

## Access in Brief: Seniors and Adults with Physical Disabilities

Current survey data estimate about one in six Americans are age 65 and older and over one quarter of adults in the United States have a disability (CDC 2023, U.S. Census Bureau 2023).<sup>1</sup> Many of these individuals are enrolled in Medicaid and use long-term services and supports (LTSS) (MACPAC 2020a). However, their costs are disproportionately high relative to their share of total Medicaid enrollment. LTSS users in a fee-for-service (FFS) environment represented about 5.5 percent of total Medicaid beneficiaries in fiscal year (FY) 2018, but accounted for 32.6 percent of total Medicaid spending (MACPAC 2020b).<sup>2</sup> Beneficiaries eligible for Medicaid on the basis of disability or an age-related pathway make up the vast majority of LTSS spending (MACPAC 2020a).<sup>3</sup>

Limited data about Medicaid-covered adults with physical disabilities and adults age 65 and older, including individuals with physical disabilities, make it difficult to understand their experiences accessing and using care. Recent data analyses focused on Medicaid beneficiaries with disabilities often do not report results by physical disability, nor do they disaggregate by health status, service use, age, whether the person is dually eligible for Medicaid and Medicare coverage, and experience with home- and community-based services (HCBS) (MACPAC 2020c). Current literature examining access to care among adults with disabilities emphasizes a need for improved accuracy among disability prevalence data and renewed efforts to include disability status in health care data collection (Hall et al. 2022, NCD 2022). Similarly, recent studies of seniors (including individuals age 65 and older who may have physical disabilities) who are Medicaid beneficiaries generally do not disaggregate by health status, service use, HCBS experience, or demographic characteristics (MACPAC 2020c).<sup>4</sup>

This brief examines access to services and supports for two groups of survey respondents who used Medicaid-funded LTSS: Medicaid beneficiaries who are age 65 and older (including individuals with physical disabilities) and Medicaid beneficiaries who are age 18 to 64 with physical disabilities.<sup>5</sup> We use survey data from the National Core Indicators Aging and Disabilities (NCI-AD) Adult Consumer Survey collected from Medicaid beneficiaries between June 2017 and May 2018 to analyze their demographics, health status, service use, and experience with Medicaid HCBS (HSRI and NASUAD 2019). We stratify the results by race and ethnicity, dually eligible status, and age to understand how access, health status, and service use may differ by type of demographic characteristic within the aging and physical disability communities. The NCI-AD comprises data from 16 states, each with their own sampling methods. For this reason, although the data are aggregated for national analysis in this brief, there are limitations, which are described in the methods section (HSRI and NASUAD 2019). Additionally, these analyses are descriptive and do not adjust for socioeconomic or other factors that may also be associated with the differences or attempt to establish the reasons for these differences.

Among the study population, Medicaid beneficiaries age 65 and older, including individuals with physical disabilities, and Medicaid beneficiaries age 18 to 64 with physical disabilities, we identified general trends in health status, service use, and HCBS experience, and found some variation by race and ethnicity. Fewer than a quarter of this population could move themselves without aids, and the share of Asian, non-Hispanic beneficiaries who could navigate their environment without aids was lower than white, non-Hispanic beneficiaries. Regarding service use, about one-third of this population stayed overnight in a hospital or rehabilitation facility in the past year. Of those who did, over 87 percent felt comfortable or supported enough to return home after hospitalization and had someone follow up with them after being discharged. However, a smaller share of Hispanic beneficiaries had someone follow up with them compared with white, non-Hispanic beneficiaries. HCBS experience was generally positive, as the majority of this population reported that paid support staff do things the way they want them done and arrive and leave on time, but over a quarter shared that paid support staff change too often. Nearly 75 percent of this population had an emergency plan in place and reported that long-term care services



met all of their current needs and goals. Although most beneficiaries reported receiving HCBS information in their preferred language, this was much less common for Asian, non-Hispanic beneficiaries compared with their white, non-Hispanic counterparts.

In our analysis of the study population, we compared individuals who are dually eligible for Medicaid and Medicare to people covered by Medicaid only. Demographics differed between these groups and service use and HCBS experience varied by age. Dually eligible survey respondents were less likely than Medicaid-only beneficiaries to live in their own home, a family house, or an apartment or to reside in a group home, adult family home, or foster home. Analyzing the dually eligible respondents by age, individuals age 65 and older, including those with physical disabilities, were less likely than younger respondents age 18 to 64 with physical disabilities to have visited the emergency room in the past year for any reason or to know whom to contact for making changes to their services.

## Population Demographics

In general, Medicaid beneficiaries age 65 and older, including individuals with physical disabilities, and beneficiaries with physical disabilities identified as white, female, and were dually eligible for Medicare and Medicaid (Table 1, Table 2). Seniors and adults with physical disabilities generally lived in urban areas and community-based settings, such as their own home, a family home, or an apartment (Table 1). About 84 percent of these beneficiaries were dually eligible for Medicare and Medicaid (Table 1).

Variation exists among seniors and beneficiaries with physical disabilities based on their race and ethnicity and their dually eligible status (Table 1, Table 2). White, non-Hispanic beneficiaries were less likely to live in their own home, a family home, or an apartment compared with all other racial and ethnic groups. Compared with Medicaid-only beneficiaries in this population, dually eligible beneficiaries were even more likely to be white, non-Hispanic and significantly less likely to belong to any other racial or ethnic group (Table 2).

### Race and ethnicity comparison

Overall, population demographics varied across racial and ethnic groups (Table 1). Asian, non-Hispanic beneficiaries were significantly older than white, non-Hispanic beneficiaries, whereas, Black, non-Hispanic and Hispanic beneficiaries were generally younger than white non-Hispanic individuals, who were in the comparison group. However, the proportion of male and female beneficiaries remained consistent with the majority of all racial and ethnic groups identifying as female.

There were reported differences among racial and ethnic groups by geographic area (i.e., urban or rural) among seniors and people with physical disabilities. Black, non-Hispanic; Hispanic; Asian, non-Hispanic; and other or multi-racial, non-Hispanic beneficiaries were more likely to live in an urban area than the comparison group. Conversely, AIAN, non-Hispanic beneficiaries were more likely to live in a rural setting than the comparison group.

Variation exists across racial and ethnic groups when examining type of residence, dually eligible status, and authorization of a legal guardian. In general, adults with physical disabilities and seniors on Medicaid lived in their own home, family house, or apartment. However, white, non-Hispanic beneficiaries were less likely to live in their own home, family home, or apartment compared all other racial and ethnic groups. Additionally, they were more likely to be dually eligible than nearly all other racial and ethnic groups. Black, non-Hispanic; Hispanic; and other or multiracial, non-Hispanic beneficiaries were more likely to have a legal guardian than the comparison group while those who were Asian, non-Hispanic were less likely to have a legal guardian.



**TABLE 1.** Demographic Characteristics of Medicaid Beneficiaries Age 65 and Older, Including Individuals with Physical Disabilities, and Medicaid Beneficiaries with Physical Disabilities Age 18 to 64, by Race and Ethnicity, 2017–2018

Demographic characteristics	Share of all beneficiaries						
	Total <sup>1</sup>	White, non-Hispanic	Black, non-Hispanic	Hispanic	Asian, non-Hispanic	AIAN, non-Hispanic	Other or multi-racial, non-Hispanic
<b>Age</b>							
18–64	<b>36.6%</b>	34.0%	42.2%*	44.7%*	19.8%*	41.4%	38.0%
18–25	<b>1.4</b>	1.2	1.1	3.2*	1.8	–	–
26–44	<b>6.8</b>	6.4	7.0	9.5*	–	–	5.4
45–54	<b>8.4</b>	7.3	10.8*	10.8*	3.2*	9.4	7.9
55–64	<b>20.1</b>	19.1	23.3*	21.3	9.2*	23.7	22.4
65 and above	<b>63.4</b>	66.0	57.8*	55.3*	80.2*	58.6	62.0
<b>Sex</b>							
Male	<b>33.3</b>	32.3	33.6	34.7	43.2	30.4	32.3
Female	<b>66.7</b>	67.7	66.4	65.3	56.8	69.6	67.7
<b>Marital status</b>							
Single, never married	<b>23.0</b>	19.5	33.8*	24.5*	14.9	23.8	16.6
Married or domestic partner	<b>19.7</b>	20.6	12.6*	20.8	39.1*	12.4*	25.7
Separated or divorced	<b>28.2</b>	29.7	27.4	25.4*	18.0*	34.4	22.7*
Widowed	<b>29.1</b>	30.3	26.2*	29.4	28.0	29.3	35.0
<b>Primary language</b>							
English	<b>89.4</b>	98.1	94.5*	46.0*	32.6*	93.2*	56.6*
Other	<b>10.6</b>	1.9	5.5*	54.0*	67.4*	6.8*	43.4*
<b>Type of residential area<sup>2</sup></b>							
Urban	<b>87.6</b>	83.8	94*	93.7*	98.4*	70.7*	93.0*
Rural	<b>12.4</b>	16.2	6.0*	6.3*	–	29.3*	7.0*
<b>Type of residence</b>							
Own home, family house, or apartment	<b>65.2</b>	56.4	78.1*	85.8*	78.6*	71.5*	79.9*
Senior living apartment or complex	<b>5.2</b>	5.0	5.3	5.1	–	8.2	–
Group home, adult family home, foster home, or host home	<b>3.0</b>	4.0	1.6*	0.9*	–	–	–
Assisted living facility or residential care facility	<b>10.3</b>	14.4	2.8*	3.0*	–	8.6*	–
Nursing facility	<b>15.1</b>	19.1	11.3*	3.6*	–	8.3*	8.9*
Other <sup>3</sup>	<b>1.2</b>	1.0	0.8	1.5	–	–	–
<b>Dually eligible status</b>							
Medicaid only (not dually eligible)	<b>16.4</b>	13.3	18.4*	23.0*	30.4*	19.9	33.8*
Medicaid and Medicare (dually eligible)	<b>83.6</b>	86.7	81.6*	77.0*	69.6*	80.1	66.2*
<b>Legal guardian</b>							
Proportion of people who have a legal guardian	<b>17.4</b>	14.7	18.1*	35.4*	5.6*	22.7	25.8*



**Notes:** AIAN is American Indian or Alaska Native. The values shown here include self-reported information from all individuals 18 years old and older eligible for Medicaid via an age-related pathway or with a physical disability covered by Medicaid only or Medicaid and Medicare with a non-missing race and ethnicity and non-missing demographic characteristics, from June 1, 2017 to May 31, 2018.

<sup>1</sup> Total beneficiaries eligible for Medicaid via an age-related pathway or with a physical disability, and a non-missing race and ethnicity and demographic characteristics.

<sup>2</sup> Defined using Rural-Urban Commuting Area codes. “Urban” includes metropolitan and micropolitan areas. “Rural” includes small towns and rural areas.

<sup>3</sup> “Other” includes all beneficiaries whose living situation cannot be described by the categories in this table, but does not include people who are homeless or residing in a temporary shelter. This category was an option for beneficiaries to select, but was not reported due to small sample size.

\* Indicates the difference from white, non-Hispanic is statistically significant at the 95 percent confidence level.

– Estimate not reported due to small sample size or unreliable data with a relative standard error greater than or equal to 30 percent.

**Source:** MACPAC, 2024, analysis of 2017–2018 NCI-AD.

## Dually eligible comparison

Seniors and adults with physical disabilities who were dually eligible for Medicare and Medicaid compared with those with Medicaid-only coverage, the comparison group, have differing demographic characteristics (Table 2). Dually eligible beneficiaries were more likely to be age 65 and older, female, and widowed than non-dually eligible beneficiaries. Additionally, dually eligible beneficiaries were more likely than the comparison group to report English as their primary language, but less likely to live in an urban area. Regarding residency, Medicaid-only beneficiaries were more likely than the dually eligible population to live in their own home, a family house, or an apartment, or to reside in a group home, adult family home, or foster home (78.2 percent vs. 64.9 percent and 4.7 percent vs. 2.8 percent, respectively). A greater share of dually eligible beneficiaries lived in a senior living apartment or complex, an assisted living facility or residential care facility, or a nursing facility. Specifically, the share of dually eligible beneficiaries residing in a nursing facility was nearly double that of the comparison group (16.6 percent versus 8.5 percent, respectively). They were also more likely to be white, non-Hispanic and to have a legal guardian compared with Medicaid-only beneficiaries.

**TABLE 2.** Demographic Characteristics of Adult Medicaid Beneficiaries Age 65 and older, Including Individuals with Physical Disabilities, and Medicaid Beneficiaries with Physical Disabilities Age 18 to 64, by Medicaid and Medicare Coverage, 2017–2018

Demographic characteristics	Total <sup>1</sup>	Medicaid only (not dually eligible)	Medicaid and Medicare (dually eligible)
<b>Age</b>			
18–64	36.6%	85.0%	30.7%*
18–25	1.4	6.2	0.5*
26–44	6.8	18.5	5.2*
45–54	8.3	17.5	7.4*
55–64	20.0	42.9	17.6*
65 and above	63.4	15.0	69.3*
<b>Sex</b>			
Male	33.3	41.6	31.8*
Female	66.7	58.4	68.2*
<b>Marital status</b>			
Single, never married	23.0	39.2	19.8*
Married or domestic partner	19.8	22.6	19.1*



Demographic characteristics	Total <sup>1</sup>	Medicaid only (not dually eligible)	Medicaid and Medicare (dually eligible)
Separated or divorced	28.2	30.1	27.8
Widowed	29.1	8.0	33.3*
<b>Primary language</b>			
English	89.4	87.8	91.0*
Other	10.6	12.2	9.0*
<b>Type of residential area<sup>2</sup></b>			
Urban	87.7	92.0	87.3*
Rural	12.3	8.0	12.7*
<b>Type of residence</b>			
Own home, family house, or apartment	65.2	78.2	64.9*
Senior living apartment or complex	5.1	1.5	5.7*
Group home, adult family home, foster home, or host home	3.0	4.7	2.8*
Assisted living facility or residential care facility	10.2	4.6	9.0*
Nursing facility	15.1	8.5	16.6*
Other <sup>3</sup>	1.2	2.3	1.0*
<b>Race and ethnicity</b>			
White, Non-Hispanic	61.7	49.4	63.4*
Black, Non-Hispanic	20.4	23.4	20.4*
Hispanic	9.9	15.8	10.4*
Asian, non-Hispanic	3.5	3.9	1.8*
AIAN, non-Hispanic	1.1	1.5	1.2
Pacific Islander, non-Hispanic	0.2	–	0.3
Other or multi-racial, non-Hispanic	1.8	4.1	1.6*
<b>Legal guardian</b>			
Proportion of people who have a legal guardian	17.3	17.2	19.7*

**Notes:** AIAN is American Indian or Alaska Native. The values shown here include self-reported information from all individuals 18 years old and older eligible for Medicaid via an aging-related pathway or with a physical disability covered by Medicaid only or Medicaid and Medicare from June 1, 2017 to May 31, 2018.

<sup>1</sup> Total beneficiaries eligible for Medicaid via an age-related pathway or with a physical disability with a non-missing dually eligible status and non-missing demographic characteristics.

<sup>2</sup> Defined using Rural-Urban Commuting Area codes. “Urban” includes metropolitan and micropolitan areas. “Rural” includes small towns and rural areas.

<sup>3</sup> “Other” includes all beneficiaries whose living situation cannot be described by the categories in this table, but does not include people who are homeless or residing in a temporary shelter. This category was an option for beneficiaries to select, but was not reported due to small sample size.

\* Indicates the difference from Medicaid only is statistically significant at the 95 percent confidence level.

– Estimate not reported due to small sample size or unreliable data with a relative standard error greater than or equal to 30 percent.

**Source:** MACPAC, 2024, analysis of 2017–2018 NCI-AD.



## Health Status

The level of mobility for Medicaid beneficiaries who are seniors or adults with physical disabilities varied by race and ethnicity (Table 3). A greater share of Black, non-Hispanic; AIAN, non-Hispanic; and other or multi-racial, non-Hispanic beneficiaries reported being able to move themselves without aids relative to the comparison group of white, non-Hispanic beneficiaries. In contrast, the share of Asian, non-Hispanic beneficiaries who could navigate their environment without aids was lower relative to the comparison group.

Self-reported health and understanding of health varied by race and ethnicity. Hispanic; Asian, non-Hispanic; and other or multi-racial, non-Hispanic beneficiaries were all more likely to describe their health as poor relative to the comparison group. Hispanic and other or multi-racial, non-Hispanic beneficiaries with physical disabilities and those age 65 and older, including individuals with physical disabilities, were more likely to have a history of frequent falls and have concerns about falling or being unstable, yet they were less likely to have somebody talk to or work with them to reduce their risk of falling relative to the comparison group. In contrast, a smaller share of Black, non-Hispanic adults had a history of frequent falls and were less likely to have concerns about falling or instability.

The majority of beneficiaries reported knowing how to manage their chronic conditions (80.5 percent). However, Hispanic; Asian, non-Hispanic; and other or multi-racial, non-Hispanic adults with physical disabilities were more likely to report not knowing how to manage their chronic condition(s) than the comparison group (62.6 percent, 68.6 percent, and 74.6 percent vs. 82.8 percent respectively). Relative to the comparison group, a greater share of nearly all other racial and ethnic groups described either their vision or hearing as poor. The Hispanic population was more likely to have a diagnosis of physical disability compared with the white, non-Hispanic population; however, the share of Black, non-Hispanic beneficiaries with this diagnosis, as well as the share of beneficiaries with Alzheimer's disease or other dementia, was smaller relative to the comparison group.

**TABLE 3.** Health Status of Adult Medicaid Beneficiaries Age 65 and Older, Including Individuals with Physical Disabilities, and Medicaid Beneficiaries with Physical Disabilities Age 18 to 64, by Race and Ethnicity, 2017–2018

Health status measures	Share of all beneficiaries						
	Total <sup>1</sup>	White, non-Hispanic	Black, non-Hispanic	Hispanic	Asian, non-Hispanic	AIAN, non-Hispanic	Other or multi-racial, non-Hispanic
<b>Level of mobility</b>							
Non-ambulatory	12.9%	11.5%	9.9%	18.0%*	14.5%	7.0%*	13.6%
Moves self with wheelchair	25.3	27.7	26.5	17.8*	13.7*	29.3	24.2
Moves self with other aids	46.6	46.1	51.4*	53.3*	24.5*	54.1	59.9*
Moves self without aids	23.9	23.8	29.1*	22.9	11.2*	35.4*	31.6*
<b>Health and understanding of health</b>							
In poor health	19.7	17.6	18.7	29.2*	35.3*	21.1	29.9*
History of frequent falls <sup>2</sup>	26.1	26.5	23.4*	31.3*	18.2*	28.9	30.6
Concerned about falling or being unstable	62.4	62.1	56.5*	74.0*	65.1	71.2*	71.9*
Concerned about falling or being unstable and had somebody talk to them or work with them to reduce the risk	77.7	79.4	76.0	66.1*	80.9	74.0	71.4*



Health status measures	Share of all beneficiaries						
	Total <sup>1</sup>	White, non-Hispanic	Black, non-Hispanic	Hispanic	Asian, non-Hispanic	AIAN, non-Hispanic	Other or multi-racial, non-Hispanic
Understands the reason for their prescription medication(s) <sup>3</sup>	80.9	79.5	86.5*	76.9	76.7	89.3*	79.1
<b>Chronic conditions</b>							
Knows how to manage their chronic condition(s)	80.5	82.8	83.6	62.6*	68.6*	79.6	74.6*
Hearing was described as poor <sup>4</sup>	14.0	14.1	9.5*	19.8*	–	21.2	24.2*
Vision was described as poor <sup>4</sup>	19.2	16.7	21.0*	26.1*	34.2*	20.1	26.5*
Diagnosis of physical disability	67.4	67.6	64.5*	73.0*	65.6	66.0	68.3
Diagnosis of Alzheimer's disease or other dementia	16.6	16.9	13.8*	18.7	23.2	12.9	19.8
Diagnosis of acquired or traumatic brain injury	14.6	15.2	14.0	13.6	12.6	10.2	16.1
Diagnosis of intellectual or other developmental disability	9.4	9.9	8.6	10.7	–	–	5.3*

**Notes:** AIAN is American Indian or Alaska Native. The values shown here include self-reported information from all individuals 18 years old and older eligible for Medicaid via an age-related pathway or with a physical disability covered by Medicaid only or Medicaid and Medicare with a non-missing race and ethnicity from June 1, 2017 to May 31, 2018.

<sup>1</sup> Total beneficiaries eligible for Medicaid via an age-related pathway or with a physical disability, with a non-missing race and ethnicity and non-missing demographic characteristics.

<sup>2</sup> Includes beneficiaries with more than two falls in a six-month period.

<sup>3</sup> Only includes beneficiaries if they take prescription medication.

<sup>4</sup> If applicable, with hearing aids, glasses, or contacts if the beneficiary wears any.

\* Indicates the difference from white, non-Hispanic is statistically significant at the 95 percent confidence level.

– Estimate not reported due to small sample size or unreliable data with a relative standard error greater than or equal to 30 percent.

**Source:** MACPAC, 2024, analysis of 2017–2018 NCI-AD.

## Service Use

Service use for Medicaid beneficiaries with physical disabilities and seniors was similar for white, non-Hispanic; AIAN, non-Hispanic; and other or multi-racial, non-Hispanic beneficiaries, but significantly varied among other racial and ethnic groups (Table 4). These racial and ethnic variations occurred across hospital, rehabilitation, and emergency service utilization in addition to preventative service use. Service use among this population also varied by age for beneficiaries dually eligible for Medicaid and Medicare (Table 5).

Overall, about one-third of beneficiaries stayed overnight in a hospital or rehabilitation facility in the past year. Of those who did, over 87 percent felt comfortable or supported enough to return home after hospitalization and 82



percent had someone follow up with them after being discharged. However, almost half of all beneficiaries in this population visited the emergency room in the last year and nearly one-third of visits were due to a fall or losing their balance. Regarding preventive services, most beneficiaries could get an appointment with their primary care doctor when necessary. However, access to other preventive services was generally lower. In the past year, less than one-third of all beneficiaries in this population had a hearing exam, about 60 percent of beneficiaries had a vision exam, and just over 40 percent had a dental visit.

## Race and ethnicity comparison

Across all racial and ethnic groups, there were some general trends in service use and access to preventive care among seniors and adults with physical disabilities covered by Medicaid though use of some services varied by race and ethnicity (Table 4). For example, a smaller share of Asian, non-Hispanic adults stayed overnight in a hospital or rehabilitation facility in the past year and a greater proportion felt comfortable and supported enough to go home after being discharged relative to the comparison group of white, non-Hispanic beneficiaries. After discharge from a hospital or rehabilitation facility, a smaller share of Hispanic beneficiaries had someone follow up with them and a greater proportion went to the emergency room in the past year relative to the comparison group. Among all beneficiaries who visited the emergency room in the last year, a smaller share of Black, non-Hispanic and Asian, non-Hispanic beneficiaries' visits were due to falling or losing their balance compared with white, non-Hispanic beneficiaries.

Access to preventive services also varied by race and ethnicity in the survey population. A greater share of Hispanic beneficiaries had a vision exam or a dental visit in the past year relative to the comparison group. Among the Black, non-Hispanic population, a smaller share had a dental visit in the last year relative to the comparison group.

**TABLE 4.** Service use for Medicaid Beneficiaries Age 65 and Older, Including Individuals with Physical Disabilities, and Medicaid Beneficiaries with Physical Disabilities Age 18 to 64, by Race and Ethnicity, 2017–2018

Service use	Share of all beneficiaries						
	Total <sup>1</sup>	White, non-Hispanic	Black, non-Hispanic	Hispanic	Asian, non-Hispanic	AIAN, non-Hispanic	Other or multi-racial, non-Hispanic
Stayed overnight in a hospital or rehabilitation facility in the past year <sup>2</sup>	<b>32.2%</b>	32.5%	32.5%	32.0%	23.3%*	30.7%	33.4%
Felt comfortable and supported enough to go home, or back to where they live, after being discharged from a hospital or rehabilitation facility in the past year	<b>87.1</b>	87.1	88.5	84.1	93.2*	79.7	80.8
Had someone follow up with them after being discharged from a hospital or rehabilitation facility in the past year	<b>82.3</b>	82.4	84.9	76.1*	82.9	72.4	73.5





Service use	Share of all beneficiaries						
	Total <sup>1</sup>	White, non-Hispanic	Black, non-Hispanic	Hispanic	Asian, non-Hispanic	AIAN, non-Hispanic	Other or multi-racial, non-Hispanic
Went to the emergency room for any reason in the past year	44.9	44.4	45.3	47.6*	37.5	48.2	50.2
Emergency room visit in the past year was due to falling or losing balance	29.7	32.1	24.2*	30.0	18.5*	44.4	28.5
Emergency room visit in the past year was due to tooth or mouth pain	2.7	2.9	2.9	–	–	–	–
Can get an appointment to see their primary care doctor when needed	83.8	83.2	86.0*	83.3	87.6	81.9	82.4
Had a hearing exam in the past year	29.5	28.0	34.0*	32.3*	27.5	25.7	25.7
Had a vision exam in the past year	59.5	59.0	60.6	64.3*	49.8	58.7	55.4
Had a flu shot in the past year	76.0	77.7	70.4*	72.1*	89.2*	72.9	75.6
Had a dental visit in the past year	41.2	41.5	36.9*	46.2*	39.9	38.6	43.7

**Notes:** AIAN is American Indian or Alaska Native. The values shown here include self-reported information from all individuals 18 years old and older eligible for Medicaid via an age-related pathway or with a physical disability covered by Medicaid only or Medicaid and Medicare with a non-missing race and ethnicity from June 1, 2017 to May 31, 2018.

<sup>1</sup> Total beneficiaries eligible for Medicaid via an age-related pathway or with a physical disability, with a non-missing race and ethnicity and non-missing service use.

<sup>2</sup> Beneficiaries were discharged to go home or back to where they live.

\* Indicates the difference from white, non-Hispanic is statistically significant at the 95 percent confidence level.

– Estimate not reported due to small sample size or unreliable data with a relative standard error greater than or equal to 30 percent.

**Source:** MACPAC, 2024, analysis of 2017–2018 NCI-AD.

## Dually eligible age comparison

Among seniors and adults with physical disabilities who were dually eligible for Medicaid and Medicare, service use for the past year varied by age (Table 5). The majority of beneficiaries age 65 and older, including individuals with physical disabilities, reported feeling comfortable and supported enough to go home after being discharged from a hospital or rehabilitation facility. They also reported having had a physical exam, vision exam, and flu shot. Dually eligible beneficiaries age 65 and older, including individuals with physical disabilities, were less likely to have visited the emergency room in the past year for any reason, including due to tooth or mouth pain, or to have had a dental visit compared with beneficiaries age 18 to 64 with physical disabilities.



**TABLE 5.** Service Use for Dually Eligible Beneficiaries Age 65 and Older, Including Individuals with Physical Disabilities, and Dually Eligible Beneficiaries with Physical Disabilities Age 18 to 64, by Age, 2017–2018

Service use	All Beneficiaries Dually Eligible for Medicaid and Medicare	
	Adults with physical disabilities, age 18–64	Seniors, age 65 and older, including people with disabilities
Stayed overnight in a hospital or rehabilitation facility in the past year <sup>1</sup>	33.2	32.6
Felt comfortable and supported enough to go home, or back to where they live, after being discharged from a hospital or rehabilitation facility in the past year	81.8	88.3*
Had someone follow up with them after being discharged from a hospital or rehabilitation facility in the past year	83.0	82.3
Went to the emergency room for any reason in the past year	49.9	43.6*
Emergency room visit in the past year was due to falling or losing balance	28.1	31.4
Emergency room visit in the past year was due to tooth or mouth pain	4.7	2.2*
Can get an appointment to see their primary care doctor when needed	84.0	83.1
Had a physical exam or wellness visit in the past year	81.7	84.7*
Had a hearing exam in the past year	25.0	29.6*
Had a vision exam in the past year	58.1	61.6*
Had a flu shot in the past year	69.7	78.1*
Had a dental visit in the past year	47.8	37.6*

**Notes:** The values shown here include self-reported information from all individuals 18 years old and older eligible for Medicaid via an age-related pathway or with a physical disability, and covered by Medicaid and Medicare with non-missing service use information from June 1, 2017 to May 31, 2018.

<sup>1</sup> Beneficiaries were discharged to go home or back to where they live.

\* Indicates the difference from age 18–64 is statistically significant at the 95 percent confidence level.

**Source:** MACPAC, 2024, analysis of 2017–2018 NCI-AD.

## HCBS Experience

HCBS experience varied by race and ethnicity among seniors and adult beneficiaries with physical disabilities (Table 6). The majority of these differences were between white, non-Hispanic beneficiaries and beneficiaries who identified as either Black, non-Hispanic; Hispanic; or Asian, non-Hispanic (Table 6). Experiences with HCBS also varied by age among beneficiaries who were dually eligible (Table 7).

### Race and ethnicity comparison

Overall, the majority of the survey population reported that they liked where they were living (Table 6). By race and ethnicity, a greater share of Hispanic and Asian, non-Hispanic beneficiaries liked where they were living relative to the comparison group of white, non-Hispanic beneficiaries. Despite the majority of beneficiaries



indicating that they liked where they lived, Black, non-Hispanic and AIAN, non-Hispanic beneficiaries were more likely than white, non-Hispanic individuals to indicate they would prefer to live in a different residential setting (e.g., a more community-based setting versus an institutional setting). In contrast, Hispanic beneficiaries were less likely than white, non-Hispanic beneficiaries to report wanting to live in a different residential setting.

The majority of the survey population reported that paid support staff did things the way they wanted them done and arrived and left on time, but over a quarter shared that paid support staff changed too often. Additionally, some of their experiences with support staff varied by race and ethnicity. Relative to the comparison group, Hispanic beneficiaries were less likely to know who to contact if they wanted to make changes to their services or to be able to reach their case manager or care coordinator when necessary. In contrast, a greater share of Black, non-Hispanic and Asian, non-Hispanic beneficiaries could reach their case manager or care coordinator when necessary relative to the comparison group.

Nearly three out of every four Medicaid beneficiaries in the survey population had an emergency plan in place and reported that long-term care services met all of their current needs and goals, but their reported experiences varied by race and ethnicity. For example, both Black, non-Hispanic and Hispanic beneficiaries were less likely to report that long-term care services met all of their current needs and goals relative to the comparison group. Additionally, compared with the white, non-Hispanic population, Hispanic beneficiaries were less likely to have a backup plan if their paid support staff did not show up, but Asian, non-Hispanic beneficiaries were more likely to have a backup plan.

Most adult beneficiaries with physical disabilities and seniors reported receiving information about their services in the language they preferred (83.3 percent). White, non-Hispanic beneficiaries were more likely than individuals in nearly all other racial or ethnic groups to receive information about their services in their preferred language (91.9 percent). The largest difference from the comparison group was among Asian, non-Hispanic beneficiaries with 41 percent reporting they received information about their services in their preferred language.

The share of beneficiaries who always had enough assistance with everyday activities did not vary much by race and ethnicity, with the vast majority of all beneficiaries indicating they received enough assistance with everyday activities (81.6 percent). However, of the population who needed at least some assistance with everyday activities, a smaller share of Black, non-Hispanic and Hispanic beneficiaries reported always receiving enough assistance with self-care relative to the comparison group. Regarding access to transportation, AIAN, non-Hispanic beneficiaries were significantly less likely than the comparison group to have transportation when they wanted to do things outside their home, including non-medical things.

**TABLE 6.** Experience with Home- and Community-Based Services for Medicaid Beneficiaries Age 65 and Older, Including Individuals with Physical Disabilities, and Medicaid Beneficiaries with Physical Disabilities Age 18 to 64, by Race and Ethnicity, 2017-2018

Experience with HCBS	Share of all beneficiaries						
	Total <sup>1</sup>	White, non-Hispanic	Black, non-Hispanic	Hispanic	Asian, non-Hispanic	AIAN, non-Hispanic	Other or multi-racial, non-Hispanic
Likes home or where lives	82.1%	81.3%	81.3%	88.6%*	89.4%*	75.0%	84.3%
Would prefer to live in a different residential setting <sup>2</sup>	30.7	30.7	35.0*	24.8*	–	49.4*	27.0



Experience with HCBS	Share of all beneficiaries						
	Total <sup>1</sup>	White, non-Hispanic	Black, non-Hispanic	Hispanic	Asian, non-Hispanic	AIAN, non-Hispanic	Other or multi-racial, non-Hispanic
Paid support staff change too often	<b>28.8</b>	33.2	20.3*	15.2*	22.5	26.5	34.0
Paid support staff do things the way the beneficiary wants	<b>81.2</b>	77.8	87.6*	89.8*	92.5*	74.7	75.8
Knows whom to contact if they want to make changes to their services	<b>72.6</b>	73.3	73.7	66.2*	59.6	72.0	69.7
Can reach their case manager or care coordinator when necessary	<b>78.5</b>	77.8	81.5*	71.2*	85.7*	80.9	78.4
Paid support staff show up and leave when they are supposed to	<b>86.4</b>	84.0	88.8*	95.6*	96.9*	87.9	84.6
Have an emergency plan in place	<b>70.6</b>	72.9	68.8*	63.0*	67.4	68.6	72.1
Long-term care services meet all their current needs and goals	<b>72.0</b>	73.1	69.2*	70.2*	76.4	72.3	66.4
Have a backup plan if their paid support staff do not show up	<b>73.8</b>	73.7	74.7	69.4*	83.0*	69.1	79.5
Receive information about their services in the language they prefer	<b>83.3</b>	91.9	87.8*	83.8*	41.0*	–	59.9*
Have transportation when they want to do things outside of their home <sup>3</sup>	<b>72.4</b>	71.6	72.0	73.5	74.5	59.8*	75.3
Have transportation to get to medical appointments when necessary	<b>93.6</b>	93.9	92.9	93.5	92.3	94.7	91.0
Needs at least some assistance with everyday activities and always gets enough of that assistance when necessary	<b>81.6</b>	82.1	80.4	80.1	87.7	79.3	80.5
Needs at least some assistance with self-care and always gets enough of that assistance when necessary	<b>82.6</b>	83.5	80.7*	79.3*	86.3	81.4	81.8



**Notes:** HCBS is home- and community-based services. AIAN is American Indian or Alaska Native. The values shown here include self-reported information from all individuals 18 years old and older eligible for Medicaid via an age-related pathway or with a physical disability covered by Medicaid only or Medicaid and Medicare with a non-missing race and ethnicity from June 1, 2017 to May 31, 2018.

<sup>1</sup> Total beneficiaries eligible for Medicaid via an age-related pathway or with a physical disability, with a non-missing race and ethnicity and non-missing service use.

<sup>2</sup> Residential setting indicates residential type: own or family house or apartment (owned or rented); group home, adult family home, foster home, host home (round-the-clock services provided in a single-family residence where one or more individuals receiving services live with a person or family who furnishes services); assisted living facility, residential care facility (housing that may provide some nursing and personal care in addition to housekeeping and other basic help); nursing facility or nursing home; homeless or temporary shelter; other; don't know; and unclear, refused, or no response.

<sup>3</sup> Includes non-medical transportation.

\* Indicates the difference from white, non-Hispanic is statistically significant at the 95 percent confidence level.

– Estimate not reported due to small sample size or unreliable data with a relative standard error greater than or equal to 30 percent.

**Source:** MACPAC, 2024, analysis of 2017–2018 NCI-AD.

## Dually eligible age comparison

Experiences with HCBS varied by age among dually eligible adults with physical disabilities and seniors (Table 7). A larger share of beneficiaries age 65 and older, including individuals with physical disabilities, reported that they liked where they were living and a smaller proportion indicated they would prefer to live somewhere else relative to the comparison group of adults with physical disabilities age 18 to 64. However, seniors were less likely to know whom to contact for making changes to their services relative to the comparison group. Beneficiaries age 65 and older, including individuals with physical disabilities, were more likely to share that long-term care services met all of their current needs and goals compared with younger adults with physical disabilities; however, a smaller share of seniors reported having a backup plan if their paid support staff did not show up and receiving information about their services in the language that they prefer relative to the comparison group.

**TABLE 7.** Experience with HCBS for Dually Eligible Beneficiaries Age 65 and Older, Including Individuals with Physical Disabilities, and Dually Eligible Beneficiaries with Physical Disabilities Age 18 to 64, by Age, 2017–2018

Experience with HCBS	All Beneficiaries Dually Eligible for Medicaid and Medicare	
	Adults with physical disabilities, age 18–64	Seniors, age 65 and older, including people with disabilities
Likes home or where lives	79.0%	82.8%*
Would prefer to live in a different residential setting <sup>1</sup>	37.1	27.5*
Paid support staff change too often	26.1	28.5
Paid support staff do things the way the beneficiary wants	81.4	79.9
Knows whom to contact if they want to make changes to their services	77.9	72.4*
Can reach their case manager or care coordinator when necessary	77.9	78.1
Paid support staff show up and leave when they are supposed to	87.1	85.9
Have an emergency plan in place	69.8	70.1
Long-term care services meet all their current needs and goals	67.5	72.8*



Experience with HCBS	All Beneficiaries Dually Eligible for Medicaid and Medicare	
	Adults with physical disabilities, age 18–64	Seniors, age 65 and older, including people with disabilities
Have a backup plan if their paid support staff do not show up	74.9	71.5*
Receive information about their services in the language they prefer	93.9	85.6*
Have transportation when they want to do things outside of their home <sup>2</sup>	73.3	71.6
Have transportation to get to medical appointments when necessary	93.2	93.6
Needs at least some assistance with everyday activities and always gets enough of that assistance when necessary	79.7	81.2
Needs at least some assistance with self-care and always gets enough of that assistance when necessary	81.5	82.5

**Notes:** HCBS is home- and community-based services. The values shown here include self-reported information from all individuals 18 years old and older eligible for Medicaid via an age-related pathway or with a physical disability covered by Medicaid only or Medicaid and Medicare from June 1, 2017 to May 31, 2018.

<sup>1</sup> Residential setting indicates residential type: own or family house or apartment (owned or rented); group home, adult family home, foster home, host home (round-the-clock services provided in a single-family residence where one or more individuals receiving services live with a person or family who furnishes services); assisted living facility, residential care facility (housing that may provide some nursing and personal care in addition to housekeeping and other basic help); nursing facility or nursing home; homeless or temporary shelter; other; don't know; and unclear, refused, or no response.

<sup>2</sup> Includes non-medical transportation.

\* Indicates the difference from white, non-Hispanic is statistically significant at the 95 percent confidence level.

– Estimate not reported due to small sample size or unreliable data with a relative standard error greater than or equal to 30 percent.

**Source:** MACPAC, 2024, analysis of 2017–2018 NCI-AD.

## Data and Methods

Data for this report are from the June 1, 2017 to May 31, 2018 NCI-AD. The survey is administered by 16 states. Each state must attempt to complete a minimum of 400 surveys across a random sample of seniors and adults age 18 and older with physical disabilities who were receiving at least one Medicaid- or state-funded service, and those served by Older Americans Act (P.L. 89–73, as amended) programs. Most states sample more than 400 individuals to account for refusals and surveys that may be deemed invalid. States can also decide who they are going to exclude from the sample (HSRI and NASUAD 2019).

All individuals selected into a sample have the opportunity to respond, including using a proxy respondent in situations where the individual surveyed could not effectively communicate with the surveyor. States determine their own sampling methodology to identify participants, but many select participants through 1915(c) waiver participation records. Surveys are conducted in-person and states often employ university students, state staff, private contractors, advocacy organizations, and individuals with disabilities and their families to conduct the surveys. Additionally, state records were used to report data on an individual's health status and exam history as well as employment status.



The survey asks respondents about their demographic characteristics and topics related to their health, including personal experiences, involvement in the community, freedom to make their own choices, respect and rights, and access to services.

All differences discussed in this brief were computed using Z-tests and are significant at the 0.05 level.

## Limitations

States use NCI-AD data for their own programmatic purposes. In this brief, we aggregate the NCI-AD state-level data to report national numbers; however, due to each state's unique population sampling criteria and survey exclusion methodology, the aggregated data may not be generalizable to the entire population of seniors and adults with physical disabilities.

## Insurance coverage

Coverage source is defined as the health insurance that the respondent had at the time of the survey and comes from state records. An individual may have multiple coverage sources and sources of coverage may change over time, so responses to survey questions may reflect characteristics or experiences associated with a coverage source other than the one assigned in this brief.

## Medicaid HCBS

The following HCBS funding options were represented in this analysis: intermediate care facility for people with intellectual disabilities, Medicaid HCBS waiver-funded services, Medicaid state plan funded services, state funds (no Medicaid LTSS and not receiving Medicaid), Medicaid HCBS waiver-funded services (no Medicaid LTSS but still receiving Medicaid), and Medicare. In the HCBS analysis, only individuals with Medicaid HCBS waiver-funded services were included.

## Race and ethnicity

Survey respondents self-identify their race and ethnicity and are able to select all responses that apply. For the analyses presented in this brief, seven race and ethnicity categories were reported. Hispanic individuals can be of any race. Survey respondents self-identify their race and ethnicity separately, but those data are reported as a combination of their responses (e.g., Black, non-Hispanic). Individuals reporting only one race are categorized as follows: AIAN, Asian, Black or African American, Pacific Islander, white, or unknown. Individuals reporting a different race or multiple races are categorized as "other or multi-racial, non-Hispanic." Given the small sample size and data confidentiality rules, responses from people who identify as Pacific Islander cannot always be identified in publicly available data.

## Endnotes

<sup>1</sup> The over one quarter of adults with disabilities in the United States includes six functional types of disability: cognitive, hearing, mobility, vision, self-care, and independent living.

<sup>2</sup> LTSS users are defined here as enrollees using at least one LTSS service during the year under a fee-for-service arrangement. (The data do not allow a breakout of LTSS services delivered through managed care.) For example, an enrollee with a short stay in a nursing facility for rehabilitation following a hospital discharge and an enrollee with permanent residence in a nursing facility would both be counted as LTSS users.



<sup>3</sup> Children and adults under age 65 who qualify for Medicaid on the basis of disability are included in the disabled category. Individuals age 65 and older eligible through an aged, blind, or disabled pathway are included in the aged category. Amounts are FFS.

<sup>4</sup> Throughout this brief, the term “senior” refers to individuals age 65 and older, including individuals with physical disabilities.

<sup>5</sup> In addition to Medicaid LTSS beneficiaries, this brief also includes individuals who qualify for LTSS under the Older Americans Act (OAA), Program of All-Inclusive Care for the Elderly (PACE), or state-funded programs.

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# APPENDIX A: Total Medicaid Beneficiaries with Physical Disabilities

**TABLE A-1.** Demographic Characteristics of Medicaid Beneficiaries Age 65 and Older, Including Individuals with Physical Disabilities, and Medicaid Beneficiaries with Physical Disabilities Age 18 to 64, 2017–2018

Demographic characteristic	Total
<b>Age</b>	
18–64 <sup>1</sup>	36.6%
18–25 <sup>2</sup>	1.4
26–44	6.8*
45–54	8.3*
55–64	20.0*
65 and above	63.4*
<b>Sex</b>	
Male <sup>1</sup>	33.3
Female	66.7*
<b>Marital status</b>	
Single, never married <sup>1</sup>	23.0
Married/domestic partner	19.8*
Separated/divorced	28.2*
Widowed	29.1*
<b>Primary language</b>	
English <sup>1</sup>	89.4
Other	10.6*
<b>Type of residential area<sup>3</sup></b>	
Urban <sup>1</sup>	87.7
Rural	12.3*
<b>Type of residence</b>	
Own/family house/apt <sup>1</sup>	65.2
Senior living apt/complex	5.1*
Group home/adult family home/foster home/host home	3.0*
Assisted living facility/residential care facility	10.2*
Nursing facility	15.1*
Homeless/ temporary shelter	0.1*
Other	1.2*
<b>Receiving Medicare</b>	
Medicaid only <sup>1</sup>	16.4
Medicaid and Medicare	83.6*
<b>Legal guardian</b>	
Proportion of people who have a legal guardian	17.3
<b>Race and ethnicity</b>	
White, Non-Hispanic <sup>1</sup>	61.7
Black, Non-Hispanic	20.4*
Hispanic	9.9*
Asian, non-Hispanic	3.5*



Demographic characteristic	Total
AIAN, non-Hispanic	1.1*
Pacific Islander, non-Hispanic	0.2*
Other or multi-racial, non-Hispanic	1.8*

**Notes:** AIAN is American Indian or Alaska Native. The values shown here include self-reported information from all individuals 18 years old and older eligible for Medicaid via an age-related pathway or with a physical disability covered by Medicaid only or Medicaid and Medicare, from June 1, 2017 to May 31, 2018.

<sup>1</sup> Indicates reference group for determining statistical significance at the 95 percent confidence level.

<sup>2</sup> Indicates reference group for determining statistical significance at the 95 percent confidence level for rows 26–44, 45–54, and 55–64.

<sup>3</sup> Defined using Rural-Urban Commuting Area codes. “Urban” includes metropolitan and micropolitan areas. “Rural” includes small towns and rural areas.

\* Indicates the difference from the reference group is statistically significant at the 95 percent confidence level.

**Source:** MACPAC, 2024, analysis of 2017–2018 NCI-AD.

**TABLE A-2.** Health Status of Adult Medicaid Beneficiaries Age 65 and Older, Including Individuals with Physical Disabilities, and Medicaid Beneficiaries with Physical Disabilities Age 18 to 64, 2017–2018

Health Status	Total
<b>Level of mobility</b>	
Non-ambulatory <sup>1</sup>	12.9%
Moves self with wheelchair	25.3*
Moves self with other aids	46.6*
Moves self without aids	23.9*
<b>Health status</b>	
Poor health <sup>1</sup>	19.6
Fairly good health	65.9*
Very good or excellent health	14.5*
<b>Fall history</b>	
People with history of frequent falls (more than two falls in a six-month period) <sup>1</sup>	26.1
People without a history of frequent falls (fewer than two falls in a six-month period)	73.9*
<b>Fall concern</b>	
People with concerns about falling or being unstable <sup>1</sup>	62.6
People without concerns about falling or being unstable	37.4*
<b>Fall concern and reducing risk</b>	
People with concerns about falling or being unstable who had somebody talk to them or work with them to reduce the risk <sup>1</sup>	77.9
People with concerns about falling or being unstable who didn't have somebody talk to them or work with them to reduce the risk	22.1*
<b>Prescription understanding</b>	
People who do not understand what they take their prescription medications for (if take prescription medications) <sup>1</sup>	19.0
People who understand what they take their prescription medications for (if take prescription medications)	81.0*

Health Status	Total
<b>Chronic condition management</b>	
People who do not know how to manage their chronic condition(s) <sup>1</sup>	<b>19.4</b>
People who know how to manage their chronic condition(s)	<b>80.6*</b>
<b>Hearing loss</b>	
People without hearing loss <sup>1</sup>	<b>86.0</b>
People whose hearing was described as poor (with hearing aids, if wears any)	<b>14.0*</b>
<b>Poor vision</b>	
People without limited or no vision <sup>1</sup>	<b>80.9</b>
People whose vision was described as poor (with glasses or contacts, if wears any)	<b>19.1*</b>
<b>Physical disability</b>	
People without a diagnosis of physical disability <sup>1</sup>	<b>32.6</b>
People with a diagnosis of physical disability	<b>67.4*</b>
<b>Alzheimer's disease</b>	
People without a diagnosis of Alzheimer's disease or other dementia <sup>1</sup>	<b>83.4</b>
People with a diagnosis of Alzheimer's disease or other dementia	<b>16.6*</b>
<b>Traumatic brain injury diagnosis</b>	
People without a diagnosis of acquired or traumatic brain injury <sup>1</sup>	<b>85.3</b>
People with a diagnosis of acquired or traumatic brain injury	<b>14.7*</b>
<b>Diagnoses</b>	
People without a diagnosis of intellectual or other developmental disability <sup>1</sup>	<b>90.4</b>
People with a diagnosis of intellectual or other developmental disability	<b>9.6*</b>

**Notes:** The values shown here include self-reported information from all individuals 18 years old and older eligible for Medicaid via an age-related pathway or with a physical disability covered by Medicaid only or Medicaid and Medicare, from June 1, 2017 to May 31, 2018.

<sup>1</sup> Indicates reference group for determining statistical significance at the 95 percent confidence level.

\* Indicates the difference from the reference group is statistically significant at the 95 percent confidence level.

**Source:** MACPAC, 2024, analysis of 2017–2018 NCI-AD.



**TABLE A-3.** Service use for Medicaid Beneficiaries Age 65 and Older, Including Individuals with Physical Disabilities, and Medicaid Beneficiaries with Physical Disabilities Age 18 to 64, 2017–2018

Service use	Total
<b>Overnight hospital visit</b>	
Stayed overnight in a hospital or rehabilitation facility in the past year (and were discharged to go home or back to where they live) <sup>1</sup>	32.1%
Never stayed overnight in a hospital or rehabilitation facility in the past year	67.9*
<b>Returned home after hospital discharge</b>	
Felt comfortable and supported enough to go home (or back to where they live) after being discharged from a hospital or rehabilitation facility in the past year <sup>1</sup>	87.1
Did not feel comfortable and supported enough to go home (or back to where they live) after being discharged from a hospital or rehabilitation facility in the past year	12.9*
<b>Follow-up after hospital visit</b>	
Someone followed-up with them after being discharged from a hospital or rehabilitation facility in the past year <sup>1</sup>	82.4
No one followed up with them after being discharged from a hospital or rehabilitation facility in the past year	17.6*
<b>Emergency room visit</b>	
Went to the emergency room for any reason in the past year <sup>1</sup>	44.9
Did not go to the emergency room for any reason in the past year	55.1*
<b>Emergency room visit - fall or balance</b>	
Had an emergency room visit in the past year was due to falling or losing balance <sup>1</sup>	29.9
Did not have an emergency room visit in the past year was due to falling or losing balance	70.1*
<b>Emergency room visit - tooth pain</b>	
Had an emergency room visit in the past year was due to tooth or mouth pain <sup>1</sup>	2.7
Did not have an emergency room visit in the past year was due to tooth or mouth pain	97.3*
<b>Primary care appointment</b>	
Can get an appointment to see their primary care doctor when necessary <sup>1</sup>	83.9
Cannot get an appointment to see their primary care doctor when necessary	16.1*
<b>Hearing test</b>	
Had a hearing exam in the past year <sup>1</sup>	30.0
Did not have a hearing exam in the past year	70.0*
<b>Eye exam</b>	
Had an eye exam or vision screening in the past year <sup>1</sup>	59.7
Did not have an eye exam or vision screening in the past year	40.3*
<b>Flu shot</b>	
Had a flu shot in the past year <sup>1</sup>	76.0
Did not have a flu shot in the past year	24.0*



Service use	Total
<b>Dental exam</b>	
Had a dental exam in the past year <sup>1</sup>	41.4
Did not have a dental exam in the past year	58.6*

**Notes:** The values shown here include self-reported information from all individuals 18 years old and older eligible for Medicaid via an age-related pathway or with a physical disability covered by Medicaid only or Medicaid and Medicare, from June 1, 2017 to May 31, 2018.

<sup>1</sup> Indicates reference group for determining statistical significance at the 95 percent confidence level.

\* Indicates the difference from the reference group is statistically significant at the 95 percent confidence level.

**Source:** MACPAC, 2024, analysis of 2017–2018 NCI-AD.

**TABLE A-4.** Experience with Home- and Community-Based Services for Medicaid Beneficiaries Age 65 and Older, Including Individuals with Physical Disabilities, and Medicaid Beneficiaries with Physical Disabilities Age 18 to 64, 2017–2018

Experience with HCBS	Total
<b>Likes home</b>	
Likes home or where they live <sup>1</sup>	82.1%
Does not like home or where they live	17.9*
<b>Wants to move</b>	
Wants to live somewhere else <sup>1</sup>	30.7
Does not want to live somewhere else	69.3*
<b>Paid staff change</b>	
Paid support staff change too often <sup>1</sup>	29.0
Paid support staff do not change too often	71.0*
<b>Paid staff support</b>	
Paid support staff do things the way the beneficiary wants them done <sup>1</sup>	81.2
Paid support staff do not do things the way the beneficiary wants them done	18.8*
<b>Change to services</b>	
Know whom to contact if they want to make changes to their services <sup>1</sup>	72.8
Do not know whom to contact if they want to make changes to their services	27.2*
<b>Case manager or care coordinator</b>	
Can reach their case manager or care coordinator when necessary <sup>1</sup>	78.8
Cannot reach their case manager or care coordinator when necessary	21.2*
<b>Staff show up and leave on time</b>	
Paid support staff show up and leave when they are supposed to	86.3
Paid support staff do not show up and leave when they are supposed to	13.7*

Experience with HCBS	Total
<b>Emergency plan</b>	
Have an emergency plan in place <sup>1</sup>	70.9
Do not have an emergency plan in place	29.1*
<b>Long-term care services</b>	
Long-term care services meet all their current needs and goals <sup>1</sup>	72.2
Long-term care services do not meet all their current needs and goals	27.8*
<b>Back-up plan</b>	
Have a backup plan if their paid support staff do not show up <sup>1</sup>	73.8
Do not have a backup plan if their paid support staff do not show up	26.2*
<b>Language</b>	
Receive information about their services in the language they prefer <sup>1</sup>	83.6
Do not receive information about their services in the language they prefer	16.4*
<b>Non-medical transportation</b>	
Have transportation when they want to do things outside of their home <sup>1</sup>	72.3
Do not have transportation when they want to do things outside of their home	27.7*
<b>Transportation to medical appointments</b>	
Have transportation to get to medical appointments when necessary <sup>1</sup>	93.6
Do not have transportation to get to medical appointments when necessary	6.4*
<b>Assistance with everyday activities</b>	
Need at least some assistance with everyday activities and always get enough of that assistance when necessary <sup>1</sup>	81.8
Need at least some assistance with everyday activities, but they do not get enough of that assistance when necessary	18.2*
<b>Assistance with self-care</b>	
Need at least some assistance with self-care and always get enough of that assistance when necessary <sup>1</sup>	82.7
Need at least some assistance with self-care, but they do not get enough of that assistance necessary	17.3*

**Notes:** The values shown here include self-reported information from all individuals 18 years old and older eligible for Medicaid via an age-related pathway or with a physical disability covered by Medicaid only or Medicaid and Medicare, from June 1, 2017 to May 31, 2018.

<sup>1</sup> Indicates reference group for determining statistical significance at the 95 percent confidence level.

\* Indicates the difference from the reference group is statistically significant at the 95 percent confidence level.

**Source:** MACPAC, 2024, analysis of 2017–2018 NCI-AD.

