

Senior Long-Term Care in Tennessee: Trends and Options



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Key Points

1. The number of Tennessee seniors age 65 and over is expected to almost double from 850,000 in 2010 to 1.7 million in 2030. This population change will result in significant growth in the demand for and potential cost of current public long-term services and support programs for low-income Tennessee seniors.
2. Tennessee has three primary publicly funded long-term services and support programs for low-income elderly Tennesseans: TennCare CHOICES (Medicaid), Options, and Older Americans Act (OAA) programs. Together, these programs provide a continuum of services ranging from information and referral, meals, and other services under the OAA, to varying levels of home and community based services under Options and CHOICES, to nursing home care under CHOICES.
3. Nationally and in Tennessee, policymakers are grappling with the increase in demand for senior care and services as the “baby boomer” generation continues to move into retirement years. For example, assuming TennCare CHOICES, the state’s Medicaid long-term services and support program, continues to serve 2.84 percent of the 65+ population in 2030, OREA estimates enrollment will increase by 18,734 seniors, or 63 percent. Enrollment growth of this size would mean an estimated increase of \$577.7 million in program costs (\$202.2 million in state dollars and \$375.5 million in federal dollars, based on the current 35/65 split between the state and the federal government for TennCare funding). This estimate is based on current program costs of \$30,836 per senior; if program costs per senior rise in coming years, the total cost will increase as well.
4. Tennessee has made changes in its TennCare/Medicaid program to help control the growth in the cost of long-term services and supports; costs will likely increase substantially in response to the projected growth in the senior population by 2030.
 - *One way TennCare has controlled the costs of long-term services and supports is by expanding access to home and community based services for seniors that otherwise would require more expensive nursing facility care. Home and community based services meet older adults’ preferences to age in place, rather than in a nursing home, as well as reduce the cost of their care to the state. Enrollment of TennCare-eligible seniors in home and community based services has increased from 11 percent in 2009 to 35 percent in 2016.*

- *Tennessee has also controlled some growth in the number of seniors qualifying for TennCare long-term services and supports, and in the types of benefits received, by increasing medical eligibility requirements for nursing facility services and for more comprehensive home and community based services, as directed by a 2008 state law. TennCare has continued to make a more moderate package of home and community based services available to certain individuals “at risk” of needing these higher levels of care. According to TennCare officials, the previous eligibility requirements were more generous compared to other states. Heightened medical eligibility standards have affected enrollment in the CHOICES program; the number of seniors served has stayed relatively steady or decreased slightly in recent years.*

5. Tennessee public programs and services designed to prevent or delay seniors from enrolling in higher cost TennCare CHOICES (Groups 1 and 2) services either already have waiting lists for services, do not serve all seniors who could benefit from the services, or are serving fewer seniors. Research shows that the home and community based services offered by these preventive programs may allow seniors to stay in their homes and delay or prevent seniors’ functional decline. Functional decline often depletes caregiver and financial resources and ultimately qualifies these seniors for more expensive Medicaid services, including nursing facility care. Thus, OAA programs, Options, and CHOICES Group 3 are intended to save money in the long run by delaying or avoiding seniors’ need for the more expensive TennCare CHOICES (Group 1 and 2) services. For example, based on an OREA analysis using fiscal year (FY) 2016 costs per senior, if 500 additional seniors – of the 9,000 on the current waiting list for the state-funded Options program – received \$3,000 in Options services and, thus, avoided one year of TennCare CHOICES nursing facility services at \$40,000, state savings could potentially be \$5.5 million per year delayed.
6. Tennessee has not fully developed a single point of entry for all state aging services. Most Tennessee reports note the frustration of seniors and their caregivers in identifying and applying for long-term services and supports. These reports note the state lacks a single point of entry, or portal, to inform seniors of all available public services and assist them in accessing the programs. The plan developed by the 2014 Governor’s Task Force on Aging envisions a central portal for seniors to enter standard information required of various programs (e.g., name, address, income, assets, and functional capacity) to determine all the programs the senior qualifies for and begin the application process.

7. A key question for policymakers to consider is what percentage of qualifying seniors along the continuum receive a level of care that:
 1. aligns with their preferences,
 2. meets their medical and personal care needs, and
 3. is most cost-effective for taxpayers.

Measures policymakers can monitor relative to this indicator include:

- growth in the elderly population,
- the cost, number, and characteristics of seniors served in current programs, as well as unmet demand for services,
- the balance between home and community based services and institutional care and any resulting long-term cost savings, and
- the extent of coordination among state aging services.

8. In recent years, several reports and plans, both nationally and in Tennessee, have offered numerous ideas on how Tennessee might prepare for the impending growth in the senior population, improve services for low-income seniors, and help seniors avoid or delay the need for higher cost services and supports. Common themes from these reports for policymakers' consideration include:

- Expand home and community based services
 - Improve transportation
 - Further support caregivers
 - Further expand the continuum of community care facilities
- Develop and invest in direct care workers
- Further develop a comprehensive and coordinated system of aging services

More detailed analysis and estimates would be needed if policymakers choose to pursue any of these options. This report does not make recommendations or address what the state should spend on services and supports for the elderly population.

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Overview

The number of Tennessee seniors 65 and older is expected to almost double from about 850,000 in 2010 to 1.7 million in 2030.¹ This population change will result in significant growth in the demand for and potential cost of public long-term services and support programs for low-income Tennessee seniors.

Tennessee's largest public program in terms of expense for low-income elderly citizens is TennCare CHOICES, the state's Medicaid safety net



The number of Tennessee seniors 65 and older is expected to almost double between 2010 and 2030.



program. Assuming this program continues to serve 2.84 percent of the 65 and older population in 2030, OREA estimates enrollment would increase by 18,734 seniors, or 63 percent. Enrollment growth of this size would mean an estimated increase of \$577.7 million in program costs (\$202.2 million in state dollars and \$375.5 million in federal dollars, based on the current 35/65 split between the state and the federal government for TennCare funding). This estimate is based on current program costs of \$30,836 per senior; if program costs per senior rise in coming years, the total cost will increase as well.²

Nationally and in Tennessee, policymakers are grappling with the potential costs associated with the increase in demand for senior care and services as the “baby boomer” generation moves into retirement years. A key question for policymakers to consider is what percentage of qualifying seniors along the continuum receive a level of care that

- aligns with their preferences,
- meets their medical and personal care needs, and
- is most cost-effective for taxpayers?

Purpose and Scope

The purpose of this report is to provide information on:

- the projected growth and changing characteristics of Tennessee's elderly population;
- the status of Tennessee's primary long-term care programs; and
- key measures and policy options for policymakers' consideration.

The report is intended to provide objective analysis for state legislators to consider related to the state-funded long-term care programs. This report does not focus on private care funded through insurance, other post-employment benefits, Medicare, or personal funds. Additionally, it does not make recommendations or address what the state should spend on services and supports for the elderly population.^A

This report does not provide an exhaustive account of every service and provider for the aging population; numerous state agencies, nonprofits, and private industries provide a variety of resources and services. It also does not consider potential changes to Medicaid under consideration at the federal level. Instead, it focuses on the three primary publicly-funded programs that provide the majority of long-term services and supports to Tennessee’s low-income elderly: TennCare CHOICES (Medicaid), Options, and Older Americans Act (OAA) programs. Together, these programs provide a continuum of services ranging from information and referral, meals, and other services under the OAA to varying levels of home and community based services under Options and CHOICES, to nursing home care under CHOICES.

To complete this study, OREA consulted industry reports and interviewed state officials and community stakeholders. Policy options are included and begin on [page 21](#).

Long-term services and supports (LTSS)

encompass the broad range of paid and unpaid medical and personal care assistance that people may need – for several weeks, months, or years – when they experience difficulty completing self-care tasks as a result of aging, chronic illness, or disability.

Such services provide assistance with activities of daily living (such as eating, bathing, and dressing) and instrumental activities of daily living (such as preparing meals, managing medication, and housekeeping).

Examples of these services and supports include, but are not limited to, nursing facility care, adult daycare programs, home health aide services, personal care services, transportation, and supported employment, as well as assistance provided by a family caregiver.

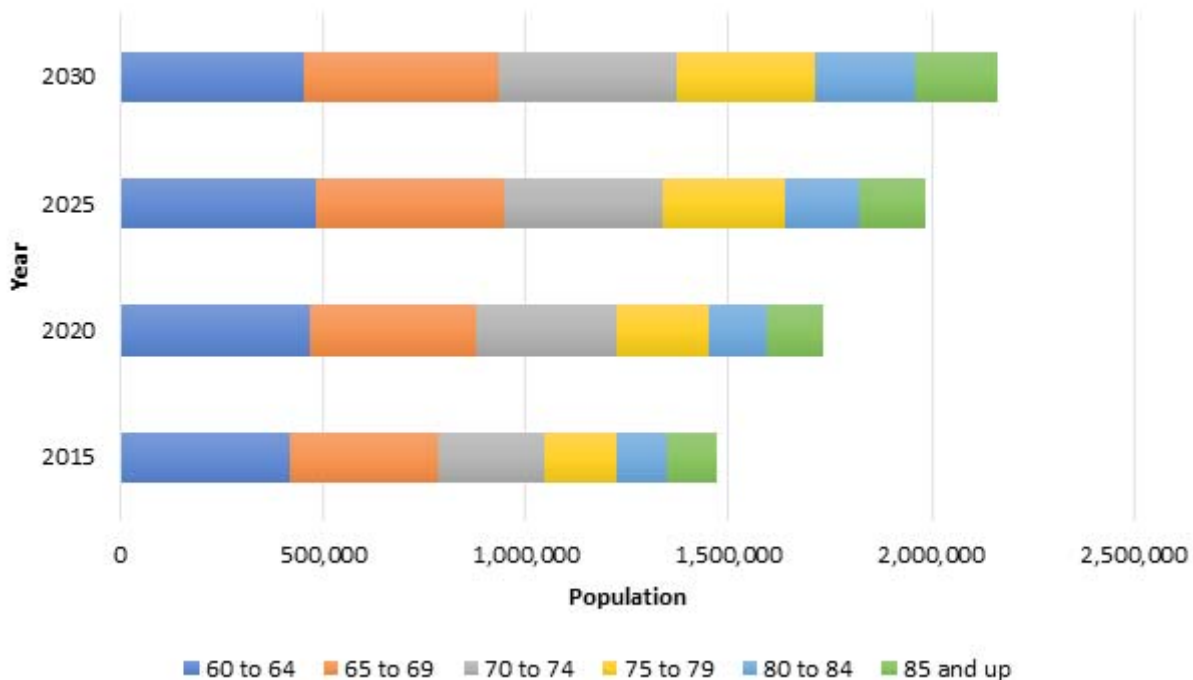
Source: Kaiser Family Foundation, “[Medicaid and Long-Term Services and Supports: A Primer](http://kff.org/),” <http://kff.org/>.

^A The growing senior population affects many aspects of state government. This report focuses on the long-term services and support (LTSS) programs for low-income and medically frail persons over the age of 65. The report does not address issues for persons with physical disabilities under age 60 who are also served by the programs discussed.

Growth of Senior Population

In 2030, seniors will make up 22 percent of Tennessee’s population, up from 13 percent in 2010. The total population of people between the ages of 65 and 84 is projected to increase over 60 percent between 2010 and 2030, and 23 counties are projected to see this population more than double in that time. The population of the oldest baby boomers – those 85 and older – is projected to increase 68 percent between 2015 and 2030, with growth in 12 counties projected to increase by over 100 percent.³

Exhibit 1: Tennessee Population Projections, 2015 to 2030



Source: The University of Tennessee Knoxville, Tennessee State Data Center, “Boyd Center Tennessee Population Projections: 2011-2064,” <http://tndata.utk.edu/> (accessed Feb. 27, 2017).

The cost associated with the growth in the elderly population is compounded by other factors. Not only are there more seniors, but today’s seniors:

- are living longer,
- have fewer available family caregivers and are more likely to need paid nursing assistants or home aides to remain safely in their homes,
- have increased rates of chronic diseases and dementia that are expensive to manage, and
- have low retirement savings or insurance to cover the cost of long-term services and supports (LTSS), the medical and personal care assistance needed as they age.

Longer lifespans

Today, people who reach age 65 can expect to live an average of 19.3 more years while those who have reached age 85 can expect to live an additional 6.6 years.⁴ Although Tennessee's life expectancy gains have lagged the rest of the United States, they have still generally increased over time.⁵ Longer life expectancy means that people must plan to be able to support themselves financially for more years out of the workforce.

Increased rates of chronic disease and dementia

A longer life expectancy also means that many people are living with chronic health conditions for many more years. Tennessee is projected to see an increase of over 27 percent in dementia-related diseases such as Alzheimer's by 2025.⁶ Alzheimer's and other dementia-related diseases are among the costliest chronic diseases because those with these diseases have more hospital stays, skilled nursing home stays, and home health care visits than other seniors.⁷

Tennessee tends to score low in overall health rankings for seniors, ranking 43rd in 2016, with over 38 percent of Medicare beneficiaries reporting multiple chronic conditions.⁸ Chronic conditions such as heart disease, stroke, cancer, diabetes, and arthritis are among the most common and costly health conditions.⁹ Obesity is another health factor linked to a variety of costly health problems. With 24 percent of older adults classified as obese, Tennessee ranks 14th in the nation.¹⁰

Fewer family caregivers available

Fewer caregivers may be available to assist family members as they age. The United States has experienced a slight decline in fertility rates over the past 20 years.¹¹ The fewer children born, the fewer younger people will be available to assist aging family members or to meet workforce demands in the senior services job sector. Additionally, the changing trends in marriage and family patterns may impact the availability of adult children who may be willing or able to care for their aging parents. Increases in divorce rates among the baby boomer population may disproportionately impact older women, as only half of older women are married compared to nearly three-fourths of men.¹² Because women have longer life expectancies than men and are less likely than men to remarry after the death of a spouse, older women are at risk for not having a family member to assist in caregiving as they grow older.¹³

Low retirement savings to cover the cost of long-term care

Some older Americans may outlive their retirement savings. Longer life expectancy means that people must financially plan to be able to support themselves for more years out of the workforce.¹⁴ Respondents to a 2013 listening tour conducted by the Tennessee Commission on Aging and Disability indicated that one of the primary concerns facing baby boomers is not having enough money for retirement.¹⁵ Many households report only modest savings (approximately \$50,000) between Individual Retirement Accounts (IRA) and defined contribution plans such as 401(k) plans.¹⁶

Social Security and Medicare provide financial and medical assistance for many older Americans. Social Security provides financial support for the nation’s elderly population, and for lower-income seniors this assistance is a significant percentage of their total income. In 2015, almost 90 percent of persons 65 and over lived in families that received Social Security benefits; the average benefit was \$1,309 per month.¹⁷ For older Americans with an income of \$15,000 or less per year, Social Security benefits represent more than 80 percent of their income. It is not until incomes reach approximately \$78,000 per year that Social Security payments compose less than half of an older person’s income.¹⁸ In 2014, approximately 50 percent of Medicare recipients reported an income below \$24,150 and savings below \$63,350.¹⁹

Tennessee’s Publicly-funded Long-Term Services and Supports for Seniors

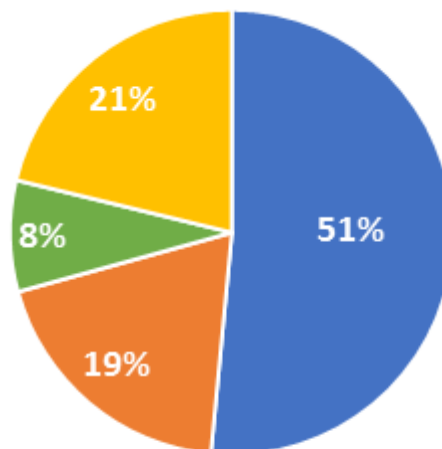
Tennessee currently has three primary publicly-funded long-term services and support programs to support low-income elderly Tennesseans: TennCare CHOICES (Medicaid), Options, and Older Americans Act (OAA) programs. All three programs operate with a goal to keep people as independent as possible for as long as they are able.

In Tennessee and the U.S., Medicaid is the largest program – in 2014, Medicaid covered 51 percent of all U.S. long-term care costs.^{20, B} (See Exhibit 2.) According to the Tennessee Health Care Association, in June 2016, 60 percent of occupied nursing facility beds were filled with Medicaid/TennCare patients.²¹

TennCare CHOICES

CHOICES is Tennessee’s long-term services and support managed care Medicaid (TennCare) safety net program. Through Medicaid, states and the federal government are responsible for the long-term services and supports needed by older adults with low incomes who

Exhibit 2: U.S. Source of Funds for Long-Term Services and Supports, 2013



■ Medicaid ■ Private, Out of Pocket ■ Private Insurance ■ Other Public

Notes: Total LTSS expenditures include spending on residential care facilities, nursing homes, home health services, and home and community based services. This chart does not include Medicare spending on post-acute rehabilitation care.

Source: Kaiser Family Foundation, *Medicaid and Long-Term Services and Supports: A Primer*, Dec. 2015, <http://kff.org/>.

^B These expenditures are for all groups, elderly and younger disabled.

have spent down most of their assets. Tennessee's 2008 Long-Term Care Community CHOICES Act sought to rebalance and reorganize TennCare long-term care by expanding the use of lower-cost home and community based services and providing more choice beyond nursing facility care in the type of long-term care services and providers.²² The act acknowledged that the state's long-term care system should deliver services in the most cost-effective way possible to serve as many people as possible in home and community settings while offering a continuum of long-term care services.

To qualify for CHOICES, a senior must meet the state's eligibility requirements for nursing home-level care *and* federal financial requirements of income less than \$2,205 per month and assets less than or equal to \$2,000 (excluding the home in which the senior lives).²³ Seniors cannot have given away or sold assets for less than their value in the last five years.²⁴ TennCare is required under federal law to seek recovery of the costs of CHOICES long-term services and supports received from the estate of participants after their death or the death of their spouse or disabled child.²⁵

Under CHOICES, qualifying seniors can choose to receive services in a nursing home (Group 1) or, if needs can be met safely, receive home and community services (up to the cost of nursing home care) in their home or a community based residential alternative (Group 2), such as assisted living facilities or group homes. Low income seniors who receive Supplemental Security Income (SSI) payments from the federal Social Security Administration and are at risk of needing nursing home care without any long-term services and supports (Group 3) are eligible to receive up to \$15,000 per year in home and community services (excluding minor home modifications). Group 2 and 3 seniors must have resources to cover, or have other public assistance to cover, their costs of housing, food, and utilities in their home or community based residential alternatives.²⁶

Seniors eligible for CHOICES also receive TennCare health benefits, if they are not already receiving them. If eligible for Medicare, the federal health insurance program which most seniors age 65 and over receive, TennCare pays required Medicare premiums, deductibles, and co-insurance. TennCare also covers medically necessary TennCare services not covered by Medicare.²⁷

TennCare contracts with Managed Care Organizations (MCOs) to coordinate physical and behavioral health and long-term care services for CHOICES-eligible seniors through nursing facilities or home and community based services. Home and community based services covered include limited personal or attendant care visits, home delivered meals, adult day care, in-patient respite care, and minor home modifications. These services are to support, but not replace, care available from family and friends.

In FY 2015-16, TennCare CHOICES expenditures for seniors age 65 and over were \$922.8 million, approximately \$599.8 million in federal funding (65 percent) and \$323 million in state funding (35 percent).²⁸ About 84 percent of expenditures were for nursing home care and 16 percent were for home and community based services.²⁹ (See Exhibit 3.)

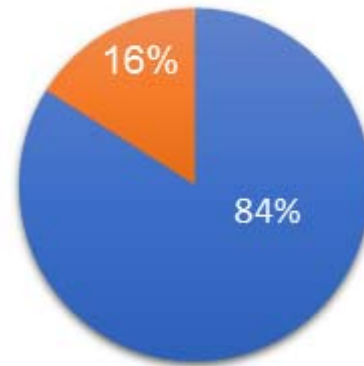
CHOICES served 29,927 seniors over the course of FY 2015-16, 2.84 percent of the state’s senior population.³⁰ Total expenditures per CHOICES senior were \$30,836, but varied by level of care:

- \$39,829 for seniors in nursing home care (Group 1),
- \$16,938 seniors choosing home and community based services (Group 2), and
- \$8,189 for home services for seniors at risk of needing nursing home care (Group 3).³¹

Options

The state-funded Options program provides older Tennesseans at risk of becoming Medicaid eligible with services to allow them to remain in their homes. In 1999, Tennessee passed legislation to develop a program for home and community based services for elderly and disabled individuals that do not qualify for federal-state funded services through TennCare.³² Options, as the

Exhibit 3: TennCare CHOICES Expenditures for Seniors 65 and Older, FY 2015-16



■ Nursing home care ■ Home and community based services

Source: OREA analysis of information provided by Bureau of TennCare, Sept. 2016.

TennCare CHOICES Group 2 Home and Community Based Services Annual Benefits

- Personal care visits (up to two visits per day)
- Attendant care (up to 1,080 hours per year)
- Home delivered meals (up to one meal per day)
- Personal emergency response system
- Adult day care (up to 2,080 hours per year)
- In-home respite care (up to 216 hours per year)
- In-patient respite care (up to nine days per year)
- Assistive technology (up to \$900 per year)
- Minor home modifications (up to \$6,000 per project, \$10,000 per year, and \$20,000 lifetime)
- Pest control (up to nine units per year)
- Short-term nursing facility care (as needed for health issues)
- Community based residential alternatives for seniors who cannot live alone and who do not have the availability of family and others to assist them

Source: Bureau of TennCare, *TennCare II Operational Protocol*, revised Feb. 2015, pp. 72-73, <https://www.tn.gov/tenncare/> (accessed March 8, 2017).

program came to be known, assists individuals who are at risk of qualifying for TennCare but who might be able to delay or avoid the need for institutional care if provided with a limited amount of support, such as help with tasks around the home, personal care, and meal preparation.

Tennessee's nine Area Agencies on Aging and Disability (AAADs) determine program eligibility and coordinate needed services. Besides assisting older adults in Tennessee, the program also serves individuals who have a physical disability but do not qualify for long-term care services under Medicaid/TennCare. Eligible seniors include those who struggle with basic self-care or daily living tasks, such as taking their medications, preparing meals, or managing finances.

Contracted services available include homemaker services, personal care, and home delivered meals. The program has no income eligibility requirements, but there is a sliding fee scale, with low income applicants receiving priority on the waiting list. The program has operated on approximately \$8.4 million to \$8.5 million annually since 2013.³³ In 2016, it served 2,958 people at a statewide average cost of \$3,046 per person.³⁴

Older Americans Act

The federal Older Americans Act (OAA), passed in 1965 and reauthorized in 2016, provides federal funds through the U.S. Administration on Aging for services and programs designed to promote the independence, care, and well-being of seniors age 60 and over in their homes and community for as long as possible.³⁵ Tennessee OAA programming expenditures totaled approximately \$22.5 million in federal dollars and \$2.75 million in state dollars in 2015.³⁶ In 2015, approximately 140,000 people received services supported by OAA.^{37, C}

The Tennessee Commission on Aging and Disability (TCAD) is the state agency responsible for administering these funds. TCAD develops a State Plan within federal program guidelines to set priorities for the use of the funds and distributes funding based on a federal formula to the state's nine Area Agencies on Aging and Disability (AAADs). Within general guidelines from federal







Single point of entry:

The nine Area Agencies on Aging and Disability (AAADs) in Tennessee serve as the Aging and Disability Resource Centers (ADRCs), the single point of entry for screening individuals who wish to enroll for services provided through the Older Americans Act, the Options for Community Living Program, the State Health Insurance Assistance Program, and the Public Guardian for the Elderly Program. In CHOICES, the AAADs serve as the single point of entry for seniors not currently receiving Medicaid health benefits seeking long-term services and supports (LTSS).

^C This number represents the total estimated unduplicated count of persons served through services supported by Title III of the Older Americans Act; the number does not include caregivers served or programs offered through other titles under the OAA. Data for persons served in 2016 were not yet available at the time of publication.

regulations and state plans, the AAADs determine the services provided in their areas and contract with service providers to deliver the OAA services. Services are provided as available based on limited public funding, and recipients pay based on a sliding fee schedule.

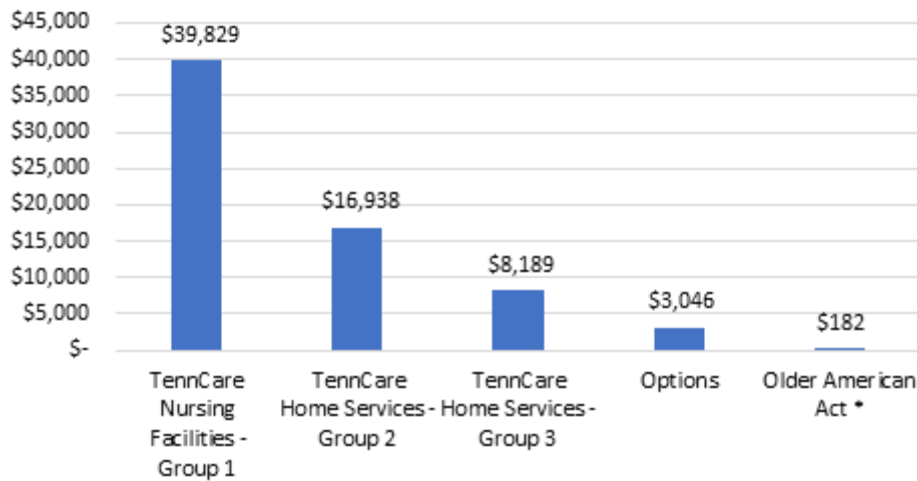
Services and supports provided through Older Americans Act funding include:

-  Information and Assistance – information and referrals to connect seniors with area service providers as well as other publicly-funded services such as food stamps, rental assistance, home repair, and accessibility modifications.
-  Senior Centers – educational programs on health and financial issues, support groups, and referrals to other community resources.
-  Nutrition and Health Promotion Programs – congregate and home-delivered meals offered through senior centers and volunteer programs; health, prevention, and wellness programs such as self-management of chronic diseases and fitness and exercise classes.
-  Legal and Protective Services – legal services for public benefits issues and to resolve consumer problems, as well as a long-term care ombudsman to advocate for seniors in institutional care and resolve complaints.
-  Caregiver Support – assistance and education programs for caregivers, especially related to Alzheimer’s disease or related disorders, respite care for caregivers, and some other services (personal care and homemaker) on a limited basis.
-  Transportation Services – accessible rides to medical appointments, senior center activities, group meals, and shopping.

The Continuum of Care for Seniors – Preference, Need, and Cost

Tennessee’s public programs vary in the types of services offered and seniors served, which affects costs per person served. These programs can be thought of as a continuum of services for Tennessee’s low-income elderly population, with the most intensive and highest cost services at one end and decreasing gradations of service levels and costs as one considers the other programs on the continuum.

Exhibit 4: Comparison of Cost per Senior by Program, FY 2016*



* OAA Cost per senior is for FY 2015; FY 2016 count of persons served not available.
Source: Data provided by TennCare and Tennessee Commission on Aging and Disability.

A key question for policymakers to consider is what percentage of qualifying seniors along the continuum receive a level of care that aligns with their preferences, meets their medical and personal care needs, and is most cost-effective for taxpayers.

Most older adults want to age in place: rather than entering a nursing facility, they prefer to continue living in their homes or other residence for as long as possible. A 2010 survey found that nearly 90 percent of people over the age of 65 want to stay in their residence for as long as possible.³⁸

To remain in their homes, seniors may require varying levels of services and supports, such as transportation, home delivered meals, or help getting dressed. While this help has often been provided by unpaid caregivers, such as family members or friends, broader societal changes have increased demand for paid workers, such as home health aides. These types of services are expensive. Such services are paid for by seniors from their own resources, as available; through limited services provided by public or private organizations, or, ultimately, by meeting the financial and level of care requirements for more expansive Medicaid services paid by the federal government and the state.

Remaining in their homes is not always possible for seniors, though, and largely depends on the level of medical and personal care needed by the individual and the available services and supports from family and public and private programs. Some seniors who can no longer live alone can live in community based residential alternatives, such as assisted living facilities or group homes. Some seniors require the level of care provided in a nursing facility.

Analysis

Tennessee has made changes in its TennCare/Medicaid program to help control the growth in the cost of long-term services and supports, but costs will likely increase substantially in response to the projected growth in the senior population by 2030.^D

One way TennCare has controlled the costs of long-term services and supports is by expanding access to home and community based services for seniors who otherwise would require more expensive nursing facility care. In FY 2015-16, for example, the TennCare CHOICES program, which provides the most extensive services of any program in Tennessee, spent \$39,829 per senior in a nursing home, and \$16,938 per senior qualifying for nursing home care who chose instead to receive home and community based care.³⁹ To take advantage of this cost savings, and to accommodate seniors' preferences to stay at home, the 2008 Long-Term Care Community CHOICES Act directed TennCare to rebalance and reorganize its services by expanding access to home and community based care.⁴⁰

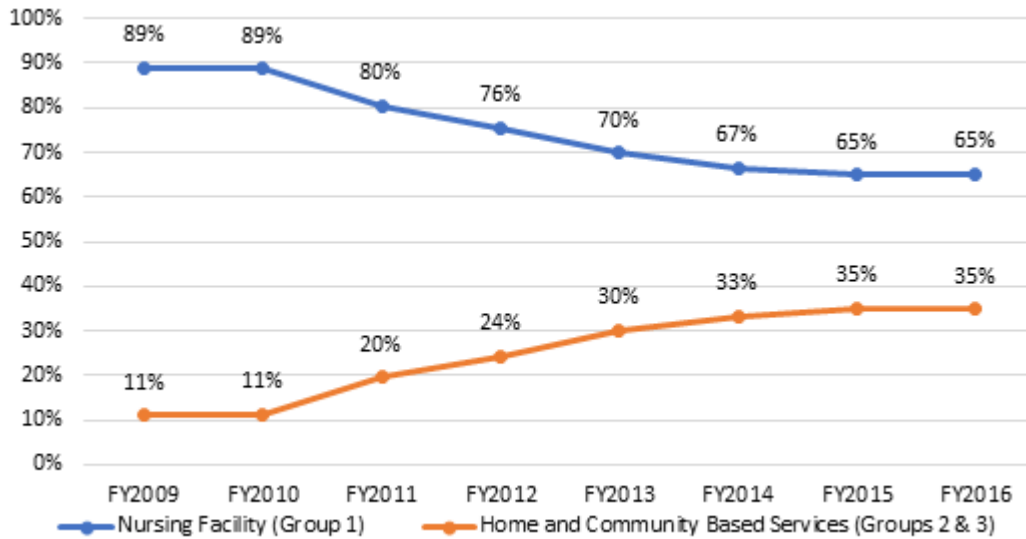
Enrollment of TennCare-eligible seniors in home and community based services has increased from 11 percent in 2009 to 35 percent in 2016 (see [Exhibit 5](#)), and TennCare officials expect this percentage will grow in the coming years.⁴¹ A national analysis shows Tennessee's shift in Medicaid expenditures toward home and community based services has grown quickly and is comparable to the rest of the nation.^{42, E} Tennessee ranked 21st among 49 states and D.C.⁴³ on percentage of expenditures for home and community based services, and the state ranked 10th in the percentage increase in Medicaid expenditures for home and community based services as a percent of total Medicaid long-term supports and services (LTSS) expenditures from FY 2012 through FY 2014.⁴⁴ A 2014 study found the ratio of home and community based services to nursing facility care ranged from 16.7 percent for the bottom five states to 62.5 percent for the top five states. The national average was 39.3 percent.⁴⁵

Seniors in CHOICES Group 2 home and community based services must meet the same minimum level of care standard as seniors receiving nursing facility care.⁴⁶ As shown in [Exhibit 6](#), the cost per senior served in FY 2016 was \$39,829 for nursing facility care and \$16,938 for Group 2 home or other community based residential alternative care.⁴⁷

^D This analysis focuses on two components implemented in Tennessee to control the costs of long-term services and support programs. This report did not analyze the impact of other changes, such as the change to a managed care system for long-term supports and services and other demonstration projects, such as Money Follows the Person and PACE.

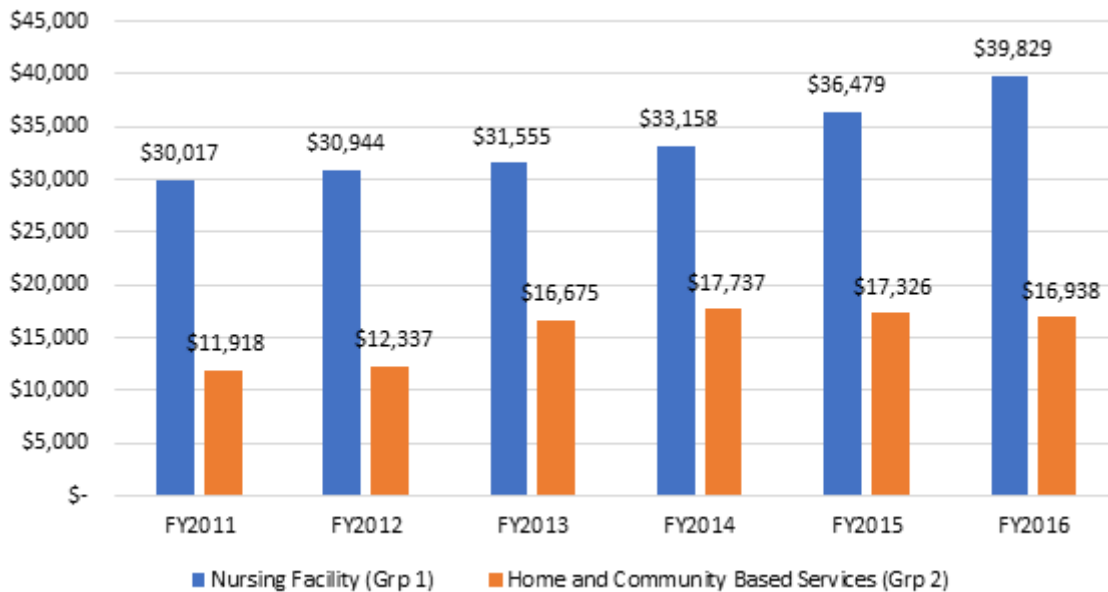
^E Comparisons of Tennessee to the U.S. and other states based on enrollment of seniors in Medicaid home and community services for recent years was not found. Statistics combine older people and people with physical disabilities.

Exhibit 5: TennCare CHOICES Care of Seniors (age 65+) in Nursing Facilities compared to Home and Community Based Services, FY 2009 – FY 2016



Source: OREA analysis of information provided by Bureau of TennCare, Sept. 2016.

Exhibit 6: TennCare CHOICES Expenditures per Person by Type of Service for Seniors Eligible for Nursing Facility Level of Care, FY 2011 - FY 2016



Notes: Based on total expenditures divided by total program participants across the program year, and not reflective of the annualized average cost of services across a complete 12-month period. HCBS costs include only seniors who were eligible for Nursing Facility Care (Group 1 and Group 2). Increased Level of Care eligibility criteria were phased in beginning in FY 2013. Some of the increase in costs reflects the higher level of care required by TennCare CHOICES seniors.

Source: OREA analysis of information provided by Bureau of TennCare, Sept. 2016.

By statute, home and community based services are capped at the allowable costs for the senior in a nursing facility.⁴⁸ Home and community based services (HCBS) are designed to supplement, not replace current caregiver services.⁴⁹ The state is obligated by federal law to recover the cost of services from HCBS seniors from their estate, as with nursing facility care.⁵⁰

As of August 2016, there were no waiting lists for nursing facility or home and community based care for seniors eligible for TennCare CHOICES. TennCare officials indicated that home and community services are generally available to seniors who qualify for CHOICES; the number of home and community based service providers has increased along with the percentage of seniors choosing CHOICES home and community based services.⁵¹

TennCare officials expect a larger percentage of seniors to choose home based services in the next several years.⁵² As noted previously, the ratio of home and community based services to nursing facility care nationwide ranged from 16.7 percent for the lowest five states to 62.5 percent for the highest five states; enrollment of TennCare-eligible seniors in home and community based services has increased from 11 percent in 2009 to 35 percent in 2016.

*Tennessee has also controlled some growth in the number of seniors qualifying for TennCare long-term care and in the types of benefits received by increasing the level of care eligibility requirements for nursing facility services and for more comprehensive home and community based services, as directed by the 2008 CHOICES Act. TennCare has continued to make a more moderate package of home and community based services available to certain individuals “at risk” of needing these higher levels of care.*⁵³ The 2008 Long-Term Care Community CHOICES Act required TennCare to develop level of care eligibility criteria for new nursing facility admissions to ensure that persons with the greatest need received the most intensive long-term care services. The level of care standards prior to the changes implemented in 2012 required one significant deficiency in an activity of daily living to qualify for TennCare long-term care services (Group 1 and 2). (See TennCare CHOICES (Long-Term Services and Supports) Eligibility Requirements.) According to TennCare officials, that standard was much more generous compared to other states; the revised standards implemented in July 2012 are more in line with other states’ standards.⁵⁴

The 2008 act included provisions to continue services for existing TennCare long-term care beneficiaries who would no longer meet the higher level of care eligibility standards required of the CHOICES program. It also included provisions to ensure that seniors that did not meet the new higher level of care standards would have access to a more moderate package of home and community based services. From July 2012 through June 2015, seniors with lesser levels of need (not meeting the new higher nursing facility level of care standards, but having a single ADL deficiency) were determined to be “at risk” of placement in a nursing home and assigned to CHOICES Interim Group 3. Until July 2015, seniors could qualify in Group 3 under the same

financial eligibility requirements applicable to CHOICES Groups 1 and 2. In July 2015, the “at-risk” Group 3 eligibility changed to limit new enrollment to individuals who receive Supplemental Security Income (SSI) administered by the Social Security Administration.

TennCare CHOICES (Long-Term Services and Supports) Eligibility Requirements

Financial Eligibility (maximum set by federal government):

- Income less than or equal to \$2,205 per month
- Assets less than or equal to \$2,000 (excluding home)
- No gift or sale of assets for less than market value in last 5 years
- Obligates state to estate recovery to cover costs of care after death of senior, spouse, and any disabled child

AND

Nursing Facility Level of Care (set by each state):

Based on assessment of:

Functional needs:

- assistance with activities of daily living (ADL)
 - o transfer
 - o mobility
 - o eating, and
 - o toileting
- deficits in ADL-related functions:
 - o communication (expressive and receptive)
 - o orientation (to person and place), and
 - o dementia-related behaviors

and/or

Clinical needs:

- Self-administration of medications
- Certain skilled nursing or rehabilitative services (e.g. tube feeding, wound care, occupational or physical therapy)

Prior to July 2012: Qualified for nursing facility care (Group 1) and comprehensive home and community based services (Group 2) if only one significant deficiency in activities of daily living.

After July 2012 (for new admissions to nursing facility care (Group 1) and comprehensive home and community based services (Group 2)): Weighted scale based on the amount of assistance needed and level of deficiency. Automatic qualification if senior scores 9 or above on a scale of 26. Others can qualify based on consideration of whether needs can safely be met in community.

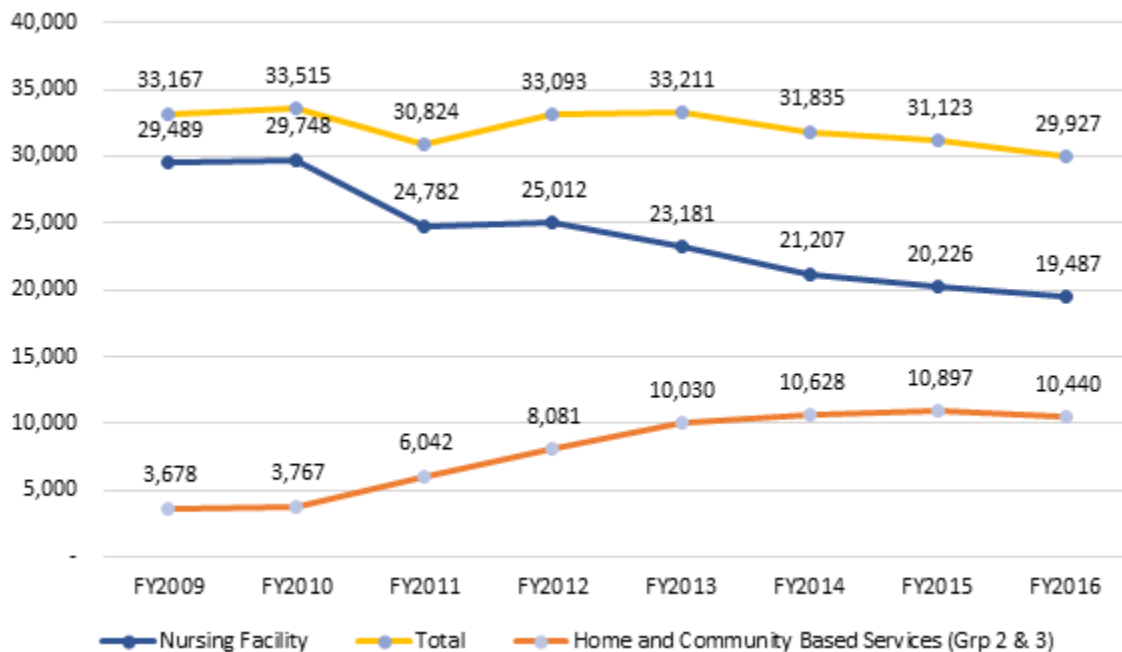
Persons with one significant ADL deficiency continued to qualify medically for a more moderate package of home and community based services if met financial eligibility requirements (Group 3).

After July 2015: Persons with one significant ADL deficiency continued to qualify medically for a more moderate package of home and community based services if qualified for federal Supplemental Security Income (Group 3).

Source: Patti Killingsworth, Assistant Commissioner and Chief of Long-Term Services and Supports, Bureau of TennCare, Long-Term Services and Supports, Aug. 19, 2016; Bureau of TennCare, “To qualify for CHOICES,” <https://tn.gov/tenncare/> (accessed March 8, 2017).

The total number of seniors receiving TennCare CHOICES services declined from 33,167 in 2009 to 29,927 in 2016, a decrease of 3,240 seniors (-10 percent). TennCare seniors in nursing facilities decreased 34 percent (10,002 seniors) from 2009 through 2016. Seniors receiving TennCare home and community services increased 184 percent (6,762 seniors).⁵⁵ (See [Exhibit 7.](#)) By increasing eligibility standards, the number of seniors receiving CHOICES services has stayed steady or decreased slightly in recent years, although the types of services seniors are receiving has changed significantly, with many more in home and community based settings.

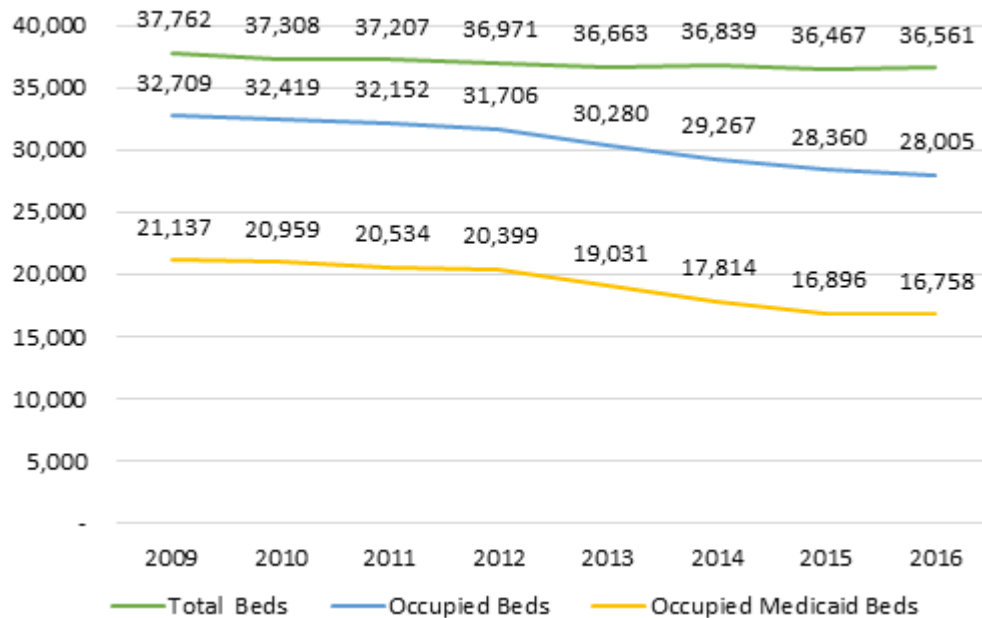
Exhibit 7: TennCare CHOICES Seniors Served, FY 2009 – FY 2016



Note: Number of seniors age 65+ served during the fiscal year.
 Source: OREA analysis of information provided by Bureau of TennCare, Sept. 2016.

The shift to more TennCare home and community based services has impacted the number of individuals in Tennessee nursing facilities. According to the Tennessee Health Care Association, the number of occupied nursing facility beds in Tennessee decreased 14 percent from 2009 through 2016 (32,709 to 28,005); the number of occupied beds paid by TennCare for all TennCare recipients, not just seniors, decreased 21 percent (21,137 to 16,758). Overall nursing facility occupancy rates decreased from 87 percent in 2009 to 77 percent in 2016; the percentage of occupied beds paid by TennCare decreased from 65 percent to 60 percent.⁵⁶ (See [Exhibit 8.](#))

Exhibit 8: Tennessee Nursing Facilities Beds, 2009 through 2016 *



* Number of beds as of a certain date in June or July (usually July 1) of each year. Includes all patients, not just seniors age 65+. Source: Tennessee Health Care Association, e-mail, Feb. 9, 2017.

Despite declines in the total number of seniors receiving TennCare CHOICES in recent years, the increased number of senior citizens in the years to come coupled with factors such as longer life expectancy, fewer available caregivers, and increased rates of chronic diseases will ultimately be reflected in these trend lines at some point in the future. TennCare officials stated that “while we are acutely aware of the aging demographic, enrollment in the program has remained relatively flat over time. At some point in the future, we expect to see more of the impact of aging baby boomers.”⁵⁷ For expenditure projections for FY 2017, TennCare is projecting a 1.89 percent increase in cost of CHOICES.⁵⁸

Tennessee’s largest public program for low-income elderly citizens in terms of expense is TennCare CHOICES. Assuming this program continues to serve about 2.84 percent of the 65+ population in 2030, OREA estimates that enrollment would increase by 18,734 seniors, or 63 percent. Enrollment growth of this size would mean an increase of \$577.7 million for the program (\$202.2 million in state dollars and \$375.5 million in federal dollars, based on the current 35/65 split between the state and the federal government for TennCare funding). This estimate is based on current program costs of \$30,836 per senior, an amount that will likely increase in coming years.⁵⁹

Tennessee public programs and services designed to prevent or delay seniors from needing higher cost TennCare CHOICES (Groups 1 and 2) services either already have waiting lists for services, do not serve all seniors that could benefit from the services, or are serving fewer seniors.

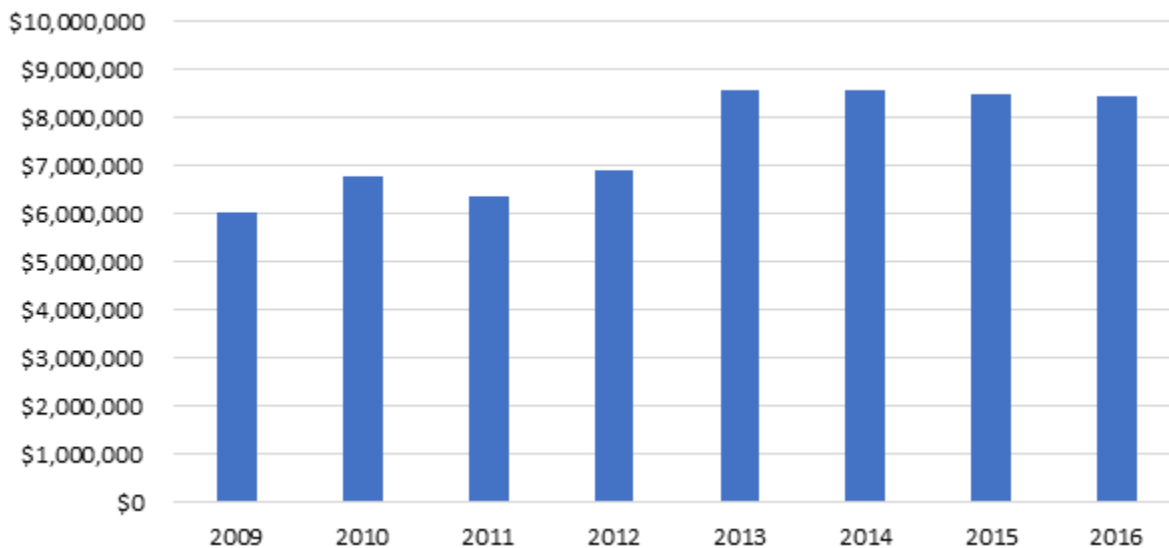
The three programs examined by OREA are as follows: TennCare CHOICES Group 3, Options, and OAA programs.

TennCare CHOICES Group 3 – As part of the new financial eligibility criteria for CHOICES Group 3 (i.e., as of July 2015, new enrollment in the group is limited to persons receiving SSI), enrollment is declining in CHOICES Group 3, TennCare’s program to serve seniors at risk of needing nursing facility care. From FY 2013 through FY 2015, an interim CHOICES Group 3 allowed seniors with a single ADL deficiency to qualify in Group 3 under the same financial eligibility requirements applicable to CHOICES Groups 1 and 2. As of July 2015, CHOICES Group 3 eligibility for seniors is limited to seniors qualifying for Supplemental Security Income payments.⁶⁰ From FY 2015 through FY 2016, Group 3 enrollees decreased from 4,291 to 3,446. CHOICES has had no waiting list as applicants are entitled to services if they meet the new financial eligibility requirements.⁶¹ In FY 2016, Group 3 expenditures for seniors were \$28.2 million, \$8,189 per senior served.⁶²

Options – Not all seniors who are eligible for home and community based services under the Options program receive them. Unlike TennCare CHOICES, which provides services to anyone that qualifies, the Options program accepts only as many people as state funding allows. Funding for the program has remained relatively flat over the past five years, dropping slightly from \$8.5 million in 2014 to \$8.4 million in 2017.⁶³ (See [Exhibit 9](#).) Although expenditures for each enrollee are capped at \$5,000 per person, expenditures per participant in 2016 were \$3,046.⁶⁴

In 2016, 2,958 seniors received services through the Options program.⁶⁵ As demand for services has grown, the waiting list for Options has increased. Each AAAD prioritizes its own waiting list.⁶⁶ A 2015 Comptroller audit called into question the accuracy of the waiting list for data collection purposes. Each AAAD now periodically checks with people on the waiting lists to determine who still needs services and who may be able to move up or down on the list based on any changes in the need for services.⁶⁷ Although a cost-sharing component for those able to pay something toward the cost of services is included, the program currently serves only those who are not required to share costs because priority is given to the lowest-income individuals, who do not trigger the cost-sharing component.⁶⁸ In 2016, an estimated 9,626 people were on the waiting list for OPTIONS, up from 9,073 in 2015.⁶⁹

Exhibit 9: State Funding for Options Program, FY 2009 – FY 2016



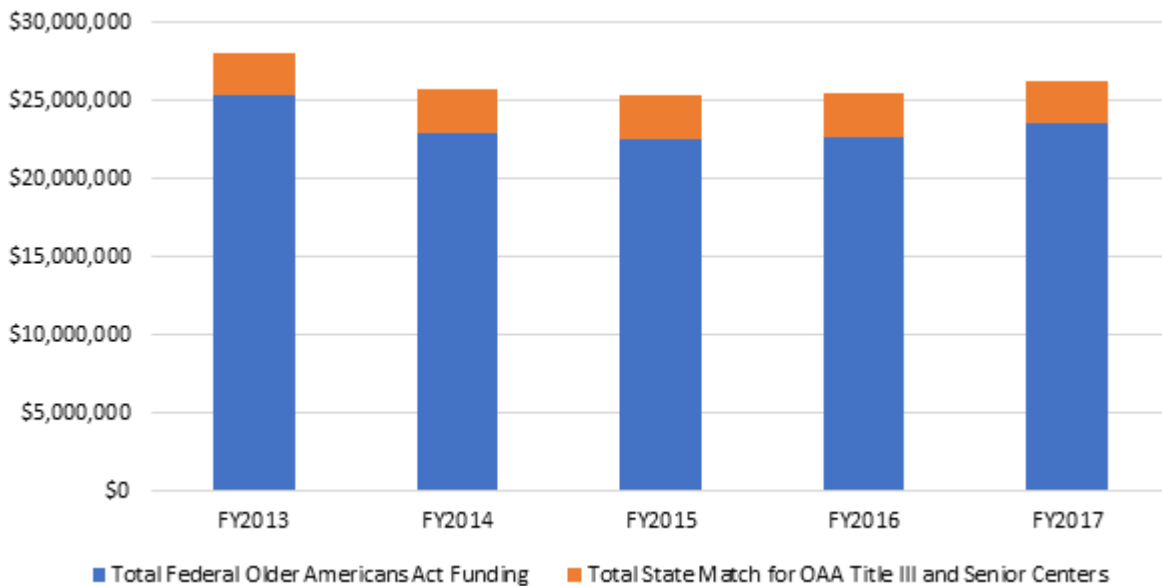
Source: Tennessee Commission on Aging, Program Expenditures, FY 2009 – FY 2016.

Older Americans Act Programs – In its 2014-2018 State Plan, the Tennessee Commission on Aging and Disability (TCAD) listed several concerns relative to its current funding levels and capacity to serve the growing population of those who qualify for OAA services. One primary concern noted by the agency is the ability to handle the increase in demand for services when current programs are already beyond maximum capacity.⁷⁰ For example, the TCAD State Plan noted that a waiting list exists for all programs and services, including home delivered meals, while access to affordable housing is limited.⁷¹

Most funding for services provided in Tennessee under the OAA comes from the federal government and is calculated using an intrastate funding formula based on the state’s elderly population. In 2016, Tennessee received \$22.6 million in federal funds matched by \$2.9 million in state funds. (See [Exhibit 10](#).) OAA programs have had steady federal-state funding at about \$25.5 million per year since 2014.⁷²

Research shows that the home and community based services offered by these alternative programs may allow seniors to stay in their homes and delay or prevent seniors’ functional decline, which often depletes caregiver and financial resources, and ultimately qualifies these seniors for more expensive Medicaid services. Thus, OAA programs, Options, and CHOICES Group 3 are intended to save money in the long run by delaying or avoiding the need for the more expensive care along the long-term care continuum.

Exhibit 10: Federal and State Funding for Older Americans Act, FY 2013 – FY 2017



Source: Tennessee Commission on Aging, Program Expenditures, FY 2013 – FY 2017.

Tennessee has not fully developed a single point of entry for all state aging services.

Several Tennessee reports in recent years note the frustration of seniors and their caregivers in determining and applying for services to meet their long-term care needs. Most reports note that there is not one entity in the state (a single point of entry) to inform seniors of all available public services and assist them in accessing the programs.

The Tennessee Commission on Aging manages a website that includes information on available senior services, and the Area Agencies on Aging and Disability (AAADs) currently provide information and referrals to seniors.⁷³ The AAADs provide application assistance for OAA programs, the Options program, and TennCare/Medicaid, but they do not cover the full range of available programs and resources such as SNAP (Supplemental Nutrition Assistance Program), rental housing assistance, and adult day care options. The AAAD directors noted that seniors often leave AAAD offices with a list of other agencies to contact to determine eligibility and availability of services; many seniors are not able to, or do not, follow up and complete applications with multiple agencies.⁷⁴

Key Long-Term Care Measures to Monitor

As stated earlier, Tennessee's programs for low-income senior citizens can be thought of as a continuum of programs and services, with the most intensive and highest cost services at one end and decreasing gradations of service levels and costs as one considers the other programs on the continuum. A key question for policymakers to consider on this issue is **what percentage of qualifying seniors along the continuum are receiving a level of care that aligns with their preferences, meets their medical and personal care needs, and is most cost-effective for taxpayers.**

Key measures that policymakers can examine in light of this question are:

1. the growth in the older population and projected future costs of programs;
2. the percentage of expenditures for home and community based services compared with nursing facilities;
3. demand for programs along the continuum, based on waiting lists and other methods for capturing demand; and
4. coordination of services among various state agencies.

Continued data development and research is needed for policymakers to track these and other trends in the future. Additional information will be needed from the Bureau of TennCare, the Tennessee Commission on Aging, and other state agencies and stakeholders. Regular progress reports would assist with monitoring and evaluating the extent to which public long-term services and support programs are meeting the needs and preferences of seniors in a cost-effective manner. Information needed on a regular basis would include:

- the number of seniors served;
- characteristics of seniors served, e.g., income and level and type of services needed;
- where seniors receive those services;
- the cost of services; and
- the number of eligible seniors on waiting lists.

This information would serve to inform any decisions made by the General Assembly on this issue.

Policy Options

In recent years, several national and Tennessee reports and plans have offered numerous ideas on how Tennessee might prepare for the growth in the senior population, improve services for low-income seniors, and help seniors avoid or delay the need for higher cost services and supports.



The graphic features a dark blue header with the text "2013 Listening Tour" in white. Below this, a white box contains the text "Top Concerns" in dark blue. To the right of the text is a circular icon containing a white silhouette of a person pointing at a screen, with three smaller silhouettes of people below, representing a listening tour or presentation. Below the graphic is a list of five bullet points in dark blue text, and a source citation in a smaller font.

- get help when needed quickly and without hassle
- find transportation services for those who cannot or do not drive cars
- get care at home instead of in a nursing home
- access respite services to aid family or friends
- receive training for aid workers who help older adults

Source: Tennessee Commission on Aging and Disability, *Tennessee State Plan on Aging, 2014-2018*, p. 11.

A 2003 report by the Comptroller’s Office addressed the beginning stages of the state’s shift to providing more home and community based services prior to the passage of the CHOICES Act in 2008.⁷⁵ In 2014, the Governor’s Task Force on Aging focused on ways to promote healthy aging, create livable communities, and support family caregivers.⁷⁶ The Tennessee Commission on Aging and Disability’s 2014-18 State Plan provides a comprehensive list of how the state plans to spend current dollars on aging services and lists concerns relative to capacity and funding for the future.⁷⁷ Most of the Tennessee plans are based on feedback collected through statewide listening tours and surveys, which obtained input from state and local officials, as well as nonprofit, for-profit, and advocacy agencies that deal directly with senior populations and their concerns. (See graphic above for top concerns from 2013 TACD Statewide Listening Tour.)

Listed below are common themes from these reports, as well as some general cost estimates, for policymakers’ consideration. More detailed analysis and estimates would be needed if policymakers choose to pursue particular options. This report does not make recommendations or address what the state should spend on services and supports for the elderly population.

Expand Home and Community Based Services

Tennessee could expand the more basic forms of home and community based services. Studies show that states which invest in home and community based services, such as OAA programs, Tennessee’s Options, and CHOICES Group 3, would likely see decreased future use of more expensive home and community based services and nursing homes through Medicaid/TennCare CHOICES.

A 2013 AARP Public Policy Institute review of studies on the cost effectiveness of home and community based services, conducted between 2005 and 2012 in 25 states, found consistent “evidence of cost containment and a slower rate of spending growth as states expanded home and community based services” from nursing facility use.⁷⁸ According to Tennessee Area

Agencies on Aging directors, in many cases, if a senior can get basic home services, such as meals, bathing, and light housekeeping, they are more likely to be able to safely continue to live in their community for longer without enrolling in more expensive TennCare CHOICES services.

The TennCare CHOICES program is based on the premise that when medically and safely appropriate, lower cost home and community based services can reduce the lifetime costs of TennCare long-term services and supports for seniors by delaying their need for nursing facility care.⁷⁹ As shown in [Exhibit 11](#), the state’s cost of care for 500 seniors in FY 2016 varied from an estimated \$1.5 million for home and community based services for CHOICES Group 3 seniors to \$7 million for CHOICES seniors requiring nursing facility care.⁸⁰ (Note that CHOICES costs used here include only the state’s 35 percent match and no federal funds.) If the Group 3 services delay these 500 seniors’ need for nursing facility care for one year, the potential savings to the state is \$5.5 million. Likewise, if an additional 500 seniors receive services through the Tennessee Options program at an estimated cost of \$1.5 million per year and those services delay their qualifying for Choices Group 2 at a cost of \$3 million per year, potential savings to the state is \$1.5 million. (See box titled “Potential Savings” for the calculations and estimated potential state long-term cost savings for 500 seniors for different programs along the Long-term Services and Supports Continuum of Care.)

Exhibit 11: FY 2016 State Cost⁽¹⁾ Comparison, Long-term Services and Supports Continuum of Care

FY 2016 Cost of care ⁽²⁾ for 500 seniors	
CHOICES – Nursing Facility Care (Group1)	\$7,000,000
CHOICES – Home and Community Based Services (Group 2)	\$3,000,000
CHOICES Home and Community Based Services (Group 3)	\$1,500,000
Options – Home and Community Based Services	\$1,500,000

Notes: (1) Includes only state’s 35 percent share of CHOICES cost. Excludes 65 percent federal share.
 (2) Based on the statewide cost per senior served during FY 2016 rounded to nearest \$500.

Source: OREA analysis of information provided by Bureau of TennCare and Tennessee Commission on Aging and Disability.

If the General Assembly chooses to expand home and community based services for seniors, a study should be designed to evaluate the extent that those services reduce or delay the need for more expensive services along the continuum. Home and community based services encompass a variety of programs, both public and private. Expanding the capacity of public programs could have a spillover effect in also expanding service options for private-pay individuals.

Potential Savings from Preventive Seniors Home and Community Services

FY 2016 Costs per Senior (rounded to nearest \$500)

TennCare CHOICES

Group 1 – Nursing Facility Care	\$40,000
Federal Cost (65%)	\$26,000
State Cost (35%)	\$14,000
Group 2 – Full Home and Community Based Services	\$17,000
Federal Cost (65%)	\$11,000
State Cost (35%)	\$ 6,000
Group 3 – Limited Home and Community Based Services	
For Seniors “at risk” of nursing home care	\$8,000
Federal Cost (65%)	\$ 5,000
State Cost (35%)	\$ 3,000

Tennessee Options

Basic Home and Community Based Services	
State Cost (100%)	\$3,000

Potential State Cost Savings per Senior for One Year Delay in Higher Level of Care:

Options over CHOICES Nursing Home Care (\$14,000 - \$3,000)	\$11,000
Options over CHOICES Group 2 HCBS (\$6,000 - \$3,000)	\$ 3,000
CHOICES Group 3 over CHOICES Nursing Home (\$14,000 - \$3,000)	\$11,000
CHOICES Group 3 over CHOICES Group 2 HCBS (\$6,000 - \$3,000)	\$3,000

Examples – Potential State Savings if CHOICES Group 1 or 2 Delayed One Year:

Fund an additional 500 seniors in the Options program served at \$3,000 per year:

CHOICES Group 1 Nursing Home Services (500 X \$11,000 savings per senior)	\$5.5 million
CHOICES Group 2 HCBS (500 X \$3,000 savings per senior)	\$1.5 million

Expand Group 3 eligibility by 500 Seniors at \$3,000 per year (State funds):

CHOICES Group 1 Nursing Home Services (500 X \$11,000)	\$5.5 million
CHOICES Group 2 HCBS (500 X \$3,000 savings per senior)	\$1.5 million

Improve Transportation

As people live longer, they are outliving their ability to drive safely by an average of seven to 10 years.⁸¹ Of Americans 65 and older, 21 percent do not drive, often citing the lack of access to a vehicle, declining health, and safety concerns among the reasons.⁸²

Transportation options for seniors who can no longer drive themselves are important to allow seniors to have access to health care, shopping, and social activities that promote more successful and healthy aging at home or in the community. While public transit options may exist in some areas to assist with trips to necessary medical appointments or grocery stores, studies have shown that the lack of transportation has negative health, physical, and social effects on older adults.⁸³

As people age, the type of transportation services people need may vary. For example, paratransit routes are operated in addition to standard public transit to serve people who are not able to use a fixed bus route service. It often provides door-to-door service for passengers who meet specific eligibility requirements under the Americans with Disabilities Act. Some citizens may require assistance getting to the fixed route stops, however, and would be better served with curb-to-curb service where passengers exit the vehicle at the curb or driveway of their destination. Those with mobility issues may require additional assistance with door-to-door or door-through-door service where drivers help passengers enter and exit the vehicle and help them either to the front door or all the way through the door of their home or destination.

Tennessee Volunteer Ride Programs

As of 2016, six counties or cities in Tennessee are operating volunteer ride-share programs for older citizens:

- iTNMemphis
- Knoxville-Knox County Community Action Committee Volunteer Assisted Transportation
- Round About Roane
- Senior Ride (Nashville)
- Senior Miles (Claiborne County)
- Senior Miles (Blount County)

Both Jackson-Madison and Nashville plan to launch new programs in 2017 modeled off the Senior Miles or “SMiles” program developed by the Blount County Community Action Agency – Senior Action Council in cooperation with the East Tennessee Area Agency on Aging and Disability in 2014. The SMiles program provides door-through-door transportation options for residents over the age of 60 who need rides for essential trips like medical visits or grocery shopping, and social events.

The Southwest Tennessee AAAD plans to launch a volunteer driver program in mid-2017 that will provide door-to-door as well as door-through-door service to the estimated 15,000 residents over the age of 60 in the Madison County area. The county’s older population is expected to grow by 61 percent within the next 15 years.

Senior Ride Nashville is a coalition of over a dozen public and private organizations to provide a volunteer-based ride service and call center that will complement existing ride options and assist older adults in accessing transportation. It also plans to launch in mid-2017 with gradual expansion throughout the county in subsequent years.

The Tennessee Commission on Aging and Disability’s state plan indicates public transportation options for seniors are limited, especially in rural counties and for those who need more door-to-door transportation assistance. The state plan lists the following strategies for enhancing transportation services for older adults:

- identifying best practice models in other states and move to implement statewide;
- exploring opportunities to develop partnerships;
- seeking additional grant opportunities and transportation funding; and
- advocating for increased capacity for existing senior transportation programs.⁸⁴

In 2014, the Governor’s Task Force on Aging recommended “Good Samaritan Protection” legislation to protect volunteers in the community from liability when they provide transportation to seniors. In 2015, Public Chapter 152 recognized the need for additional transportation services for seniors, as well as the importance of volunteer drivers. The act limits the civil liability for volunteer drivers in recognized transportation service programs. Additionally, the Governor’s Task Force called for a community based, volunteered-powered transportation model that would improve mobility options for seniors. It recommended implementing a model such as ITNAmerica where volunteer drivers earn credits that can be used for their own future transit needs or to help pay for rides for family members or others in the community.⁸⁵

Further Support for Caregivers

Family and other nonpaid caregivers are the backbone that enables many seniors to continue living in their homes for as long as possible. Although seniors may use publicly-funded programs available through the Tennessee aging network, many of those programs are meant to supplement, not replace, the care that is received from family caregivers. Options to provide more support include caregiver training, more respite care options, such as adult day care, greater access to support programs for caregivers, and workplace policies that recognize the needs of family caregivers.

Most seniors who need assistance with bathing, dressing, or preparing meals turn to family and other unpaid caregivers for help. A 2015 survey of Tennessee residents age 45 and older found that 80 percent wish to stay in their homes with caregiver assistance as they age, and 94 percent of respondents said that it is extremely important to have services that allow people to stay in their homes as they age.⁸⁶ Family and informal caregivers save the state a considerable amount of resources by partially or completely offsetting the need for expanded public services.⁸⁷ In 2009, AARP estimated elderly services and supports provided by family and other unpaid caregivers in Tennessee had an economic value of \$11 billion, five times the Medicaid spending on long-term services and supports.⁸⁸

The 2008 CHOICES Act called for a long-term care system that recognizes and values the critical role of family and other caregivers to help meet the needs of the elderly. The act called for services, such as caregiver training, adult daycares, and respite care, that help delay or prevent the need for more expensive care.⁸⁹

Today, caregivers of a CHOICES enrollee can receive a certain amount of in-home and in-patient respite care, adult daycare services, personal care visits, and attendance care.

Individuals who do not qualify for

TennCare may seek caregiver services

through the Older Americans Act National Family Caregiver Support Program. Limited funding and high demand for services through the Options program may impede some caregivers from gaining access to the services they need. The Governor's 2014 Task Force on Aging included supporting family caregivers as one of its three top areas of focus. It identified training for caregivers, additional respite care options, and greater access to support programs as the highest unmet needs. The task force included several recommendations, such as the creation of an online database of providers to assist with matching services to eligible seniors, comprehensive respite programs, and a family caregiver toolkit for healthcare professionals. See box for a list of the task force's recommendations for assisting family caregivers.

2014 Governor's Task Force Recommendations

- Invest in robust "no wrong door" virtual portal
- Match services for providers and older adults
- Launch Caregiver University
- Provide health care professionals with needed resources
- Offer comprehensive respite programs
- Establish caregiver crisis hotline
- Host employer convening on impact of caregiving
- Create resource toolkit for employers

Source: The Governor's Task Force on Aging, March 2014, p. 46.

Other considerations include evaluating the state's Nurse Practice Act and other laws regarding the delegation or performance of certain health maintenance tasks by home health aides. Under current Tennessee law, only family members or a licensed nurse may perform certain tasks – such as medication administration, tube feeding, ostomy care, and oxygen therapy. Allowing nurses to delegate or otherwise train a range of health maintenance tasks to home health care workers may relieve the burden of family members or friends having to leave work to perform tasks that a home care worker could be trained to safely perform. Tennessee is currently one of 11 states that permit two or fewer health maintenance tasks to be delegated.⁹⁰

In 2012, the state of Washington expanded its Family Caregiver Support Program, which provides information and outreach, screening and assessment, respite care, support groups, and resources to assist family caregivers. The goal of the program is to delay or make unnecessary the placement of care receivers in long-term care facilities. Researchers found that

Medicaid enrollees with caregivers who received a screening after the expansion were 20 percent less likely to enroll in Medicaid long-term care services and were slower overall to transition to Medicaid long-term care.⁹¹

Several states have passed the AARP CARE (Caregiver, Advise, Record Enable) Act that informs caregivers of the health status and care requirements of elderly individuals discharged from a hospital in an effort to improve the care elderly individuals receive after discharge and to reduce the likelihood they will return to the hospital. As of 2016, 18 states have passed CARE Act legislation, not including Tennessee.⁹²

Further expand community based residential alternatives

A directive of the CHOICES Act of 2008 (PC 1190, Section 3(h)) was for the long-term care system to offer a continuum of long-term care services, including an expanded array of home and community based options, such as community based residential alternatives to institutional care.⁹³ While some changes have been made to develop such alternatives in Tennessee, further expansion appears possible.

Through state policy and legal changes, other states have encouraged the development of other community residential options, such as smaller, and less expensive group homes. Such options, which may include small-group nursing homes or senior foster homes, can meet seniors' needs and prolong their ability to live in the community as opposed to more expensive skilled nursing facilities. Options like these could also keep some seniors from spending down their assets to qualify for TennCare. Other areas have developed housing options that integrate health care and supportive services. Such options could help meet future demands given the expected decline in the number of available family caregivers and longer life expectancies, and the increase in chronic disease and dementia.

Development and investment in the direct care workforce

Caregivers often turn to home healthcare agencies to supplement the care they give to friends and family members. Demand for direct care workers, such as nursing assistants, home health aides, and personal care aids, is expected to increase in coming years while the number of unpaid caregiver supports is expected to decrease. The direct care industry is known to have low retention rates in part because of challenging work, difficult schedules, and limited opportunities for career advancement. A shortage of direct care workers is a problem in some areas, particularly in some rural areas where fewer agencies exist to provide services and fewer workers are available to hire.

The U.S. Commission on Long-Term Care emphasized the need for workforce policies designed to increase the retention of direct care workers and improve the quality of care provided by them. A 2015 report from the Tennessee Division of Healthcare Finance and Administration is investing in a comprehensive, competency-based workforce development program and credentialing registry for individuals working in the long-term services and supports industry. Individuals may apply to programs at high schools, vocational-technical schools, community colleges, and universities that would create “stackable credentials” and college credit toward a certificate or degree program. Employees would be able to build upon their experience and training to access more advanced jobs, higher wages, and a more defined career path within the field. Employers would, in turn, experience higher employee retention rates, and agencies employing a better trained and qualified staff would be appropriately compensated for providing a higher quality of care.⁹⁴

Further develop a comprehensive and coordinated system of aging services

As noted earlier, there is not one entity in the state (a single point of entry) to inform seniors of all available public services and assist them in accessing the programs. A 2015 Comptroller Performance Audit determined that state-administered services and assistance for seniors in Tennessee include an estimated 38 programs spread among 11 state agencies.⁹⁵ See [Appendix 1](#) for a list of services and programs by agency. In addition, there are numerous services funded by local governments, non-profits, or private companies.

The AAADs provide information and referrals to some long-term services and supports for requesting seniors. The AAADs currently provide application assistance for OAA programs, the Options program, and TennCare/Medicaid, but do not cover the full range of available state and local resources, such as SNAP (Supplemental Nutrition Assistance Program), rental housing assistance, and adult day care options. Although TCAD manages a website that includes information for a needs assessment questionnaire, links to organizations and service providers, contact information for senior centers, and a “search for services” tool, the AAAD directors noted that seniors often leave the AAAD offices with a list of other agencies to contact to determine eligibility and availability of services. Many seniors may not follow up and complete applications with multiple agencies.

The plan developed by the 2014 Governor’s Task Force on Aging envisions a central portal to enter standard information required of the various programs (e.g., name, address, income, assets, and functional capacity) to determine public and private programs a senior qualifies for and to apply on the senior’s behalf. Such a system already exists through the TennCare CHOICES program, but only for seniors who do not already qualify for TennCare.

The Tennessee State Plan on Aging 2014 – 2018 includes goals to collaborate with state agencies to develop a seamless system of accessible services and programs for seniors, and to ensure that AAADs meet the federal standards for Aging and Disability Resource Centers in providing counseling and information for aging issues and services.

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Appendix 1: State Agency Programs for Elderly and Disabled Populations

Department	Program Title	Description
Tennessee Commission on Aging and Disability	National Family Caregiver Support Program (NFCSP) ³	NFCSP helps families sustain their efforts to care for older relatives with chronic illnesses or disabilities in their homes.
	Information and Assistance (I&A) ^{1,2}	I&A connects people to health and human services needs, as well as to more general information. When people are uncertain about what is available for them, or even about what they really need, they are able to describe what is happening, receive information, and are then pointed in a direction to best suit their individual situation.
	State Long-Term Care Ombudsman Program (SLTCO) ¹	An ombudsman is available to help residents and their families resolve questions or problems and advocates for solutions to problems for qualified residents of long-term care facilities. If requested by the victim, SLTCO reviews elder abuse cases that occur in long-term care facilities (the Department of Human Services reviews all elder abuse cases).
	Nutrition Services ¹	<u>Home-delivered meals</u> : Participants receive one delivered meal a day. Meals are served at no cost, but donations are appreciated and encouraged.
		<u>Congregate meals</u> : Meals are available Monday through Friday, except holidays, and are served at senior centers, churches, schools, and community centers across the state at no cost. Donations are appreciated and encouraged.
		<u>Nutrition screenings</u> : Nutrition screenings check to see if the participant is getting the nutrition they need. Nutrition counseling provides one-on-one assistance in using diet to better manage diseases such as diabetes and heart disease.
	OPTIONS for Community Living ^{1,2}	A state-funded program to provide home- and community based service choices such as homemaker services, personal care, and home-delivered meals.
	Public Guardianship ¹	Public guardians, known as conservators, help people over 60 who can no longer help themselves. Conservators help older people meet their needs and remain as independent and comfortable as possible.
Senior Brain Game ¹	A statewide trivia competition.	
State Health Insurance Assistance Program ¹	A program to provide counseling and assistance with Medicare and other related health insurance questions.	

¹ These programs are for the elderly population.

² These programs are for the disabled population.

³ This program is for the caregiver of an elderly individual or an elderly caregiver of a disabled individual.

Source: Tennessee Comptroller of the Treasury, *Performance Audit Report: Tennessee Commission on Aging and Disability*, Nov. 2015, Appendix 1, p. 40, <http://www.comptroller.tn.gov/> (accessed March 9, 2017). Includes only programs noted for seniors; excludes programs solely for disabled population. Includes programs beyond long-term services and supports.

Department	Title	Description
Tennessee Commission on Aging and Disability (continued)	Tennessee For A Lifetime ¹	Tennessee for a Lifetime is an event designed to help Tennesseans of all ages learn about growing older. The event provides free lessons on aging to help people plan, get them to think, and assist them in taking action when they should.
	Disaster Preparedness ¹	Disaster preparedness consists of having and being able to use an emergency plan as a response to any type of disaster, including preparing an emergency kit. The commission has disaster preparedness workshops (Are You Ready?).
	Community Garden Resources ¹	Hunger remains a problem and seniors are at high risk. Community gardens have become a growing asset to combat hunger and are a healthy food option.
Department of Human Services	Supplemental Nutrition Assistance Program (SNAP; food stamps) ^{1,2}	SNAP helps ensure eligible low-income families and individuals obtain a nutritious diet.
	Adult Day Care ^{1,2}	A program for adults who need some level of supervision throughout the day.
	Adult Protective Services (APS) ^{1,2}	APS investigates reports of abuse, neglect, or financial exploitation of adults. APS also makes referrals to resources within the community for further assistance with keeping individuals in the safest environment.
	Family Homes for Adults (administered through APS) ^{1,2}	Family Homes for Adults provides safety, needed care, and protection from abuse and neglect to at-risk adults.
	Homemaker Program ^{1,2}	The Homemaker Program provides limited in-home personal care services designed to allow participants to remain in their own residence and maintain independence.
	Child and Adult Food Care Food Program (CACFP) ¹	CACFP is a federally funded program that provides reimbursement for eligible meals that are served to participants who meet age and income requirements.
	Vocational Rehabilitation Services (VR) ²	VR helps individuals with disabilities enter or return to employment.
	Tennessee Rehabilitation Center (TRC) ²	TRC is a comprehensive residential rehabilitation facility that offers specialized programs and services within a campus environment. TRC assists individuals with disabilities in achieving their goals of employment and independent living.
	Tennessee Technology Access Program (TTAP) ²	TTAP is a statewide program designed to increase access to, and acquisition of, assistive technology devices and services.
Department of Intellectual and Developmental Disabilities	Tennessee Family Support Program ²	A state-funded program providing respite care, day care services, home modifications, equipment, supplies, personal assistance, transportation, homemaker services, housing costs, health-related needs, nursing, and counseling.
	Assistive Technology (AT) Clinics and Custom Fabrication Shops ²	AT Clinics and Custom Fabrication Shops provide various seating and alternate positioning needs.

Department	Title	Description
Department of Finance and Administration - Volunteer Tennessee -Health Care Finance and Administration (Bureau of TennCare)	AmeriCorps Community Cares - Team Tennessee AmeriCorps ^{1,2}	Members assist frail seniors and persons with disabilities with direct, in-home assistance so that the residents can remain living independently in their own homes for as long as possible.
	Senior Companion Program (SCP) - Senior Corps ^{1,2}	SCP serves adults needing extra assistance. Senior companions provide friendship to isolated frail seniors, assist with simple chores, and provide transportation.
	Long-Term Services & Supports (CHOICES) ^{1,2}	CHOICES offers help doing everyday activities for adults age 21 and older with a physical disability and seniors age 65 and older.
	Long-Term Services & Supports (PACE - Program for All-Inclusive Care for the Elderly) ¹	PACE is an integrated managed care program that provides comprehensive Medicare and Medicaid benefits to frail seniors who would qualify to receive the level of care in a nursing home. PACE currently operates only in Hamilton County
Department of Health	Farmers' Market Nutrition Program (FMNP) ¹	FNMP is offered in Tennessee in July and August to provide locally grown fruits, vegetables, and herbs to families with limited resources.
Department of Labor and Workforce Development	Senior Community Service Employment Program (SCSEP) ¹	SCSEP provides subsidized, part-time work experience through a limited time community service so that seniors can obtain the skills necessary for permanent employment.
	Trade Adjustment Assistance (TAA) & Alternative Trade Adjustment Assistance (ATAA) ¹	TAA is a federally funded program that assists workers who have lost their jobs or had their hours or wages cut due to increased imports or a shift in production to a foreign country. ATAA is an assistance program specifically for older workers who are eligible to apply for TAA. ATAA allows older workers, for whom re-training may not be suitable, and who will find reemployment, to receive a wage subsidy to help bridge the salary gap between their old and new employment.
	Health Coverage Tax Credit (HCTC) ¹	HCTC helps pay for private health insurance for workers certified to receive TAA benefits.
Comptroller of the Treasury	Property Tax Relief (Division of Property Assessments) ^{1,2}	Tax relief occurs when the State of Tennessee reimburses certain homeowners who meet the legal requirements for a part or all of property taxes paid, and it is not an exemption.
Department of Agriculture	The Emergency Food Assistance Program (TEFAP) ^{1,2}	TEFAP is a federal program that helps supplement the diets of low-income needy persons, including elderly people, by providing them with emergency food and nutrition services at no cost.
Tennessee Housing Development Agency (THDA)	Family Self Sufficiency (FSS) ^{1,2}	FSS works with families and interested parties to create step-by-step plans that lead to economic independence.
	HOME Program ¹	THDA funds local housing programs designed to promote the production, preservation, and rehabilitation of affordable housing for individuals and families with low and very low income.

Department	Title	Description
Tennessee Housing Development Agency (continued)	Housing Trust Fund: -Competitive Grants ^{1,2}	The Housing Trust Fund is allocated to local entities to meet the housing needs of very low-income, elderly, and special needs (defined as physical, emotional, and/or social obstacles) citizens.
	-Emergency Repair for the Elderly Program ¹	A program that makes essential repairs for elderly homeowners.
	-Rural Housing Repair Program ^{1,2}	A program that assists very low-income households, the elderly, and the disabled with repairs to their homes.
	-Housing Modification and Ramp Program ²	A program that constructs ramps and makes other modifications to assist persons with disabilities with access to their homes.
	Housing Choice Voucher Program (HCV) ^{1,2}	HCV is a federal rental assistance program; very low-income individuals and families, the elderly, and the disabled receive assistance to afford decent, safe, and sanitary housing in the private market.
	Weatherization Assistance Program (WAP) ^{1,2}	WAP helps low-income households reduce their fuel costs and contribute to national energy conservation through increased energy efficiency and consumer education. Households that include young children, elderly, or disabled members are given priority for service.
	Tennessee Bureau of Investigation	Criminal Investigation - Medicaid Fraud Control Unit (MFCU) ^{1,2}
Tennessee Department of Transportation	Office of Passenger Transportation - Section 5310 Program (Traditional & Expanded) ^{1,2}	The purpose of the Section 5310 Program is to improve mobility for the state's seniors and individuals with disabilities by removing barriers to transportation services and expanding the transportation mobility options.
	Tennessee Yellow Dot Program ¹	The Yellow Dot Program supplies first responders with an individual's medical information in the event of an emergency.
Tennessee Regulatory Authority	Lifeline Discount Telephone Assistance (Lifeline) ^{1,2}	The Lifeline program reduces the monthly local service portion of the telephone bill (Lifeline does not assist with the long distance or special features portions of the bill).
	Telecommunications Devices Access Program (TDAP) ²	TDAP distributes appropriate telecommunications devices so that individuals with a disability may effectively use basic telephone service.
	Tennessee Relay Service (TNRS) ²	TNRS provides free, statewide assisted telephone service to those with speech, hearing, and visual impairments.
Tennessee Arts Commission	Arts Access Program ²	The Arts Access Program is committed to providing Tennessee's undeserved constituents with access to the arts. This grant offers direct support for arts projects to organizations of color or to organizations primarily benefitting people with disabilities.
Tennessee Council on Developmental Disabilities	Education Travel Fund/Community Development Grant ²	This grant helps Tennesseans with disabilities and/or their families attend conferences.



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