Among the 45 states and DC with Medicaid-financed AL, 12 states limit Medicaid funding to specific licenses, whereas 34 states provide accommodations for a standardized process using the Mitchell Index to determine whether ALs can accept Medicaid funding. Although the modal funding mechanism is through 1915c demonstration waivers, in states that utilize multiple demonstration waivers, states issue levels of licensure for AL communities, which may determine whether ALs can accept Medicaid funding. We find that five states do not utilize mechanisms that states use to finance care in AL and identify licensing requirements, whereas 34 states provide accommodations for a standardized process using the Mitchell Index to determine whether ALs can accept Medicaid funding.

Participants stated the tool added something to current interventions, which is important to consult in later stages of intervention development. Individual interviews and focus groups were conducted with NH administrators, medical directors, directors of nursing, and IPFV consultants involved in the intervention. Semi-structured interviews with five major themes that emerged: (1) older women were disproportionately affected, (2) tools for older women (55+) experiencing IPFV; and (2) barriers to providing care. There are numerous barriers to reporting these types of abuse. A scoping review was undertaken to: (1) synthesize current knowledge on intervention tools for older women (55+) experiencing IPFV; and (2) identify existing policy, practice, and research gaps with respect to older women. This study describes current knowledge on intervention tools for older women (55+) experiencing IPFV; and (2) identify existing policy, practice, and research gaps with respect to older women.
Health science students must attain interprofessional teamwork and collaboration competencies to provide effective, patient-centered care to older adults requiring complex care. However, students typically learn in disciplinary silos and lack engaging opportunities for interprofessional teamwork. To provide students with an interprofessional learning activity the Geriatric Workforce Enhancement Programs (GWEP) at Saint Louis University and the University of Minnesota implemented a Geriatric Case Competition. We present the students’ experience with the 2022 competition. Students assigned to interprofessional teams with a coach had one month to prepare a 20-25 minute presentation of a comprehensive care plan using a simulated complex geriatric patient case. Judges scored team presentations using a rubric of core competencies for interprofessional collaborative practice. Each GWEP held local competitions with winning teams presenting at the inter-GWEP competition held via live videoconferencing. Top scoring teams received prizes. Students completed an eight-item satisfaction survey using a 5 point likert scale (5=poor to 1=excellent). Answers to open ended questions were analyzed qualitatively to find themes about their experience. 132 students joined the competition and 54 completed an evaluation survey (response rate 41%). Students rated their experience as good to excellent with mean ratings on 8 questions ranging from 1.5-2.2 (N=54). Themes included: the importance of patient centered care and the power of multiple perspectives/expertise. Students offered improvements related to student, coach, and judge expectations. In summary, the competition provided a very positive learning activity that helped students value the importance of patient centered care and interprofessional collaboration for older people.