



SNOQUALMIE INDIAN TRIBE

TRIBAL MEMBER IN-HOME HEALTHCARE PROGRAM

IN-HOME CARE APPLICATION

APPLICATION-----

The Snoqualmie Indian Tribe provides In-Home Care services to Tribal Members up to \$15,000 (fifteen thousand) per fiscal year to assist with bridging the gap in healthcare services and funding. This program is intended to run only while the Tribe's State of Emergency remains in effect.

The purpose of In-Home Care is to provide short-term assistance to an enrolled Adult Snoqualmie Tribal Member who is recovering from a major medical event, surgery, or in need of hospice/end of life care. The level and type of service is to be determined by the Tribal Member's Primary Care Provider (Physician, Nurse Practitioner, or Physician's Assistant) and is based upon temporary impairment due to functional limitations and an inability to perform the normal activities for daily living.

The Tribal In-Home Care benefit is a benefit subject to change at any time based on the availability of funds, as may be determined by resolution of the Tribal Council of the Snoqualmie Indian Tribe.

Eligibility for the In-Home Care Program:

- Currently enrolled Adult Snoqualmie Indian Tribe Member;
- A Primary Care Provider has determined that the Tribal Member would benefit from In-Home Care and has made a referral; and
- The Tribal Member has provided proof of primary insurance coverage, excluding Purchased/Referred Care (PRC).

The following individuals are ineligible for the In-Home Care Program:

- Non-Snoqualmie Tribal members;
- Current applicants for Snoqualmie Tribal Enrollment; and
- Minors.

To apply for In-Home Care Program:

- Complete the In-Home Care Service application.
- If the General Resources Department does not have a current copy of your proof of insurance, provide a copy of your proof of insurance.
- The General Resources Department will include any required documents already in their possession and request any required documents on file with any other Tribal department.
- Provide a copy of the referral for In-Home Care signed by your Primary Care Provider which details level and length of recommended care.
- Provide General Resources with the Caregiving Provider's contact information so they can send a Provider Application to the agency of your choosing.
- Provide a copy of the contract or agreement between the Tribal Member and the Caregiving Provider, or provide the Caregiving Provider's contact information to General Resources for follow up.



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Limits on the distribution:

- Eligible Tribal Members may access up to \$15,000 per fiscal year. The Tribe is a payor of last resort after the Tribal Member's primary insurance, grant, or other available funding.
- The benefit is intended to allow Tribal Members to receive medical care in their homes for recovery, aging or end of life, and avoid the high risk of COVID exposure posed by skilled nursing home stays. To ensure medical necessity, the Tribal Member's Primary Care Provider must attest that there is a continuing medical need for In-Home Care every ninety days for any extended care requests.
- Upon approval, Tribal Members are eligible for up to \$15,000 in funding. Once a Tribal Member has expended those funds, that Member will no longer be eligible for In-Home Care funding unless an extension is granted based on extraordinary individual circumstances.
- Payment will be made directly to the Caregiving Provider based on invoices submitted monthly by the Caregiving Provider.
- The Caregiving Provider is required to submit a monthly timesheet logging the daily hours in addition to an invoice.
 - All payments to the Caregiving Provider will be made on a monthly basis and processed within 5-10 business days of receipt of the invoice and timesheet.
- The Caregiver will provide care designed to promote the Member's recovery or to spend the end of their lives at home.
- The purpose and scope of care provided by the Caregiver will be determined based on the Primary Care Provider's referral and an assessment of individual needs performed by the agency with the Tribal Member. The care may include immediate medical and personal care assistance including but not limited to personal hygiene assistance, medication reminders, diet monitoring, transportation to medical appointments, and walking assistance.



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PERSONAL INFORMATION-----

Tribal Member Name: _____ DOB: _____

Mailing Address: _____

City, State, Zip: _____

Phone (or best contact number): _____ Enrollment Number: _____

Email (if one is available): _____

Preferred method of contact (circle one): MAIL PHONE EMAIL

Emergency Contact: _____

Primary Insurance Provider: _____

Caregiving Provider (Vendor) Name:

Vendor contact information: _____

*Vendor must submit contract, Facility Provider In-Home, W-9, and other required documents as listed on the Facility App.

EXPLANATION OF NEED: major medical event, surgery, or in need of hospice/end of life care



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- Contract must list the Tribal Member's name on it.
- Invoices for payment must list the Tribal Member's name on them.

The Snoqualmie Tribal Council wishes to ensure that no Tribal Member be without basic fundamental necessities of life. The General Welfare Policy ("Policy") is not intended to completely fund all members' financial and other needs, but is designed to lessen the burden of living expenses in their everyday lives. It is the intent of the Tribal Council that the Policy be funded from the Tribe's general fund, which will not be subject to state or federal taxation and will not reduce fixed income or other benefits of the recipients.

By signing, I certify the information contained in this application is complete and accurate to the best of my knowledge. I understand that I am signing this application under penalty of criminal prosecution if I knowingly give false information which results in payment to which I am not entitled.

Signature: _____ Date: _____

**APPLICATIONS CAN BE SCANNED, FAXED, OR MAILED TO THE SNOQUALMIE
TRIBAL OFFICE AT:**

ATTN: GENERAL RESOURCES DEPARTMENT
MAIL: P.O. 969, SNOQUALMIE, WA 98065

FAX: (206) 202-4535
EMAIL: GENERALRESOURCES@SNOQUALMIETRIBE.US