CARING FOR ALABAMA'S ELDERLY

CERTIFIED PUBLIC MANAGER® PROGRAM

SOLUTIONS ALABAMA 2020

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Certified Public **Manager**®Training

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The research, findings, and recommendations presented in this white paper do not represent the views of any agency or organization, but rather the collective educational research and analysis from a diverse group of participants in the Certified Public Manager training program.

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INTRODUCTION

With the cost of health care services continuing to increase, ensuring that individuals have access to the proper care needed to maintain their quality of life is an ongoing concern. Providing long-term and daily care for the elderly is one of the more challenging tasks family members, health care workers and policy makers face today. An individual's choice in care is often determined by their income, availability and access to care, and public policies. According to the 2017 AARP Public Policy State Scorecard study, Alabama currently ranks 49th overall with reference to affordability of care, choice of setting and provider, quality of life and care, support for caregivers and effective transitions for long-term care services. Furthermore, The AARP study (reference Figure 1, page 5) concluded that Alabama ranked 51st in "choice of setting and provider "which includes the balance between institutional services and home-and-community based services, the extent of participant direction, and the supply and availability of alternatives to nursing homes [1].

The CPM Solutions Caring for Alabama's Elderly Team was tasked with researching the primary categories within the "choice of setting and provider" for long term-care services by comparing other states that have improved or are excelling in these categories offered for their aging population. Additionally, our team will offer recommendations to be considered for improving or expanding the long-term care services and support available to Alabama's elderly population.

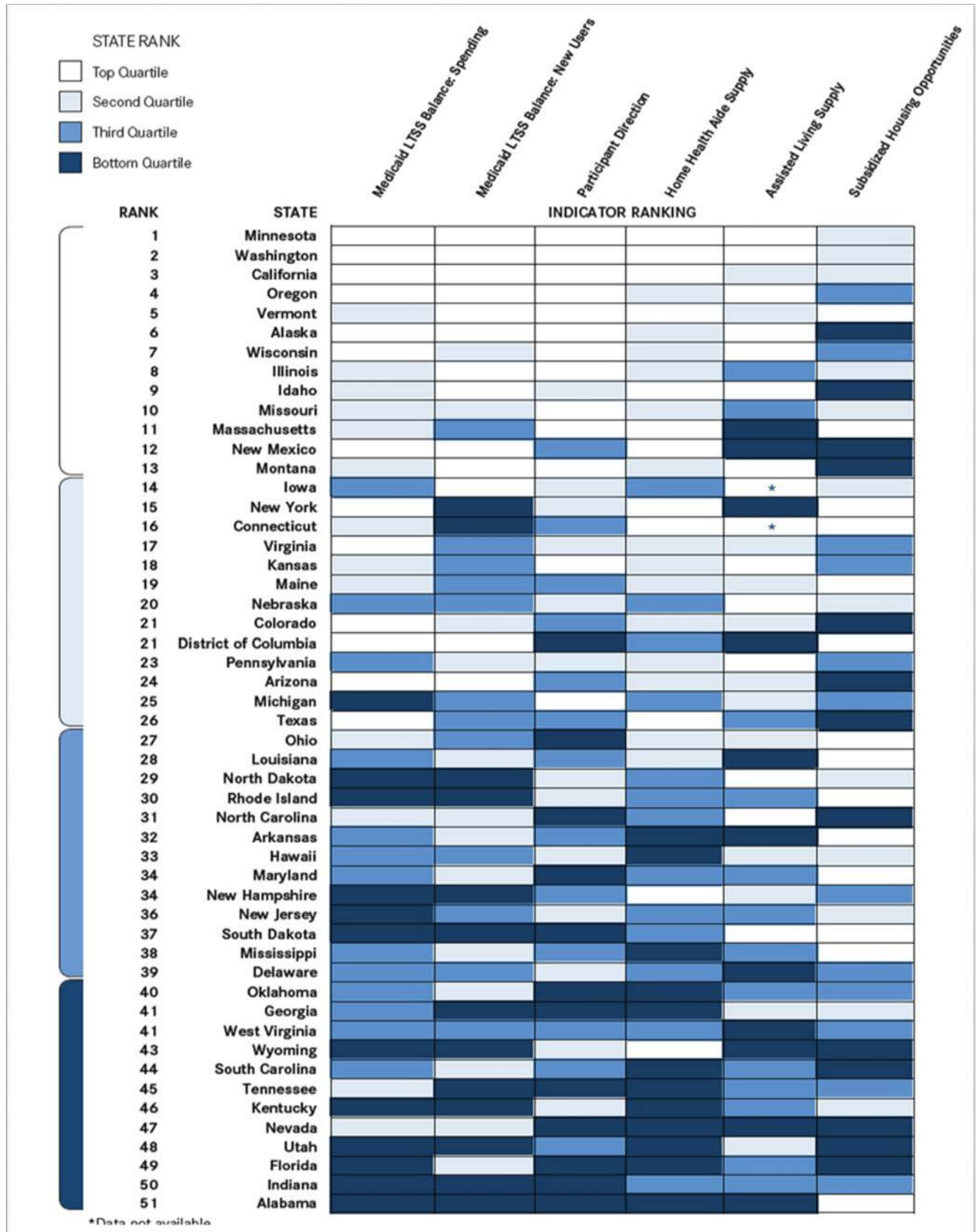# Choice of Setting and Provider: Dimension and Indicator Ranking

Figure 1

BACKGROUND

In an effort to identify recommendations to improve long-term care services for Alabama's elderly population, 65 and older, it is important to understand certain key information, such as size of the population needing care, how the elderly pay for their care, the services available, as well as how Alabama compares to other states that are excelling in caring for the elderly population.

UNDERSTANDING THE NEED

Caring for the elderly population is not only a job for family members, but their care often relies upon health care workers, social aides, and governmental programs to ensure they have access to services that will sustain their quality of life. Currently, Alabama's total population is 4.8 million with 811,200 being 65 and older [2].
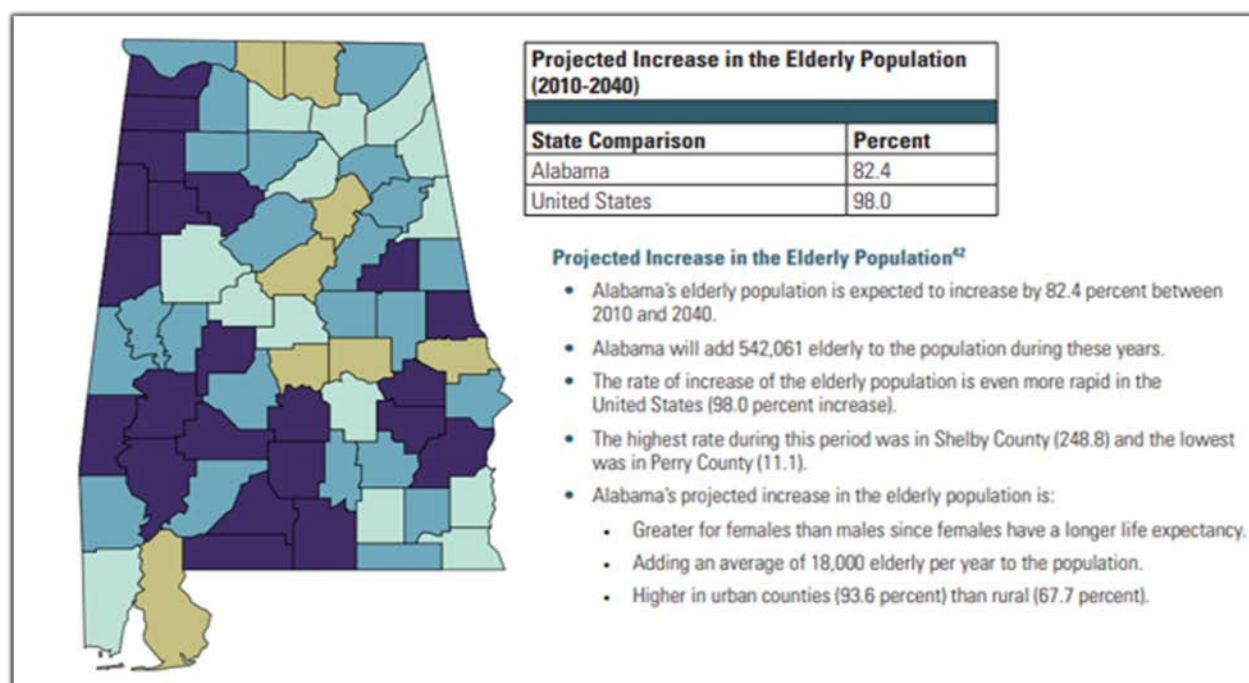

Projected Increase in the Elderly Population (2010-2040)

State Comparison	Percent
Alabama	82.4
United States	98.0

Projected Increase in the Elderly Population[42]

- Alabama's elderly population is expected to increase by 82.4 percent between 2010 and 2040.
- Alabama will add 542,061 elderly to the population during these years.
- The rate of increase of the elderly population is even more rapid in the United States (98.0 percent increase).
- The highest rate during this period was in Shelby County (248.8) and the lowest was in Perry County (11.1).
- Alabama's projected increase in the elderly population is:
  - Greater for females than males since females have a longer life expectancy.
  - Adding an average of 18,000 elderly per year to the population.
  - Higher in urban counties (93.6 percent) than rural (67.7 percent).

Figure 2

According to the Alabama Department of Public Health, Alabama's aging population is expected to grow by 668,428 people between 2010 and 2040 [3]. Furthermore, the expected increase throughout the total United States is 98% which is accredited to the aging of the baby boomer population that will reach 85 by 2031. With this unprecedented increase in the aging population, it is necessary for states to consider ways of improving or developing long-term care services that will meet the ever-changing needs of this population group.

Studies have shown that an individual 65 and older has a 70% chance of needing long-term care services and support such as home and community-based services or skilled nursing homecare [4]. Researchers have estimated that due to many family members working outside the home, there will not be enough familial caregivers within the homes to assist with daily living activities and medical care needs thus forcing individuals to seek care elsewhere. According to a study conducted under the Alabama State Plan on Aging, 86% of seniors voiced concerns over future housing needs and 100% of individuals voiced concerns over health care issues [5]. Unfortunately, many of the elderly will not be able to afford the long term-care and services needed without some form of governmental assistance. The National Council on Aging determined

U.S. Retirees' Current Income Sources

How much do you rely on each of the following sources of income today -- is it a major source of income, a minor source of income or not a source at all?

	Major source %	Minor source %	Total source %	Not a source %
Social Security	57	33	90	10
A work-sponsored pension plan	35	22	57	42
A 401(k), IRA, Keogh or other retirement savings account	27	34	61	38
The equity you have built up in your home	19	29	48	52
Other savings such as a regular savings account or CDs	17	42	59	40
Individual stock or stock mutual fund investments	15	30	45	54
Annuities or insurance plans	9	20	29	71
Money from an inheritance	7	15	22	78
Part-time work	3	15	18	82
Rent and royalties	3	15	18	81

GALLUP, APRIL 2-11, 2018

Figure 3

that over 25 million Americans aged 60 and over are economically insecure living at or below

250% of the federal poverty level (FPL) only earning $29,425 per year [6]. According to a study

conducted by the Congressional Research Service, social security payments accounted for 78.3%

of total money income among aged individuals whose family incomes were below 100% of the

poverty threshold and 81.3% among those with family incomes below 125% of the poverty

threshold [6]. The amount of income received from the Social Security Administration is

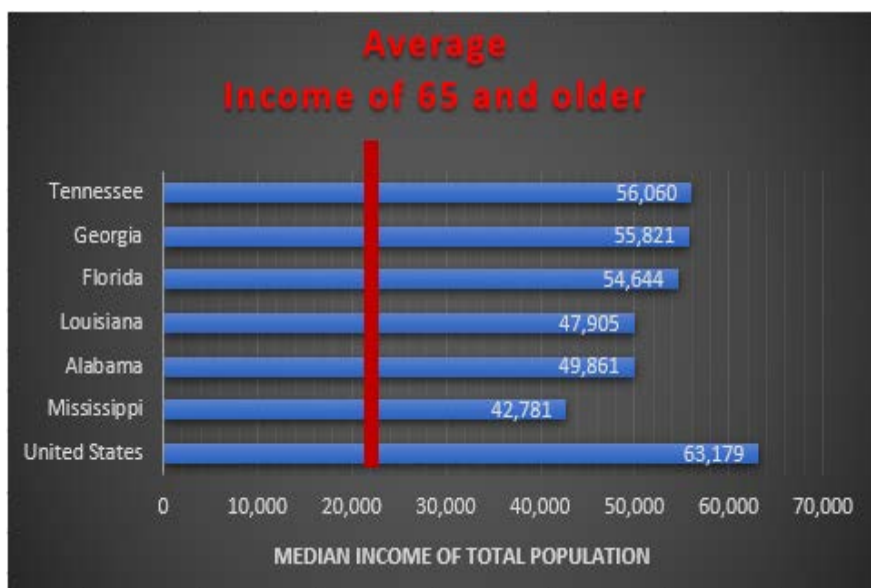dependent on earnings, retirement age, disability status or financial needs of the individual.

Figure 4

Individuals who begin receiving benefits in 2020 at the age of 62 will receive an estimated $2,265 per month. Individuals who retire at the age of 70 will receive an even higher benefit of
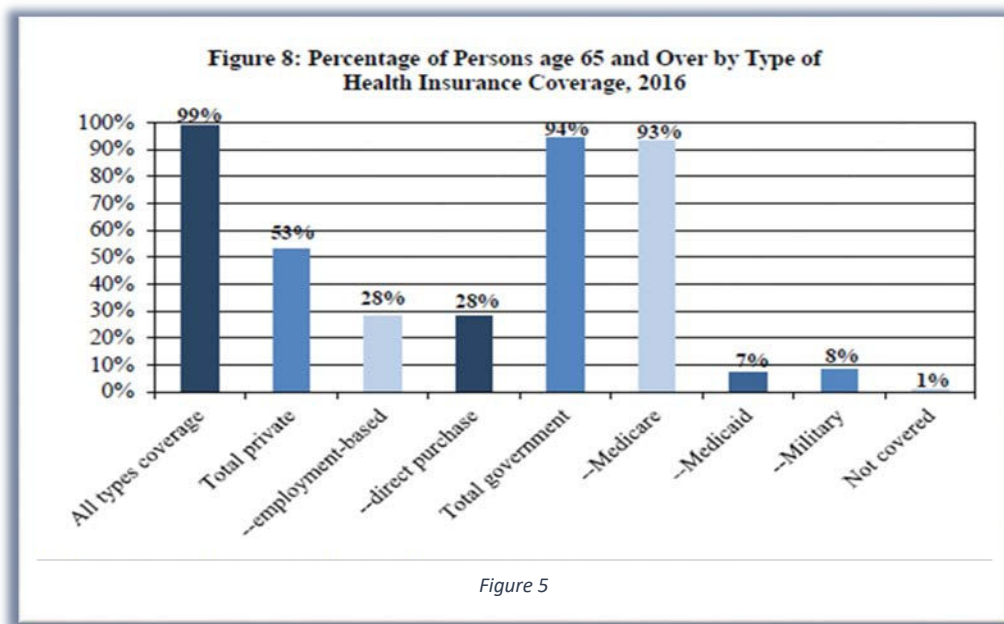
$3,790 per month. The median income for Alabamians is $49,861, therefore individuals only

receiving Social Security income puts them well below the average median income in Alabama

[2]. Regrettably, as of 2018 this income deficit places 10.6% of Alabamians over the age of 65 in

poverty with the highest percentages located in the rural south counties [7]. With the vast

majority of individuals over the age of 65 depending on Social Security to provide most of their

total income it is imperative that both public and private sectors ensure that we are able to

provide safe and dependable home and community-based services and long-term institutional care with these limited financial resources.

PAYING FOR CARE

Payment for care is determined by an individual's income and services needed.

Figure 8: Percentage of Persons age 65 and Over by Type of Health Insurance Coverage, 2016

Figure 5

PRIVATE PAY

Often the first option to pay for elderly care involves using personal funds such as savings, pension and retirement funds, investments, family funds or even selling personal property. Individuals and families who can afford to pay for the long-term care services without limited resources have the best option for selecting the care provided, where to receive these services, and choosing who provides these services. However, only one in ten seniors will have enough funds to pay for long term care services over an extended length of time [8] . Once these personal funds are depleted, seniors must seek assistance from other sources such as long-term care insurance, Medicare or Medicaid.

LONG-TERM CARE INSURANCE

Long-term care insurance is a private insurance created to pay for nursing home or home health services. According to the Alabama Department of Insurance, Long-term care (LTC) policies pay for skilled, intermediate or custodial care in a nursing home for a maximum of 24 months. LTC policies also cover 12 months of lower level care, such as home health care or adult day care. Nursing home policies can cover either nursing home care or a combination of nursing home care plus custodial care. Long term care insurance is offered to anyone who can afford to pay the monthly premium amounts. Like any other insurance benefits, the premiums are based upon the individual's age, gender, current health, benefit period and insured amount. According to the American Association for Long Term Care Insurance, a married couple both age 60 can expect to pay $2,170 per year for $328,000 worth of coverage [9]. Even with the assistance from long term care insurance, an individual will still need to pay an average of $22,500 for out of pocket expenses before benefits are received [10]. The American Association for Long-Term Care insurance determined that only 350,000 individuals purchased long term care insurance in 2018 with an average benefit of three years. Most long-term care insurance claims paid were for individuals between 81-90 years of age [10]. Based upon these statistics it is often questioned if the premiums paid for so many years outweigh the benefits received for a limited time causing many seniors to not choose this option as a means for paying for their long-term care needs.

MEDICARE

Medicare is a federal program that provides health insurance for hospital and medical care to seniors age 65 and older and some people with disabilities regardless of their income. Most individuals over the age of 65, who receive Social Security, automatically qualify for certain Medicare benefits. According to the Henry J. Kaiser Family Foundation, Medicare spending accounted for 15% of total federal spending and 20% of national health spending. Seniors over the age of 85 only account for 12% of the Medicare recipient population, with the majority of the individuals receiving Medicare having some type of disability or chronic condition [11]. For individuals over 65 who have private health insurance, Medicare functions as a secondary payer of services. Medicare is divided into separate parts, A,
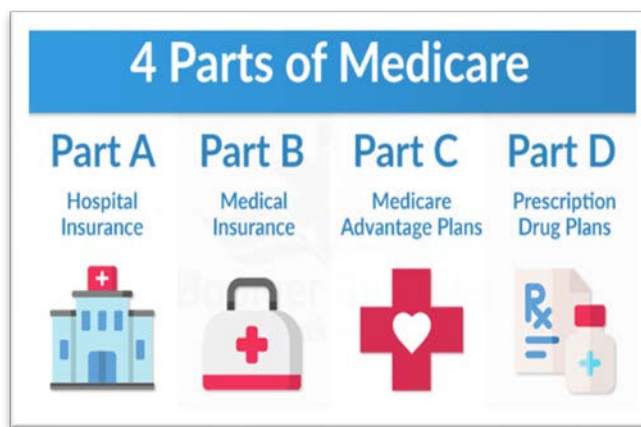

Figure 6

B, C and D that are categorized by the type of coverage provided and preventive services received. Medicare recipients typically have out-of-pocket costs such as premiums and deductibles which are determined by plan type and the individual's income. Medicare recipients paid an average of $5,806 in premiums for the various services received in 2016 [11]. Medicare does not cover custodial or long-term care services received in nursing homes or assisted living facilities. Therefore, the elderly can use Medicare to supplement other health care costs, such as prescriptions, but must seek assistance elsewhere to pay for long-term care.

Elderly individuals that cannot afford to pay for long-term care services using private funds or long-term care insurance rely on Medicaid to pay for their long-term care services. Medicaid is a state/federal program that pays for medical and long-term care services for low-income pregnant women, children, certain people on Medicare, disabled individuals and nursing home residents [12]. Medicaid is the largest payer of long-term care services. For the fiscal year 2017, 73 million Americans were covered by the Medicaid program with total spending of $557 billion with states paying 32% of this total cost [13]. According to the 2017 Alabama Medicaid Annual Report,
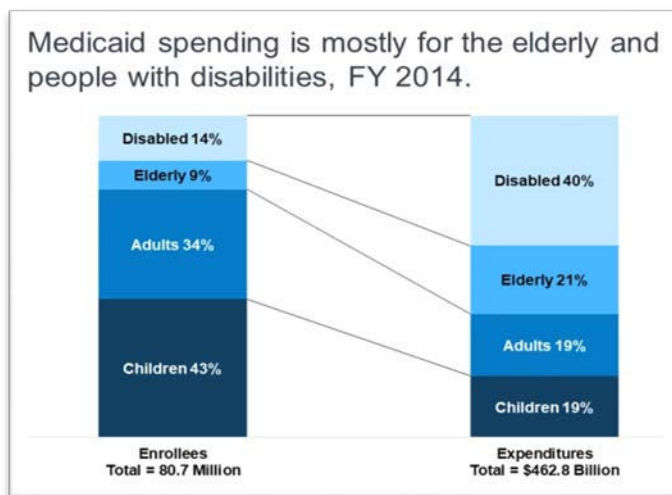

Figure 7

roughly 1,286,933 or 26.4% of Alabama's total population received Medicaid benefits. Individuals who fall in the category of "aged, blind and disabled" accounted for 31% of enrollees, with the majority being children. Although the majority of enrollees are children, the "aged, blind and disabled" accounted for 63% of Medicaid spending [14]. Medicaid eligibility guidelines are determined by the federal government; however, each state can expand the minimum requirements for eligibility. In Alabama, the Medicaid income eligibility requirement to receive payment for both nursing homes and home and community-based services is $2,349 per month with a resource limit of $2,000 per month. Couples that both require long-term care services are allowed a resource limit of $3,000 [15]. If the individual has more than $2,000 in resources, Alabama will allow them to "spend down" the funds or place excess funds in a Qualified Income

Trust which will still allow the individual to meet the income eligibility criteria. There is also a "look back" period of 60 months that allows Medicaid to review the individual's past spending of resources to determine if any gifts were given. If the gifting of assets has occurred, the individual is charged a penalty based upon the amount of the gift while also making them ineligible for a time period.   Individuals who are over age 65 and meet the Medicaid income requirements are considered dually eligible for both Medicare and Medicaid. Medicaid is known as the "payer of last resort." As a result, any health care services that a dually eligible beneficiary receives are paid first by Medicare, and then by Medicaid [16]. For fiscal year 2017, Alabama had 25,739 dually eligible recipients [14]. All states are required to cover inpatient and outpatient hospital services, nursing facility services, and home health services; however, coverage for home and community services is optional. Medicaid can extend coverage to individuals who desire to receive care in a home and community-based environment using Medicaid waivers. These waivers must be requested and approved by the federal government before a program can receive federal dollars. Qualifying for Medicaid assistance is a daunting task that requires the guidance of social aides and family members to ensure that the elderly is not deemed ineligible due to poor planning or paperwork mishaps.

ALABAMA LONG-TERM CARE SERVICES

Long-term services include nursing homes, assisted living facilities and home and community-based services. The following will give a detailed look into the services provided in Alabama and possible concerns.

Cost of Care — Genworth — Alabama - State

Annual Cost	2019	2029
Home Health Care		
Homemaker Services	$40,726	$54,732
Homemaker Health Aide	$41,184	$55,348
Based on 44 hours per week by 52 weeks.		
Adult Day Health Care		
Adult Day Health Care	$9,100	$12,230
Based on 5 days per week by 52 weeks.		
Assisted Living Facility		
Private, One Bedroom	$39,000	$52,413
Based on 12 months of care, private, one bedroom.		
Nursing Home Care		
Semi-Private Room	$76,650	$103,011
Private Room	$81,395	$109,388

Figure 8

PARTICIPANT DIRECTIVE OPTION

In addition to the 1915(c) waivers, an individual can participate in the Personal Choices program that gives the individual a monthly allowance through Medicaid which allows them to determine the home health care services needed and when they are received. The self-direction program promotes personal choice and control over the delivery of waiver and state plan services, including who provides the services and how services are provided. For example, participants are

afforded the decision-making authority to recruit, hire, train and supervise the individuals who furnish their services. Alabama currently has 260 individuals enrolled in a self-directed program, positioning Alabama as the lowest of all states for enrolled participants. Research is unclear as to the reason for this low number.

For elderly individuals who receive care from a family member, Alabama offers the Alabama Cares Program which provides care resources, respite care, and education for the caregiver; meals, emergency response systems and incontinence supplies for the recipient. According to the Alabama Department of Senior Services, the Alabama Cares Program, through the aging network, served the needs of 7,692 Unduplicated Caregivers, provided 150,183 Respite Units, and served 430 Grandparent Caregivers across the state of Alabama [17].

HOME HEALTH CARE

Home health care enables an individual to remain in their home and receive skilled nursing services, rehabilitation services and personal care at their physician's request. There are 137 home health agencies across the state of Alabama. The majority of home health agencies within Alabama are privately owned by for-profit businesses and non-profit organizations with twenty being owned by state or county governments. Alabama is one of eight states that does not require home health agencies to obtain a license, however each caregiver must be certified. The agency must also be CHAP (Community Health Accreditation Partner) accredited. CHAP accreditation is evidence that the organization strives to improve healthcare service delivery, creating a foundation for consumer satisfaction [18]. Both Medicare and Medicaid will pay for home health services. Medicare Part A and/or B will cover eligible home health services when certain criteria is met

such as being homebound along with a doctor certification that these services are needed. Medicare does not cover 24-hour care, custodial care or meal delivery. Medicaid will pay for most services that Medicare will not. According to the Centers for Medicare and Medicaid, spending for freestanding home health care agencies increased 4.3 percent in 2017 to $97.0 billion. Slower growth in Medicaid spending and private health insurance spending was offset by faster Medicare spending and out of pocket spending. Medicare and Medicaid

Home Health Medicaid	Home Health Medicare
In-home health care	Part-time or "intermittent" skilled nursing care
Basic cleaning and laundry tasks	Physical therapy
Simple meal preparation or delivery	Occupational therapy
Transportation to and from medical appointments	Speech-language pathology services
Personal care services, including dressing and bathing	Medical social services
Minor modifications, like adding a wheelchair ramp or widening a doorway	Part-time or intermittent home health aide services (personal hands-on care)
Durable medical equipment	Injectible osteoporosis drugs for women

Figure 9

together made up 76 percent of home health spending in 2017. [19]. Alabama Medicaid classifies home health care spending into the category of "other health services" which also includes optometry services, audiology services, and transportation services. In 2017, the category of "other services" accounted for $225,621,000 in Alabama Medicaid expenditures.

HOME HEALTH CARE QUALIFICATIONS

Individuals who desire to receive care in a home and community-based setting using Medicaid funds must qualify for certain waivers. Medicaid waivers allow certain federal Medicaid rules to be waived so a state can compile a program or service that better meets the needs of its citizens. Alabama currently has six 1915(C) Home and Community Based Waivers that allow Medicaid recipients to receive home health care from skilled nurses, licensed practical nurses and even familial caregivers. Home and Community Waiver eligibility is determined by medical criteria or

intellectual disability, not age. However, the Elderly & Disabled (E&D) Waiver, Alabama Community Transition Waiver (ACT), and the State of Alabama Independent Living Waiver (SAIL) are often relied upon for the elderly to receive care in their home. Each waiver recipient must meet certain criteria in order to qualify for these services. To qualify for the E & D Waiver the individual must be elderly and/or disabled and meet the nursing facility level of care. The ACT Waiver allows for individuals, who meet the nursing facility level of care, with disabilities or long-term care illness who currently reside in an institution to transition back to the community. Both the E & D waiver and the ACT waiver are managed by the Alabama Department of Senior Services. The SAIL waiver allows for individuals who are at least 18 years of age with a specific medical diagnosis, who meet the criteria for a nursing home, but prefer to live at home and receive full Medicaid coverage. This waiver is managed by the Alabama Department of Rehabilitation Services. Enrollment for each waiver is limited and determined by state needs which can create waiting lists for those individuals needing these services. According to the Kaiser Family Foundation, in 2018 there were 5,080 individuals considered aged and/or disabled on the waiver waiting list to receive care in a HCBS [20].

HOME HEALTH CARE PROGRESS

In 2018, Alabama developed the Integrated Care Network which promotes a person-centered approach to care delivery that better integrates the medical and long-term services and supports (LTSS) needs of beneficiaries and allows them to receive LTSS in the least restrictive setting of their choice. The Alabama Integrated Care Network goals include improving education and outreach about the options available for Medicaid recipients, more comprehensive case management, and shifting long term care into home and community-based services. Although an

annual report has not yet been released to determine the success of this program, according to Ginger Wettingfeld, program director with Alabama Medicaid, the program achieved the goal for the first year of increasing the number of individuals served in the community versus the nursing facility.
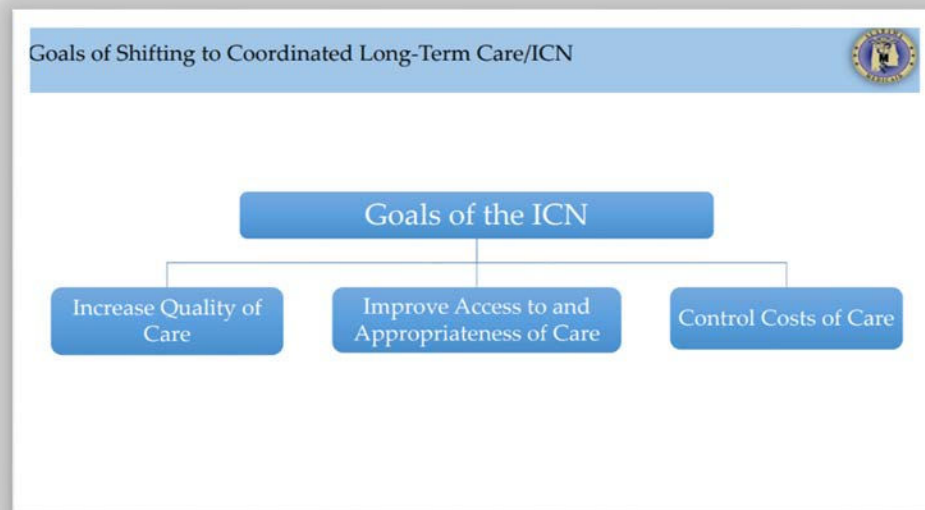

Figure 10

Alabama's Program of All-Inclusive Care for the Elderly (PACE), Mercy Life, is a managed care all-inclusive care program for elderly individuals located in the Mobile and Baldwin county areas. This program is regulated by both Medicaid and Medicare. Participants may be enrolled in Medicaid only, Medicare only or dually eligible. The PACE program receives a fixed monthly capitated payment from Medicare and Medicaid for each participant, depending on their Medicare and Medicaid eligibility. The payments remain the same during the contract year, regardless of the services a participant may need. The PACE program allows enrollees to receive the following services: Primary Care (including doctor and nursing services); Hospital Care;

Medical Specialty Services; Prescription Drugs; Dentistry; Nursing Home Care; Personal Care; Physical Therapy; Adult Day Care; Nutritional Counseling; Laboratory/X-ray Services; Social Services; and Transportation. The services received must be provided by the designated caregivers, approved by the Center of Medicare and Medicaid (CMS) and the Alabama Medicaid Agency (AMA). Any services received outside of the designated providers will not be paid and will be the responsibility of the recipient. Since the inception of this program in 2012, there have been 579 participants. The program is capped to 185 enrollees per year which has created a waiting list according to the Alabama Medicaid Agency. Currently, this is the only managed care program for the elderly in the state of Alabama. According to the National PACE Association, the typical participant in a program like Mercy LIFE is very similar to the average nursing home resident. Yet despite a high level of care needs, more than 90% of program participants are able to continue to live at home [21].
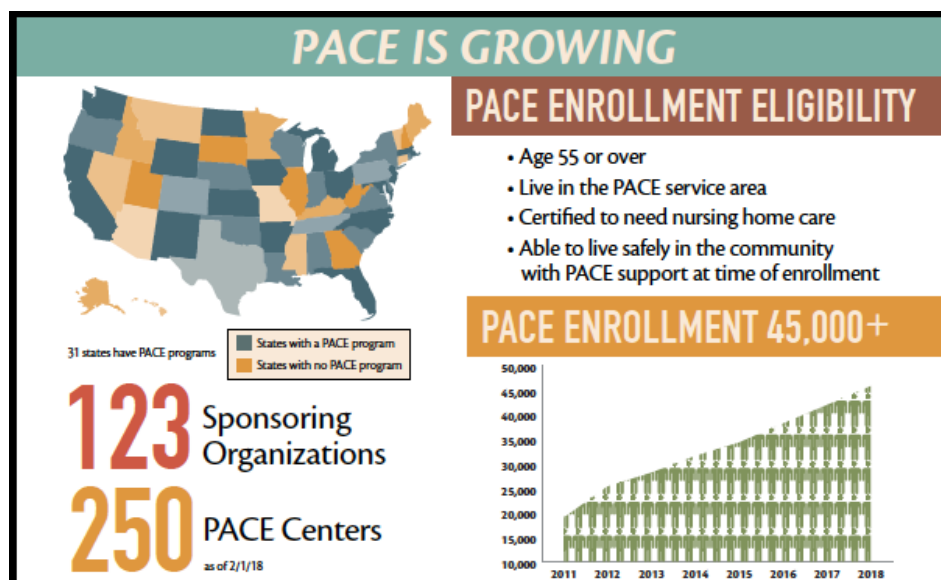

Figure 11

ASSISTED LIVING

Assisted living is a residential option for long-term care services for older adults that provides a combination of housing, personal care services, and health care. Assisted living is designed to assist with daily activities while still maintaining a level of independence. Alabama assisted living facilities are owned by for-profit businesses and non-profit organizations. There are currently 296 assisted living facilities with 7,346 beds in Alabama including 102 specialty care assisted living facilities that enable seniors with dementia or Alzheimer's to remain in an assisted living environment. Assisted living facilities are divided into family assisted living, group assisted living or congregate assisted living. Each assisted living facility is governed by the Alabama Department of Public Health and may obtain accreditation from the Assisted Living Association of Alabama which encourages excellence of their members and advocate for the well-being of seniors. Most states require facility inspections once every year or every two years, but Alabama only inspects these facilities periodically or when deemed necessary by the state.

Assisted living facilities costs slightly less than home health care at an average rate of $3,369 per month for a private room. Individuals have a choice of a private room or may opt to have a larger room to remain as a couple. Assisted living facility care in Alabama is about $600 less than the national average cost and lower than most southern states [22]. Although the costs of care in an assisted living facility is slightly less than home health care, Medicaid and Medicare will not cover the costs of independent living. Therefore, if an individual can no longer remain in their home, and are not to the care level of a nursing home, then assisted living may be an option. However, they would have to pay for care using private funds and long-term insurance. For individuals who only receive social security payments, this is not a practical option.   Studies have shown that 35%

of residents will remain in an assisted living facility for a year or longer, while 16% will stay for three or more years. [23] According to the U.S. Department of Health & Human Services, 78% of individuals that leave an assisted living need more skilled nursing and must seek other long-term care in a nursing home [24] . Assisted living allows residents to have autonomy, privacy, and the ability to have a voice on their care with minimal assistance.

SKILLED NURSING HOMES

Skilled nursing homes enable an individual to receive 24-hour long-term care in a hospital type setting when staying in their own home or an assisted living facility is no longer a viable option. Skilled nursing homes provide assistance with daily living activities such as bathing and dressing, food preparation, and medication management. They also provide assistance with more extensive needs including skilled nursing, rehabilitation services and mental health services such as dementia and Alzheimer's care. According to America's Health Rankings Senior Report, in 2018 Alabama had 12.2% of nursing home residents who were considered low care needs which is only slightly higher than the national average of 11.7%. The majority of nursing homes within Alabama are privately owned by for-profit businesses and non-profit organizations with two being owned by local county governments. Regardless of the ownership type, all nursing homes are regulated by the Alabama State Survey Agency and required to maintain a license with yearly inspections. There are currently 231 skilled nursing homes within the state of Alabama with a bed capacity of 27,397. Currently Alabama has only one nursing home facility that has a history of serious quality issues and is in a special program to improve care.

Nursing homes are the most expensive type of long-term care services available. Skilled nursing home care in Alabama ranges from $5,399-$7,604 per month for semi-private rooms, and $5,770-$7,799 for private rooms. The lowest average cost of a nursing home is in the

Medicaid is the Primary Payer for Nursing Home Care, Providing Needed Services not Offered by Other Coverage

Medicaid is the **primary payer** for long-term care, including **$55 billion** in 2015 for nursing homes. Medicare only covers limited post-acute care, and few people can afford private coverage.

Medicaid covers **6 in 10** nursing home residents.

Other Payers 38%
Medicaid 62%

50% of seniors using Medicaid long-term care services in 2013 were in nursing homes, accounting for **70%** of seniors' Medicaid spending on long-term care.

50%
50%
Medicaid Senior LTC Users
1.9 Million

30%
70%
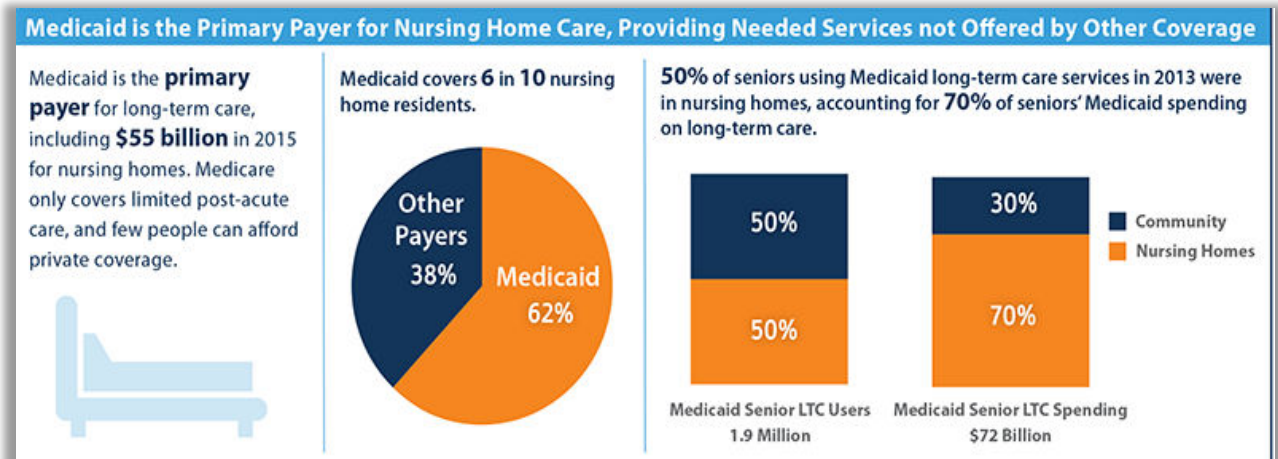Medicaid Senior LTC Spending
$72 Billion

Community
Nursing Homes

Figure 12

Auburn/Opelika area with the highest cost located in the Decatur area [25] . Alabama falls well within the national range of nursing homes costs for semi-private rooms, $6,844 and private rooms $7,698. [26]. However, even the lowest cost of care for a semi-private room is more than the average monthly income for individuals 65 and older. Two-thirds of individuals who receive long-term care in a nursing home use Medicaid services to pay for their care. Medicaid recipients accounted for 59% of total nursing home bed days in 2017 with an average of 229 days length of stay [14]. Medicare will only pay for a short term stay in a nursing home if they meet certain criteria: admitted to the hospital for a minimum of 3 days as an inpatient, admitted to a Medicare facility within 30 days of the hospital stay and need physical, speech or other rehabilitation [27]. Medicare only covers up to 100 days of "skilled nursing care" per illness. To qualify, you must enter a Medicare-approved "skilled nursing facility" or nursing home within 30 days of a hospital

stay that lasted at least three days. The care in the nursing home must be for the same condition as the hospital stay [28]. Alabama nursing homes received $946 million from Medicaid expenditures for fiscal year 2017; however, since nursing homes must pay the state an assessment per bed, the state was able to recoup $112 million to share in those costs. Studies have shown that individuals over 75 account for 68% of total nursing home residents, while individuals 65-74 account for 16.5%. According to Ginger Wettingfeld, program director with Alabama Medicaid, elderly individuals stay with their family members as long as possible before entering a nursing home facility. According to the Journal of American Geriatrics Society, 65% of individuals who enter a nursing home pass away after one year of submission, indicating that most family members have exhausted all means of care available and funding sources before deciding to place their loved ones into a nursing home facility [29].

SUBSIDIZED HOUSING

The elderly who desire to remain in a home setting but cannot afford both home health care expenses along with a rent or mortgage payment may seek the option of subsidized housing. Subsidized housing is a government assistance program that aids in alleviating the cost of housing expenses for low income individuals. Alabama was
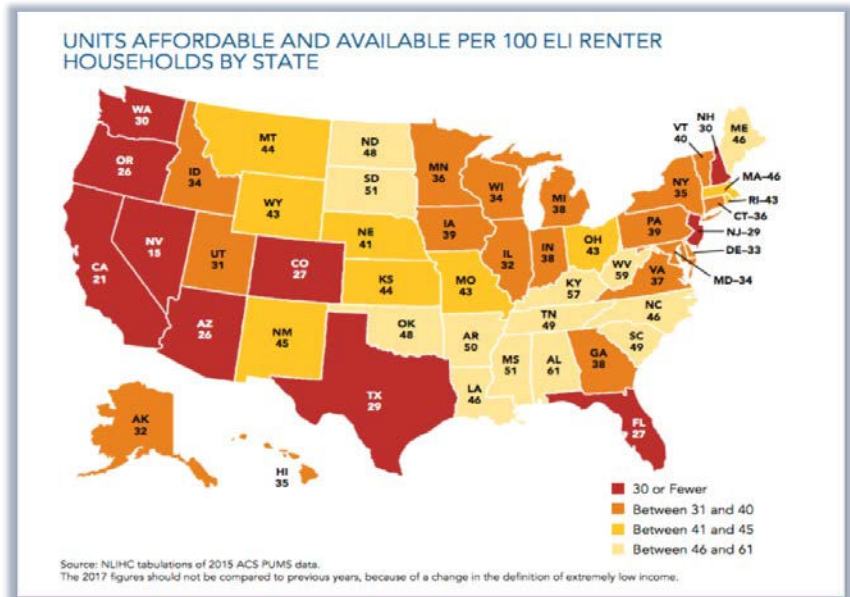

Figure 13

granted $614 million in 2018 through the federal rental assistance program. Through subsidized grants, Alabama currently offers 196,100 individuals federal rental assistance to afford modest housing. Approximately twelve percent of these individuals are elderly, allowing 24,200 of Alabama's seniors to age in place [30]. Alabama's subsidized housing opportunities are presented through the following: housing choice vouchers, public housing, Section 8 project-based, supportive elderly/disabled and USDA Rural Rental Assistance. The income and rental limit prices are regulated by the Alabama Housing Finance Authority and monitored by each county. Each county is responsible for ensuring applicants are placed in homes or on waiting lists. Alabama's median rent is $790 per month which is lower than most states placing Alabama in the top rank for providing affordable housing to its citizens. Fortunately, Alabama has fewer seniors compared to other states that are unable to receive rental assistance due to funding limitations.

PROBLEMS FACING ALABAMA'S LONG-TERM CARE SERVICES

After researching the type of care available for Alabama's long term-care services and the funding needed to pay for care, our team discovered areas of improvement that need to be considered in order to effectively improve the choice of setting and provider for Alabama's long-term care services.

State Medicaid policies dramatically effect consumer choice and affordability of long-term care services [31]. The annual Medicaid budget is determined by state legislatures and agency commissioners who have the difficult task of determining the budget necessary to meet the needs of its recipients. Studies have determined that 90% of elderly individuals prefer to age in their own home instead of receiving long-term care services in an assisted living facility or skilled nursing home [32]. Currently, Alabama allocates the lowest percentage of Medicaid funding to home and community-based services compared to all fifty states.

For elderly individuals that cannot remain in their home to receive long-term services, the next preferred option is an assisted living facility which allows them to have a sense of autonomy and community. Assisted living facilities in Alabama currently are set up for all-inclusive payment using private funds, long-term care insurance or veterans' benefits. Currently, Alabama Medicaid does not pay any portion of assisted living costs which forces those individuals with low care needs who cannot remain in their home or pay for care using private funds to receive care in a skilled nursing facility.

According to the Alabama Department of Senior Services, Alabama's elderly population composes 43% of the state's total rural population. For the elderly who desire to age in place, living in rural communities poses an even greater challenge. Issues facing the elderly in rural communities involve lack of medical care providers and travel to receive basic or specialty care. Alabama is one of six states that have experienced an increase in the closure of rural hospitals since 2010. Transportation for the elderly is a noted concern, therefore the closure of rural hospitals in Alabama puts a burden on not only the person receiving the care but the caregiver as well.
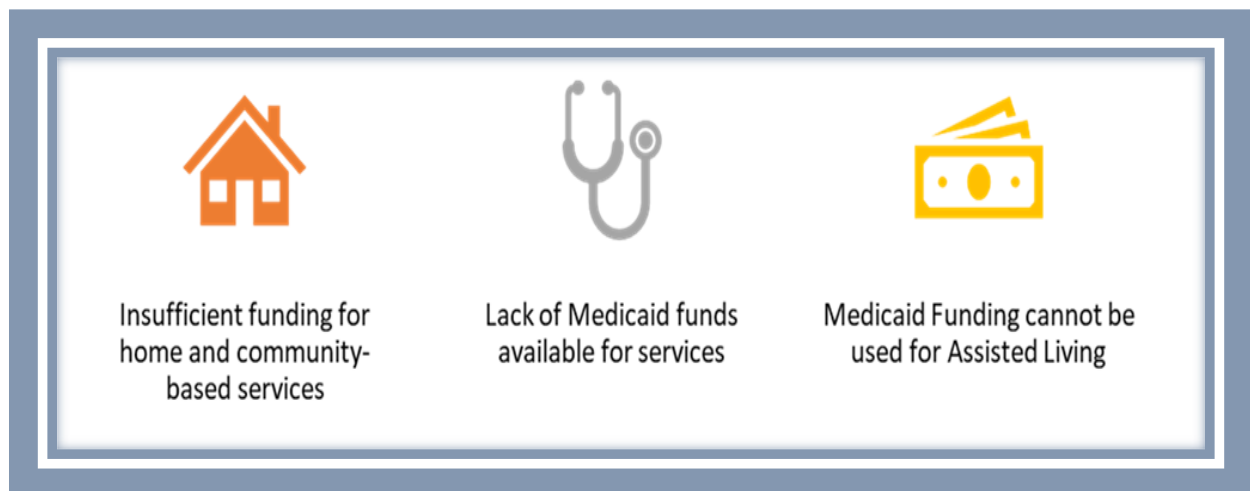

Figure 14

RECOMMENDATIONS

Based upon research of services and programs provided by other states, our recommendations are as follows:

- Increase funding to home and community-based services by way of Medicaid waivers and managed care programs

- Provide Medicaid funding for assisted living facilities

- Adopt and implement Medicaid expansion (ACA).

FUNDING FOR HOME AND COMMUNITY BASED SERVICES

In 2017, Alabama allocated 12.1% of its total Medicaid budget to home and community-based services (HCBS). In 2018, Alabama allocated 13.2% ($86 million of its total $6.5 billion) to HCBS services.

FY 2015-2018
Nursing Home and HCBS Waiver
Utilization and Expenditures

Year	Avg. Number of Nursing Home Recipients	Avg. Annual Cost of a Nursing Home Bed[2]	Expenditures for Nursing Facilities (in Millions)	Avg. Number of HCBS Waiver Recipients[2]	Avg. Annual Cost of a HCBS Waiver Recipient[1]	HCBS Waiver Expenditures (in Millions)
FY 2015	16,189	$58,390	$945	7,269	$10,249	$75
FY 2016	16,189	$58,882	$953	7,243	$10,728	$78
FY 2017	15,747	$60,049	$946	7,449	$10,642	$79
FY 2018	15,743	$61,279	$965	7,578	$11,377	$86

Figure 15

Although Alabama has slightly increased the funds allocated to HCBS, it is still well below the national average of 33.1%. States such as Minnesota, Washington, and New Mexico have steadily

allocated 50% or more of their total Medicaid budgets over the past 10 years. With Alabama

consistently allocating fewer funds toward HCBS services than other states, Alabama has ranked

in the bottom five states since the beginning of the AARP long-term scorecard report. According

to AARP, "at the current national "rate of change, it will take 36 years for the average of the

bottom five states who only spend 17% toward home and community based services to reach

the level of the median state today who spends 33% toward home and community based services

and another 51 years for the median state to reach the level of the average top five states. To hit

these benchmarks by 2026, the year baby boomers begin to turn 80 and begin to experience a

greater need for LTSS, the rate of improvement must triple and quadruple." Although care in a home and community-based setting is costly, the equivalent amount of funds paid for one

Figure 19: Minnesota Medicaid spending by category of service for people 65 or older, with a disability or blindness: 2016

Physician and professional services 8%

Pharmacy 6%

Personal care services 14%

Case management 3%

Other services 12%

Nursing facility 15%

Home- and community-based services 32%

Inpatient hospital 7%

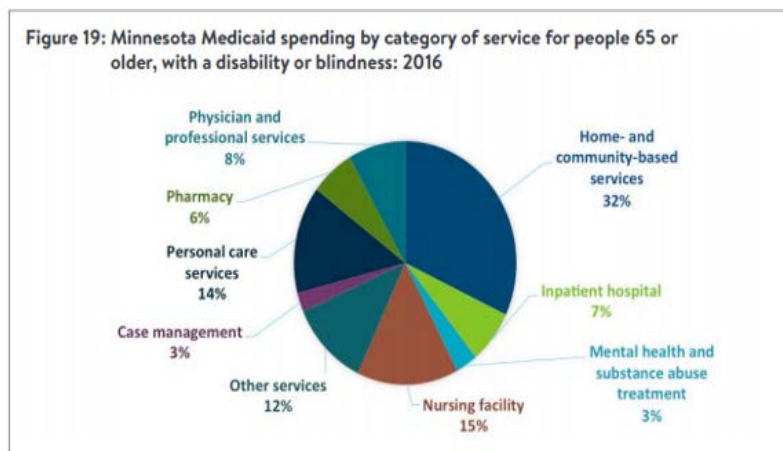Mental health and substance abuse treatment 3%

Figure 16

individual to receive care in a nursing home can be used for three individuals to receive care in

their own home. According to the 2016 Medicaid Annual Report, Alabama had expenditures of

$953 million for nursing home facilities. Minnesota had expenditures of approximately $1 billion

for nursing home facilities in 2016 but allocated more than double the funds to home and

community-based services. Much like Alabama, Minnesota's largest recipient of Medicaid

funding is for parents and children with the largest expenditures for individuals over 65.

Minnesota has rebalanced the budget by adjusting the makeup of the covered populations,

changing the way services are delivered and changing the covered services or provider rates.

Minnesota has been able to provide a greater percentage of home and community-based

services through 1915(c) Medicaid waivers and managed care programs. Unlike Alabama, whose

Medicaid waivers are based upon need not age, Minnesota has two Medicaid waivers specifically

for individuals over the age of 65. The Alternative Care Waiver is a program that supports certain

home and community-based services for elderly Minnesotans who are at risk of nursing home

placement and have insufficient income and assets. The Elderly Waiver is for people over the age

of 65 years who require the level of care provided in a nursing facility [33]. In order to qualify for

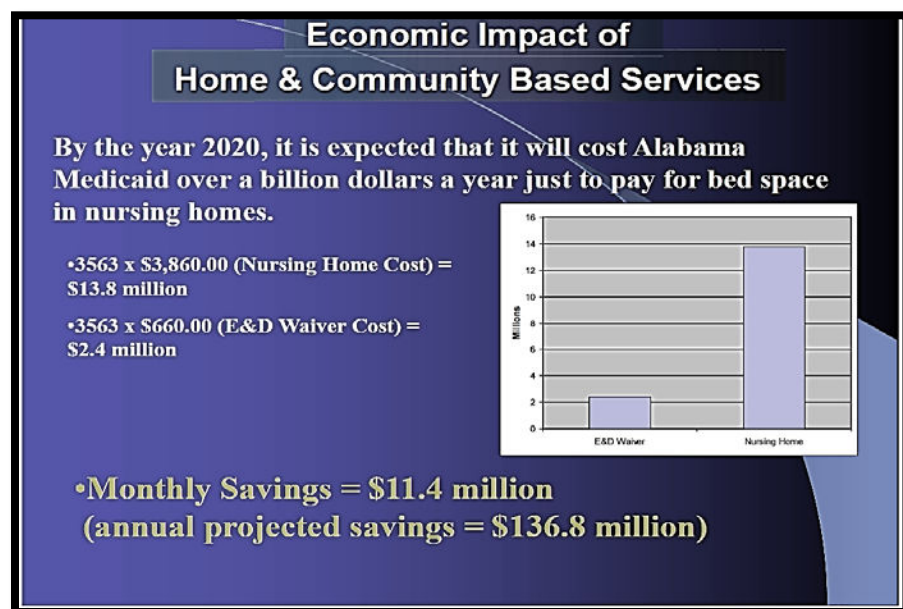these two waivers, the individual's income must be below $17,609. The income requirements to

Figure 17

be eligible for Medicaid waivers in Minnesota is less than the income requirements for Alabama

even though Alabama's poverty rate (10.3%) for individuals over 65 is higher compared to

Minnesota (7.6%). According to the Alabama Department of Senior Services, by utilizing the

Elderly and Disabled Waiver to serve the same number of individuals in a home and community

based setting instead of a nursing home, Alabama would save approximately $11.4 million each month with a projected annual saving of $136.8 million [34]. Alabama's only managed care program for the elderly, PACE, has been successful in the Mobile and Baldwin county areas. Financing for the program is capped, which allows providers to deliver all services that participants need rather than limit them to those reimbursable under Medicare and Medicaid fee-for-service plans. Studies have shown that individuals enrolled in PACE programs cost of care is 16-38% less than fee-for-service recipients. Managed care programs enable individuals to receive all their health care needs through approved service providers. Minnesota paid 74% of their Medicaid expenditures through managed care, enabling them to serve a greater number of individuals and reduce the cost per recipient. Recipients enrolled in the Minnesota Senior Health Option experienced improved outcomes such as fewer hospital stays (48%), less likely to have outpatient surgery (6%) and more likely to receive home and community based long term services (13%) [35]. According to Medicaid and the CHIP Payment Access Commission, managed care offers states the opportunity to improve access to appropriate services, better coordinate care for Medicaid enrollees, and measure performance with regard to quality [36]. State budget constraints have restricted Alabama from further expansion.

MEDICAID FUNDING FOR ASSISTED LIVING FACILITIES

Alabama is one of the few states that does not provide Medicaid funding for the assisted living facilities. Forty-four states allow some type of financial assistance through Medicaid for individuals living in assisted living facilities. Assisted living facilities charge an all-inclusive rate which includes room and board, medication assistance, incontinence care and daily meals. States

such as Arkansas, Mississippi and California provide financial assistance through Medicaid waiver programs (1915 (C)) for individuals 65 and older who desire to live in an assisted living facility community. Although the Medicaid waiver doesn't cover room and board, it does cover several essential services that would otherwise be paid for out of pocket. Services allowed vary among states depending on the guidelines approved through the waiver. Each state determines the rate of reimbursement and sets the Medicaid income eligibility guidelines. The Arkansas Living Choices Waiver provides recipients: attendant care, therapeutic, social and recreational

Waiver	Avg. of participants FY 2019	Waiting list	Fed. authorized slots in FY 2020	Total cost per person FY 2019*	Estimated state cost to fund all slots FY 2020
Assisted Living	592	392	920	$16,792	$4,137,935
Elderly and Disabled	16,845	9,268	21,600	$15,903	$75,743,998
Independent Living	2,093	990	5,650	$20,122	$30,861,251
Intellectual Disabilities/ Developmental Disabilities	2,629	2,095	3,400	$49,504	$36,079,300
Traumatic Brain Injury/ Spinal Cord Injury	773	63	3,600	$26,236	$21,893,525
Totals	22,932	12,808	35,170		$168,716,009

Figure 18

activities, medication oversight, nursing evaluations, limited nursing services and three prescription drugs beyond the state plan pharmacy benefit limit. According to the Arkansas Department of Human Services, the reimbursement rate for 2019 was $62.89 per day which was determined using actuarily sound data [37]. California adjusts the room and

$ Paying for Assisted Living Facilities in Mississippi

Medicaid in Mississippi offers Medicaid Waivers, which help seniors receive services to delay the need for nursing home care. One waiver, the 1915(c) Assisted Living Waiver, provides personal care services to qualified seniors who reside in assisted living facilities. While the waiver does not cover room and board, it does cover homemaker services, medication management, transportation assistance and temporary skilled nursing services.

In Mississippi, the Medicaid waiver programs are not entitlements. This means that only a certain number of slots are available for enrollment. Once all the slots are filled, eligible applicants are put on a waiting list.

To be eligible, applicants must:
- Have monthly income of $2,250 or less
- Have $4,000 or less in liquid countable assets.

To learn more about eligibility requirements, visit the local Social Security office to apply for Medicaid in person, or they may apply online at Mississippi Medicaid's website. IMPORTANT NOTE: Not all assisted living residences in Mississippi accept payments from these programs. Always check with the assisted living community about which forms of payment they will accept, as well as any reduced rates offered for lower-income residents.
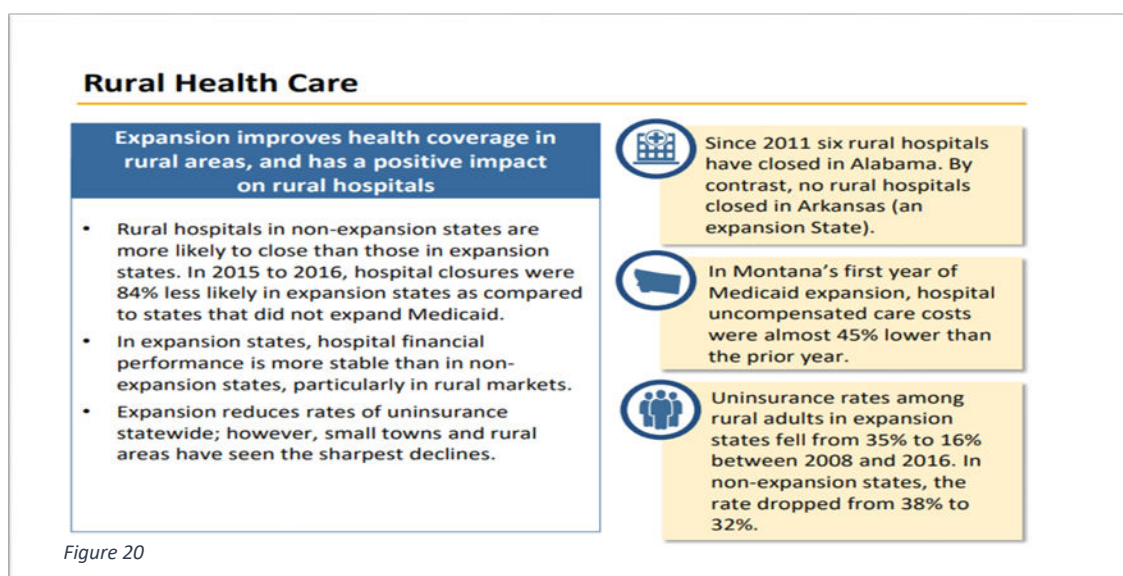
Figure 19

board rates based upon the recipient's level of income and allows reimbursements rate of $65 to $200 per day depending on the level of assistance needed [38]. According to the 2019 Mississippi Division of Medicaid, the Assisted Living waiver program supported 592 participants to live in an assisted living facility at an average cost of $16,792.00 per person. Since assisted living facilities are the fastest growing type of senior housing, the state of Alabama should remain progressive and follow the majority of most states by providing financial assistance for its elderly population so that their choice of care is not limited [39].

MEDICAID EXPANSION (ACA)

Rural healthcare has been at a vulnerable stage over the past few years with the closure of local healthcare facilities and lack of physicians. According to the U.S. Government Accountability Office, "Research has shown that hospital closures can affect rural residents' access to health care services and that certain rural residents— particularly those who are elderly and low income—may be especially affected by rural hospital closures [40]." Individuals who live in rural areas experience higher poverty rates compared to urban areas. According to the Alabama Rural

Rural Health Care

Expansion improves health coverage in rural areas, and has a positive impact on rural hospitals

- Rural hospitals in non-expansion states are more likely to close than those in expansion states. In 2015 to 2016, hospital closures were 84% less likely in expansion states as compared to states that did not expand Medicaid.
- In expansion states, hospital financial performance is more stable than in non-expansion states, particularly in rural markets.
- Expansion reduces rates of uninsurance statewide; however, small towns and rural areas have seen the sharpest declines.

Since 2011 six rural hospitals have closed in Alabama. By contrast, no rural hospitals closed in Arkansas (an expansion State).

In Montana's first year of Medicaid expansion, hospital uncompensated care costs were almost 45% lower than the prior year.

Uninsurance rates among rural adults in expansion states fell from 35% to 16% between 2008 and 2016. In non-expansion states, the rate dropped from 38% to 32%.

Figure 20

Health Association, one in every five rural residents is eligible for Medicaid [41]. Therefore, due to the lack of healthcare services available and income deficits, it is necessary to find a way to support our fellow rural Alabamians. According to an article published by AL.com, "When a rural hospital has to cut services or close, residents have to travel and overload the urban facilities," said Danne Howard, chief policy officer for the Alabama Hospital Association. "It's a domino effect when a rural hospital closes. It becomes an urban hospital issue. It becomes a health access issue [42]." In an effort to improve the healthcare available in rural communities, many states have opted to participate in the Affordable Care Act Medicaid Expansion program. According to US Government Accountability Office, "states that have increased their Medicaid eligibility and enrollment through expansion have improved financial performance and lowered the likelihood of closure, especially in rural markets. This means rural areas and small towns in non-expansion states have higher percentages of uninsured residents – and thus higher percentages of people who when they get seriously ill or injured come to the local hospital with no insurance coverage for the inevitable large bills. And the higher the percentage of uninsured people served by a rural hospital, the harder it is for that hospital to stay in business [40] [43]." According to The Center on Budget and Policy Priorities, Medicaid revenue as a share of total hospital revenue rose by 33 percent in rural hospitals in expansion states, compared to just 1.1 percent among rural hospitals in non-expansion states [43] . Other benefits arise with Medicaid expansion that would help Alabama's future elderly population such as preventive health care available to the currently uninsured. Individuals over 65 can receive preventive health services through Medicare, however individuals currently 40 and over who do not have insurance lack the means to obtain preventive care services. With early detection,

treatment and access to preventive checkups and screenings for chronic diseases create positive health outcomes for the future elderly population. According to the Medicaid Expansion in Alabama: Revisiting the Economic Case for Expansion report, the expansion of the ACA would provide significant health benefits to Alabamians without health insurance. Benefits of the ACA expansion are improvements in self-reported health, reductions in depression symptoms, and reductions in adult and infant mortality may be attributed to preventive healthcare measures provided under the ACA. Other preventive healthcare measures provided by an Alabama ACA expansion are increased screening and detection of early stage cancers, and increased identification and treatment of substance abuse disorder [44]. Since the enactment of the ACA expansion in 2016 Louisiana Medicaid program Healthy Louisiana, more than 257,000 Louisianans have received preventive healthcare [45]. Preventative health screens for breast cancer, colon cancer, diabetes and hypertension has diagnosed 987 Louisianans for cancer and is providing treatment to over 40,000 for diabetes and hypertension. The above numbers on preventative health care measures taken by Louisiana shows the impact that ACA expansion may have on other states. Studies have shown that individuals who do not have preventive health care services experience more significant problems as they age. Hence, to ensure the longevity of
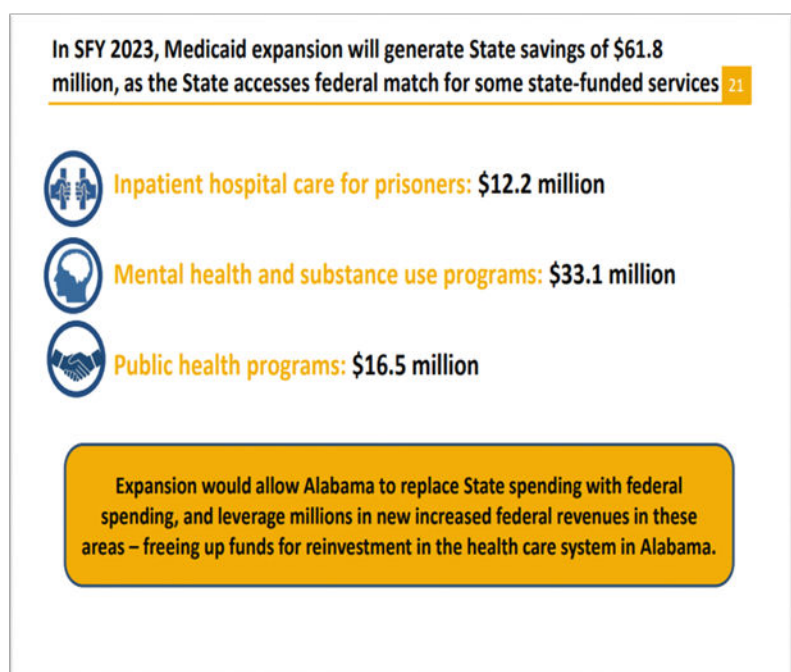

Figure 21

future Alabamians, the state of Alabama should consider the options available under Medicaid expansion to ensure that healthcare services continue to be available for the rural elderly community and the currently uninsured have access to preventive care services.

CONCLUSION

Caring for Alabama's elderly is becoming more of an issue as the baby boomer generation ages and needs more healthcare and living assistance. Alabama's ranking as 51st on the AARP scorecard shows that we have much room for improvement. While there is no easy solution to improving our elderly care, learning from the research provided and how other states have addressed this issue can help us in our decision of what direction our improvements could follow. The recommendations we have discussed are feasible changes that can be made to help Alabama make great strides to providing our elderly population the best care possible.

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