and skill building training such as: <ul style="list-style-type: none"> • STAR-C for managing difficult behavioral symptoms • Powerful Tools for Caregiver • Powerful Tools for Caregivers 	X	X	X	X	
Consultation on supported decision making	X	X	X		
Caregiver training to meet needs of care receiver	X	X	X		
Dementia Consultation/Training		X			
Medication Management Consultation		X			
Dietician Consultation		X			
Financial or legal consultation		X			
Long Term Care Planning		X			
Health and wellness consultation		X			
Support groups, both online and in-person	X	X	X		
OT/PT Consultation		X			

<i>Specialized medical equipment and supplies</i>					
Care supplies, including incontinence supplies, reaching aids (grabbers), and sock aids		X			
Specialized medical equipment, including durable medical equipment		X			
Assistive/adaptive equipment/technology		X			
Personal emergency response system		X			
<i>Caregiver assistance services</i>					
Home delivered meals		X			
Minor home modifications and repairs		X			
Housework/errands and yard work		X			
In-home respite including overnight and Bath Aide		X			
OT/PT evaluation	X	X		X	
Home safety evaluation		X			
Out-of-home respite, including adult day care		X			
Transportation		X			
<i>Health maintenance and therapy supports</i>					
Adult day health		X			
RDAD (Reducing Disability in Alzheimer’s Disease)		X		X	
Evidence-based exercise programs such as Chronic Disease Self-Management Education		X			
Health promotion and wellness services such as: <ul style="list-style-type: none"> • Acupuncture • Massage • Wellness programs and activities 				X	X
Counseling related to the caregiver role	X		X	X	

Note: Step 3 services have an average limit of \$550 per month, not to exceed \$3,300 in a six month period.

Step 3: Part 2: I’m on TSOA and don’t have an unpaid caregiver. I’ve been approved for Step 3 services. What services can I get? **Note:** the lists below are not exhaustive. Ask your case manager if you want a service not listed.

Training, education, and consultation which include but are not limited to:

- Support groups, both online and in-person;
- Group training;
- Financial or legal consultation;
- Health and wellness consultation;
- Occupational Therapist Consultation/Training;

- Physical Therapy Consultation/Training;
- Dementia Consultation/Training;
- Long Term Care Planning;
- Dietician Consultation;
- Chronic Disease Self-Management Education;
- Fall Prevention Workshop;
- Medication Management Consultation; and
- RDAD (Reducing Disease in Alzheimer's Disease).

Information and referrals to community resources.

Health maintenance and therapy supports which include but are not limited to:

- Adult day health;
- Evidence-based exercise programs;
- Acupuncture therapy;
- Massage therapy;
- Health promotion and wellness services; and
- RDAD (Reducing Disease in Alzheimer's Disease).

Specialized medical equipment and supplies which include but are not limited to:

- Care supplies, including incontinence supplies, reaching aids (grabbers), and sock aids;
- Specialized medical equipment, including durable medical equipment;
- Assistive/adaptive equipment/technology; and
- Personal emergency response systems (PERS).

Personal assistance services which include but are not limited to:

- Adult day care;
- Housework/errands and yard work;
- Home delivered meals for the care receiver;
- Minor home modifications and repairs to the care receiver's home;
- Home safety evaluation of the care receiver's home;
- Transportation, but only in conjunction with the delivery of a service identified in the care plan;
- Personal care; and
- Nurse delegation.

Note: Step 3 services have an average limit of \$550 per month, not to exceed \$3,300 in a six month period.