

Choices in Living

**The programs & services of the
Division of Aging and Adult Services**



2011 Annual Report

DIVISION OF AGING & ADULT SERVICES

ARKANSAS DEPARTMENT OF HUMAN SERVICES

DAAS Mission

The mission of the Division of Aging & Adult Services is to promote the health, safety and independence of older Arkansans and adults with physical disabilities.

Our Beliefs

- Older Arkansans and people with disabilities have a choice in how and where they receive long-term care.
- An aging society requires innovation and change.
- Adults should be able to age well.
- Arkansas's adults should be safe.
- Access to information enhances long-term care choices.

Greetings from the Division of Aging and Adult Services,

Increasing the choices of elderly Arkansans and individuals with physical disabilities in how and where they receive long-term care has been a goal those in the health and human services field have been working toward for many years. It has been a shared responsibility of local, state and federal advocates, who have worked to promote this choice and have a common interest in providing alternatives to institutional care that are person-centered, consumer-driven and cost-effective.

During 2011, we at the Division of Aging and Adult Services (DAAS) celebrated the 20th anniversary of the ElderChoices program, which provides non-skilled home and community-based services (HCBS) to persons age 65 and older who need nursing home level of care. We also celebrated the 1st anniversary of the Office of Public Guardian, which provides guardianship to people age 18 and older who lack the capacity to provide informed consent to necessary health care, have not executed an advance health-care directive or a durable power of attorney and have no friend or family member qualified and willing to consent on their behalf. We celebrated the certification of the first Adult Family Home provider as well as our first ElderChoices client who chose to receive needed HCBS in an Adult Family Home. Also, in 2011, a new program called A+ began. A+ assists in the transition of low-care Medicaid nursing home residents to home and community-based services by connecting individuals with the services and supports they need to live successfully in the community.

Too often, people forget that our name and mission include "Adult Services." In fact, DAAS serves several thousand Arkansans with disabilities aged 18-64. Our Medicaid home and community-based services serve nearly as many working-age people as persons 65+, and our provider network includes independent living centers and even some providers serving clients with developmental disabilities. The Money Follows the Person project has helped move individuals with developmental disabilities out of human development centers, and we've collaborated with other state agencies and stakeholders to increase employment of people with disabilities. The Governor's Employment First Task Force was implemented in 2011 for this purpose. In addition, we have operating agreements with sister divisions, including Children and Family Services and Youth Services, to ensure safe and smooth transitions of young people into adult programs and services when they reach age 18.

DAAS has a Long-Term Care Advisory Group composed of stakeholders from various consumer, provider and advocacy organizations. One common issue is delays in the eligibility process for long-term care services. This issue is critical for both institutional and non-institutional providers of our state, and more importantly, our consumers. Together, we are working to identify and resolve barriers that create unnecessary delays, thus allowing people to receive services in a more timely manner. Medicaid costs are increasing at an unsustainable rate. Consequently, DAAS is working with the Long-Term Care Advisory group and consultants to develop a universal assessment client and program management system. This system will provide information needed to monitor costs and measure the quality of services and programs administered by DAAS.

The moral test of government is how it treats those who are in the dawn of life...the children; those who are in the twilight of life...the elderly; and those who are in the shadow of life...the sick...the needy...and the disabled.
-Hubert Humphrey

Together, we must continue to develop our system of care that provides the highest quality of care, maximizing independence and choice for consumers, in a cost-effective manner for the state and federal sources of payment. It is my pleasure to provide you with our 2011 annual report. If you have questions or would like additional information, please do not hesitate to contact my office.

Sincerely,



Krista Hughes, Director
Division of Aging and Adult Services



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Division of Aging & Adult Services Snapshot

The Division of Aging and Adult Services (DAAS) was established in 1977 and currently serves more than **114,000** individuals annually with a budget of about **\$50 million** and about **200** staff members.

Through a network of more than **100** local service providers, **8** Area Agencies on Aging and **187** senior citizen centers, many long-term care services are provided to elderly Arkansans and individuals with physical disabilities. These services enhance the quality of life and promote independence among these individuals.

Despite the current economy, during SFY 2011, DAAS's program revenue and expenses grew by **8%**. This growth was mainly in demonstration services for the Money Follows the Person Grant, which transitions nursing home residents back into the community.

DAAS Positions SFY 2012				
	Total	Filled	Vacant	% Filled
Regular Positions	205	187	18	91%
Central Office Staff	81	71	10	88%
Field Staff	124	116	8	94%

DAAS Funding SFY 2012			
	State General Revenue	Federal Dollars	Other Sources
Total	\$17,391,126	\$29,708,436	\$2,525,000
Administration & Special Projects	\$1,397,718	\$553,135	
Transfers to Other Divisions	\$32,582		
Subgrants to AAAs & Service Providers	\$10,982,691		
Older Americans Act Admin	\$175,515	\$627,254	
Adult Protective Services	\$2,386,744	\$795,582	
Home & Community Based Services	\$2,076,183	\$4,247,612	
Public Guardianship	\$218,892		
Federal Grants	\$120,801	\$23,484,853	
Meals on Wheels			\$2,400,000
State Income Tax Check Off			\$12,500
In God We Trust License Plates			\$70,000
Miscellaneous Other Funding			\$42,500

Promoting Positive Aging

Evidence-Based Health Promotion Programs

DAAS offers three evidence-based health promotion programs through the Area Agencies on Aging (AAA):

Active Living Every Day (ALED) is a 20-week, self-paced course to help people with sedentary lifestyles become and stay physically active. ALED focuses on behavior modification. There is also an approved 12 week course.

Be Well – Live Well Stanford Chronic Disease Self-Management Program (CDSMP) is a 6-week, 2.5 hours per week class designed to help individuals manage chronic conditions. CDSMP has a wide range of activities and skill building exercises that help participants learn to communicate with their medical providers, make better food choices, create action plans and get more active. CDSMP is also available in Spanish. About **600** older Arkansans have completed this statewide program.

Matter of Balance (MOB) teaches practical coping strategies to reduce the fear of falling. This group-based course is led by trained lay leaders over eight two-hour sessions.

Arkansas Senior Olympic Games

The annual Arkansas Senior Olympic Games began in 1983 to promote physical fitness, good health and excellence among Arkansans age 50 and older through competition in athletics, recreation and education. In 2011, 45- to 49-year-olds were invited to participate. The 2011 games attracted more than **500** participants.

The senior olympics is sponsored by the Senior Arkansas Sports Organization, Inc., which also holds an annual three-on-three basketball tournament, called Nothin' But Net, and a national qualifying softball tournament.



Ms. Senior Arkansas Pageant

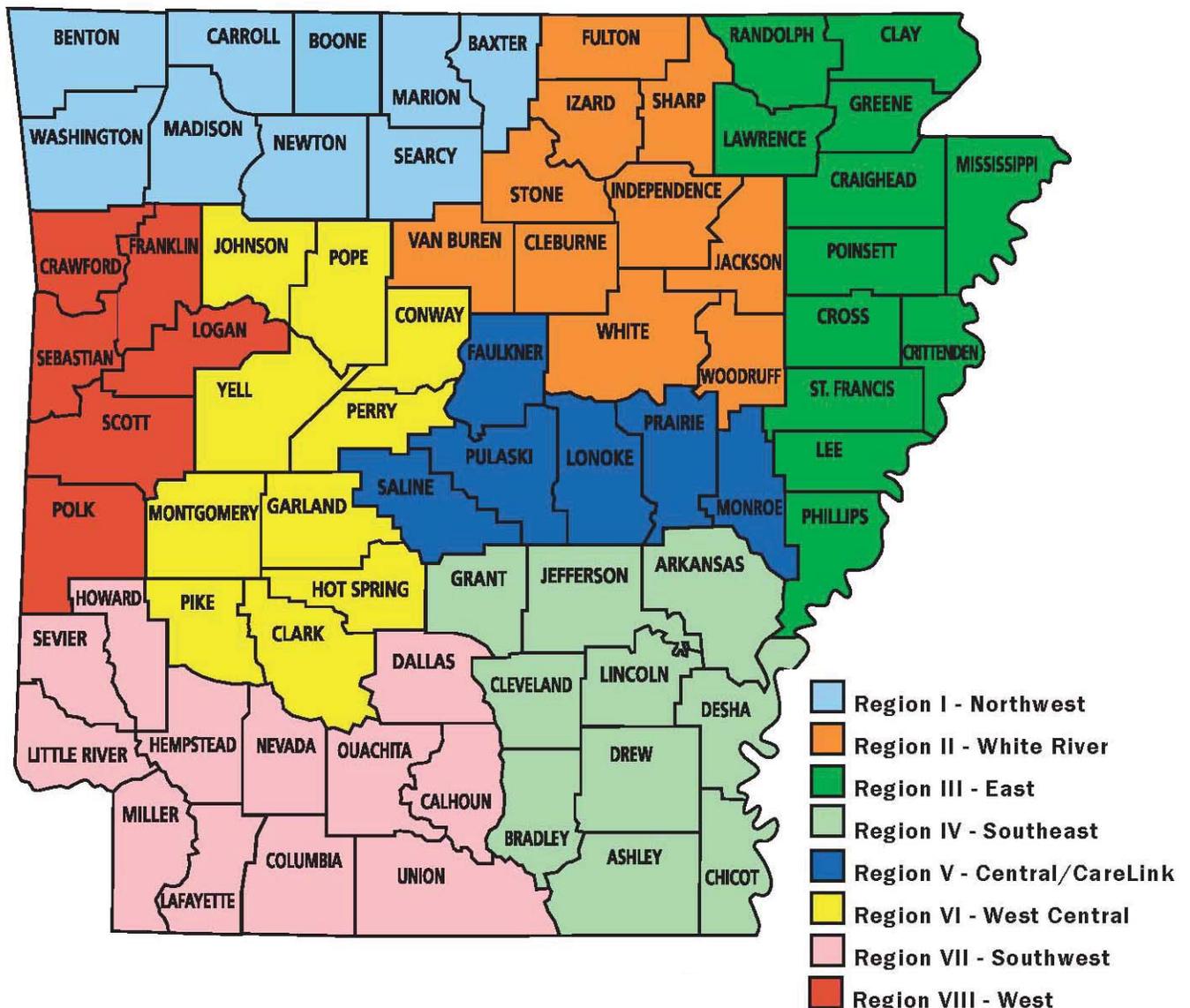
The purpose of the Ms. Senior Arkansas Pageant is to develop, foster and promote programs and activities that dispel the myths of aging by enhancing the lives of seniors by providing them the opportunities to grow mentally, physically and spiritually. Each year, Ms. Senior Arkansas travels throughout the state to promote senior active lifestyles, appearing and performing at senior and care centers, nursing homes, hospitals and schools. During intermission at each year's show, entertainment is provided by area seniors. The 2011 Ms. Senior Arkansas is **Foye Jean Shankle** of Hartford (right).



Older Americans Act (OAA)

The Older Americans Act (OAA) Unit plans and develops programs and services to help older individuals remain healthy, independent and safe. Local administration of these programs is managed through the **8** Area Agencies on Aging (AAA). Services are available to anyone age 60 and over, regardless of income. OAA targets older individuals with the greatest economic and social need, focusing particularly on low-income minority older individuals, limited English speaking and rural elders, as well as elders with disabilities. Three categories of OAA services are **Senior Employment Programs**, **Senior Center Services**, and **Home-Delivered & Congregate Meals**.

AAA Regions



Senior Employment Programs

The federally funded Senior Community Service Employment Program (SCSEP) believes that achieving the American Dream is possible for everyone, regardless of age. SCSEP's mission is to promote economic self-sufficiency for older individuals who are working to achieve this dream. SCSEP enhances employment opportunities for unemployed older Americans and promotes them as a solution for businesses seeking trained, qualified, and reliable employees. SCSEP is a community service and work-based training program for older workers. Authorized by the Older Americans Act, the program provides subsidized, service-based training for low-income persons 55 or older who are unemployed and have poor employment prospects. SCSEP provides both community services and work-based training. Participants work an average of 20 hours a week, and are paid the highest of federal, state or local minimum wage. They are placed in a wide variety of community service activities at non-profit and public facilities, including:

- day-care centers
- senior centers
- schools and hospitals.

It is intended that community service training serves as a bridge to unsubsidized employment opportunities.

The State Older Worker Community Service Employment Program mirrors SCSEP and promotes useful part-time employment opportunities in community service activities, such as senior activity centers, libraries, government offices, adult day care centers and many others. This program is funded by state general revenue.



Program Challenges

- State funding for the program has never increased since its inception, despite increases in the federal minimum wage.
- SCSEP Federal funding for program year 2011 was cut by **\$548,165** and positions were cut by **56** over program year 2010.
- Further crippling senior centers' ability to meet the overwhelming need for senior meals is the significant loss of manpower and personnel as a result of the deterioration of the State Older Worker Program.

Senior Center Services

A wide range of community-based services and programs are provided under the Older Americans Act. Some of these services include Meals, Transportation, Nutrition Education, Evidence Based Health Promotion (EBHP), Disease Prevention (DP), Information and Assistance, Outreach, Legal Services, Employment and many others. These services and programs are provided at senior centers and Area Agencies on Aging (AAA) around the state.

In SFY 2011, those served at senior centers included:

- **6,134** individuals, who received more than **460,000** one-way trips provided by senior center transportation services
- **53,151** individuals received Information and Assistance for benefits and supports

Program Challenges

- Some rural or remote senior centers face the challenge of just keeping their doors open. This directly relates to reduced local financial support, declining attendance or a lack of volunteers to assist in providing activities.
- The possibility of mandating that each Senior Center and AAA provide health insurance for their staff and increases in minimum wage pose funding problems.
- Reliable transportation services are necessary for the independence of seniors. Costs for equipment, labor and fuel have rapidly increased, resulting in a funding crisis for community-based transportation providers.

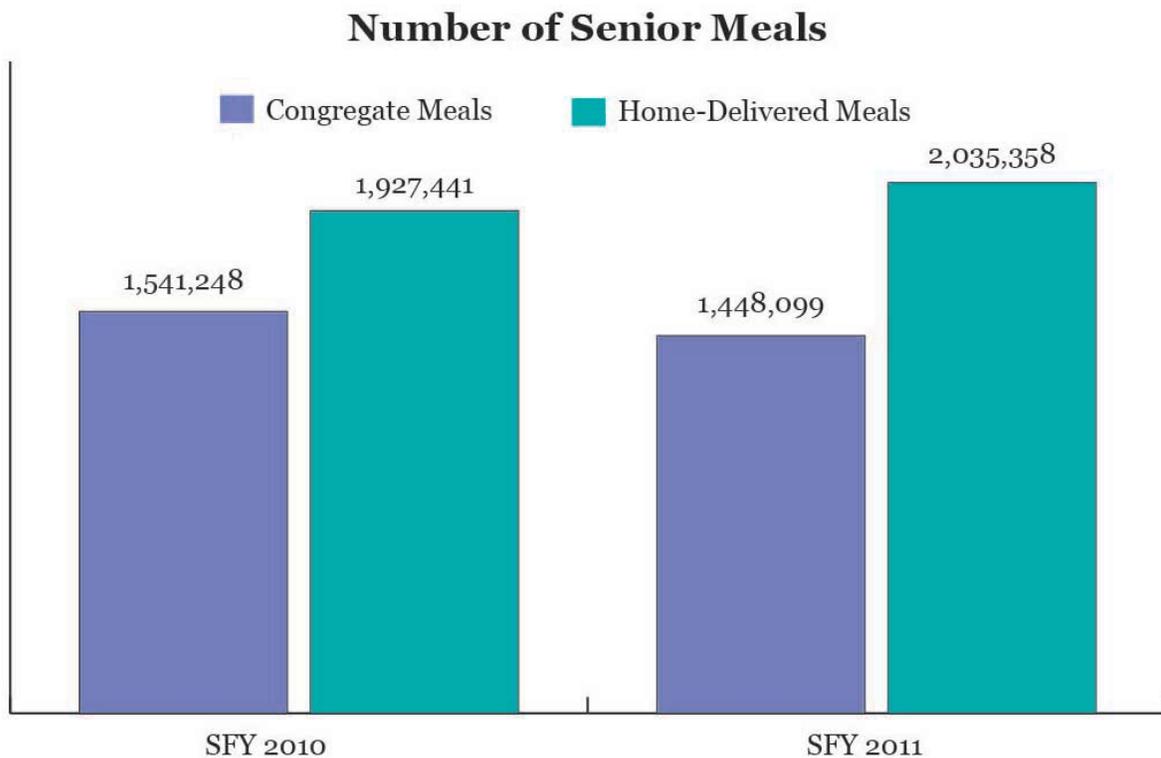


Home-Delivered & Congregate Meals

If a person cannot eat at home, they cannot stay home. This is especially true for homebound and disabled seniors. The statewide home-delivered meals programs, administered by approximately **200** senior centers, are an essential component of home and community-based services in the state. Without this key element of service, many seniors are destined for premature institutional care.

Meals provided in SFY 2011:

- **14,080** people received **2 million** home-delivered meals
- **23,264** people received **1.4 million** congregate meals



Program Challenges

- Since 2006, funding for senior center meals programs has decreased dramatically. Funding has never kept up with the inflationary costs of doing business, including cost of food, fuel and wage increases. Consequently, the number of meals provided, and the number of seniors served has proportionally decreased.
- A majority of meal-preparation sites currently operate using outdated equipment or insufficient space to keep pace with the increasing demand for home-delivered meals.

Adult Protective Services

Adult Protective Services (APS) investigates cases of suspected abuse, neglect or exploitation of an endangered or impaired adult, age 18 and older. APS can legally act if:

- the adult is in a situation or condition which poses an imminent risk of death or bodily harm (endangered)

AND

- the adult demonstrates a lack of capacity to comprehend the nature and consequences of remaining in that situation or is not physically able to remove himself or herself from the situation (impaired) (Ark. Code Ann. §12-12-1701 et seq.)

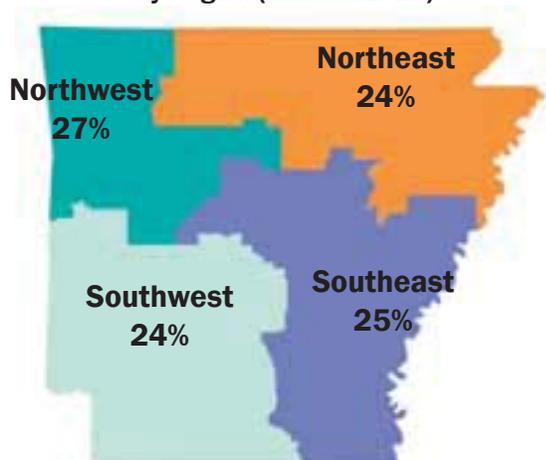
Suspected abuse may be reported to the Adult Maltreatment Hotline at 1-800-482-8049.

Program Challenges

- A heavy concentration of custody clients exists in northwestern Arkansas, including Benton, Washington, Crawford and Sebastian counties. The work involved in case management and handling review hearings for these clients increases the workload for staff already handling a significant investigative caseload in this area.
- Placement options for individuals for whom the state is custodian are limited. However, Public Guardianship is helping to reduce the number of custodies, as the Public Guardian petitions for and is appointed guardian for some clients who might have otherwise ended up in custody.
- In 2011, the APS hotline received **6,085** calls regarding maltreatment; **4,434** of those resulted in investigations by APS staff.
- At the end of 2011, there were **435** clients in APS custody.

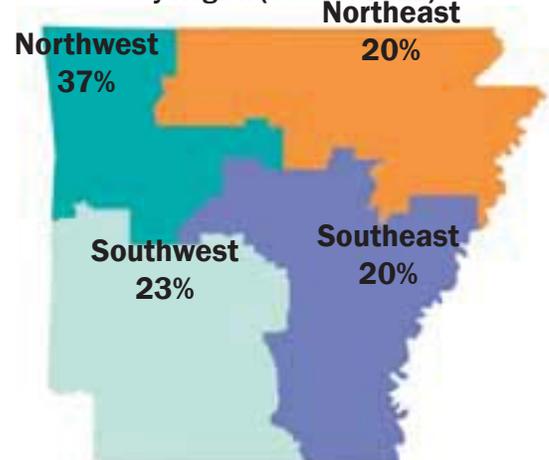
APS Referrals

by Region (October 2011)



APS Custody Caseload

by Region (October 2011)



Office of Public Guardian

The Office of Public Guardian for Adults began with the appointment of the first Public Guardian in May 2010. The General Assembly created this office in the Division of Aging and Adult Services to meet the need for guardianship when adults:

- lack the capacity to provide informed consent to necessary health care
- have not executed an advance health-care directive or a durable power of attorney
- have no friend or family member qualified and willing to consent on their behalf

The Office of Public Guardian has been appointed guardian of more than **250** mentally incapacitated individuals since the program began.

Appointment of a Public Guardian

The Public Guardian for Adults may serve as guardian of the person, guardian of the person's estate or both—depending on the needs of the incapacitated individual.

The Public Guardian must be appointed by a Circuit Court Probate Division Judge to serve that particular ward before making any decisions for that person. After appointment, the Public Guardian visits his ward at least four times a year, makes decisions for the welfare of the ward as needed, and reports on the ward's status to the court once a year.

Referrals have come from long-term care facilities all over the state, including private nursing homes and every state long-term care facility and hospital.

Program Challenges

- The Office of Public Guardian staff includes only one attorney to cover all **75** counties and attend all court appearances for each individual, one social worker to visit the current caseload of **150** wards and **1** administrative assistant.
- Additional staff are needed to handle the growing caseload, including an additional attorney, a financial support specialist to assist in money-handling duties related to management of wards' assets and an additional social worker to handle the high rate of evictions for wards, who are often considered a threat to safety because they include convicts and individuals with mental illness and mental incapacities.
- The number of wards has increased an average of **12** per month since the program began.

Long-Term Care Ombudsman

The Long-Term Care (LTC) Ombudsman serves as an advocate for long-term care facility residents. The ombudsman educates residents of their rights and empowers them to speak for themselves to ensure residents live harmoniously, and with dignity and the freedom to voice their concerns or complaints.

Ombudsman Functions

- **Conflict Resolution** — Assist in resolving conflicts with facility staff, family members and other entities on behalf of the resident.
- **Transition Assistance** — Educate facility staff, residents and family members on the resources available and the resident's right to return home; connect residents with available services; make referrals for home and community-based services.
- **Facility Closures** — Ensure that residents are informed of their choices in the event a facility closes, that they are transferred to an agency of their choice and that the transfer is smooth and safe.

Program Challenges

- There is **1** paid LTC ombudsman for every **2,987** licensed LTC beds. The Institute of Medicine recommends **1** paid ombudsman for every **2,000** LTC facility beds.
- The ombudsman staff primarily consists of volunteers. There are currently **562** certified volunteer ombudsmen. Paid positions include: **1** state long-term care ombudsman, **8** part-time volunteer ombudsman coordinators, **10** regional ombudsmen and **53** certified back-up ombudsmen, who all have other responsibilities.

2011 Ombudsman Cases

- **736**—total cases handled by ombudsmen
- **1,287**—total complaints handled by ombudsmen
- **6,785**—total instances of technical assistance provided



Choices in Living Resource Center

The Choices in Living Resource Center provides information and assistance to connect individuals with long-term care services and supports, such as Options Counseling, in-home services, Medicaid, support groups, home modifications, disability resources, family caregiver assistance, assistive technology and how to apply for services. Information and referral are directed to seniors, caregivers and people with disabilities.

The Resource Center's toll-free number is 1-866-801-3435.

Caller Satisfaction

In a recent survey, **94%** of Resource Center callers reported their overall satisfaction with their experience as good or very good.

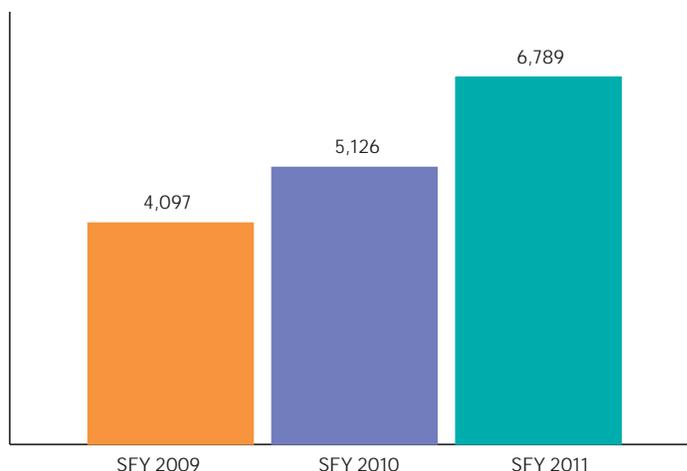
The survey also showed:

- **95%** would call the center again
- **100%** would tell others about the center
- **100%** said they were treated with respect by center staff
- **95%** said center staff could answer their questions

Program Challenges

- Marketing to the public is limited due to lack of funds and staff.
- Calls to the Resource Center continue to increase.
- Additional responsibilities and programs added to the Resource Center without additional staff result in callers becoming frustrated while waiting for assistance.

Number of Individual Contacts to the Resource Center



Home & Community-Based Services

The goal of home and community-based services (HCBS) is to prevent or delay institutionalization, and to allow individuals to remain in a home-like setting for as long as possible. DAAS manages four Medicaid HCBS programs: **ElderChoices**, **Living Choices**, **Alternatives for Adults with Physical Disabilities** and **IndependentChoices**.

Program Challenges

- **63** nurses/counselors manage about **11,000** HCBS cases statewide.
- In November 2011, the nurses/counselors traveled more than **33,000** miles to complete **586** assessments and **686** reassessments—an average of about **530** miles per nurse/counselor.
- The caseloads of these programs continue to grow.

Living Choices Assisted Living

Living Choices provides congregate housing with 24-hour supervision and services, such as attendant care, pharmacist consultant services and extended Medicaid State Plan prescription drugs. This program is for individuals age 65 and older, or age 21-64 who are blind or have a physical disability. Individuals must also meet nursing home admission criteria and financial criteria.

Currently, there are **37** Assisted Living Facilities enrolled as Living Choices providers.

Program Challenges

- Currently, the number of individuals served on the Living Choices program is close to the maximum allowed; therefore, a waiting list is imminent.
- In waiver year 2011 (Dec. 1, 2010 to Nov. 30, 2011), **785** individuals were served in the Living Choices program. The cap for the program was **800**. The Living Choices waiver year is not the same as the SFY.



ElderChoices

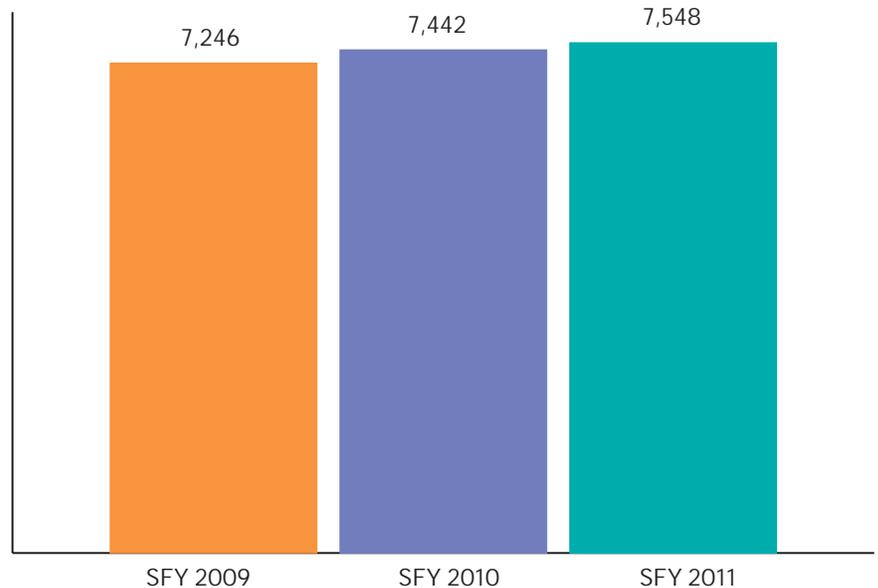
ElderChoices provides in-home and community-based services to individuals age 65 and older, who meet nursing home admission criteria and financial criteria. Services include adult day care, respite, home-delivered meals, homemaker, adult family homes and others.

Currently, there are more than **240** ElderChoices provider agencies.

Program Challenge

The ElderChoices program continues to grow. In SFY 2011, **7,548** individuals were served in the ElderChoices program. The cap for the program remained at **7,950**.

ElderChoices Clients Served



Adult Family Homes

The Adult Family Homes program provides a family-style living environment for ElderChoices clients who cannot live independently. Adult Family Home providers complete regular training in health, nutrition, caregiving and related subjects and are First Aid and CPR certified. Each Adult Family Home is inspected regularly to ensure that required standards are met. Adult Family Homes provide basic care services, including:

- Activities of Daily Living, including bathing, dressing, grooming and feeding
- Meals and snacks
- Housekeeping and laundry services

In 2011, **6** Adult Family Homes were certified and began accepting residents. The first Adult Family Homes resident moved into a home in August.

Program Challenge

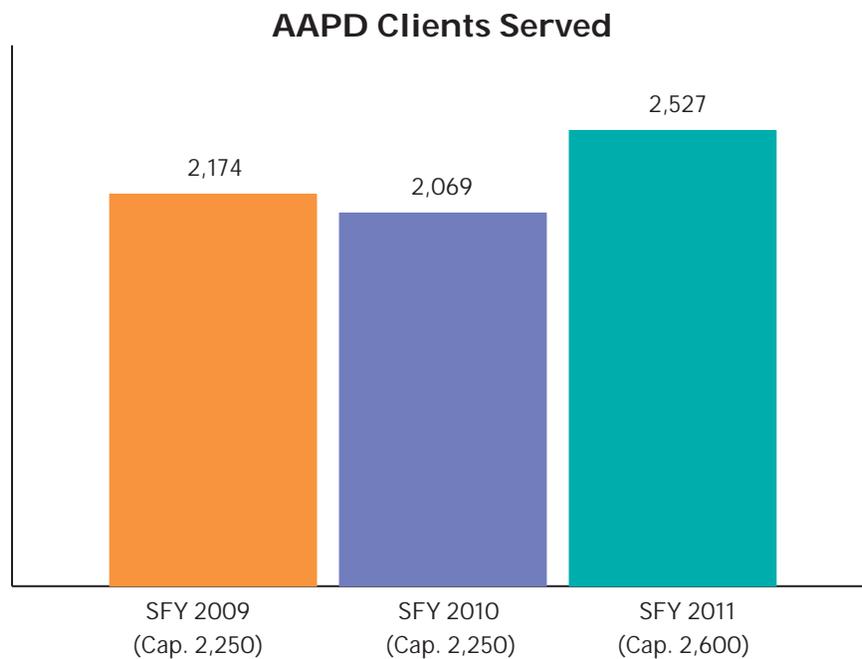
Adult Family Homes is a new program. Professional, potential client and general populations must be educated about the benefits of selecting an Adult Family Home as a care option.

Alternatives for Adults with Physical Disabilities

Alternatives for Adults with Physical Disabilities (AAPD) allows individuals to direct their own care in their own homes. Individuals may choose to hire and train their own attendants to provide their care.

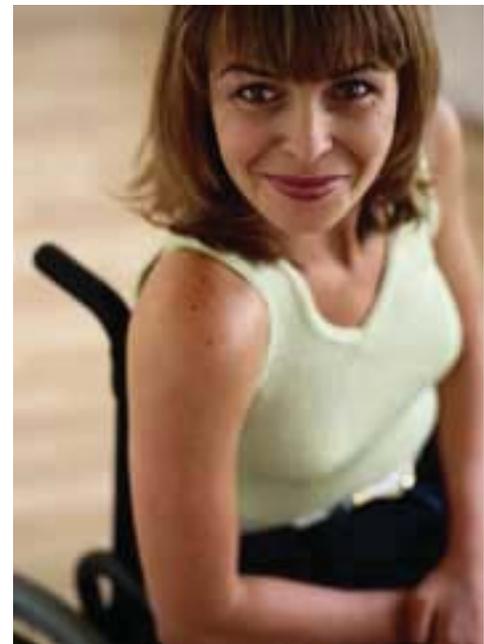
This program also provides case management and home modifications to improve accessibility and enhance independence. Eligible individuals must be age 21 to 64, have a physical disability, and meet nursing home admission criteria and financial criteria.

Currently, there are more than **2,500** AAPD providers, primarily individual attendants.



Program Challenges

- There is currently a waiting list for AAPD. The waiting list delays much-needed care for eligible individuals.
- In certain areas of the state, there is a limited number of providers for clients to choose from, particularly home modification providers in southwestern Arkansas.
- In SFY 2011, **2,527** individuals were served in the AAPD program. The AAPD cap for SFY 2011 was **2,600**.



IndependentChoices

IndependentChoices allows individuals to direct their own care by hiring an attendant, and deciding when the attendant works and how the attendant performs specific needed tasks. And, based on medical necessity and program approval, individuals may utilize part of their allowance to purchase specific items that support their care and help them maintain independence. This program is available to those age 18 and older who currently receive Medicaid in a category that covers personal care and want to be responsible for their own services.

4,045 caregivers were paid to provide IndependentChoices services in 2011.

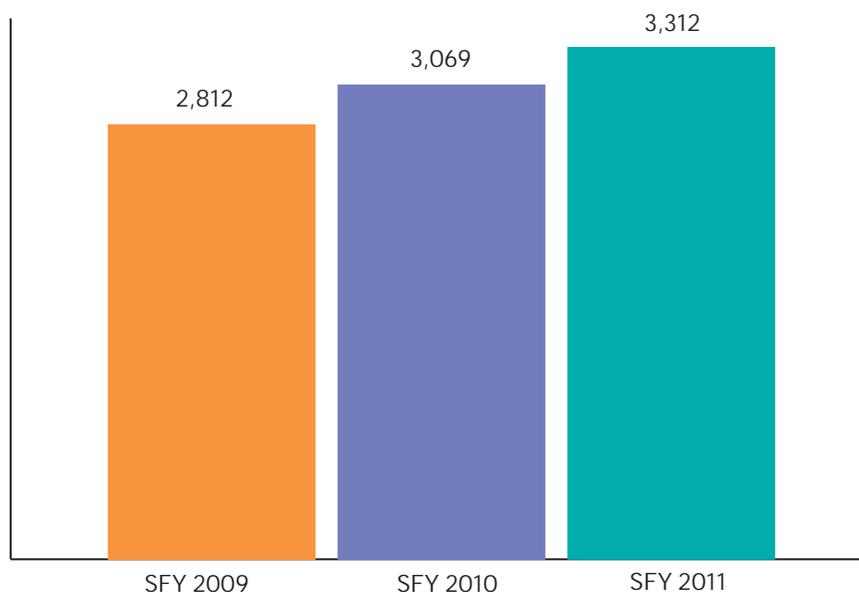
Consumer Direction

Consumer-direction, or self-direction, allows program participants to have more control over their services. In both AAPD and IndependentChoices, clients can hire, train and supervise their own assistants. This empowers clients to make their own decisions about their care, as well as who provides the care, and when and how it is provided.

Program Challenges

- Each IndependentChoices counselor manages a caseload of more than **400** clients, and the program continues to grow. The program has grown by **18%** in the past two years.
- Other funding options must be considered to reduce the high caseload to ensure the health, safety and welfare of clients.

IndependentChoices Clients Served



Money Follows the Person

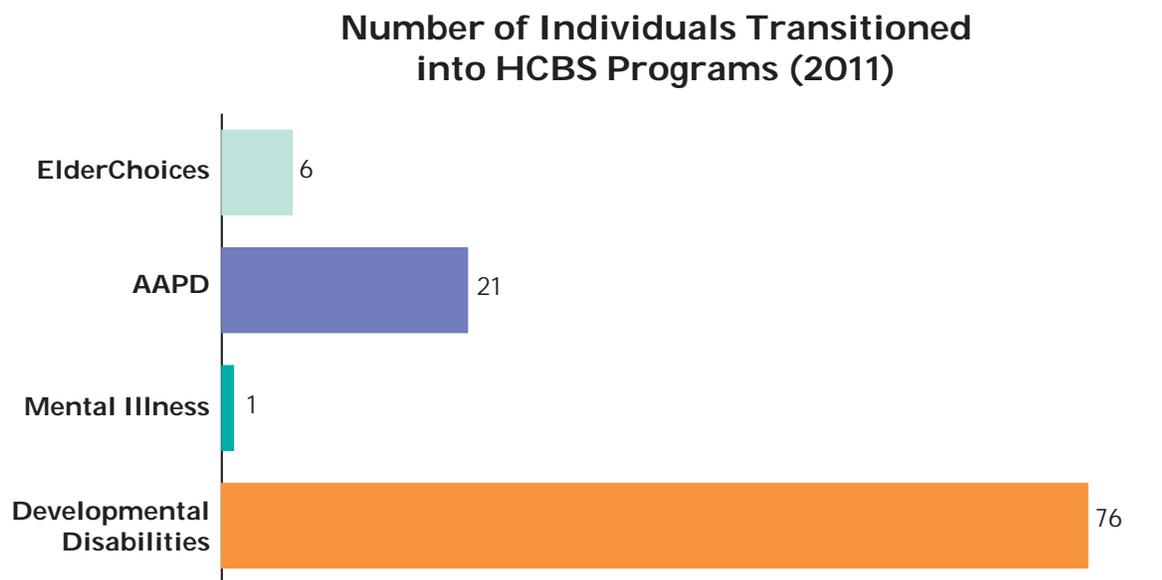
Money Follows the Person (MFP) is a federal initiative that helps states reduce reliance on institutional care for people with long-term care needs and expands the options for the elderly and individuals with physical disabilities so they can receive care in the community. To be eligible, individuals must have a 90-day consecutive stay in a qualified institution and receive Medicaid. MFP covers approved expenses, such as furniture, intense transition management prior to transition, goods and services, rental and utility deposits, physical and occupational therapies, and other services and supports not traditionally covered by Medicaid. This assistance lasts 365 days and is for transition only.

Those who transition are enrolled into an existing home and community-based services program that offers the services and supports to best meet the individual's long-term care needs.

104 individuals were transitioned out of institutions in 2011.

MFP Funds

Nationally, MFP was initially authorized for up to **\$1.75 billion** in federal funds through fiscal year 2011. It was extended through Sept. 30, 2016, with additional appropriation of **\$450 million** for each fiscal year 2012-2016.



Program Challenges

- The shortage of accessible and affordable housing in the community delays individuals' ability to move out of institutional settings.
- Shortages in providers in certain areas of the state also make transitioning difficult.

Arkansas Senior Medicare Patrol

The Arkansas Senior Medicare Patrol (ASMP) is funded, in part, by the U.S. Administration on Aging to reach out to Medicare beneficiaries with the goal of “empowering seniors to prevent health care fraud.” ASMP partners with volunteer organizations, individuals and community groups who help recruit and train others in their communities to protect their personal health information; detect and recognize Medicare fraud; and, report any suspected fraudulent activities to the ASMP Helpline. The program and its partners also disseminate fraud prevention and education information to seniors throughout the state through media, outreach campaigns and community education events; assist beneficiaries in resolving Medicare issues and complaints; and, refer suspected cases of fraud, waste and abuse to the appropriate investigative entities.

ASMP Facts (2011)

- **4,485** seniors reached through ASMP group presentations and community events
- **509** Medicare beneficiary issues were received and/or resolved
- **\$9,650** — documented cost avoidance (not billed) on behalf of Medicare of beneficiaries
- **\$2,450** — referred to Medicare for further action
- **\$3,985** — actual savings to beneficiaries
- **94** volunteers recruited and trained, with a total of **1,106** documented volunteer hours

ASMP Volunteer Activities

- Presenting the ASMP message to large or small groups
- Distributing ASMP materials to local entities, such as physicians’ offices, pharmacies, libraries and senior centers
- Hosting an exhibit booth at local health fairs and helping to make the ASMP logo and message visible
- Working through local RSVP partners with clerical work or answering phones and assisting seniors with Medicare issues

Program Challenges

- Outreach to low-income, low-literate, hard-to-reach rural Arkansans is limited with ASMP’s two-person staff.
- Reporting requirements, extensive training, travel and limited funds make it difficult to cover the state and to reach the nearly **500,000** Medicare beneficiaries.

EmployAbility Project

The EmployAbility Project has worked to increase employment for Arkansans with disabilities, especially individuals who receive Social Security and SSI disability benefits. Activities have included outreach and education about disability work incentives, analysis of barriers, and facilitating state agency efforts to change policies, procedures and services to reduce barriers to employment.

Governor's Employment First Task Force

During 2011, the project staffed the Governor's Employment First Task Force, which planned implementation of Executive Order 10-17, to increase employment of Arkansans with disabilities. The Task Force developed **30** recommendations which are detailed in a report to the Governor. In addition, seven state agencies responded to the Executive Order by developing plans to encourage employment.

The project's federal funding will run out in SFY 2012. Staff are completing activities, including developing online training on disability employment for staff of DHS and other agencies.

Employment Sources Hotline

The Employment Sources Hotline provided information and advice to more than **1,700** Arkansans with disabilities who wanted to work in SFY 2011, and provided outreach to more than **34,000** disability beneficiaries.

Program Challenges

- One in **10** working-age Arkansans receives Social Security disability benefits, and few return to work.
- There are many barriers to employment in state government policies, programs and procedures, because they were designed to help people who weren't able to work.
- Individuals with disabilities typically want to work, but are afraid of losing their safety net benefits.
- Business people often believe that hiring people with disabilities will result in problems. Often these beliefs are based on misconceptions.



Long-Term Care Balancing

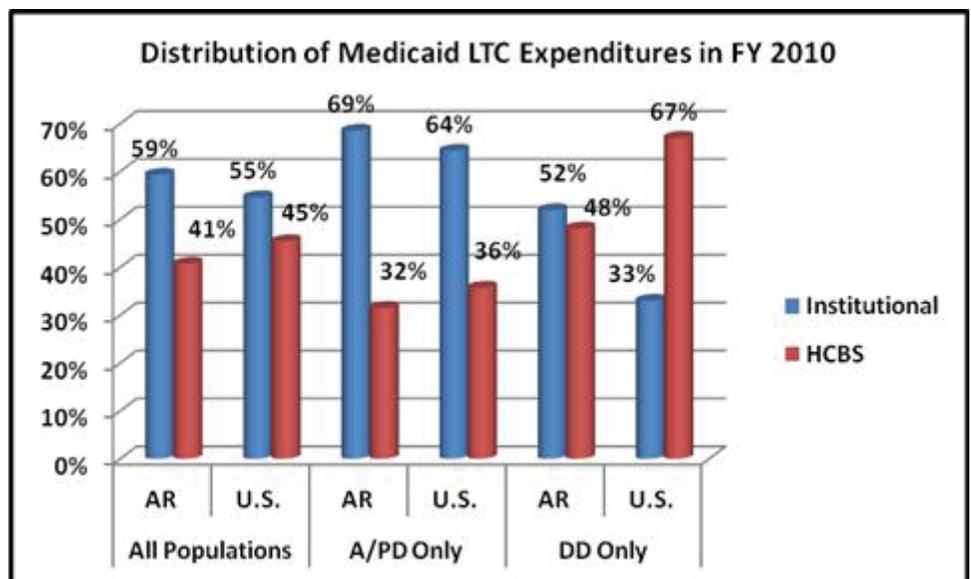
Arkansans overwhelmingly prefer to receive needed long-term care (LTC) services in a community setting and home and community-based services (HCBS) provide a more affordable alternative to nursing home care. Expanding access to HCBS could increase the number of individuals served in their local communities and reduce the rate at which Medicaid LTC expenditures increase in the future. A balancing advisory group, composed of representatives from nursing homes, home health agencies, assisted living facilities, in-home services and others, works with DHS to help streamline access to LTC, enhance data capability and improve case management.

Balancing Initiatives

- Improve access to long-term care home and community-based services
- Develop an integrated data system across long-term care services related to acuity, cost, outcomes, providers and service settings to include a universal assessment and service plan
- Develop adult family homes
- Implement a statewide personal care aide training program
- Redefine case management to remove conflict of interest from providers
- Support development of affordable assisted living facilities

Program Challenges

- Arkansas relies more heavily on nursing homes to meet long-term care needs than other states; the state also has a high concentration of individuals with low care needs in nursing homes.
- The vast majority of Medicaid long-term care expenditures support institutional care options.
- Home and community-based services programs have enrollment caps, while access to institutional care is unlimited.





**ARKANSAS
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**DIVISION OF AGING
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