

Assistance Programs Available for Older Adults

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Accreditation Statement

This program is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education.

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Credit: 1.0 hour (0.10 ceu)

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Fee: There is no fee for this educational activity

Estimated Time to Complete: 60 minutes

Target Audience: Pharmacists and pharmacy technicians.

How to Earn Credit: Participants must 1) read the learning objectives and author disclosures; 2) review the educational activity; and 3) complete the post-test via one of three mechanisms: online at <https://bit.ly/olderadultprograms>, fax to 334-844-8307 (ATTN: Tessa Hastings), or email tjh0043@auburn.edu. If you successfully complete the post-test (score of 70% or higher), your statement of participation will be made available to you within 2 weeks. If you receive a score lower than 70%, you will receive a message from us notifying you that you did not pass the post-test. You will have additional opportunities to pass the post-test. To receive Credit, you must provide your date of birth and NABP number (CPE monitor ID). All Credit information will be uploaded into CPE monitor within 30 days.

Introduction

The aging population in the United States continues to rise, with almost 50 million people age 65 or above in 2016. Over 780,000 older adults reside in Alabama specifically.¹ The number of older adults is projected to reach over 98 million in 2060.¹ When looking at their financial status, many of these older adults struggle financially, with 9.3% below 100% of the federal poverty level in 2016.¹ Furthermore, Alabamian older adults' income is below the national average. The median household income for older adults in Alabama was \$32,520, compared to the national average of \$58,559 in 2016.^{1,2} In terms of their income sources, about 20% of those 65 and above were in the work force in 2017 and about one-third of older adults received 90% of their income from Social Security in 2015.¹

Concerning their health status, the burden of chronic diseases is especially high in the older adult population.³ Approximately 80% have at least one chronic condition, and almost 70% have two or more conditions.³ Most frequently, these chronic conditions include hypertension (58%), hyperlipidemia (48%), and diabetes (27%).¹ Of concern, 7.1 million people age 65 and above had at least one overnight hospital stay in the past year.¹ As a result of their health status, on average, older adults' spending on healthcare is more than those under the age of 65.^{1,4} In 2016, Medicare households spent an average of \$5,355 or 14% of total household spending in out-of-pocket healthcare expenditures versus \$3,809 or 6% spent by those younger than 65 years.⁴ This spending in Medicare households is more than twice the proportion spent of younger adults' income. Specifically, among older adults, 69% of healthcare expenditures are spent on insurance, 15% on medical services, 12% on prescriptions, and 3% on medical supplies.¹ Many limited-income Medicare patients have to choose between basic needs, such as groceries, and their medication costs.^{5,6} In fact, a study of older adults in North Carolina found that over 20% employed medication restriction strategies to reduce medication expenses.⁷ These strategies included taking less medication than prescribed, not filling or re-filling the prescription, buying partial fills, or prioritizing less costly medication refills.⁷ This cost-related non-adherence can lead to increased hospitalizations, morbidity, and mortality.⁸⁻¹¹

Taking into account the rapidly growing older adult population, especially those who live alone and may have limited income, the need for accessible and affordable healthcare and other community resources, including food, is critical for older adults. These resources are indeed available to help improve older adults' health outcomes and quality of life; however, they are often underutilized because of limited awareness of the programs.

Community pharmacists and pharmacy technicians are in a great position to increase patient awareness of these community programs. Pharmacists are well positioned to target those who are considered "hard to reach" including individuals living in rural areas or those who

may not see a provider regularly for care and refer them to the Aging and Disability Resource Centers (ADRCs).¹² By partnering with ADRCs that have established resources, pharmacists can improve the health outcomes of their patients.

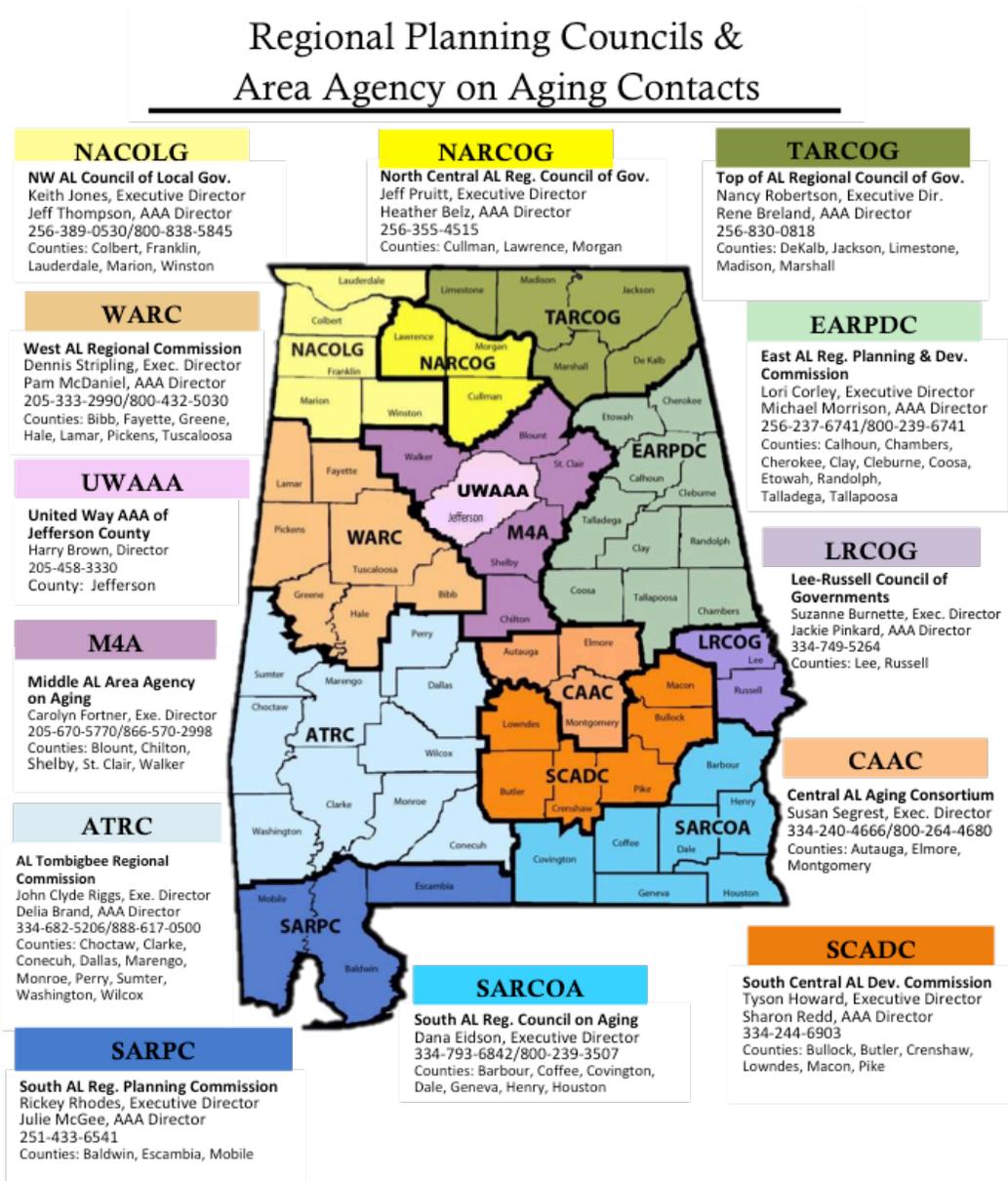
Therefore, after reading this continuing education article, the learner should be able to:

1. Describe the objectives of Aging and Disability Resource Centers (ADRCs)
2. Describe ADRCs' programs in terms of their objectives and eligibility requirements
3. Identify the local ADRCs in which a collaboration can be established

Aging and Disability Resource Centers

Aging and Disability Resource Centers (ADRCs) or Area Agencies on Aging (AAAs) are the first point of access for patients and their caregivers to obtain accurate, unbiased information on all aspects of life related to aging or living with a disability. There are a total of 13 ADRCs in Alabama; most serve several counties (Figure 1). The primary goal of the ADRCs is to create a single coordinated system of information and access. This is to minimize confusion, support informed decision-making, and stream-line support systems. Oftentimes, consumers and family members are frustrated with the repetitive process of obtaining information and access. The ADRCs strive to reduce this frustration, acting as a no wrong door entry point for those needing assistance by providing benefits screening, education and options counseling on available services and supports. All patients and caregivers that contact an ADRC are screened for multiple assistance programs utilizing a universal screening tool that prevents them from having to give the information numerous times. If an individual requests or needs assistance filling out or submitting forms, the ADRC staff will assist and follow up to ensure the individual follows through with the application process. Referrals to various services are made on behalf of the individual needing assistance and follow-up is provided for quality assurance. The contact information for each of the thirteen ADRC regions can be found below (Figure 1).

Figure 1. ADRC Regions



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ADRCs offer access to a number of programs (Figure 2), provide screening and assistance with public programs such as Medicaid and Food Assistance and referral and follow-up to other state and local programs and services. The following sections describe each program at the Area Agency on Aging and identify how older adults can benefit from these programs.

Figure 2. ADRC Programs

ADRC Programs:	State Health Insurance Assistance Program (SHIP)
	SenioRx
	Elderly Nutrition Program
	Senior Employment
	Long Term Care Assistance Program
	Caregiver Support
	Legal Assistance
	Long Term Care Ombudsman
	Senior Medicare Patrol (SMP)

State Health Insurance Assistance Program (SHIP)

Medicare delivery options vary from Original Medicare to Medicare Advantage Plans, and Medicare Part D allows patients to choose from a number of prescription drug plans.¹⁵ During the Medicare Open Enrollment Period, patients are encouraged to reevaluate their plan to be sure their needs will be met for the coming year. Further, throughout the year patients who age into Medicare are assisted with Medicare coverage options. However the process of selecting a plan can be overwhelming and cause many patients to be confused and frustrated.^{16,17} As a result, many patients remain enrolled in their current plan and spend on average \$368 more per year than if they had selected the least expensive plan.^{18,19} These patients often need assistance in evaluating their Medicare plans.

The State Health Insurance Assistance Program, otherwise known as SHIP, is designed to assist patients in making informed choices regarding health insurance. SHIP is unbiased and SHIP counselors help answer questions about Medicare, Medigap, long term care insurance policies and other health insurance programs for Medicare patients. SHIP counselors can help patients determine which Medicare Prescription Drug Plan best fits their needs as well as provide them with information regarding home health benefits, claims, appeals, and other issues, helping them to understand their Medicare benefits overall. For example, SHIP

counselors assist patients in Medicare Advantage or Medicare prescription drug plan selection. SHIP counselors will run plan comparisons and explain what the plans mean to the patients in order to help them make informed decisions. If patients are ready to sign up, the SHIP counselor can also enroll the patient in the selected plan.

In addition, SHIP counselors will also screen patients for limited income assistance programs to help them afford their healthcare costs. Two such programs include the Medicare Savings Program (MSP) and the Low Income Subsidy (LIS) or ExtraHelp. MSP is provided through Alabama Medicaid and helps pay for the Medicare Part B premium and, depending on household income, Parts A and B deductibles and coinsurances. LIS is a federal program that provides coverage for patients' monthly Part D premium, yearly deductible, and coinsurance or copayments for medication. Eligibility for LIS depends on household' income and resources.

CASE: Mrs. Smith has a Medicare Part D prescription drug plan. She picks up her Bydureon, Farxiga, and Crestor each month from her local pharmacist. The last few months the pharmacist noticed that Mrs. Smith has only been coming in every other month. This month her pharmacist asked if she had any problems with her medications. Mrs. Smith said she had not been experiencing any problems, she just could not afford to fill all of her prescriptions each month. The pharmacist asks Mrs. Smith if she can refer her to the local SHIP. The SHIP counselor calls Mrs. Smith, and after checking her income and resources finds that she is eligible for both MSP and LIS. The next month, Mrs. Smith no longer has to pay her part B premium or Part D premium. She is now able to fill her prescriptions on time each month.

SenioRx

SenioRx is a program designed to help qualified individuals who struggle financially to pay for their chronic prescription medications. This program began in 2002 and since then has saved Alabamians millions of dollars in medication expenses. This program has dedicated personnel to assist patients in searching for brand-name prescription drugs at no cost or low cost from pharmaceutical manufacturers. Patients who qualify to receive assistance from pharmaceutical manufacturers normally receive a three-month supply of prescriptions, which can be renewed as long as the person maintains eligibility.

Three types of patients are eligible for the SenioRx program. First, patients who are 55 or older with a chronic medical condition that requires a daily medication, no prescription drug coverage, and an income level at or below 200% of the federal poverty level are eligible for

SenioRx. Second, persons with disabilities at any age who are diagnosed with chronic medical conditions requiring daily medication may also be eligible. These persons must be on Social Security disability insurance, have applied for disability, or have a doctor's declaration of disability, or are in the 24-month Medicare waiting period. Finally, patients with Medicare that have reached the coverage gap (or donut hole) are also eligible for SenioRx.

CASE: Anthony has the original Medicare plan and a prescription drug plan through Medicare. He is taking multiple medications including Lipitor, Humalog, and Lantus.

Due to the high cost of his medications, he fell into the coverage gap in May of this year. Anthony does not qualify for LIS or MSP but because he is a Medicare patient and has reached the coverage gap, he is eligible to receive assistance from the SenioRx program. SenioRx will search for assistance from pharmaceutical manufacturers so that his brand name medications can be covered at no cost or low cost while he is in the coverage gap.

Elderly Nutrition Program

Because of the relatively low income of the aging population, the need for nutrition services among older adults is high. Over 10 million older adults in the U.S. are at risk of hunger.²⁰ Home-delivered meal programs like Meals on Wheels are an important source of food for many seniors with limited mobility; over 60% of older adults utilizing a home-delivered meals service receive at least half of their daily meals from this source.²¹ Programs like the Supplemental Nutrition Assistance Program (SNAP) and the Commodity Supplemental Food Program (CSFP) can help low-income seniors afford nutritious meals.²¹ However, only 40% of potentially eligible older adults are enrolled in SNAP, making efforts to increase local awareness of such programs a top priority.²¹ While these programs provide nutrition services based on level of income, there are programs that do not take this into consideration.

The Elderly Nutrition Program, provided in Alabama, is designed to provide individuals with nutritious meals and an opportunity to socialize and be active. The services provided include both congregate and home-delivered meals. Congregate meals are provided at 350 senior centers across the state with each county housing at least one senior center. These centers may be located in many settings such as churches or schools. Along with providing a hot meal once a day, five days a week, the senior centers host daily activities (such as line dancing, card games, crafts, etc.), free health screenings, and the opportunity for seniors who may be lonely to build new friendships. Income is not a factor in determining eligibility for this program. These services are based on food availability, for persons who are at least 60

years of age. Persons who are 60 years of age or older can also bring their spouse and/or anyone with a disability who lives with them to these events, regardless of age. Furthermore, persons living with a disability under the age of 60 who reside in a living community where the meals are provided may participate. Individuals who meet these criteria are not entitled to receive nutrition services. They must enroll and meals must be available. If there is no availability, they may be placed on a waiting list and/or referred to other programs mentioned above such as Meals on Wheels or SNAP.

In addition to the congregate meals provided at the senior centers, home-delivered meals may be provided to eligible homebound participants who are 60 years of age or older. All participants for the home delivered meals program must first undergo a nutrition screen. Depending on their nutrition risk, they may receive the standard one meal per day or those with higher risk may receive two meals per day. Frozen meals are delivered once a week while hot meals are delivered daily. Strict health and safety guidelines are followed in the preparation and delivery of all meals.

Senior Employment

Over the next decade, the number of Americans age 55 and older will increase by nearly 30% and they will be working well beyond the traditional retirement age. Sometimes, older adults need assistance updating or learning new job skills. The Senior Community Service Employment Program is a community service and work-based training program for older adults. This program provides training for low-income, unemployed seniors to enable them to achieve gainful employment and personal development. Individuals are eligible to participate if they are 55 years of age or older, unemployed, and meet 125% of federally established poverty guidelines.

Eligible individuals are enrolled in the program and assigned to government or non-profit agencies in their communities that have agreed to serve as training sites. These could be schools, hospitals, day-care centers, and senior centers among other types of locations. Enrollees train at these sites part time and earn minimum wage. While training at these agencies, enrollees learn new skills, update old skills, and get work experience that will help prepare them to reenter the workforce. Positions are often entry-level jobs such as receptionists, file clerks, and general office help. Enrollees must agree to continue to actively seek employment while in the program and can only remain in the program up to four years.

Long Term Care Assistance Programs

A number of programs are available specifically for those who are eligible for Medicaid and need long term care. These include the Medicaid Elderly and Disabled Waiver, Personal

Choices, HIV / AIDS Waiver, Alabama's Community Transition Waiver, and the Technology Assisted programs.

The Medicaid Elderly and Disabled (E&D) Waiver program is designed to provide services to seniors and persons with disabilities whose needs would otherwise require them to live in a nursing home. The goal is for the individuals to retain their independence by providing services that allow them to live safely in their own homes for as long as it is appropriate. Case managers will work with the individual to develop a plan that meets their medical needs. Depending upon their plan of care, individuals in this program may receive personal care, homemaker, respite, adult day care, companion services, or home-delivered frozen meals. In order to qualify for the Medicaid E&D Waiver program, individuals must be eligible for Medicaid and require long term care in a facility if help in the home is not obtained. The individuals must have some sort of support system, either a family member or neighbor, and be able to stay in the home safely. The applicant must also meet two medical care criteria.

The second program is Personal Choices. For individuals in need of more flexibility or those who desire more choice when it comes to their care, the Personal Choices program may be an option. Personal Choices is Alabama's option for self-directed home and community-based services. This program fosters independence as participants have greater control over their finances and decisions directly related to their care. To be eligible for this program, participants must be enrolled in the E&D Waiver program above. The number of hours per week and type of care will be determined and funds are then allocated to a bank account separate from the participant's personal accounts. The participant or an intermediary of the participant can then hire and manage the caregivers of their choice. This program may be of interest to individuals requiring flexible hours. For example, some individuals may need assistance getting out of bed into a wheelchair in the morning and also getting into bed at night. The care provided through the E&D waiver may not be able to meet these needs whereas patients hiring their own workers can set any schedule they like. In addition, participants can save for other items that improve their health including air conditioners, ceiling fans with a remote control, lift chairs, and generators among others.

The Medicaid HIV / AIDS Waiver program, also known as the 530 waiver, is designed to provide services to individuals with a diagnosis of HIV, AIDS, and related illnesses whose needs would otherwise qualify them for placement in a long term care facility. Participants must be age 21 or older, and services include personal care, homemaker, respite, companion services, and skilled nursing care. As part of this program, participants are required to see their physician regularly. Non-compliance may result in removal from the program.

Alabama's Community Transition Waiver or ACT Waiver program provides services for individuals with disabilities or long term illnesses who currently live in a nursing facility and

wish to transition from that facility back to the home or community setting. Services provided typically include homemaker, home-delivered meals, respite, companion, skilled nursing and others. However, in this particular program additional services may be covered when appropriate and necessary for the participant's safe transition back to the community. These additional services may include transitional assistance such as security deposits to lease an apartment, moving expenses, essential household items like furniture, window coverings, sheets, and food preparation items. Assistive technology services including hospital beds and manual or electric wheelchairs may also be covered. Finally, home modifications that are necessary to ensure the health, safety, and welfare of patients such as the installation of ramps, grab-bars, or wider doorways may also be included.

Lastly, the Technology Assisted or TA waiver program provides home and community based services to individuals who are 21 years of age or older with complex medical conditions requiring a ventilator or who have a tracheostomy. These individuals would otherwise require nursing facility care if the TA waiver was not available. Services for this waiver may include private duty nursing, personal care services, medical supplies, assistive technology, and targeted case management.

ADRC screens individuals for additional Medicaid waivers and refers them to sister agencies for assistance. These waivers include: the State of Alabama Independent Living (SAIL) Waiver and the Intellectual Disabilities (ID) Waiver. The State of Alabama Independent Living (SAIL) Waiver is managed by the Alabama Department of Rehabilitation Services and assists individuals 18 years of age and older who live with physical or mental disability and would otherwise require care in a nursing facility. The Intellectual Disabilities (ID) Waiver is managed by the Division of Developmental Disabilities (DD) and assists individuals three years of age and older who are diagnosed with developmental disabilities.

Caregiver Support: The Alabama Cares Program

Given the high prevalence of chronic conditions and the fact that 35% of older adults had some type of disability including hearing, vision, and ambulation in 2016, the need for caregiver assistance is critical.¹ In fact, this need only increases with age, with 22% of those 85 years and above needing assistance with personal care.¹ While some patients may receive state funded assistance through the E&D program discussed above, many receive care from informal caregivers. 90% of long term care is supplied by friends or family, averaging 20.5 hours/week, with over 30% reporting high caregiver burden.²³ Alabama has an estimated 818,000 caregivers resulting in approximately 783 million hours of unpaid care at home, totaling 7.8 billion dollars in savings to federal and state healthcare. Although caregiving is rewarding, it can have a negative impact on the health and well being, especially the

emotional health, of the caregiver. Caregivers of individuals with dementia are at the highest risk for depression and anxiety disorders.²⁴

The National Council on Aging (NCOA) offers a six-week training course for caregivers of veterans, the “Building Better Caregivers” program.³ Similarly, the Alabama Cares Program offered through state and local Aging and Disability Resource Centers (ADRCs) is a beneficial option as it provides training, support, resources, and temporary relief to caregivers for older adults in Alabama.

The Alabama Cares Program is designed to help caregivers. This includes caregiver training as well as assistance in helping families locate services from private and volunteer agencies. The Alabama Cares Program also provides education through counseling and support groups to help caregivers understand and cope with emotional and physical stress. Oftentimes, family caregivers are not able to take a break when the emotional or physical stress becomes a concern. In times like this, the Alabama Cares Program will provide temporary respite care, in home or in a nursing home setting, so that the caregiver can have a brief period of relief. This program also provides supplemental services on a limited basis including incontinence supplies, home modifications, assistive technology, home delivered meals, transportation, and chore services.

The program is available for primary caregivers of those age 60 and over, primary caregivers of those suffering with Alzheimer's or other types of dementia at any age, relatives (not parents) age 55 and older caring for children under the age of 18, and relatives (including parents) age 55 and older caring for children at any age with disabilities. Although there is no financial requirement, priority consideration is given to those in greatest economic and/or social need, those caring for individuals age 60 and older with Alzheimer's disease or severe disabilities, and grandparents or relatives age 55 or older caring for children with severe disabilities.

CASE: Pharmacist Nobel received a prescription for Namenda, written for Mrs. Jones, an 80-year old patient who has Alzheimer's disease. Mrs. Jones' son came to pick up the medication on her behalf. Pharmacist Nobel talked with Mrs. Jones' son and came to learn that her condition has worsened. As a result, Mrs. Jones must have around the clock care, which has put significant stress on her son and his family. Pharmacist Nobel suggested the son contact the Alabama Cares Program.

Older Americans Act Legal Assistance Program

The Older Americans Act Legal Assistance Program provides legal assistance in non-criminal matters such as accessing health and long term care, debt collection, housing, Medicare, Medicaid, elder abuse, neglect, and powers of attorney to individuals age 60 and older. Lawyers licensed in the state of Alabama, plus their supervised legal assistants, staff this program. Representation is provided free of charge with priority given to those in the most social or economic need, low income minorities, or individuals in rural areas. Furthermore, this program offers extensive services regarding available housing options, including low income housing programs and defense against foreclosure or eviction proceedings that jeopardize clients' ability to stay independent in their own homes and communities.

Long Term Care Ombudsman

Alabama's Long Term Care Ombudsman program advocates for residents of long term care facilities including nursing homes, assisted living, specialty care, and boarding homes. The ombudsman investigates and resolves problems and complaints to ensure that residents receive quality care. The ombudsman also educates residents, their families, and facility staff about resident rights. Additionally, they provide information to the public and work to change laws that affect those who live in long term care facilities.

Anyone, including residents or family and friends, as well as employees of long term care facilities can use the long term care ombudsman. The ombudsman investigates a variety of complaints ranging from concerns about the facility in which they are residing to complaints about guardians. Anyone who is in the position to threaten or interfere with the rights, health, safety, or welfare of a resident can be investigated. Complaints can be submitted in writing, by phone, or in person. All information is kept confidential unless permission is given. If you suspect any abuse during an interaction with a patient residing in a long term care facility, please report your observation to the ombudsman. Doing so helps ensure that the rights of individuals are protected and that they are not mistreated.

Senior Medicare Patrol

The Senior Medicare Patrol (SMP) is a program that informs and empowers seniors to protect themselves and others while preserving Medicare and Medicaid for future generations by preventing healthcare fraud. Medicare Fraud is a growing problem costing the U.S. an estimated 60 billion dollars annually. Medicare Fraud is the billing of any services or supplies not rendered or received. Volunteers for the Senior Medicare Patrol are given free training as

well as educational tools needed to work in the community. They educate Medicare beneficiaries, their families, and caregivers to protect their personal identity, mechanisms to detect and report potential fraud, errors, or abuse. Providers are also encouraged to report incidents to the Senior Medicare Patrol program when they suspect fraud.

Implications for Pharmacists

A number of programs are available to help improve older Alabamians' health outcomes and quality of life. However, due to limited awareness, most programs are underutilized. As the most frequently visited members of the healthcare team, community pharmacists and pharmacy technicians are uniquely positioned to increase patient awareness of these programs. Pharmacists and pharmacy technicians should be aware of the available programs. When they encounter a patient who could benefit, connections should be made between the patient and their local ADRC. Members of the C.A.R.E.S. Pharmacy Network can use the C.A.R.E.S. referral cards to connect patients with their respective ADRC.

CASE: John, a pharmacy technician at Mrs. Williams' local pharmacy referred her to the local ADRC for SHIP counseling. The SHIP counselor contacted Mrs. Williams and helped her identify a prescription drug plan for next year that will cover all of her prescription drugs. While she was on the phone, the counselor also mentioned that she is eligible for nutrition services. Mrs. Williams moved to town just last month to be closer to her daughter. She has been looking for ways to meet new people and is excited to go to the local senior center next week to play cards and enjoy a meal with new friends. The counselor also asks if she's received her new Medicare card. Mrs. Williams did receive her new card before she moved but she has been receiving phone calls the last few days about a refund on her old Medicare card. The caller left a message asking Mrs. Williams to call back with her bank information to process the refund and activate her new card before she can begin using it. The counselor advises Mrs. Williams not to call the number back and instead to report this event as attempted fraud. The counselor provides Mrs. Williams with other examples of fraud and sends her information so she can better protect herself.

Conclusion

Aging and Disability Resource Centers (ADRCs) promote the independence and dignity of the Alabamians they serve through a comprehensive and coordinated system of quality services. Thirteen regional ADRCs provide access to reliable information to help clients make

informed choices, providing benefits screening, education and options counseling on a variety of support programs. These programs include the State Health Insurance Assistance Program (SHIP), SenioRx, Elderly Nutrition Program, Senior Employment, Long Term Care Assistance Program, Caregiver Support, Legal Assistance, Long Term Care Ombudsman, and Senior Medicare Patrol. ADRCs also serve as an entry point for healthcare professionals to request assistance on behalf of their patients. Pharmacists should refer patients who may benefit from these programs to their local ADRC. The C.A.R.E.S. Pharmacy Network was developed to facilitate referrals between pharmacy members and their respective ADRC.

Interested in Learning More? In addition to this CE activity, you are invited to complete the C.A.R.E.S. (Certified Aging Resource Educated Specialist) Training, which is an online 3 credit hour ACPE-accredited continuing education course. Any pharmacy with at least one full-time pharmacist who has completed the training can be enrolled in the C.A.R.E.S. Pharmacy Network. This training and network is available free of charge to you and your pharmacy, as this program is funded by the Alabama Department of Senior Services. This network will provide pharmacies with an easy and efficient referral system so that staff who encounter a potentially eligible patient can refer the patient to a local agency to be screened for program eligibility. More information about this program can be found at <https://alpharmacycares.org>.

References

1. Administration for Community Living (ACL). 2017 profile of older americans. U.S. Department of Health and Human Services; 2018:1-16.
2. SeniorCare.com. Alabama senior guide. 2018; <https://www.seniorcare.com/directory/al/>. Accessed June 21, 2018.
3. National Council on Aging (NCOA). Chronic disease management. 2018; <https://www.ncoa.org/healthy-aging/chronic-disease/>. Accessed June 21, 2018.
4. Cubanski J, Orgera K, Damico A, Neuman T. The financial burden of health care spending: Larger for medicare households than for non-medicare households. 2018; <https://www.kff.org/medicare/issue-brief/the-financial-burden-of-health-care-spending-larger-for-medicare-households-than-for-non-medicare-households/>. Accessed September 11, 2018.
5. Jung SE, Kim S, Bishop A, Hermann J. Poor nutritional status among low-income older adults: Examining the interconnection between self-care capacity, food insecurity, and depression. *Journal of the Academy of Nutrition and Dietetics*. 2018.
6. Bengle R, Sinnott S, Johnson T, Johnson MA, Brown A, Lee JS. Food insecurity is associated with cost-related medication non-adherence in community-dwelling, low-income older adults in georgia. *Journal of Nutrition For the Elderly*. 2010;29(2):170-191.
7. Sharkey JR, Ory MG, Browne BA. Determinants of self-management strategies to reduce out-of-pocket prescription medication expense in homebound older people. *Journal of the American Geriatrics Society*. 2005;53(4):666-674.
8. Johnson RE, Goodman MJ, Hornbrook MC, Eldredge MB. The impact of increasing patient prescription drug cost sharing on therapeutic classes of drugs received and on the health status of elderly hmo members. *Health Serv. Res.* 1997;32(1):103-122.
9. Goldman DP, Joyce GF, Zheng Y. Prescription drug cost sharing: Associations with medication and medical utilization and spending and health. *JAMA*. 2007;298(1):61-69.
10. Tamblin R, Laprise R, Hanley JA, et al. Adverse events associated with prescription drug cost-sharing among poor and elderly persons. *JAMA*. 2001;285(4):421-429.
11. Chandra A, Gruber J, McKnight R. Patient cost-sharing and hospitalization offsets in the elderly. *Am. Econ. Rev.* 2010;100(1):193-213.
12. Liljas AEM, Walters K, Jovicic A, et al. Strategies to improve engagement of 'hard to reach' older people in research on health promotion: A systematic review. *BMC public health*. 2017;17(1):349.
13. Alabama Department of Senior Services. <http://www.alabamaageline.gov/>. Accessed September 17, 2018.
14. Alabama Department of Senior Services. *Alabama state plan on aging fiscal years 2017-2020*. July 1, 2016 2016.
15. Hsu J, Fung V, Price M, et al. Medicare beneficiaries' knowledge of part d prescription drug program benefits and responses to drug costs. *JAMA*. 2008;299(16):1929-1936.
16. Zagar M. Preparing pharmd students to participate in medicare part d education and enrollment. *American journal of pharmaceutical education*. 2007;71(4):77.
17. Survey of seniors underscores implementation challenges for medicare drug benefit. 2005; <https://www.kff.org/other/poll-finding/survey-of-seniors-underscores-implementation-challenges-for/>. Accessed February 27, 2018.
18. Hoadley J, Hargrave E, Summer L, Cubanski J, Neuman T. To switch or not to switch: Are medicare beneficiaries switching drug plans to save money? 2013; <https://www.kff.org/medicare/issue-brief/to-switch-or-not-to-switch-are-medicare-beneficiaries-switching-drug-plans-to-save-money/>. Accessed February 28, 2018.
19. Zhou C, Zhang Y. The vast majority of medicare part d beneficiaries still don't choose the cheapest plans that meet their medication needs. *Health Affairs (Project Hope)*. 2012;31(10):2259-2265.
20. National Council on Aging (NCOA). Senior hunger & nutrition. 2018; <https://www.ncoa.org/healthy-aging/hunger-and-nutrition/>. Accessed June 21, 2018.
21. National Council on Aging (NCOA). Advocacy toolkit: Nutrition & hunger. 2018; <https://www.ncoa.org/public-policy-action/advocacy-toolkit/toolkits-by-topic/nutrition-toolkit/>. Accessed June 21, 2018.
22. National Council on Aging (NCOA). Medicaid home & community-based services. 2018; <https://www.ncoa.org/public-policy-action/long-term-services-and-supports/medicaid-home-community-based-services/>. Accessed June 21, 2018.
23. Adelman RD, Tmanova LL, Delgado D, Dion S, Lachs MS. Caregiver burden: A clinical review. *Jama*. 2014;311(10):1052-1060.
24. Covinsky KE, Newcomer R, Fox P, et al. Patient and caregiver characteristics associated with depression in caregivers of patients with dementia. *J. Gen. Intern. Med.* 2003;18(12):1006-1014.

Assessment Questions

Instructions: In order to receive 1.0 ACPE approved credit for this course, circle the most appropriate answer for each of the following questions. Upon completion, fax this sheet to 334-844-8307 (ATTN: Tessa Hastings), or email to tjh0043@auburn.edu. Alternatively, you may complete this assessment online at <https://bit.ly/olderadultprograms>. A score of at least 70% must be achieved in order to receive credit.

- Which is CORRECT about Aging and Disability Resource Centers (ADRCs)?
 - ADRCs serve as trusted sources of information for aging and disabled individuals and their caregivers
 - ADRCs provide coordinated and streamlined access to publicly supported programs
 - There are 13 ADRCs in Alabama
 - A, B and C are correct
- Which of the following programs assists Medicare beneficiaries with Medicare Part D plan enrollment?
 - Senior Medicare Patrol
 - State Health Insurance Assistance Program (SHIP)
 - Caregiver support
 - Senior employment
- Anyone in the Elderly Nutrition Program can receive home-delivered meals
 - True
 - False
- Who is eligible for caregiver support through the Alabama Cares Program?
 - Primary caregivers of older adults age 60 years and older
 - Primary caregivers of those suffering with Alzheimer's or other types of dementia at any age
 - Grandparents (age 55 or older) caring for children ages 18 and under
 - Grandparents (age 55 or older) caring for children at any age with a severe disability
 - All of the above
- Who can use the Long Term Care Ombudsman?
 - Residents of long-term care (LTC) facilities
 - Employees of LTC facilities
 - Friends and family
 - All of the above
- Which of the following Medicaid Waiver programs allows participants to save for items that improve their health such as lift chairs, air conditioners, etc.?
 - Medicaid Elderly & Disabled Waiver
 - 530 Waiver
 - Technology Assisted Waiver
 - Alabama's Community Transition Waiver
 - Personal Choices Waiver
- Medicare patients who have entered the coverage gap are eligible for SenioRx.
 - True
 - False

Name:	_____	NABP Number (CPE monitor ID):	_____
Pharmacy Name:	_____	Date of Birth (MM/DD/YYYY):	_____
Position:	<input type="checkbox"/> Pharmacist	<input type="checkbox"/> Technician	
Phone Number:	_____	<input type="checkbox"/> I am interested in completing the additional 3 credit hour CE program.	
		Email:	_____

8. Please rate your level of agreement to the following statements:

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
The stated objectives of the event were met	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This activity met my educational needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Content is relevant to practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Realistic time is allowed for training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The format of this CE was convenient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Please rank the format of this CE (paper-based) in comparison to other methods of CE delivery with 1 being most preferred and 4 being least preferred.

Format	Rank (1-4)
Paper-based	<input style="width: 50px; height: 20px;" type="text"/>
Online	<input style="width: 50px; height: 20px;" type="text"/>
Live in-person event	<input style="width: 50px; height: 20px;" type="text"/>
Live Webinar	<input style="width: 50px; height: 20px;" type="text"/>

10. What percentage of your patients do you feel will have a positive impact from your newly gained knowledge?

- a. 0-10%
- b. 11-25%
- c. 26-50%
- d. 51-75%
- e. 76-100%

Comments or suggestions: