services in assisted living through their Medicaid programs, highlighting the opportunities for increasing equitable access and ensuring high quality care is delivered to this vulnerable population.

MEDICAID POLICY AND ASSISTED LIVING ACCESS
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Funding for home and community-based services (HCBS), including assisted living (AL), using Medicaid is limited to either Medicaid program waivers or state plan amendments. The Affordable Care Act (ACA) created a new option for the state plan, the Community First Choice 1915(K), that mandates all care is self-directed and inclusive of families in decision making while disallowing waiting lists. This presentation will provide an overview of the various combinations of Medicaid waivers and amendments used by states to cover services in AL. We will then share the results of a study that used coincidence analysis, a configurational comparative method, to compare states’ approaches to HCBS Medicaid coverage and a measure of AL geographic access. We found that both Medicaid waivers and 1915(K) amendments are associated with increased geographic access to AL.

MEDICAID FINANCING AND SEGREGATION OF DUALS IN ASSISTED LIVING
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We used 2018 Medicare enrollment data, a national directory of licensed ALs, and Medicaid state policies. We identified a cohort of 474,661 AL residents and a comparison cohort of 58,911,266 community-residing individuals. We compared the distribution of duals across ALs to the distribution of community-dwelling duals across ZIP codes by taking the ratio of AL Gini index for each state over the community Gini index for each state (the “Gini ratio” or GR). On average, states with both waivers and state plans covering services in AL had the lowest Gini ratio (less segregated than community; GR=0.87.) States with no Medicaid financing for AL had the highest Gini ratio (more segregated than community, GR=1.16). Medicaid coverage for home and community-based services in AL is associated with increased access to AL for duals.

STRUCTURAL INEQUITIES IN OUTCOMES FOR DUAL-ELIGIBLE RESIDENTS IN ASSISTED LIVING
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We examined the association of AL residents’ dual-eligibility and the concentration of dually eligible residents in AL communities with residents’ risk of hospitalization and long-term nursing home admission. The exposure was dual status interacted with AL concentration: no-duals, minority-duals [<=50%] (reference group), and majority-duals [>=50%]. We found that duals in AL have higher risk of hospitalization and nursing home admission than non-duals. For both duals and non-duals, moving to an AL with a high concentration of duals conferred excess risk of hospitalization. Among duals, however, lower concentration of duals in ALs increases risk of long-term nursing home admission for duals, whereas it is protective for non-duals. The association of higher hospitalization with concentration of duals suggests that quality may be a concern in communities that specialize in care for duals. However, majority-duals ALs may be better equipped to provide more comprehensive care as an alternative to nursing homes.

DUAL ELIGIBILITY AND INJURY-RELATED EMERGENCY DEPARTMENT VISITS AMONG ASSISTED LIVING RESIDENTS
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Using 2018 Medicare data, we examined the relationship between dual eligibility and injury-related emergency department use among a cohort of assisted living residents (n=116,754). We fit multilevel models with random intercepts at the assisted living community and license type levels. The baseline rate of injury-related emergency department emergency department use was 0.17. After controlling for resident characteristics (i.e., age, sex, race, and chronic conditions), license type characteristics (i.e., dementia care licensure, staffing regulations), and assisted living community characteristics (i.e., size and percentage of residents with dementia), being dually eligible for Medicare and Medicaid was associated with a 12% increase in the probability of having an injury-related emergency department visit (b=.02; p<.001). Assisted living communities that serve duals may have fewer resources and staff to provide personal care, potentially leading to increased rates of injuries.

RETENTION OF DALLY ELIGIBLE BENEFICIARIES IN ASSISTED LIVING AT THE END OF LIFE
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To examine to what extent dually eligible beneficiaries (duals) residing in assisted living remain there toward the end of life, we conducted a prospective cohort study of 98,944 Medicare beneficiaries present at validated AL ZIP codes in January 2017, and who died during a two-year follow-up. The outcome was AL residence in the last 30 days of life. We compared decedents who were not duals (80,156 decedents), with those newly dually eligible in 2016 (15,066 decedents), and those already dually eligible in 2016 (3,722 decedents). Only 36.7% of new dual decedents resided in