

Long Term Services and Supports in Arkansas: A Needs Assessment



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Introduction and Program Description

One in every seven Arkansans (approximately 425,500 persons) are 65 years of age or older¹ and over the next 15 years, another 500,000 baby boomers will turn 65. An additional 258,000 adults between the ages of 18 and 64 years of age are estimated to have a physical or cognitive disability.¹ At some point, many of these individuals will require support to maintain their health and independence. With nursing home expenditures exceeding \$1.3 billion in the state (all payers combined),² or more than \$60,000 per year per person,³ there is significant financial incentive at both the state and individual levels to delay admission to a nursing home as long as possible for as many people as possible.

Older adults and adults with disabilities face challenges such as limited mobility, social isolation, and inability to complete routine daily tasks (such as shopping and meal preparation, bathing, dressing, housekeeping, taking medications appropriately, and others) without assistance. Providing assistance with these matters in the home helps to reduce or delay the need for institutional solutions to long-term care needs.

The Choices in Living programs operated by the Arkansas Department of Human Services' Division on Aging and Adult Services (DAAS) are specifically designed to help older adults and adults with special health care needs remain in their homes, close to family and friends. Programs available include:

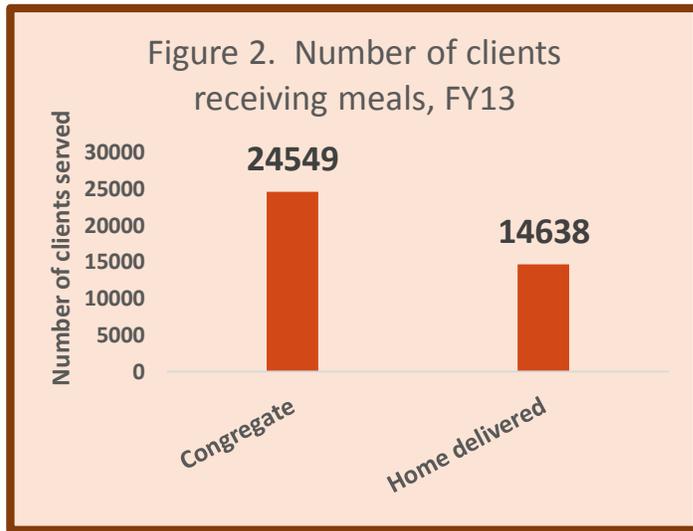
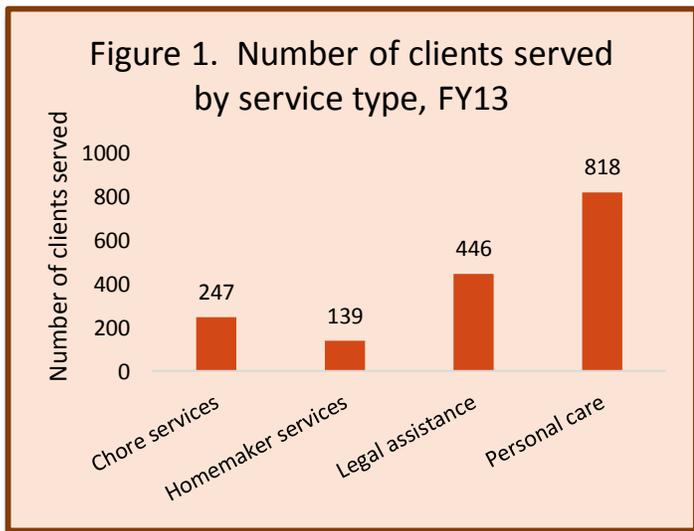
- **ElderChoices** – a Medicaid waiver program that provides services to individuals 65 years of age and older;
- **Alternatives for Adults with Physical Disabilities** – a Medicaid waiver program that provides home-based attendant care and environmental modifications to individuals 21 through 64 years of age who are physically disabled;
- **Living Choices (Assisted Living)** – a Medicaid waiver program that provides apartment-style housing with 24-hour support services, supervision and personal care for individuals 65 years of age and older or 21 years of age and older and blind or physically disabled;
- **Independent Choices** – a Medicaid program providing personal caregiver services for individuals 18 years of age and older.

In some programs, services are arranged for by the program; in other programs, the individual identifies the caregiver and receives a cash allowance or other reimbursement to cover the cost. The ElderChoices, Alternatives for Adults with Physical Disabilities, and Living Choices (Assisted Living) are all Home and Community-Based waiver services through Medicaid; the Independent Choices program is an option in the Medicaid Personal Care Program. Eligibility requirements vary by program.

Through these programs, older adults and adults with physical and developmental disabilities can access a range of services that help them maintain independence and community living, including:

- Personal care (bathing, dressing, eating, preparing meals, etc.)
- Homemaker services (menu planning, bill paying, checking account management, etc.)
- Chore services (laundry, running errands, preparing food, simple household tasks, heavy cleaning, yard maintenance, etc.)
- Congregate meals (in senior centers, housing facilities)
- Home-delivered meals
- Environmental modifications (e.g., installing ramps, widening doors, modifying bathrooms)
- Legal assistance (non-criminal matters)
- Personal emergency response systems
- Senior citizens centers (recreational activities, socialization, educational programs, etc.)
- Respite care (for caregivers)
- Adult family homes
- Assisted living
- Adult companion services
- Case management
- Durable medical equipment and supplies

The number of clients receiving services in fiscal year 2013 (FY13; July 1, 2012 – June 30, 2013), the last year for which data are available, are summarized in Figures 1 and 2 below.

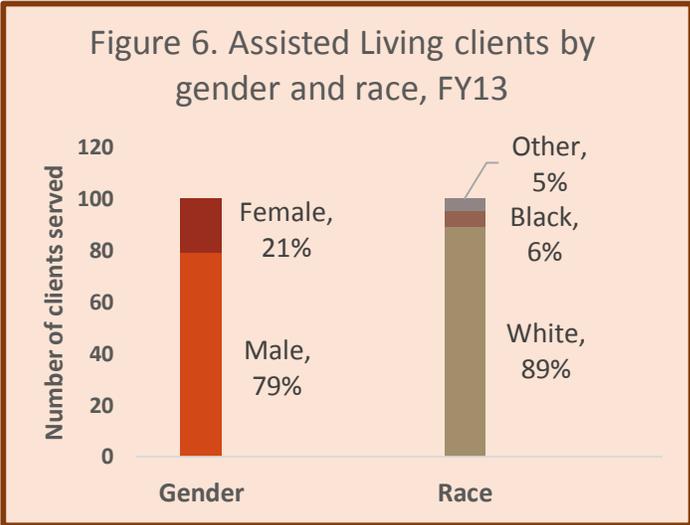
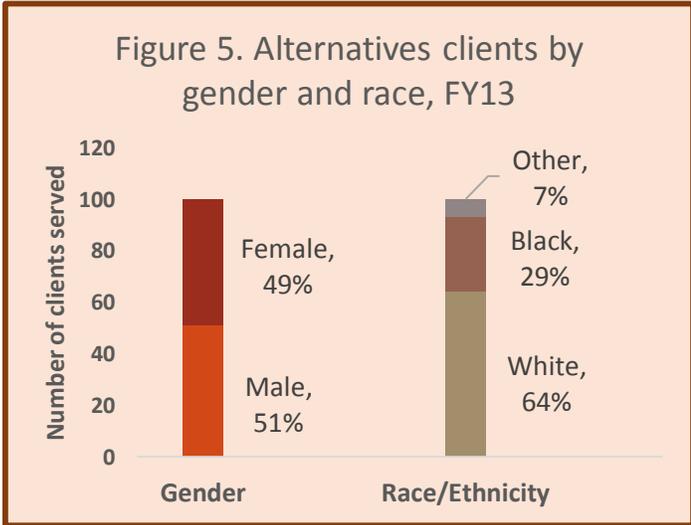
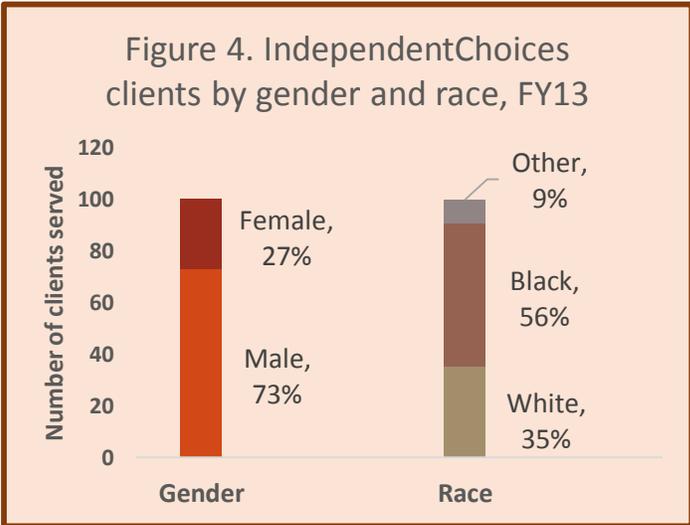
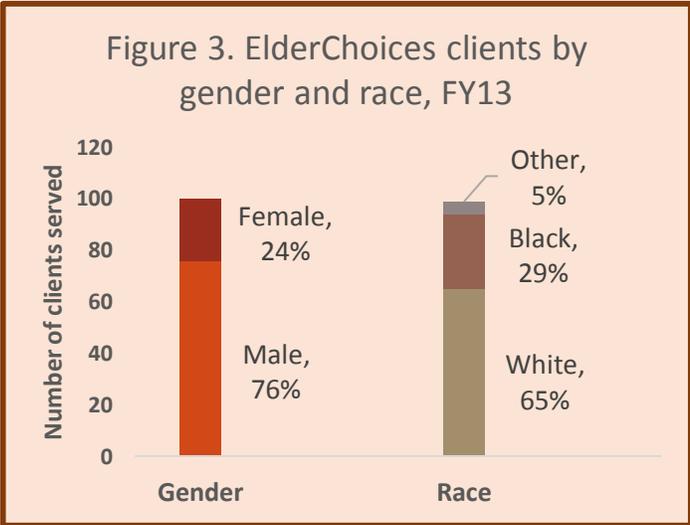


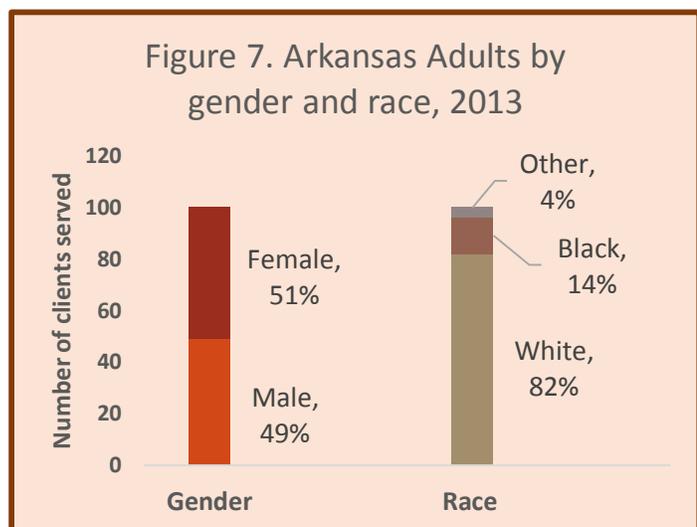
Population served

Figures 3 through 6 below present the demographic characteristics of clients served by the four Choices programs. Specifically, the programs served:

- ElderChoices – 7,318 clients
- IndependentChoices – 3,143 clients
- Alternatives for Adults with Physical Disabilities – 2,690
- LivingChoices – Assisted Living – 998 clients

Clients in one program may also participate in other programs (e.g., ElderChoices clients may also participate in IndependentChoices), so an unduplicated count of clients is not available.





For all of the programs the majority of clients served are male, though the gender distribution in the Alternatives program is relatively equal and most closely resembles the gender distribution seen in the state overall (see Figure 7). For three of the four programs, the majority of clients are white. The exception is the Independent Choices program, for which the majority of clients served are black. For 3 of the 4 programs, the proportion of clients who are black is greater than the proportion of blacks in the state's population.

Methods

Data used to complete this needs assessment were collected from multiple sources using a mixed methods approach. Data collection strategies included:

- **Review of program materials**, including brochures and other descriptive documents, to gather information about the Choice programs, services provided, and clients served;
- **Analysis of data from the 2012 and 2013 Arkansas Behavioral Risk Factor Surveillance System (BRFSS)**, to estimate the number of adults with a disability statewide and in each county in Arkansas;
- **Analysis of data from the DAAS**, to describe the distribution of providers and services across the state; and
- **Key informant interviews** with advocates and providers in the state, to gather information about perspectives from diverse stakeholders on needs within the state.

Analysis of BRFSS data. Data from the 2013 Arkansas BRFSS were analyzed to assess the proportion of adults in the state who self-reported a disabling condition. Persons were identified as having a disabling condition if they responded that they were limited in activities because of physical, mental, or emotional problems and that they currently had health condition that required them to use special equipment (e.g., cane, wheelchair, special bed, special telephone). In addition, responses to questions regarding visual impairments, difficulty with concentration, memory or decision-making, problems walking or climbing stairs, difficulty with bathing or dressing, and difficulty with

completing errands were analyzed to assess the prevalence of those conditions in Arkansas' adult population.

The BRFSS 2013 data did not, however, include a variable to identify the county in which the respondent resided; thus, the 2012 BRFSS data were analyzed to determine the prevalence of adult disability in each county in the state. Small area (county level) estimates were calculated by creating 75 county clusters (comprising the index county and its surrounding counties) and then weighting the data to represent the combined population of each cluster. This strategy accommodates small or missing samples for individual counties by sharing strength across contiguous counties.

Key informant interviews. A list of 14 advocates to be interviewed was provided by the program; a total of 11 (79%) of those individuals completed telephone interviews. Interviews were guided by a slate of questions that sought to elicit the informant's perception of the strengths of and gaps in the long term services and supports (LTSS) system in Arkansas, challenges encountered in providing and accessing services, services needed by caregivers, and what is needed to assure that gaps are filled and clients are able to obtain needed services and supports. Interviews were audiotaped and transcribed, to facilitate coding. Transcripts were reviewed and coded to capture themes and issues raised by various informants.

The program also provided a list of providers throughout the state, organized by Choice program and type of service provided. Three lists (providers within the ElderChoice, IndependentChoice, and Alternatives for Adults with Physical Disabilities programs) were combined and duplicates were removed. The remaining list included a total of 196 agencies and individuals providing services in at least one of those Choice programs. Providers were listed randomly and every third provider was selected, yielding a final list of 65 providers to be interviewed. If an interview could not be secured from a selected provider, the next provider on the list was selected. Using these strategies, a total of 55 providers (85% of those selected) completed telephone interviews. The semi-structured interview guide elicited information concerning the services provided, the number of clients being served, counties served, services most often and least often requested by clients and caregivers, barriers to providing services, supports needed to support efforts to meet client needs, and perceptions regarding gaps in services. Data were coded to help identify the most common responses for each question; responses to open-ended questions were coded to capture themes and issues raised by the providers.

Key Questions

The data collected through these various activities were combined to address the following key questions:

- 1. What are the patterns of existing need for long-term support services within Arkansas? Do these needs vary by demographic characteristics or geography?**

2. **What services are currently available to individuals with long-term care needs?** How do these services vary by geographic location within the state?
3. **Do needs generally appear to be met or unmet?** Which types of services are most readily available and which are less available to those in need? Which areas of the state are in greatest need of service?
4. **What are the perspectives of those agencies, organizations, and individuals engaged in providing home and community based services with regard to the long-term care needs in the state?**
5. **What recommendations are made regarding home and community based services in Arkansas?**

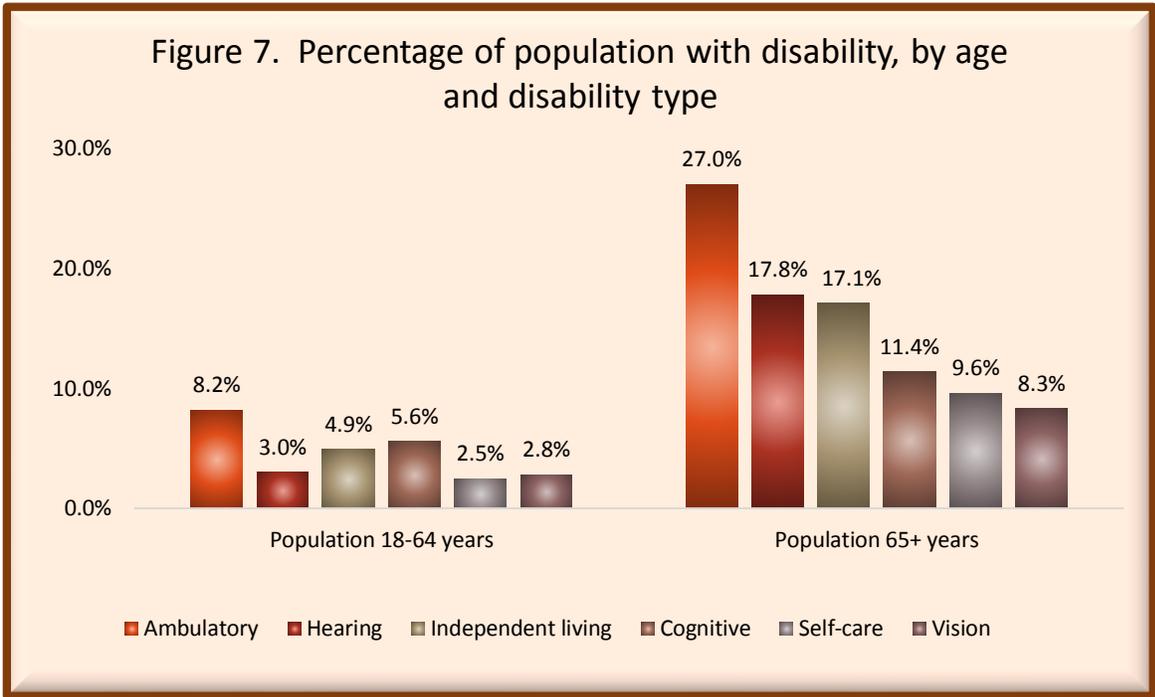
What are the patterns of existing need for long term supports and services in Arkansas?

Overall, an estimated 434,634 adult Arkansans (19% of all persons ages 18 years or older) are estimated to have a physical or cognitive disability that might require some support.¹ Not unexpectedly, proportions are higher among older Arkansans (65 years of age or older, 41.4%) than among younger adults (ages 18 to 64 years, 14.7%).¹ The proportions were similar among white and African American Arkansans (16-17% in each group), but were significantly lower (7%) among Latinos. This is likely because the Latino population in Arkansas is younger on average than their white or African American counterparts.

The most common types of disability in both age groups are ambulatory difficulties (see Figure 7 below). Among older Arkansans, it is estimated that nearly 75,000 persons have difficulty with independent living and 41,000 have problems with self-care.¹

75,000 older Arkansans have difficulty with independent living.

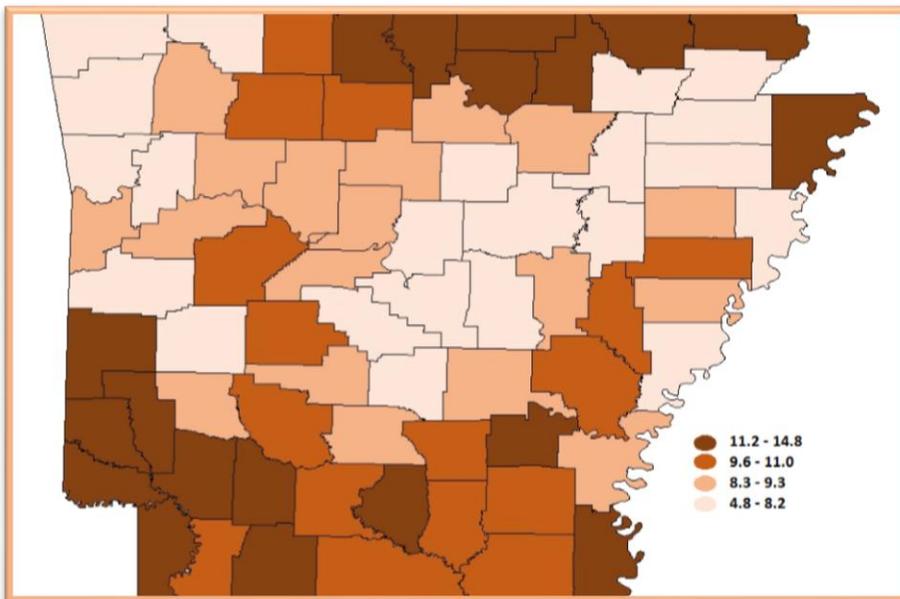
41,000 older Arkansans have problems with self-care.



Source: 2012 American Community Survey, US Census Bureau

These individuals are not distributed equally across the state. As shown in Figure 8, the counties with the greatest proportion of persons reporting disabling conditions⁴ are located along the northern and southern borders of the state, with an additional cluster in the southwestern region. Estimated proportions ranged from approximately 5% to 15% across the state.

Figure 8. Percentage of county population with disability, AR BRFSS 2012



Source: Arkansas Behavioral Risk Factor Surveillance Survey, 2012

What services are currently available to individuals with long-term care needs?

As noted above, the various programs provide a range of home and community-based services designed to help older Arkansans and other adults with activity limitations remain in their homes (and out of skilled care nursing facilities) as long as possible. These services include, but may not be limited to:

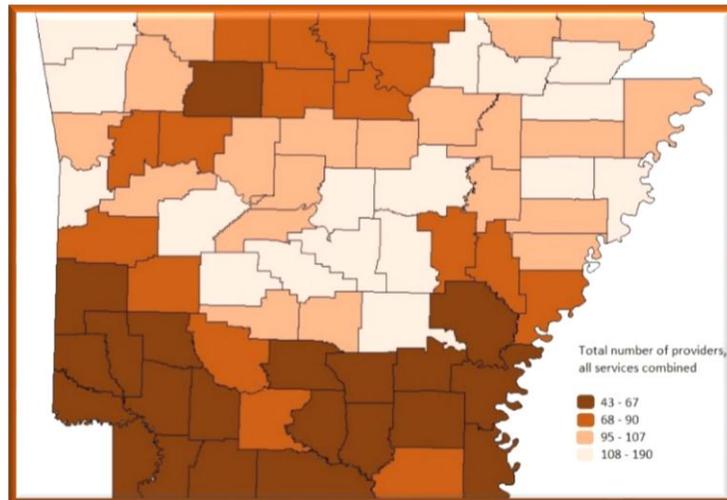
- Personal care (bathing, dressing, eating, preparing meals, etc.)
- Homemaker services (menu planning, bill paying, checking account management, etc.)
- Chore services (laundry, running errands, preparing food, simple household tasks, heavy cleaning, yard maintenance, etc.)
- Congregate meals (in senior centers, housing facilities)
- Home-delivered meals
- Environmental modifications (e.g., installing ramps, widening doors, modifying bathrooms)
- Legal assistance (non-criminal matters)
- Personal emergency response systems
- Senior citizens centers (recreational activities, socialization, educational programs, etc.)
- Respite care (for caregivers)
- Adult family homes
- Assisted living
- Adult companion services
- Case management
- Durable medical equipment and supplies

To characterize the distribution of providers and services across the state, data regarding the availability of services are summarized by type of service in the pages to follow. For each service, the actual number of providers in each county is presented in the table. Unless otherwise indicated, the map characterizes the distribution of providers across the state, adjusted for the size of the adult population in the county. Darker colors indicate fewer providers per 1000 adults (i.e., needs less likely to be met), while lighter colors indicate a greater number of providers per 1000 adults (i.e., needs more likely to be met).

As these maps are reviewed, it is important to note that the number of providers is used as a proxy for the availability of services. The data do not take into consideration the size of the provider agency and the number of clients served. It is possible that all clients in need are being served by the limited number of providers in a county; however, data are not available to make that determination.

Table 1. Home and Community Based Service Providers, by County

| County | Number of Providers - All services combined |
|--------------|---|
| Arkansas | 65 |
| Ashley | 68 |
| Baxter | 86 |
| Benton | 114 |
| Boone | 73 |
| Bradley | 61 |
| Calhoun | 60 |
| Carroll | 107 |
| Chicot | 64 |
| Clark | 76 |
| Clay | 97 |
| Cleburne | 107 |
| Cleveland | 63 |
| Columbia | 61 |
| Conway | 107 |
| Craighead | 110 |
| Crawford | 100 |
| Crittenden | 109 |
| Cross | 108 |
| Dallas | 62 |
| Desha | 67 |
| Drew | 66 |
| Faulkner | 162 |
| Franklin | 84 |
| Fulton | 84 |
| Garland | 118 |
| Grant | 96 |
| Greene | 109 |
| Hempstead | 50 |
| Hot Spring | 95 |
| Howard | 43 |
| Independence | 102 |
| Izard | 83 |
| Jackson | 106 |
| Jefferson | 129 |
| Johnson | 90 |
| Lafayette | 50 |
| Lawrence | 109 |
| Lee | 97 |
| Lincoln | 67 |
| Little River | 49 |
| Lonoke | 130 |
| Logan | 95 |
| Madison | 97 |
| Marion | 90 |
| Miller | 51 |
| Mississippi | 106 |
| Monroe | 81 |
| Montgomery | 82 |
| Nevada | 53 |
| Newton | 60 |
| Ouachita | 70 |
| Perry | 102 |
| Phillips | 80 |
| Pike | 62 |
| Poinsett | 97 |
| Polk | 51 |
| Pope | 95 |
| Prairie | 88 |
| Pulaski | 190 |
| Randolph | 97 |
| Saline | 138 |
| Scott | 77 |
| Searcy | 68 |
| Sebastian | 108 |
| Sevier | 45 |
| Sharp | 117 |
| St. Francis | 103 |
| Stone | 83 |
| Union | 67 |
| Van Buren | 99 |
| Washington | 125 |
| White | 130 |
| Woodruff | 97 |
| Yell | 109 |

Figure 9. Home and community-based service providers, by county

Data indicate that the fewest number of providers (all services combined) are found in counties in the southern and southwestern parts of the state. There are also potential service gaps in the counties in the north central part of the state. However, these numbers are not adjusted for population size and, as will be seen in the pages to come, do not reflect the variation seen in patterns of service across specific service types.

Table 2. Adult Day Health Care Providers, by County

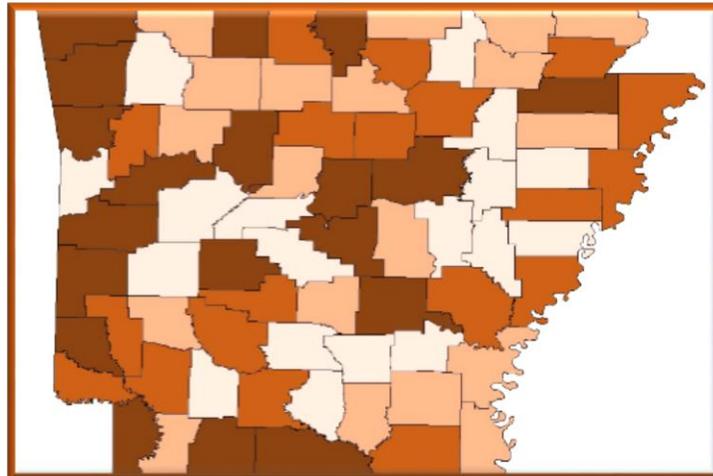
| County | Number of Providers |
|--------------|---------------------|
| Arkansas | 2 |
| Ashley | 0 |
| Baxter | 0 |
| Benton | 0 |
| Boone | 0 |
| Bradley | 0 |
| Calhoun | 0 |
| Carrroll | 0 |
| Chicot | 0 |
| Clark | 0 |
| Clay | 0 |
| Cleburne | 1 |
| Cleveland | 2 |
| Columbia | 0 |
| Conway | 1 |
| Craighead | 1 |
| Crawford | 0 |
| Crittenden | 1 |
| Cross | 1 |
| Dallas | 0 |
| Desha | 1 |
| Drew | 0 |
| Faulkner | 5 |
| Franklin | 0 |
| Fulton | 0 |
| Garland | 0 |
| Grant | 1 |
| Greene | 1 |
| Hempstead | 0 |
| Hot Spring | 0 |
| Howard | 0 |
| Independence | 1 |
| Izard | 0 |
| Jackson | 1 |
| Jefferson | 7 |
| Johnson | 0 |
| Lafayette | 0 |
| Lawrence | 0 |
| Lee | 1 |
| Lincoln | 3 |
| Little River | 0 |
| Lonoke | 3 |
| Logan | 0 |
| Madison | 0 |
| Marion | 0 |
| Miller | 0 |
| Mississippi | 1 |
| Monroe | 0 |
| Montgomery | 0 |
| Nevada | 0 |
| Newton | 0 |
| Ouachita | 1 |
| Perry | 3 |
| Phillips | 1 |
| Pike | 0 |
| Poinsett | 2 |
| Polk | 0 |
| Pope | 1 |
| Prairie | 1 |
| Pulaski | 5 |
| Randolph | 0 |
| Saline | 1 |
| Scott | 0 |
| Searcy | 0 |
| Sebastian | 0 |
| Sevier | 0 |
| Sharp | 0 |
| St. Francis | 1 |
| Stone | 1 |
| Union | 0 |
| Van Buren | 2 |
| Washington | 1 |
| White | 3 |
| Woodruff | 3 |
| Yell | 0 |

Figure 10. Availability of Adult Day Health Care Providers, by county

Data presented in this map are not adjusted for county population size. A total of 32 counties have at least one provider offering adult day health care. Jefferson County enjoys the greatest number of providers (7). However, the northern, southern and western parts of the state show no providers offering adult day health care services.

Table 3. Adult Companion Providers, by County

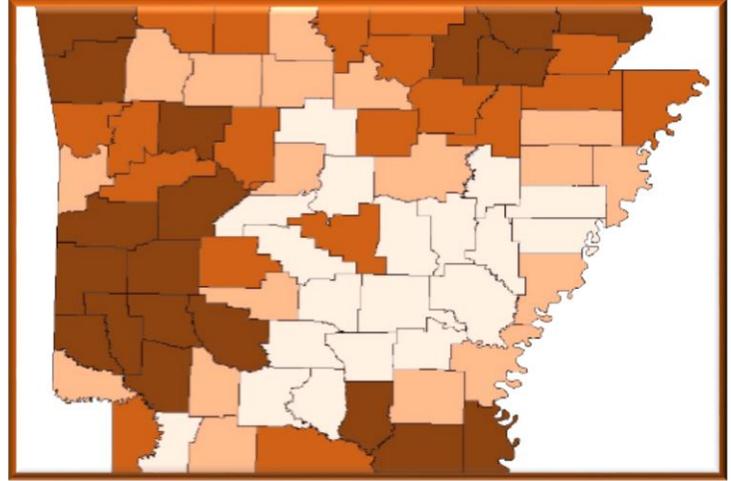
| County | Number of Providers |
|--------------|---------------------|
| Arkansas | 6 |
| Ashley | 7 |
| Baxter | 9 |
| Benton | 15 |
| Boone | 7 |
| Bradley | 6 |
| Calhoun | 6 |
| Carroll | 14 |
| Chicot | 7 |
| Clark | 8 |
| Clay | 10 |
| Cleburne | 9 |
| Cleveland | 6 |
| Columbia | 5 |
| Conway | 11 |
| Craighead | 15 |
| Crawford | 11 |
| Crittenden | 13 |
| Cross | 12 |
| Dallas | 7 |
| Desha | 7 |
| Drew | 7 |
| Faulkner | 16 |
| Franklin | 6 |
| Fulton | 8 |
| Garland | 12 |
| Grant | 9 |
| Greene | 11 |
| Hempstead | 5 |
| Hot Spring | 9 |
| Howard | 4 |
| Independence | 9 |
| Izard | 8 |
| Jackson | 11 |
| Jefferson | 12 |
| Johnson | 10 |
| Lafayette | 5 |
| Lawrence | 11 |
| Lee | 11 |
| Lincoln | 7 |
| Little River | 5 |
| Lonoke | 13 |
| Logan | 9 |
| Madison | 13 |
| Marion | 9 |
| Miller | 5 |
| Mississippi | 13 |
| Monroe | 8 |
| Montgomery | 9 |
| Nevada | 6 |
| Newton | 5 |
| Ouachita | 7 |
| Perry | 10 |
| Phillips | 8 |
| Pike | 6 |
| Poinsett | 11 |
| Polk | 4 |
| Pope | 10 |
| Prairie | 9 |
| Pulaski | 17 |
| Randolph | 10 |
| Saline | 14 |
| Scott | 7 |
| Searcy | 6 |
| Sebastian | 11 |
| Sevier | 4 |
| Sharp | 12 |
| St. Francis | 10 |
| Stone | 8 |
| Union | 7 |
| Van Buren | 9 |
| Washington | 17 |
| White | 12 |
| Woodruff | 8 |
| Yell | 13 |

Figure 11. Availability of Adult Companion Service Providers, by county, adjusted for county population size

All counties have at least one provider offering adult companion services, with the greatest number of providers being located in counties with the largest populations (e.g., Pulaski, Benton, Washington). However, after adjustment for the size of the county population, the map above indicates that those counties with larger populations (e.g., Pulaski/Little Rock, Jefferson/Pine Bluff, Washington/Fayetteville, Miller/Texarkana, etc.) may, in fact, be underserved (darker colors indicate fewer providers per person).

Table 4. Adult Day Care Providers, by county

| County | Number of Providers |
|--------------|---------------------|
| Arkansas | 4 |
| Ashley | 0 |
| Baxter | 1 |
| Benton | 1 |
| Boone | 1 |
| Bradley | 0 |
| Calhoun | 1 |
| Carroll | 1 |
| Chicot | 0 |
| Clark | 0 |
| Clay | 0 |
| Cleburne | 2 |
| Cleveland | 2 |
| Columbia | 2 |
| Conway | 2 |
| Craighead | 1 |
| Crawford | 1 |
| Crittenden | 3 |
| Cross | 1 |
| Dallas | 1 |
| Desha | 1 |
| Drew | 1 |
| Faulkner | 10 |
| Franklin | 1 |
| Fulton | 1 |
| Garland | 2 |
| Grant | 3 |
| Greene | 1 |
| Hempstead | 0 |
| Hot Spring | 2 |
| Howard | 0 |
| Independence | 1 |
| Izard | 1 |
| Jackson | 1 |
| Jefferson | 12 |
| Johnson | 0 |
| Lafayette | 1 |
| Lawrence | 0 |
| Lee | 3 |
| Lincoln | 3 |
| Little River | 1 |
| Lonoke | 6 |
| Logan | 1 |
| Madison | 1 |
| Marion | 2 |
| Miller | 1 |
| Mississippi | 2 |
| Monroe | 3 |
| Montgomery | 0 |
| Nevada | 1 |
| Newton | 1 |
| Ouachita | 3 |
| Perry | 5 |
| Phillips | 2 |
| Pike | 0 |
| Poinsett | 2 |
| Polk | 0 |
| Pope | 1 |
| Prairie | 4 |
| Pulaski | 14 |
| Randolph | 0 |
| Saline | 6 |
| Scott | 0 |
| Searcy | 1 |
| Sebastian | 1 |
| Sevier | 0 |
| Sharp | 0 |
| St. Francis | 4 |
| Stone | 1 |
| Union | 2 |
| Van Buren | 3 |
| Washington | 1 |
| White | 4 |
| Woodruff | 5 |
| Yell | 0 |

Figure 12. Availability of Adult Day Care Providers, by county, adjusted for county population size

A total of 58 counties have at least one provider offering adult day care services. However, 17 counties do not have any such services at all, and an additional 29 counties have only one option within the county. When the number of providers is adjusted for the county's population size (see Figure 12), the greatest gaps in services appear to be in counties with larger populations (larger cities, metropolitan areas) and counties in the western, north, and northeastern parts of the state.

Table 5. Adult Family Home Providers, by county

| County | Number of Providers |
|--------------|---------------------|
| Arkansas | 0 |
| Ashley | 0 |
| Baxter | 0 |
| Benton | 0 |
| Boone | 0 |
| Bradley | 0 |
| Calhoun | 0 |
| Carrroll | 0 |
| Chicot | 0 |
| Clark | 0 |
| Clay | 0 |
| Cleburne | 0 |
| Cleveland | 0 |
| Columbia | 0 |
| Conway | 0 |
| Craighead | 0 |
| Crawford | 0 |
| Crittenden | 0 |
| Cross | 0 |
| Dallas | 0 |
| Desha | 0 |
| Drew | 0 |
| Faulkner | 0 |
| Franklin | 0 |
| Fulton | 0 |
| Garland | 0 |
| Grant | 0 |
| Greene | 0 |
| Hempstead | 0 |
| Hot Spring | 0 |
| Howard | 0 |
| Independence | 0 |
| Izard | 0 |
| Jackson | 0 |
| Jefferson | 0 |
| Johnson | 0 |
| Lafayette | 0 |
| Lawrence | 0 |
| Lee | 0 |
| Lincoln | 0 |
| Little River | 0 |
| Lonoke | 0 |
| Logan | 0 |
| Madison | 0 |
| Marion | 0 |
| Miller | 0 |
| Mississippi | 0 |
| Monroe | 0 |
| Montgomery | 0 |
| Nevada | 0 |
| Newton | 0 |
| Ouachita | 0 |
| Perry | 0 |
| Phillips | 0 |
| Pike | 0 |
| Poinsett | 0 |
| Polk | 0 |
| Pope | 0 |
| Prairie | 0 |
| Pulaski | 0 |
| Randolph | 0 |
| Saline | 0 |
| Scott | 0 |
| Searcy | 0 |
| Sebastian | 1 |
| Sevier | 0 |
| Sharp | 0 |
| St. Francis | 0 |
| Stone | 0 |
| Union | 0 |
| Van Buren | 0 |
| Washington | 0 |
| White | 0 |
| Woodruff | 0 |
| Yell | 0 |

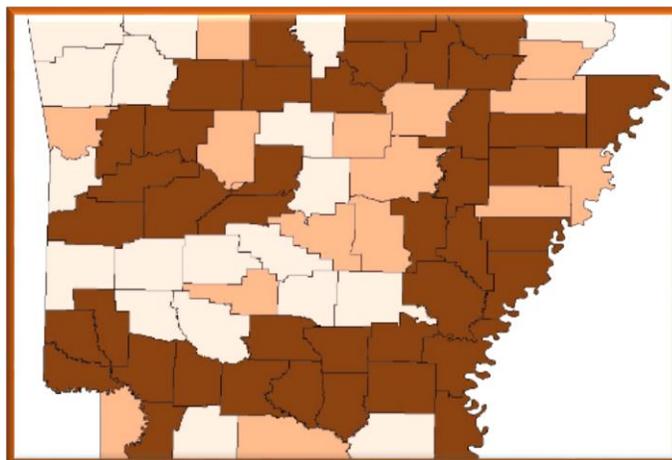
Figure 13. Availability of Adult Family Home Providers, by county



Adult family home services are available in only one county – Sebastian County.

Table 6. Assisted Living Providers, by county

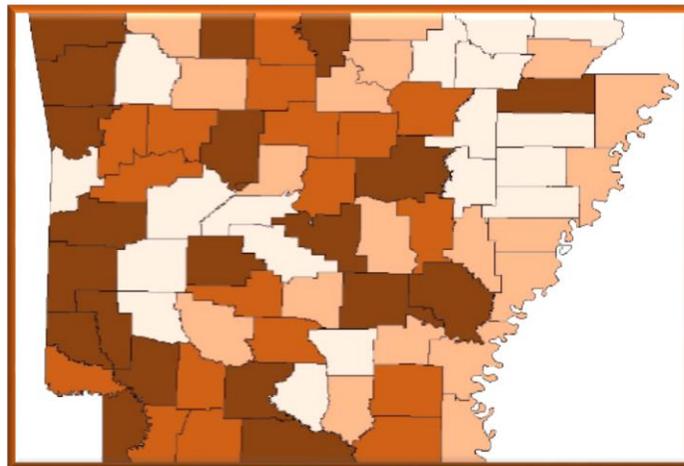
| County | Number of Providers |
|--------------|---------------------|
| Arkansas | 0 |
| Ashley | 1 |
| Baxter | 3 |
| Benton | 7 |
| Boone | 1 |
| Bradley | 0 |
| Calhoun | 0 |
| Carroll | 3 |
| Chicot | 0 |
| Clark | 1 |
| Clay | 1 |
| Cleburne | 1 |
| Cleveland | 0 |
| Columbia | 1 |
| Conway | 0 |
| Craighead | 1 |
| Crawford | 2 |
| Crittenden | 1 |
| Cross | 0 |
| Dallas | 0 |
| Desha | 0 |
| Drew | 0 |
| Faulkner | 3 |
| Franklin | 0 |
| Fulton | 0 |
| Garland | 5 |
| Grant | 1 |
| Greene | 1 |
| Hempstead | 0 |
| Hot Spring | 1 |
| Howard | 0 |
| Independence | 1 |
| Izard | 0 |
| Jackson | 0 |
| Jefferson | 4 |
| Johnson | 0 |
| Lafayette | 0 |
| Lawrence | 0 |
| Lee | 0 |
| Lincoln | 0 |
| Little River | 0 |
| Lonoke | 1 |
| Logan | 0 |
| Madison | 1 |
| Marion | 0 |
| Miller | 1 |
| Mississippi | 0 |
| Monroe | 0 |
| Montgomery | 1 |
| Nevada | 0 |
| Newton | 0 |
| Ouachita | 0 |
| Perry | 0 |
| Phillips | 0 |
| Pike | 1 |
| Poinsett | 0 |
| Polk | 2 |
| Pope | 2 |
| Prairie | 0 |
| Pulaski | 11 |
| Randolph | 0 |
| Saline | 4 |
| Scott | 0 |
| Searcy | 0 |
| Sebastian | 4 |
| Sevier | 0 |
| Sharp | 0 |
| St. Francis | 1 |
| Stone | 0 |
| Union | 1 |
| Van Buren | 2 |
| Washington | 6 |
| White | 1 |
| Woodruff | 0 |
| Yell | 0 |

Figure 14. Assisted Living Providers, by county, adjusted for county population

Nearly half (34) of the counties have at least one provider offering assisted living options for residents in the county. However, 41 counties have no such services and another 20 counties have only a single option. After adjustment for county population size, the counties in greatest need of assisted living options are located in the Arkansas Delta region (eastern Arkansas), in the north central part of the state, in a cluster in the western central part of the state, and in a band of counties across the southern part of the state.

Table 7. Attendant Care Providers, by county

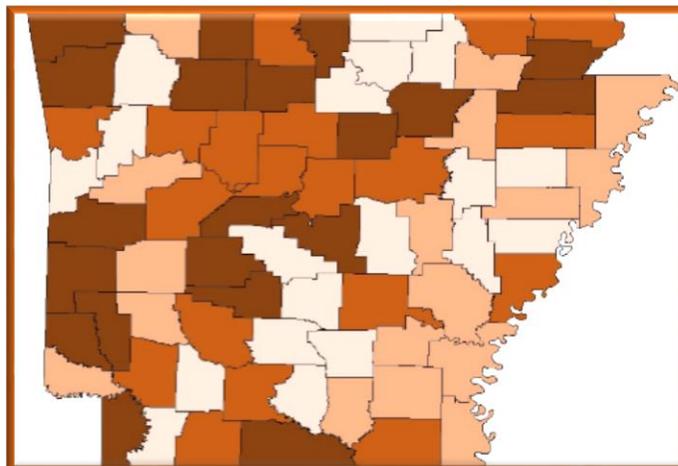
| County | Number of Providers |
|--------------|---------------------|
| Arkansas | 2 |
| Ashley | 3 |
| Baxter | 4 |
| Benton | 9 |
| Boone | 4 |
| Bradley | 3 |
| Calhoun | 2 |
| Carroll | 7 |
| Chicot | 3 |
| Clark | 6 |
| Clay | 8 |
| Cleburne | 5 |
| Cleveland | 3 |
| Columbia | 3 |
| Conway | 6 |
| Craighead | 8 |
| Crawford | 6 |
| Crittenden | 8 |
| Cross | 8 |
| Dallas | 2 |
| Desha | 3 |
| Drew | 3 |
| Faulkner | 9 |
| Franklin | 4 |
| Fulton | 5 |
| Garland | 8 |
| Grant | 5 |
| Greene | 10 |
| Hempstead | 2 |
| Hot Spring | 7 |
| Howard | 1 |
| Independence | 5 |
| Izard | 6 |
| Jackson | 8 |
| Jefferson | 5 |
| Johnson | 5 |
| Lafayette | 2 |
| Lawrence | 10 |
| Lee | 7 |
| Lincoln | 3 |
| Little River | 2 |
| Lonoke | 6 |
| Logan | 6 |
| Madison | 6 |
| Marion | 4 |
| Miller | 2 |
| Mississippi | 9 |
| Monroe | 3 |
| Montgomery | 7 |
| Nevada | 2 |
| Newton | 3 |
| Ouachita | 3 |
| Perry | 6 |
| Phillips | 5 |
| Pike | 4 |
| Poinsett | 8 |
| Polk | 3 |
| Pope | 6 |
| Prairie | 2 |
| Pulaski | 8 |
| Randolph | 8 |
| Saline | 8 |
| Scott | 5 |
| Searcy | 2 |
| Sebastian | 6 |
| Sevier | 1 |
| Sharp | 7 |
| St. Francis | 7 |
| Stone | 4 |
| Union | 3 |
| Van Buren | 4 |
| Washington | 10 |
| White | 7 |
| Woodruff | 6 |
| Yell | 9 |

Figure 15. Attendant Care Providers, by county, adjusted for county population

Every county in the state of Arkansas has at least one provider offering attendant care services to residents in need, and all but two counties (Howard County and Sevier County) have more than one option for its residents. The counties with the fewest services, after adjustment for population size, are found in the western, central, and north central parts of the state.

Table 8. Chore Assistance Providers, by county

| County | Number of Providers |
|--------------|---------------------|
| Arkansas | 1 |
| Ashley | 1 |
| Baxter | 1 |
| Benton | 3 |
| Boone | 1 |
| Bradley | 1 |
| Calhoun | 1 |
| Carroll | 2 |
| Chicot | 1 |
| Clark | 1 |
| Clay | 1 |
| Cleburne | 1 |
| Cleveland | 1 |
| Columbia | 1 |
| Conway | 1 |
| Craighead | 2 |
| Crawford | 2 |
| Crittenden | 2 |
| Cross | 2 |
| Dallas | 1 |
| Desha | 1 |
| Drew | 1 |
| Faulkner | 3 |
| Franklin | 2 |
| Fulton | 2 |
| Garland | 3 |
| Grant | 2 |
| Greene | 1 |
| Hempstead | 1 |
| Hot Spring | 1 |
| Howard | 0 |
| Independence | 1 |
| Izard | 2 |
| Jackson | 1 |
| Jefferson | 3 |
| Johnson | 1 |
| Lafayette | 1 |
| Lawrence | 1 |
| Lee | 2 |
| Lincoln | 1 |
| Little River | 1 |
| Lonoke | 3 |
| Logan | 3 |
| Madison | 2 |
| Marion | 1 |
| Miller | 1 |
| Mississippi | 2 |
| Monroe | 1 |
| Montgomery | 1 |
| Nevada | 1 |
| Newton | 0 |
| Ouachita | 1 |
| Perry | 0 |
| Phillips | 1 |
| Pike | 1 |
| Poinsett | 1 |
| Polk | 0 |
| Pope | 2 |
| Prairie | 1 |
| Pulaski | 3 |
| Randolph | 1 |
| Saline | 3 |
| Scott | 1 |
| Searcy | 0 |
| Sebastian | 3 |
| Sevier | 0 |
| Sharp | 2 |
| St. Francis | 2 |
| Stone | 2 |
| Union | 1 |
| Van Buren | 1 |
| Washington | 3 |
| White | 3 |
| Woodruff | 1 |
| Yell | 1 |

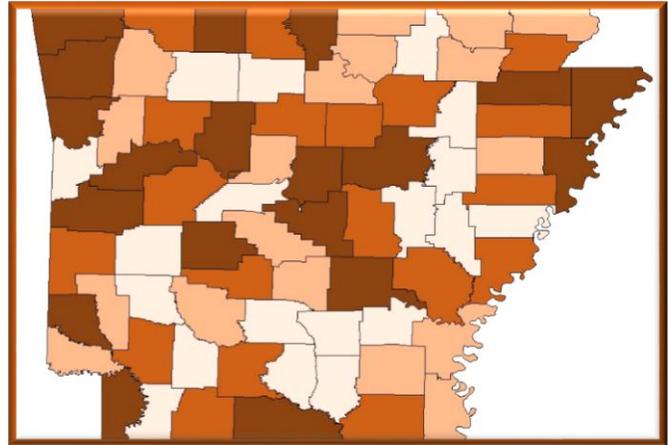
Figure 16. Chore Assistance Providers, by county, adjusted for county population

There are 6 counties in Arkansas within which there are no providers who can assist residents with chores, and a majority of counties (56%, n=42) have only a single provider. After adjusting for each county's population size, the counties with the fewest providers per adult are found in the north and western parts of the state.

Table 9. Environmental Services Providers, by county

| County | Number of Providers |
|--------------|---------------------|
| Arkansas | 11 |
| Ashley | 10 |
| Baxter | 14 |
| Benton | 12 |
| Boone | 10 |
| Bradley | 11 |
| Calhoun | 10 |
| Carroll | 11 |
| Chicot | 10 |
| Clark | 15 |
| Clay | 12 |
| Cleburne | 16 |
| Cleveland | 11 |
| Columbia | 10 |
| Conway | 13 |
| Craighead | 12 |
| Crawford | 13 |
| Crittenden | 11 |
| Cross | 14 |
| Dallas | 11 |
| Desha | 10 |
| Drew | 11 |
| Faulkner | 14 |
| Franklin | 13 |
| Fulton | 12 |
| Garland | 15 |
| Grant | 13 |
| Greene | 12 |
| Hempstead | 10 |
| Hot Spring | 14 |
| Howard | 10 |
| Independence | 13 |
| Izard | 12 |
| Jackson | 16 |
| Jefferson | 13 |
| Johnson | 12 |
| Lafayette | 10 |
| Lawrence | 12 |
| Lee | 11 |
| Lincoln | 11 |
| Little River | 10 |
| Lonoke | 12 |
| Logan | 12 |
| Madison | 13 |
| Marion | 12 |
| Miller | 10 |
| Mississippi | 12 |
| Monroe | 12 |
| Montgomery | 14 |
| Nevada | 10 |
| Newton | 11 |
| Ouachita | 10 |
| Perry | 11 |
| Phillips | 11 |
| Pike | 12 |
| Poinsett | 12 |
| Polk | 11 |
| Pope | 12 |
| Prairie | 12 |
| Pulaski | 12 |
| Randolph | 13 |
| Saline | 15 |
| Scott | 12 |
| Searcy | 12 |
| Sebastian | 13 |
| Sevier | 11 |
| Sharp | 13 |
| St. Francis | 11 |
| Stone | 13 |
| Union | 10 |
| Van Buren | 14 |
| Washington | 14 |
| White | 15 |
| Woodruff | 14 |
| Yell | 11 |

Figure 17. Environmental Services Providers, by county, adjusted for county population

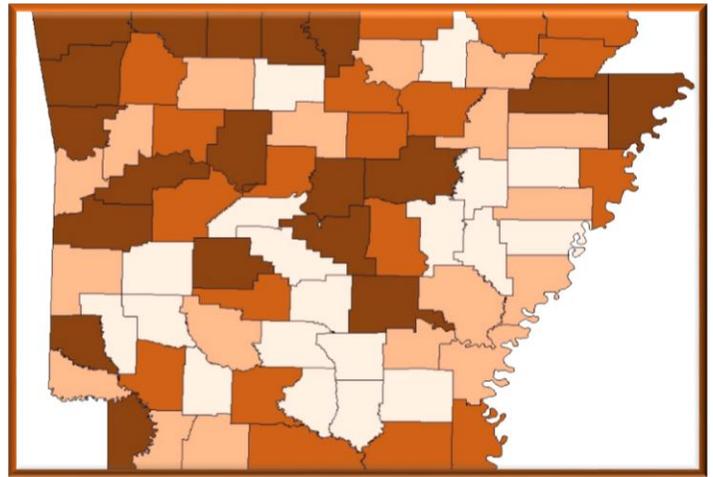


All counties in Arkansas have at least one provider who can assist clients with environmental modifications. The counties with the fewest providers relative to the size of the county's population area tend to be those with the largest populations and metropolitan areas.

Table 10. Providers Offering Home Delivered Meals, by county

| County | Number of Providers |
|--------------|---------------------|
| Arkansas | 3 |
| Ashley | 2 |
| Baxter | 3 |
| Benton | 2 |
| Boone | 2 |
| Bradley | 3 |
| Calhoun | 4 |
| Carroll | 2 |
| Chicot | 2 |
| Clark | 4 |
| Clay | 2 |
| Cleburne | 5 |
| Cleveland | 3 |
| Columbia | 4 |
| Conway | 3 |
| Craighead | 3 |
| Crawford | 2 |
| Crittenden | 5 |
| Cross | 5 |
| Dallas | 4 |
| Desha | 2 |
| Drew | 4 |
| Faulkner | 3 |
| Franklin | 3 |
| Fulton | 2 |
| Garland | 4 |
| Grant | 4 |
| Greene | 4 |
| Hempstead | 3 |
| Hot Spring | 4 |
| Howard | 3 |
| Independence | 4 |
| Izard | 3 |
| Jackson | 3 |
| Jefferson | 4 |
| Johnson | 3 |
| Lafayette | 2 |
| Lawrence | 4 |
| Lee | 4 |
| Lincoln | 2 |
| Little River | 2 |
| Lonoke | 3 |
| Logan | 4 |
| Madison | 2 |
| Marion | 2 |
| Miller | 3 |
| Mississippi | 3 |
| Monroe | 4 |
| Montgomery | 3 |
| Nevada | 4 |
| Newton | 2 |
| Ouachita | 4 |
| Perry | 3 |
| Phillips | 4 |
| Pike | 3 |
| Poinsett | 4 |
| Polk | 4 |
| Pope | 3 |
| Prairie | 4 |
| Pulaski | 5 |
| Randolph | 3 |
| Saline | 5 |
| Scott | 2 |
| Searcy | 3 |
| Sebastian | 2 |
| Sevier | 3 |
| Sharp | 3 |
| St. Francis | 5 |
| Stone | 2 |
| Union | 4 |
| Van Buren | 4 |
| Washington | 3 |
| White | 4 |
| Woodruff | 5 |
| Yell | 3 |

Figure 18. Providers offering home delivered meals, by county, adjusted for county population

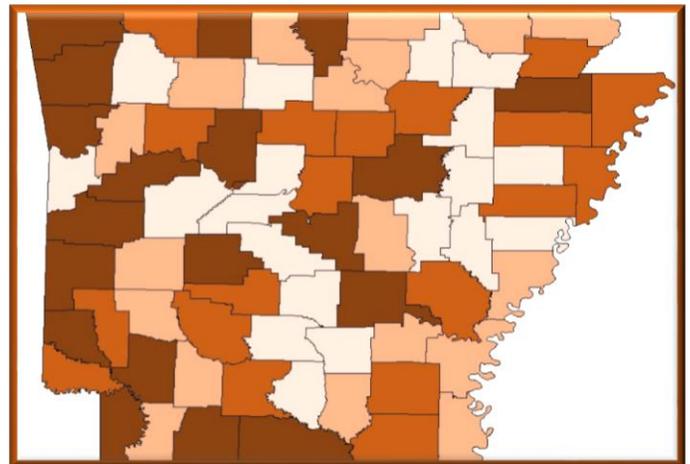


Every county has at least one agency that provides home delivered meals. The counties with the fewest providers relative to the size of the population were those counties with the largest populations and metropolitan areas.

Table 11. Providers Offering Homemaker Services, by county

| County | Number of Providers |
|--------------|---------------------|
| Arkansas | 9 |
| Ashley | 10 |
| Baxter | 11 |
| Benton | 15 |
| Boone | 11 |
| Bradley | 7 |
| Calhoun | 8 |
| Carroll | 15 |
| Chicot | 9 |
| Clark | 10 |
| Clay | 14 |
| Cleburne | 16 |
| Cleveland | 7 |
| Columbia | 7 |
| Conway | 18 |
| Craighead | 16 |
| Crawford | 15 |
| Crittenden | 14 |
| Cross | 14 |
| Dallas | 9 |
| Desha | 8 |
| Drew | 8 |
| Faulkner | 26 |
| Franklin | 12 |
| Fulton | 13 |
| Garland | 16 |
| Grant | 13 |
| Greene | 16 |
| Hempstead | 6 |
| Hot Spring | 13 |
| Howard | 5 |
| Independence | 14 |
| Izard | 13 |
| Jackson | 15 |
| Jefferson | 17 |
| Johnson | 11 |
| Lafayette | 6 |
| Lawrence | 17 |
| Lee | 13 |
| Lincoln | 7 |
| Little River | 6 |
| Lonoke | 18 |
| Logan | 13 |
| Madison | 13 |
| Marion | 14 |
| Miller | 6 |
| Mississippi | 14 |
| Monroe | 12 |
| Montgomery | 10 |
| Nevada | 6 |
| Newton | 8 |
| Ouachita | 9 |
| Perry | 16 |
| Phillips | 12 |
| Pike | 7 |
| Poinsett | 12 |
| Polk | 5 |
| Pope | 14 |
| Prairie | 12 |
| Pulaski | 29 |
| Randolph | 14 |
| Saline | 20 |
| Scott | 10 |
| Searcy | 10 |
| Sebastian | 16 |
| Sevier | 5 |
| Sharp | 18 |
| St. Francis | 14 |
| Stone | 12 |
| Union | 9 |
| Van Buren | 13 |
| Washington | 15 |
| White | 20 |
| Woodruff | 11 |
| Yell | 17 |

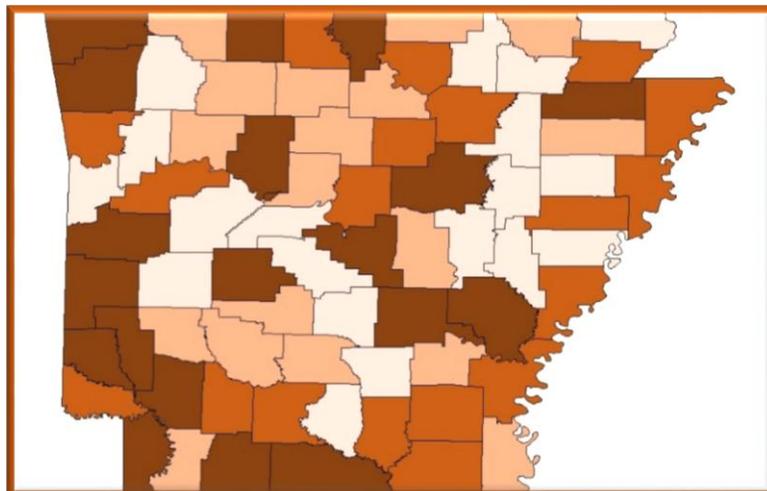
Figure 19. Providers offering homemaker services, by county, adjusted for county population



Homemaker services are available in all counties. After adjustment for county population size, the counties with the fewest providers were those that contained larger cities and towns and their surrounding areas.

Table 12. Providers Offering Personal Care Services, by county

| County | Number of Providers |
|--------------|---------------------|
| Arkansas | 3 |
| Ashley | 5 |
| Baxter | 7 |
| Benton | 10 |
| Boone | 6 |
| Bradley | 4 |
| Calhoun | 5 |
| Carroll | 11 |
| Chicot | 5 |
| Clark | 7 |
| Clay | 10 |
| Cleburne | 9 |
| Cleveland | 4 |
| Columbia | 4 |
| Conway | 10 |
| Craighead | 11 |
| Crawford | 10 |
| Crittenden | 10 |
| Cross | 9 |
| Dallas | 4 |
| Desha | 4 |
| Drew | 5 |
| Faulkner | 15 |
| Franklin | 9 |
| Fulton | 6 |
| Garland | 15 |
| Grant | 11 |
| Greene | 11 |
| Hempstead | 3 |
| Hot Spring | 12 |
| Howard | 2 |
| Independence | 8 |
| Izard | 6 |
| Jackson | 8 |
| Jefferson | 10 |
| Johnson | 10 |
| Lafayette | 3 |
| Lawrence | 10 |
| Lee | 8 |
| Lincoln | 4 |
| Little River | 3 |
| Lonoke | 11 |
| Logan | 9 |
| Madison | 10 |
| Marion | 8 |
| Miller | 3 |
| Mississippi | 10 |
| Monroe | 5 |
| Montgomery | 8 |
| Nevada | 3 |
| Newton | 4 |
| Ouachita | 5 |
| Perry | 9 |
| Phillips | 4 |
| Pike | 5 |
| Poinsett | 9 |
| Polk | 2 |
| Pope | 9 |
| Prairie | 7 |
| Pulaski | 18 |
| Randolph | 9 |
| Saline | 15 |
| Scott | 7 |
| Searcy | 5 |
| Sebastian | 10 |
| Sevier | 2 |
| Sharp | 14 |
| St. Francis | 7 |
| Stone | 6 |
| Union | 5 |
| Van Buren | 8 |
| Washington | 11 |
| White | 10 |
| Woodruff | 6 |
| Yell | 11 |

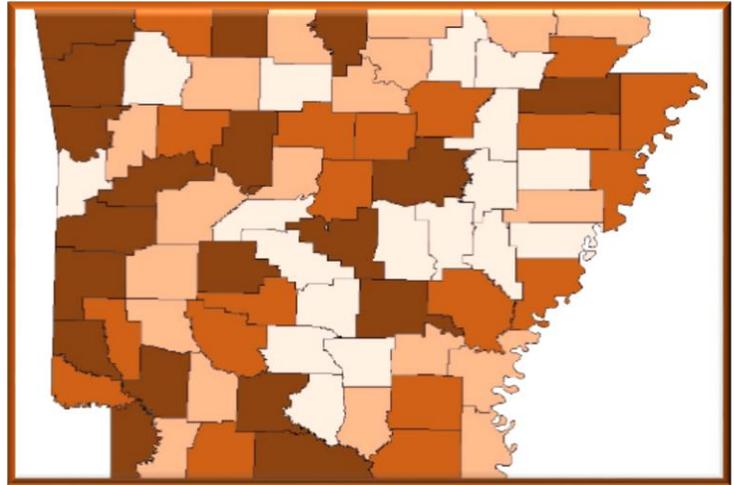
Figure 20. Providers offering personal care services, by county, adjusted for county population

Personal care services are also available in all counties, and, as seen previously, after adjustment for county population size, the counties with the fewest providers per 1000 adults were those with larger cities and towns.

Table 13. Providers Offering Respite Services, by county

| County | Number of Providers |
|--------------|---------------------|
| Arkansas | 8 |
| Ashley | 10 |
| Baxter | 11 |
| Benton | 16 |
| Boone | 11 |
| Bradley | 8 |
| Calhoun | 8 |
| Carroll | 16 |
| Chicot | 9 |
| Clark | 9 |
| Clay | 14 |
| Cleburne | 16 |
| Cleveland | 7 |
| Columbia | 9 |
| Conway | 18 |
| Craighead | 17 |
| Crawford | 15 |
| Crittenden | 14 |
| Cross | 15 |
| Dallas | 8 |
| Desha | 10 |
| Drew | 8 |
| Faulkner | 28 |
| Franklin | 11 |
| Fulton | 14 |
| Garland | 20 |
| Grant | 14 |
| Greene | 16 |
| Hempstead | 6 |
| Hot Spring | 16 |
| Howard | 5 |
| Independence | 16 |
| Izard | 13 |
| Jackson | 17 |
| Jefferson | 19 |
| Johnson | 11 |
| Lafayette | 6 |
| Lawrence | 18 |
| Lee | 14 |
| Lincoln | 8 |
| Little River | 6 |
| Lonoke | 22 |
| Logan | 13 |
| Madison | 13 |
| Marion | 14 |
| Miller | 6 |
| Mississippi | 15 |
| Monroe | 11 |
| Montgomery | 10 |
| Nevada | 6 |
| Newton | 8 |
| Ouachita | 10 |
| Perry | 16 |
| Phillips | 10 |
| Pike | 8 |
| Poinsett | 13 |
| Polk | 6 |
| Pope | 13 |
| Prairie | 11 |
| Pulaski | 34 |
| Randolph | 15 |
| Saline | 24 |
| Scott | 11 |
| Searcy | 10 |
| Sebastian | 16 |
| Sevier | 5 |
| Sharp | 20 |
| St. Francis | 14 |
| Stone | 12 |
| Union | 9 |
| Van Buren | 13 |
| Washington | 16 |
| White | 22 |
| Woodruff | 12 |
| Yell | 14 |

Figure 21. Providers offering respite services, by county, adjusted for county population

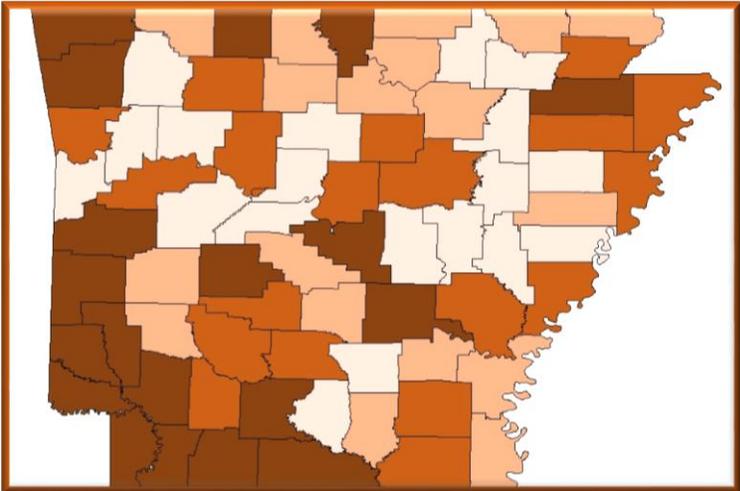


Respite care is available in all 75 of Arkansas' counties. The counties with the fewest providers per 1000 adults included those counties with the larger cities and towns as well as those counties with greater proportions of older adults (e.g., Garland County, Benton County).

Table 14. Providers Offering Targeted Case Management, by county

| County | Number of Providers |
|--------------|---------------------|
| Arkansas | 3 |
| Ashley | 3 |
| Baxter | 6 |
| Benton | 8 |
| Boone | 4 |
| Bradley | 3 |
| Calhoun | 2 |
| Carroll | 7 |
| Chicot | 3 |
| Clark | 3 |
| Clay | 6 |
| Cleburne | 8 |
| Cleveland | 3 |
| Columbia | 2 |
| Conway | 9 |
| Craighead | 6 |
| Crawford | 7 |
| Crittenden | 7 |
| Cross | 7 |
| Dallas | 2 |
| Desha | 3 |
| Drew | 3 |
| Faulkner | 11 |
| Franklin | 8 |
| Fulton | 5 |
| Garland | 5 |
| Grant | 5 |
| Greene | 5 |
| Hempstead | 1 |
| Hot Spring | 4 |
| Howard | 1 |
| Independence | 9 |
| Izard | 5 |
| Jackson | 6 |
| Jefferson | 6 |
| Johnson | 9 |
| Lafayette | 1 |
| Lawrence | 7 |
| Lee | 6 |
| Lincoln | 3 |
| Little River | 1 |
| Lonoke | 11 |
| Logan | 9 |
| Madison | 7 |
| Marion | 6 |
| Miller | 1 |
| Mississippi | 6 |
| Monroe | 5 |
| Montgomery | 4 |
| Nevada | 2 |
| Newton | 2 |
| Ouachita | 2 |
| Perry | 9 |
| Phillips | 4 |
| Pike | 3 |
| Poinsett | 4 |
| Polk | 2 |
| Pope | 7 |
| Prairie | 7 |
| Pulaski | 11 |
| Randolph | 6 |
| Saline | 5 |
| Scott | 7 |
| Searcy | 3 |
| Sebastian | 9 |
| Sevier | 1 |
| Sharp | 8 |
| St. Francis | 7 |
| Stone | 5 |
| Union | 2 |
| Van Buren | 8 |
| Washington | 8 |
| White | 10 |
| Woodruff | 6 |
| Yell | 12 |

Figure 22. Providers offering targeted case management, by county, adjusted for county population

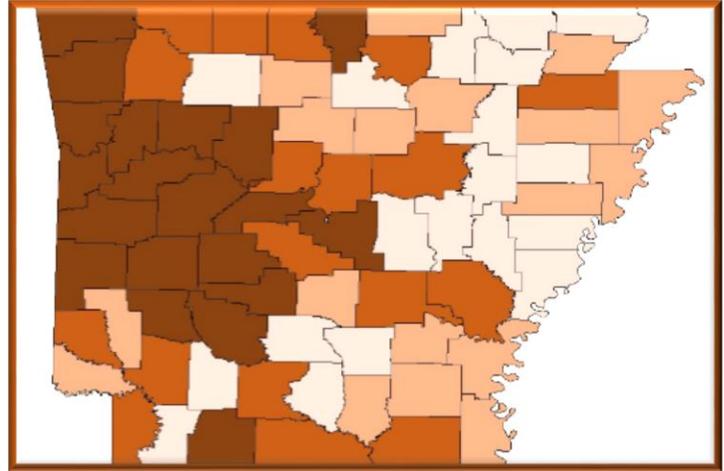


All of Arkansas’ counties include at least one provider that offers targeted case management services, though 6 counties have only one provider in the county. After adjustment for county population size, the counties with the fewest providers per population were found in the southwestern and northeastern parts of the state. The counties with the larger populations (e.g, Benton, Washington, Pulaski, Jefferson) also had fewer providers relative to their population size.

Table 15. Providers Offering Options Counseling, by county

| County | Number of Providers |
|--------------|---------------------|
| Arkansas | 2 |
| Ashley | 2 |
| Baxter | 1 |
| Benton | 2 |
| Boone | 2 |
| Bradley | 2 |
| Calhoun | 2 |
| Carroll | 1 |
| Chicot | 2 |
| Clark | 0 |
| Clay | 4 |
| Cleburne | 4 |
| Cleveland | 2 |
| Columbia | 0 |
| Conway | 2 |
| Craighead | 4 |
| Crawford | 0 |
| Crittenden | 4 |
| Cross | 4 |
| Dallas | 2 |
| Desha | 2 |
| Drew | 2 |
| Faulkner | 4 |
| Franklin | 0 |
| Fulton | 2 |
| Garland | 0 |
| Grant | 2 |
| Greene | 4 |
| Hempstead | 2 |
| Hot Spring | 0 |
| Howard | 2 |
| Independence | 6 |
| Izard | 2 |
| Jackson | 4 |
| Jefferson | 2 |
| Johnson | 0 |
| Lafayette | 2 |
| Lawrence | 4 |
| Lee | 3 |
| Lincoln | 2 |
| Little River | 2 |
| Lonoke | 5 |
| Logan | 0 |
| Madison | 1 |
| Marion | 2 |
| Miller | 2 |
| Mississippi | 4 |
| Monroe | 3 |
| Montgomery | 0 |
| Nevada | 2 |
| Newton | 2 |
| Ouachita | 2 |
| Perry | 0 |
| Phillips | 4 |
| Pike | 0 |
| Poinsett | 4 |
| Polk | 0 |
| Pope | 0 |
| Prairie | 3 |
| Pulaski | 4 |
| Randolph | 4 |
| Saline | 2 |
| Scott | 0 |
| Searcy | 2 |
| Sebastian | 0 |
| Sevier | 3 |
| Sharp | 4 |
| St. Francis | 4 |
| Stone | 4 |
| Union | 2 |
| Van Buren | 4 |
| Washington | 1 |
| White | 4 |
| Woodruff | 4 |
| Yell | 0 |

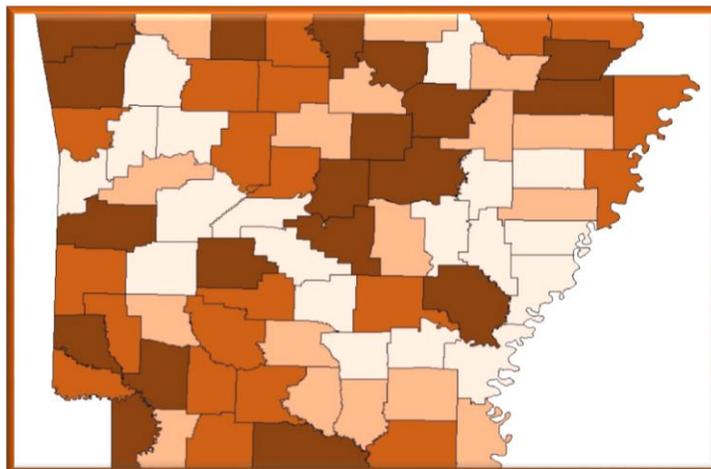
Figure 23. Providers offering options counseling, by county, adjusted for county population



A majority of counties included one or more providers offering Options counseling for older adults, though 16 counties did not have such a provider. Counties in greatest need of such services, after adjustment for county population size, were located in the western and central parts of the state.

Table 16. Providers Offering Counseling Support Services, by county

| County | Number of Providers |
|--------------|---------------------|
| Arkansas | 1 |
| Ashley | 2 |
| Baxter | 3 |
| Benton | 4 |
| Boone | 1 |
| Bradley | 2 |
| Calhoun | 1 |
| Carroll | 5 |
| Chicot | 2 |
| Clark | 2 |
| Clay | 2 |
| Cleburne | 2 |
| Cleveland | 2 |
| Columbia | 2 |
| Conway | 2 |
| Craighead | 2 |
| Crawford | 5 |
| Crittenden | 3 |
| Cross | 3 |
| Dallas | 1 |
| Desha | 3 |
| Drew | 2 |
| Faulkner | 3 |
| Franklin | 4 |
| Fulton | 2 |
| Garland | 2 |
| Grant | 3 |
| Greene | 2 |
| Hempstead | 1 |
| Hot Spring | 2 |
| Howard | 1 |
| Independence | 2 |
| Izard | 1 |
| Jackson | 2 |
| Jefferson | 4 |
| Johnson | 6 |
| Lafayette | 1 |
| Lawrence | 2 |
| Lee | 3 |
| Lincoln | 3 |
| Little River | 1 |
| Lonoke | 4 |
| Logan | 5 |
| Madison | 4 |
| Marion | 2 |
| Miller | 1 |
| Mississippi | 3 |
| Monroe | 2 |
| Montgomery | 3 |
| Nevada | 1 |
| Newton | 1 |
| Ouachita | 2 |
| Perry | 2 |
| Phillips | 4 |
| Pike | 2 |
| Poinsett | 3 |
| Polk | 2 |
| Pope | 3 |
| Prairie | 2 |
| Pulaski | 5 |
| Randolph | 2 |
| Saline | 4 |
| Scott | 4 |
| Searcy | 1 |
| Sebastian | 5 |
| Sevier | 1 |
| Sharp | 3 |
| St. Francis | 3 |
| Stone | 2 |
| Union | 2 |
| Van Buren | 3 |
| Washington | 6 |
| White | 3 |
| Woodruff | 3 |
| Yell | 6 |

Figure 24. Providers offering counseling support services, by county, adjusted for county population

Every county in Arkansas has at least one provider offering counseling support services, though the services are not equally distributed across the state. Counties with the fewest providers, after adjustment for the county population size, were found in the southeastern, central, north central, and northeastern parts of the state. There is some indication that the counties with the larger population centers also have fewer services.

Do needs generally appear to be met or unmet?

Table 17. Percentage of counties with at least one provider offering services, by service type

| Service | Percentage of counties |
|--------------------------|------------------------|
| Adult day health care | 42% |
| Adult companion services | 100% |
| Adult day care | 77% |
| Adult family homes | 1% |
| Assisted living | 34% |
| Attendant care | 100% |
| Chores support | 92% |
| Counseling | 100% |
| Environmental services | 100% |
| Home-delivered meals | 100% |
| Homemaker services | 100% |
| Options counseling | 78% |
| Personal care services | 100% |
| Respite care | 100% |
| Targeted case management | 75% |

A review of the maps and tables on the previous pages indicates that there is some disparity in service across the counties of the state; however, strengths and gaps vary by service type. All counties have agencies or individuals providing in-home support services, such as adult companion services, attendant care, homemaker services, home-delivered meals, and personal care. All counties also have providers who can assist with environmental home modifications, counseling, and respite care. However, out-of-the-home supports, such as adult day care and day health care, and alternative living options, such as adult family homes and assisted living facilities, are not consistently available.

However, the presence of a single provider in the county may not indicate sufficient resources available to meet the needs of the population. In fact, providers who were interviewed during the course of this needs assessment spoke of waiting lists for nearly all services, particularly respite care. Additionally, providers noted challenges with providing transportation needed by clients, particularly when the destination was beyond the catchment area for the agency or outside of the client's home county. Other unmet needs included: help with medications, since most companions and personal care assistants are not allowed to work with a client's medications; assistance with preparing meals in the home or having meals delivered; and case management, particularly information about services that might be available. Several informants also noted that alternative living options are needed for clients and families dealing with Alzheimer's, once the option for remaining at home is no longer available to the family.

Most often requested:

- **By clients:**
 - **Transportation**
 - **Case management**
 - **Meals** (preparation, delivery)
 - **Help with medications**
- **By caregivers**
 - **Respite care**
 - **Case management**

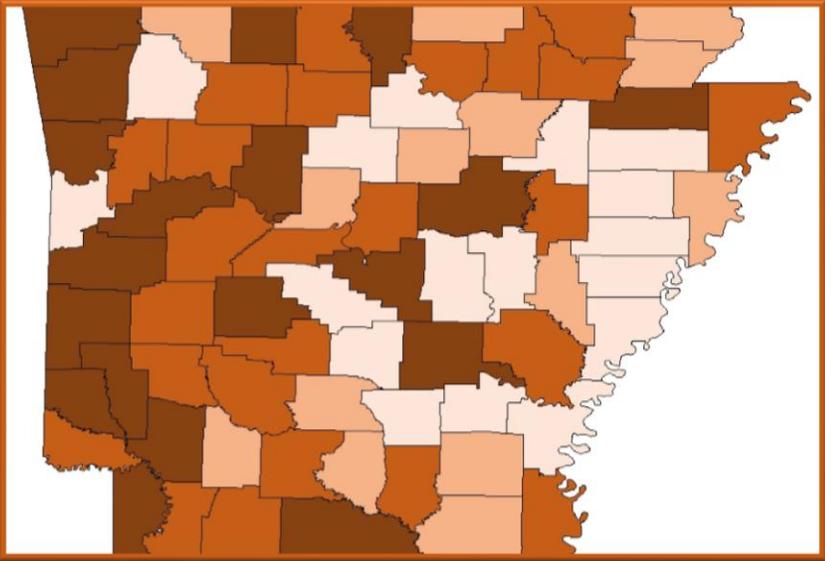
At least one provider noted that the services requested vary substantially by the age of the client. According to this provider, younger clients tend to be more interested in services that promote wellness, fitness and socialization, while older clients are more interested in transportation, personal care, assistance with chores and housekeeping, meals, and similar in-home services.

The services most commonly requested by family caregivers were respite care and case management, particularly information about available services and how to navigate the system to access those services.

Providers talked at some length about the degree to which family caregivers exhaust all available personal resources before seeking help, often unaware that there are home and community-based services that could assist them and their loved ones.

To capture the consistency in the pictures that might be observed across all service types, counties were characterized by the number of times they were coded as having the fewest providers relative to their population. In the map below (Figure 25), darker colors indicate higher frequency of having insufficient services for the county’s population.

Figure 25. Frequency of classification in the highest quartile of need, by county



Overall, the counties with the fewest services to meet the needs of the population are located in the western part of the state. In addition, counties with larger populations (e.g., Pulaski, Union, Craighead) had fewer services relative to their populations. However, it should be noted that these data do not take into consideration the size of the provider agencies and the number of clients actually served in the county.

What are the perspectives of those agencies, organizations, and individuals engaged in providing home and community based services with regard to the long-term care needs in the state?

The advocates and providers who were interviewed provided insights into the needs and challenges faced by providers and clients in providing home and community-based services to assure that clients can stay in their homes longer.

Challenges associated with obtaining services from the perspective of the client.

Several themes emerged from the providers' discussion of the challenges faced by clients in obtaining home and community-based services. These key challenges included:

- **Lack of information about service availability.** Providers noted that adults who might benefit from their services and other similar services are often unaware that such supportive opportunities exist.
- **Difficulty in accessing various programs efficiently.** Providers noted that navigating the system of care can be challenging. At a minimum, clients have to go to multiple locations to access services and complete multiple, often duplicative, forms requesting the same information. Providers suggested that having more collaboration among providers and programs and more effective case management would be helpful to provide 'one stop shopping' for clients.
- **Complex rules and regulations regarding eligibility.** Providers noted that clients are often challenged to understand the different eligibility requirements for the various programs. Clients may be unaware that they are eligible for programs that help offset the cost of needed services and are often confused and intimidated by the complex rules that govern eligibility across programs. Providers suggested that, if requirements could not be modified, more aggressive case management services would be helpful.
- **Time delays associated with initiating services.** Several providers noted that when families seek services, they are often in need of those services immediately and are often frustrated by the delays between application and service initiation. This is particularly a challenge for those clients who may be transitioning from a skilled care facility (e.g., rehabilitation facility, hospital). If they were transitioning to a nursing home, services would be available immediately; transitioning to the home, however, often means delays of days or weeks before services can be initiated. No solutions to this problem were suggested by key informants.

Greatest barriers to providing services

Providers were asked about circumstances that inhibited their ability to serve their clients. Key themes that emerged included:

- **Funding.** Nearly all providers interviewed cited funding as a challenge faced in their efforts to meet the needs of their clients. They discussed budget reductions that had occurred over the past years and the simultaneous increased demand for services as well as what they perceived as reimbursement rates that are too low. They were concerned that private insurers often do not include home and community-based services in their plans, putting a financial burden on families and limiting the availability of needed supports.
- **Staffing issues.** Providers noted that it is difficult to find qualified individuals who are interested in working in long-term care; this was particularly true in the more rural areas of the state. Providers also noted that training for new and experienced staff is sometimes an issue, particularly for smaller agencies and in the face of increased training requirements. Frequent staff turnover made these issues even more challenging.
- **Regulations.** Providers spoke frequently of the burden of regulations that limit the client's eligibility for services, the size of caseloads, the number of hours of service than can be provided, and the number of

hours of training required for staff, and make it complicated for clients to navigate the system to receive services.

Asked how these issues might be resolved, providers suggested more consolidated services to make it easier for clients to access services, more client awareness of services that might be available, and more funding for the Choices programs. They also spoke of the need to educate and engage other health care providers (e.g., physicians, nurses, case managers, social workers) to strengthen the referral system.

Gaps in the long term supports and services in the state

Asked to identify gaps, providers identified a number of areas that may need attention. These included:

- **The “financial need gap”** that occurs between Medicaid eligibility and the ability to pay for services individually (“private pay”). Providers noted how frustrating it can be for clients and providers when a potential client narrowly misses the eligibility cut-off, do not have insurance that will cover the services, and/or cannot afford to pay for services privately.
- **Service initiation delays.** Similarly, and as noted above, providers noted that there are often delays between the receipt of an application and the initiation of services. Application and approval processes were described as lengthy and complicated. Providers also frequently mentioned the delays that occurred in initiating services as the client transitioned from a hospital or rehabilitation facility back to the home.
- **Transportation,** particularly transportation for clients in wheelchairs and in the rural areas of the state.
- **Adult day care programs.** Providers noted that these day programs provide needed support for family caregivers and offer socialization and cognitive stimulation but that they are not fully funded and, thus, are not available in all areas of the state.
- **Assisted living facilities.** Informants noted the option of assisted living is not available in large portions of the state, limiting the options that many families have.
- **Services for clients with Alzheimer’s.** Providers cited a need to assure a range of services and supports for clients with Alzheimer’s at various levels of need. Of particular concern to informants was the need to provide supports for the group of clients dealing with early onset Alzheimer’s and other cognitive difficulties.

Recommendations

This review of needs and services has illuminated a few specific areas that may need programmatic attention.

1. **Expanding the network of alternative living options throughout the state.** Assisted living facilities are available in less than half the state’s counties, and adult family homes are only available in one county. While the goal is to keep clients in their homes as long as possible, it is important that those clients who can no longer be served in the home but do not yet require skilled nursing care have alternative living options.

- 2. Expanding the availability of transportation services.** Providers in all areas of the state cited the need for transportation services. The ability to get to doctor's appointments, grocery stores, and other places, activities, and services is an essential if persons with physical disabilities or older persons who are no longer able to drive are to maintain their independence.
- 3. Expanding access to respite care.** While respite care is available from at least one provider in every Arkansas county, key informants consistently and overwhelmingly cited that service as one that is frequently requested and highly valued by family caregivers. It is important that family caregivers be provided with the respite they need so that they are able to maintain their in-home support of their family members.
- 4. Expanding efforts to make referral sources and potential clients aware of available services.** Numerous informants cited a lack of information about potential home-based and community services and supports as an important need for both clients and potential referral sources. Careful and creative consideration should be given to expanding the Division's current efforts to promote the Choice programs and services. It should be recognized that promoting services that are not available or have lengthy waiting lists has ramifications for both clients and the program; thus, decisions about promoting services should be made in the context of other needs and service gaps.
- 5. Consolidation of application processes.** To the extent that application processes for the various programs can be consolidated or coordinated, in terms of process or in terms of location, it would be helpful to potential clients. Expanding case management services may be helpful in this regard, assuming that case managers are fully aware of all possible services and programs and can assist the client in navigating the complex and overlapping application processes.
- 6. Reduction of delay times.** It is important that consideration be given to reducing the time between application for services and the initiation of approved services. These delays are likely due to multiple factors, including: 1) the length of time required for processing and approval of applications; 2) time required to initiate funding, once approved; and 3) length of waiting lists. Informants clearly indicated that when clients and their family caregivers apply for services, they are already in urgent need and delays in initiating care only make it more likely that the individual will not be able to stay at home. Thus, careful consideration should be given to ways to reduce delays in each phase of the process, so that service can be initiated as quickly as possible and the available supports can be maximally effective.
- 7. Additional exploration of the degree to which needs are being met at the county level.** While it was beyond the scope of this needs assessment to complete an assessment of waiting lists and service gaps in each of the state's 75 counties, that work may be important in understanding and filling service gaps. Priority could be given to assessing the in-home services in the counties that appear to have the greatest needs (i.e., the fewest providers and the greatest number of adults in need).
- 8. Continued and enhanced education of policy makers and funders** regarding the advantage of home and community-based services and the need for greater funding for programs and providers. If these essential services and supports are to be available to those individuals who would benefit from them in the future, it is critical that funding be stable, if not increased, and that reimbursement rates be sufficient to provide incentives to agencies and individuals to provide the services.

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