

Long-Term Services and Supports **Fact Sheet**

LONG-TERM SERVICES AND SUPPORTS

As Elders of the “baby boom” generation age, there is a crucial and increasing demand for Long-Term Services and Supports (LTSS) in Indian Country. While LTSS incorporates a variety of different types of care, they fall into two primary categories: institutional services (such as a nursing home) and community-based services (such as home care). Unfortunately, it can be incredibly difficult for American Indian and Alaska Native (AI/AN) Elders to access these services despite recent favorable legislative action. (1)

LEGAL MANDATE, BUT NO MONEY...

The Indian Health Care Improvement Act (IHCA), the law which supports healthcare for AI/ANs, was made permanent in 2010 as a part of the Affordable Care Act (ACA). The new, permanent form of the IHCA allowed the IHS and other AI/AN-operated healthcare providers to offer LTSS but Congress provided no funding to provide LTSS. As a result, LTSS are not more available to AI/AN Elders five years after the permanent passage of the law than before. The IHS did attain a federal grant which enabled the funding of LTSS demonstration projects in 2010, but without further funding, development is not likely to advance. Because funding for LTSS is scarce within Indian Country, the only route to LTSS for those who cannot afford them outright is bankruptcy or to otherwise be qualified for Medicaid. (2)(3)(4)

ACCESSING LONG-TERM SERVICES AND SUPPORTS

Medicaid is the primary viable means by which to access LTSS for many Elders. Medicaid can pay for both institutional and home-based and community services and access to these services is continuous as long as the Elder remains qualified for Medicaid. However, Elders below age 65 who earn less than \$14,500 per year qualify for Medicaid. There are a variety of other exceptions for certain conditions and disabilities that can also provide an avenue to access Medicaid. Elders 65 and older must earn less than 135% of the federal poverty level to qualify.



The unfortunate reality of using Medicaid to access LTSS is that doing so generally means an Elder has depleted the majority of their wealth and assets, and becomes impoverished. For those Elders in institutional care settings, 2 of every 3 are impoverished at the end of life. Very few have alternative choices, as only 10% of Americans have coverage for LTSS and the other 90% generally obtain coverage via poverty sufficient to qualify for Medicaid. (5)

Medicare can pay for temporary access to LTSS for both institutional and or home and community-based services. Medicare is not intended to pay for long term access to any type of healthcare, but instead function similar to private health insurance. Typically the care must be required as the result of a specific health-related incident and be part of the treatment plan. Accordingly, Medicare should not be viewed as a way to pay for LTSS or as insurance for LTSS. (6)

Private health insurance often pays for LTSS in a manner similar to Medicare, on a temporary basis when the service is part of a treatment course for a specific health-related incident. There are some forms of insurance called Long Term Care Insurance which are designed to help with the often very high costs of LTSS access when one is not eligible for Medicaid. Outside of having coverage through one of these insurance plans, paying out of pocket or being reliant on charity are the only other real options to access LTSS. (6)

This lack of available and sufficient LTSS and the inability of most to access them, is a travesty for all Elders in America, and it is especially burdensome for Elders in Indian Country who are largely forced to accept poverty as their only path to accessing LTSS.

GET INVOLVED

The condition and access to LTSS in Indian Country is unfair and unacceptable. To change this, it is crucial to make your voice heard. Start on the local level by advocating to your local tribal leaders. Become a member of NICOA and attend NICOA's Conference on Aging to voice your concerns to leadership and policymakers.

To learn more about Medicaid, Medicare and how to apply for each, view our factsheet here: <http://nicoa.org/resources/>

SOURCES

- 1). Kaiser Family Foundation, <http://kff.org/medicaid/fact-sheet/medicaid-long-term-services-and-supports-an-overview-of-funding-authorities/>
- 2). Indian Health Services, <http://www.ihs.gov/ihsia/>
- 3). Centers for Medicare and Medicaid, <https://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/Downloads/Health-Care-Reform-and-Long-Term-Care.pdf>
- 4). Grants.gov, <http://www.grants.gov/web/grants/view-opportunity.html?oppld=54006>
- 5). Public Policy & Aging Report, <http://ppar.oxfordjournals.org/content/25/2/56.full>
- 6). Congressional Research Services, <https://www.fas.org/sgp/crs/misc/R43483.pdf>

