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A Thomson Reuters report presented to the Iowa Elder Affairs Commission February 2, 2009 reported that approximately 9,700 individuals would not be in a nursing facility if Iowa's utilization was the same as the national average and approximately 5,800 individuals would not be in a nursing facility if Iowa's utilization was the average of the six neighboring states.¹

79% of Iowa AARP members say that it is very important to them to be able to stay at home as long as possible if they, or a family member, need long-term care.²

The U.S. Supreme Court's Olmstead decision affirms that people with disabilities who need long-term supports have a right to receive them in the least restrictive setting consistent with their needs. Unnecessary institutionalization is unlawful!

Iowa spends 2/3 of its Medicaid resources on institutional care.³ Iowa has more nursing home beds per 1,000 residents over the age of 65 than any other state in the U.S.⁴

The monthly cost for Iowans receiving supports under the Medicaid Elderly Waiver averages \$503, compared to \$2,687 in monthly Medicaid costs for nursing home care.⁵

On average, Medicaid dollars can support nearly three older people and adults with physical disabilities in home and community-based services (HCBS) for every person in a nursing home.⁶

Each month the Area Agencies on Aging in Iowa through the case management system report to the Iowa Department on Aging the unmet needs of case management clients. In FY 2009 92 of Iowa's 99 counties reported unmet needs. The total unmet service needs units were 171,615. The unmet needs that were most frequently reported were Adult Daycare, Homemaker, Home Delivered Meals and chore services. No or inadequate funding was consistently reported as the primary barrier to receiving services. Based on this data, the cost associated with meeting those needs is estimated to be in the millions. Without the current flexible funding to support the needs of these frail and low-income seniors, the cost associated of providing their care would increase exponentially. It is important to note that this is the only mechanism that is currently being used to identify unmet needs of Iowa's seniors. The case management system only reflects a small fraction of Iowa's seniors and is not reflective of the needs of seniors who have yet to be served or does not determine the future needs of Iowa's growing older adult population.

For Life After Sixty

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Sources:

1. *U.S. Census Bureau, Population division "Annual Estimates of the Resident population by Single-Year of Age and Sex for the United States and States: April 1, 2000 – April 1, 2007 for population age 65 or older; and U.S. Centers for Medicare & Medicaid Services Minimum Data Set 2.0 Active Resident Information Report: 2nd Quarter 2007 Undated for nursing facility data*
2. *AARP Iowa Home and Community Based Care Long Term Care Survey 2002*
3. *Iowa Medicaid Enterprise*
4. *Centers for Medicare and Medicaid Nursing Homes Data Compendium 2005*
5. *Iowa Department of Human Services, Title 19 Report of Expenditure by Category of Service: statistical report June 2007*
6. *A Balancing Act: State Long-Term Care Reform AARP Public Policy Institute July 2008*