

July 2017: Long Term Services & Supports Update

EXPANDING TRANSPORTATION OPTIONS FOR OLDER ADULTS



How well does Colorado's current transportation options support quality of life and mobility for seniors age 50 and older? Senior mobility is more than just getting to the doctor's office. Transportation is an essential ingredient to healthy, vibrant aging. Nationally, seniors who don't drive make 15% fewer trips to the doctor, 59% fewer trips to stores or restaurants and 65% fewer trips to visit friends and family, compared with drivers of the same age. Many Colorado seniors struggle to get from Point A to Point B every day and a transportation network that supports seniors' mobility will, to some extent, need to be tailored to unique local needs. More than 1 in 4 Coloradans over 55 say it is at least somewhat problematic to find safe and affordable transportation options. Much of the Front Range, the Interstate 70 corridor and the northwest corner will experience sizeable increases in their older adult

population between 2015 and 2030. Metro areas have public transportation options, but they may not always be accessible to seniors. Rural and frontier communities have fewer transportation options to meet existing needs, let alone the anticipated growth in demand. Low population in these communities presents challenges to developing sustainable transportation services. Most Colorado's seniors are still behind the wheel, but those with cognitive or physical limitations are at greater risk of driving-related injuries or death. Colorado has resources available for older adults that encourage and promote safe driving but few additional requirements for seniors seeking to renew their driver's licenses. Limited financial resources for public and specialized transportation services is an ongoing barrier to making them more widely available. Regulations and funding-related restrictions limit the ability of transportation providers and senior organizations to serve their communities efficiently. Creating efficient, effective transportation options requires close collaboration among various actors, including: state and local transportation entities, aging and human services agencies and public health partners. Opportunities for improvement involve:

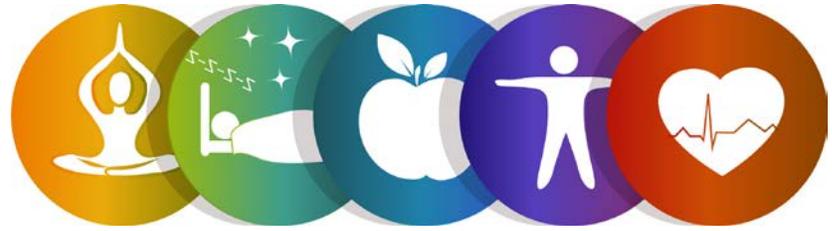
- helping seniors access tools and training to stay safe on the road;
- studying other states' policies that strengthen driver's license renewal requirements;
- improving senior access to public and specialized transportation by partnering with regional and local councils;
- endorsing existing efforts to integrate and coordinate transportation services and funding sources;
- expanding awareness of best practices for using existing funding sources;
- informing older adults about transportation options;
- promoting ride-sharing among seniors;
- identifying non-traditional partners to encourage senior-specific ride-sharing services;
- expanding use of transportation vouchers for ride-sharing;
- promoting seniors' interests in places already working to create livable communities for all residents and supporting efforts to implement Colorado's statewide bicycle and pedestrian plan.

For more information, and to view the full presentation, visit:

https://www.colorado.gov/pacific/sites/default/files/Transportation%20Presentation%20SAPGA_distribution.pdf

PER CAPITA CAP IMPACTS FOR OLDER ADULTS AND PERSONS WITH DISABILITIES

Proposals to fundamentally restructure Medicaid financing and substantially reduce federal funds under a per capita cap, such as the House GOP's American Health Care Act, have important implications for the over 6 million seniors and 10 million nonelderly adults and children with



disabilities who rely on the program for necessary medical and long-term care. Medicaid's current financing structure guarantees federal matching funds as state spending increases. As a result of the options available under current law, there is substantial variation among state Medicaid programs in the eligibility pathways and covered services for seniors and people with disabilities. This in turn contributes to differences among states in spending per enrollee for these populations. **A per capita cap would limit the amount of federal Medicaid funding that states could receive per enrollee.** Seniors and people with disabilities together account for 23% of Medicaid enrollment but 64% of program spending due to their greater health and long-term care needs and more intensive services use compared to adults and children whose eligibility is not based on old age or disability. Many of these services, especially long-term care in the community and nursing homes, are generally unavailable through private insurance and too costly to afford out-of-pocket. Medicaid's financing structure, which allows federal spending to increase as state spending increases, accommodates state policy choices about optional populations and services. Current program financing also ensures that federal spending will be available as state spending increases due to new drug therapies or other medical advances yet to be developed that could offer important new treatments for seniors and people with disabilities and to help states meet their obligation to serve people in the community instead of institutions under the Americans with Disabilities Act and the Supreme Court's Olmstead decision. A per capita cap could lock in historical state differences in the scope of coverage and spending for seniors and people with disabilities.

*Changing federal Medicaid financing to a per capita capped allotment beginning in FY 2020, and repealing the Medicaid expansion as proposed in the American Health Care Act, would result in an **estimated** \$839 billion reduction in federal Medicaid spending from 2017 to 2026, according to the Congressional Budget Office (CBO).*

Tying Medicaid spending levels to a base year under a per capita cap also does not account for future spending increases due to new drug therapies or other medical advances yet to be developed and which could offer important new treatments for seniors and people with disabilities. **Seniors and people with disabilities may be especially affected by a per capita cap as most age and disability-related coverage pathways and many important services, such as community-based long-term care, are provided at state option, making them subject to potential cuts if states are faced with federal funding**

reductions. For more information, and to read the full article, please visit: <http://www.kff.org/medicaid/issue-brief/state-variation-in-medicaid-per-enrollee-spending-for-seniors-and-people-with-disabilities/>

RESOURCES



Statewide Mental Health Crisis Line

Colorado's statewide mental health crisis hotline is taking calls. They are available 24 hours a day, 365 days a year at 1-844-493-TALK (8255). To learn more, visit their website: <http://coloradocrisisservices.org/>

The [Colorado Dental Health Care Program for Low-Income Seniors](#) (Senior Dental Program) grants funds to agencies to provide low cost dental care to low-income seniors, age 60 and over, who are not enrolled in Medicaid and do not have dental insurance. Grantees determine if a senior qualifies to receive services under the program.

Colorado Health Partnerships Colorado Health Partnerships (CHP) is a partnership between eight Community Mental Health Centers and Beacon Health Options®, the nation's largest independent Behavioral Health and Wellness Company. To find a provider, or to inquire about services available, please call Colorado Health Partnerships (CHP) toll-free **800-804-5008** for more information or assistance. To discuss needs of older adults and LTSS systems of care, please call: Jennifer S. Hale-Coulson, MA, LPC Director, LTSS Toll-free @ **855-761-4332**, or (W) **719.538.1434** (C) **719.396.0113**. Or email: jennifer.hale-coulson@beaconhealthoptions.com