State of the States Survey 2011

State Aging and Disability Agencies in Times of Change

NASUAD
National Association of States
United for Aging and Disabilities

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Table of Contents

About NASUAD

The National Association of States United for Aging and Disabilities (NASUAD) was founded in 1964 under the name National Association of State Units on Aging (NASUA). In 2010, the organization changed its name to NASUAD in an effort to formally recognize the work that the state agencies were undertaking in the field of disability policy and advocacy. Today, NASUAD represents the nation's 56 state and territorial agencies on aging and disabilities and supports visionary state leadership, the advancement of state systems innovation and the articulation of national policies that support home and community based services for older adults and individuals with disabilities.

The Association mission statement had long included disability. The only element changed as part of NASUAD's name change was the addition of "caregivers" as part of the organization focus. Today, the mission statement is "to design, improve, and sustain state systems delivering home and community based services and supports for people who are older or have a disability, and their caregivers."

NASUAD works to:

- Inform policymakers about the current and future national status and operations of state systems that support older adults, persons with disabilities, and their families and caregivers;
- Serve as the vehicle for state agencies to collectively develop and promote policy and programmatic recommendations with the public and private sectors;
- Maintain collaborative relationships with federal partners, particularly the Administration on Aging (AoA), the Centers for Medicare and Medicaid Services (CMS), and the U.S. Department of Health and Human Services Office of Disability Policy, Aging Network and Disability partners, and other key national organizations;
- Analyze federal legislative, regulatory, and administrative actions implications for the state systems supporting older adults, persons with disabilities and their caregivers; and, based on such analysis inform and advocate with federal partners about the implications of such impacts;
- Facilitate the change of information, ideas, and experience of effective and efficient state and local policy options, program models, service delivery strategies, and management practices; and
- Provide general and specialized information, consultation, training, technical assistance, and professional development on a full range of policy, program and management challenges among the states.

Acknowledgements

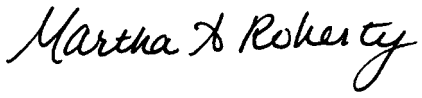
Since 2008, states have struggled with staff reductions, furlough days, and increasing pressure to make programs function with fewer resources while ensuring delivery of services. The 2011 survey represents a yearlong research project based on the essential contributions of state aging and disability agency staff who completed a lengthy survey and participated in follow up interviews. We would like to thank state agency staff for their valuable time invested in the data collection for this document.

We also would like to thank both the central and regional office staffs of the U.S. Administration on Aging (AoA) and the Centers for Medicare and Medicaid Services (CMS) for their valuable insights and suggestions on the 2011 report. Additionally, our partners in the aging and disability communities provided important suggestions on how to improve upon earlier versions of the State of the States report.

Finally, the NASUAD Board of Directors, under the leadership of President Irene Collins, Commissioner for the Alabama Department of Senior Services, provided essential direction. The entire NASUAD staff was involved in the effort with project guidance provided by Mike Cheek, Senior Director for State Services. However, in particular, Leslie Finnan and Deborah Merrill provided critical assistance and input.

I would like to extend my thanks to everyone involved in production of the 2011 report.

Sincerely,



Martha A. Roherty
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Executive Summary

State aging and disabilities agencies are operating in an unprecedented era of state agency reorganization, re-conceptualization of state government, and restructuring of long-term services and supports delivery systems and financing. As in the 2009 State of the States report, the 2011 report continues to highlight the roles and responsibilities of state aging and disabilities agencies.

Six key themes related to LTSS systems transformation emerged from our analysis of the 2011 survey data:

- ***Loss of Historical Knowledge is Nationwide.*** State aging and disability agencies are experiencing an unprecedented influx of new leadership. At the same time, a significant number of state agency employees are or will be eligible for retirement in the next five years.
- ***Agency Restructuring is Common.*** States are reorganizing how they conduct business and deliver services. Specifically, state aging and disability agencies are restructuring or combining "backroom" functions, such as grants management and information systems operations as well as integrating or separating long-term services and supports programs.
- ***Medicaid Managed Long-Term Care is Expanding Rapidly.*** In 2009, six states had some form of capitated Medicaid Managed Long-Term Care (MMLTC) operating in a portion of the state or statewide. NASUAD's 2011 survey indicates over half the states are operating or exploring an MMLTC arrangement.
- ***Interest in Affordable Care Act (ACA) Options Remains Limited but Many States Are Engaged in State-Specific Health Reform.*** Many state agencies are playing active roles in state-level health reform activities such as participation in steering committees. However, a significant number of states indicated limited involvement in ACA-specific efforts. Of note, 28 states are engaged in ACA-related litigation. Other state legislatures have enacted or are considering state legislation precluding ACA implementation.
- ***Budgets and Growing Demand for Services are Top State Aging and Disability Agencies' Concerns.*** Despite preliminary evidence of slightly increasing state revenues, the majority of state aging and disability agencies remain concerned about budgets and their capacity to maintain services.

The 2011 survey captured a snapshot of the states in a period of transition and change. Key elements driving continued change include the economic environment, ACA implementation, uncertainty in the federal budget particularly with the failure of the Congressional Super Committee, changes in state level leadership, and the 2012 elections. NASUAD will survey the states annually beginning in 2012 to provide updates on the evolution of state aging and disability services.

Methodology

Using a web-based survey instrument and related analytic database, NASUAD surveyed all 56 states and territories. Fifty-five member state agencies responded.[1] Each NASUAD staff was assigned a group of states organized by AoA region for follow-up inquiries. First, 2011 responses, where possible (see below), were compared to 2009 responses and reviews of state agency websites were conducted. Second, based on these reviews, NASUAD staff developed follow-up interview questions; states responded to such questions electronically or via phone interviews. Finally, state agencies conducted a final review of their raw state data organized in a table format.

While many of the 2009 survey questions were included in the 2011 survey, the 2011 edition contained a number of important additions and differences including questions on disability, in keeping with the new Association name, the Affordable Care Act (ACA), and other questions or sections suggested by NASUAD leadership. Such additions include agency restructuring and Medicaid Managed Long-Term Care (MMLTC). The report provides a comparison of 2009 with 2011 data where possible. New additions to the survey, such as ACA questions, include no such comparative analysis because these questions were not included in the 2009 survey. Finally, because the territories have service delivery systems and financing arrangements distinct from states and the District of Columbia, NASUAD did not include them in the report analysis. NASUAD will release a territory-specific document at a later date.

[1] All fifty states and the District of Columbia responded; all territories responded except the U.S. Virgin Islands.

Background

NASUAD member state agency operations are impacted by a variety of factors, including aging and disability trends, federal program and policy changes impacting the Aging Network framed by the Older Americans Act (OAA) and disability service systems, state policy and fiscal environments, and LTSS provider marketplace trends.

Aging and Disability Trends Continue to Increase Demand

Among older adults and persons with disabilities, three pressures contribute to overall increases in demand for long-term services and supports: 1) overall health status; 2) absolute increases in the numbers of older adults and persons with disabilities; and 3) recession impacts on people and their caregivers.

In 2010, the number of adults age 65 and older was approximately 40.2 million; by 2050 the figure will more than double to 88.5 million. 2011 marked the first year that the baby boom generation began crossing into the older adult category.[2] In the near term, the fastest growing cohort of older adults will be persons age 65-74, roughly 14 percent of the older adult population. As the older adult population moves into the older and oldest old categories, their needs will change and most likely will require long-term services and supports (LTSS). Additionally, the older adult population will begin to mirror increasing ethnic diversity trends well pronounced in today's young adult populations.

Additionally, previous research had indicated a decline in disability among older adults.[3] Researchers pointed to increased use of health services including restorative procedures, prescription medication, and other medical advances. In the same body of work, authors also highlighted factors which might drive up disability including obesity and diabetes. More recent research supports the factors which could drive up disability rates among older adults and reverse prior year trends. In fact, several 2010 studies point to increasing disability rates among older adults primarily related to obesity and lower socioeconomic status.[4]

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[2] U.S. Census Bureau (May 2010). The Next Four Decades—The Older Population in the United States: 2010 to 2050.

[3] Kramarow, E., Lubitz, J. et al. (September 2007) Trends in the Health of Older Americans 1970—2005. Health Affairs, 26, no. 5 (2007); 1417—1425.

[4] Seeman, T, Ph.D., Merkin, S., Ph.D. et al (January 2010) Disability Trends Among Older Americans: National Health and Nutrition Examination Surveys, 1988-1994 and 1999-2004. American Journal of Public Health (100) no.1; 100-107.

In terms of financial stability, older adults are more likely to have exhausted their savings, tapped home value, and/or lost private health insurance and now rely more on public assistance.[5] Additionally, like persons with disabilities (see below), older adults are more likely to be unemployed and the recession has exacerbated unemployment rates among older adults.[6] Of note, Title V of the Older Americans Act (OAA), Community Service Employment for Older Adults or the Senior Community Service Program (SCSEP), is the only federal job training program which explicitly serves low-income adults, age 55 and older. The U.S. Department of Labor currently administers SCSEP. The President's Fiscal Year 2012 budget request proposes to move the program to the U.S. Department of Health and Human Services Administration on Aging (AoA). SCSEP is intended to advance economic self-sufficiency through employment training and job placement and promote opportunities for community service through community service employment partnerships.

SCSEP participants must be 55 or older, unemployed, and have a total family income of less than 125 percent of the federal poverty level. SCSEP participants are placed in community assignments via host agencies. Working an average of 20 hours per week for a maximum of 48 months, participants earn minimum wage (federal or state, whichever is highest). The participants' wages are subsidized by SCSEP funding. It is intended that community service training serves as a bridge to unsubsidized employment opportunities; SCSEP's goal is to place 30 percent of its authorized positions into unsubsidized employment annually. Until fiscal year (FY) 2010, SCSEP funding had been increasing including American Recovery and Reinvestment Act (ARRA) funding to increase employment access for older workers during the recession. The ARRA enhanced funding has expired and the most recent budget request is $450 million, a $375 million decrease from FY 2010 funding levels.

According to the U.S. Census Bureau, more than 13 million older adults live in or on the edge of poverty, with incomes of less than $22,000 each year.[7] Even more significant is the number of seniors who have experienced an increase in economic insecurity. Seniors with incomes below 200 percent of the Federal Poverty Level (FPL) rose from 33.7 percent, or an estimated 13.0 million seniors, in 2009 to 34.6 percent, or an estimated 13.5 million seniors, in 2010, according to census figures.

Meanwhile, the number of seniors living below 100 percent of the FPL increased from 3.4 million to 3.5 million during the same period. However, some individuals aged 65 and older have seen a rise in their incomes, mostly due to Social Security, as more and more Baby Boomers reach retirement age, according to the Census figures.

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[5] General Accountability Office (October 2011). Income Security: Older Adults and the 2007-2009 Recession, GAO-12-76.

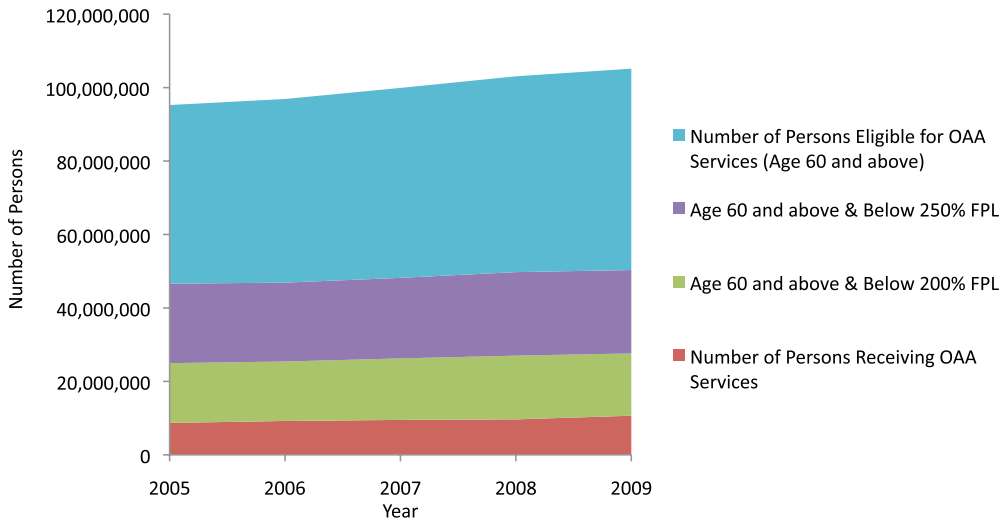
[6] Ibid.

[7] NASUAD review of 2010 U.S. Census data.

The Older Americans Act (OAA) offers an array of critical services and supports to low-income vulnerable older adults and provides a framework for many state home and community-based systems. While OAA program eligibility is not means tested, OAA requires states to target vulnerable populations including low-income older adults, minorities, persons with limited English proficiency, persons at risk of institutionalization, and older adults living in rural areas.

The federal Administration on Aging (AoA) awards OAA program funds to states. The OAA state grants are based on the proportion of state residents who are older adults (who are 60 and over). However, OAA has received little to no funding increases in several years. In fiscal year 2008, about five percent of the nation's adults 60 and over received key aging services through Title III of the OAA, including meals and home-based care. Figure 1, below, provides an overview of the increase in the total number of persons age 60 and older and trends in low-income older adult populations compared to OAA program enrollment for FY 2005–FY 2009. While a critical funding source for states and older adults, federal appropriations for OAA programs have fallen far short of potential demand.

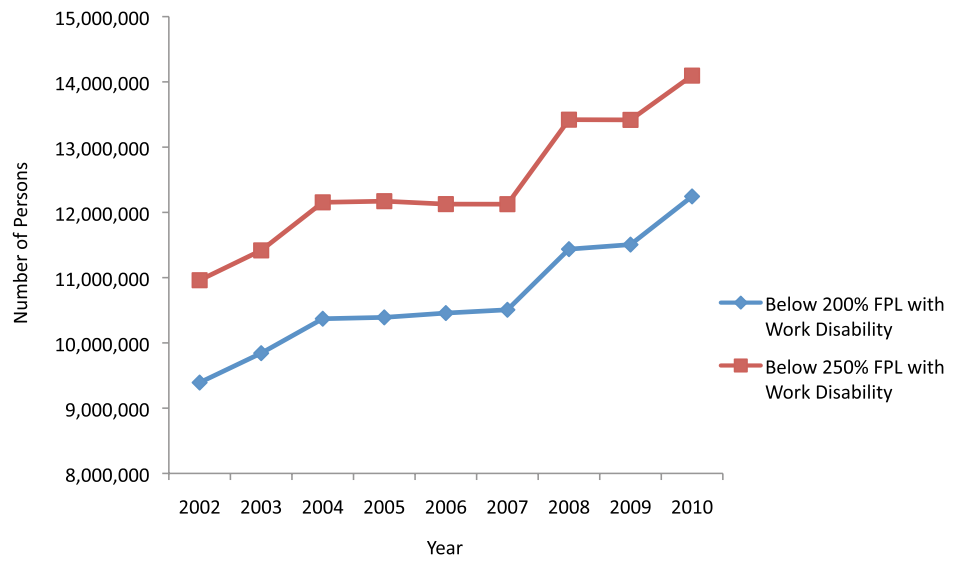
Figure 1. Current OAA Service Clients and Potential Eligible Population



Source: NASUAD analysis of U.S. Census data (Current Population Survey) and the AoA AGing Integrated Database (AGID)

At the same time, the number of young adults with a disability also continues to rise primarily due to medical improvements which extend life expectancy and emerging and/or growing disabilities (i.e., autism spectrum disorders).[8] Researchers also indicate that in federal fiscal year 2008, "the federal government spent approximately $357 billion on a wide range of programs that provide services to working-age persons with disabilities."[9]

Figure 2. National Trends in Work Disability Among Adults Age 18–64



Source: NASUAD Analysis of Census Data (Current Population Survey).

The creation and sustainability of employment options for young, working age adults with disabilities is a critical component of efforts to improve community living options and a top policy priority for the disability advocacy community. Increased self-sufficiency from employment also can impact overall state Medicaid expenditures.

In keeping with such facts, the federal government and states have developed significant efforts aimed at expanding employment opportunities for young, working age adults with disabilities. Examples include new Centers for Medicare and Medicaid Services (CMS) guidance on the use of Medicaid for employment support services, Medicaid Infrastructure Grants (MIG), and Medicaid Buy-In (MBI) programs. Used to fund state employment supports options and related administrative infrastructure, between 2001 and 2009, nearly $289 million in MIG funding was awarded to 49 states plus the District of Columbia and the U.S. Virgin Islands.[10]

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[8] Livermore, G., Whalen, D. et al. (August 2011) Disability Data in National Surveys. Mathematica Policy Research, Inc., Center for Studying Disability Policy.

[9] Ibid.

[10] Kehn, M. et al. (December 2010) A Government Performance and Results (GPRA) Report: The Status of the Medicaid Infrastructure Grants Program as of 12/31/09—Final Report. Mathematica Policy Research, Inc.

To date, 42 states offer optional MBI eligibility group. Under an MBI, persons with disabilities may work and earn above standard Medicaid income and asset limits set by states. Participants must be employed and remain employed for MBI eligibility, and pay a cost share on a sliding fee scale basis to help offset the costs of their Medicaid coverage. In 2009, approximately 153,000 people were enrolled in an MBI program, a 25 percent increase over 2008. Medicaid also includes other provisions intended to foster employment and enhance opportunities for self-sufficiency.

The recession has had a more significant negative impact on employment options for persons with disabilities than people without disabilities. Such a trend exacerbates the already challenging job market for persons with disabilities. Since 2007, the U.S. has experienced a nine percent decline in the "presence of workers with disabilities in the workforce."[11] In terms of the rapidly growing MBI programs, "67 percent of all Buy-In participants reported positive earnings in 2009, a drop from 69 percent in 2008 and the lowest proportion since program inception in 2001, likely reflecting the effects of the recession."[12] Negative recession impacts on employment have two important outcomes: a) decreased employment impacts MBI participants' capacity to share in their costs; and b) extended loss of employment results in disenrollment from MBI.[13]

Finally, in terms of family caregiving for both older adults and younger, caregiving for working-age adults with disabilities remains a critical issue. Unpaid, informal caregiving composes the vast majority of LTSS.[14] In 2009, the estimated economic value of unpaid caregiving was approximately $450 billion, a significant increase from $350 billion in a similar 2007 analysis. While the estimated value of informal caregiving increases, rising costs of living and the extended recession are negatively impacting family capacity to deliver such supports to older adults and persons with disabilities, resulting in higher demand for publicly-financed services.[15]

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[11] Kaye, H. (October 2010) The Impact of the 2007-2009 Recession on Workers with Disabilities. U.S Bureau of Labor Statistics. Monthly Labor Review.

[12] Kehn, M. et al. (December 2010) A Government Performance and Results (GPRA) Report: The Status of the Medicaid Infrastructure Grants Program as of 12/31/09—Final Report. Mathematica Policy Research, Inc.

[13] Most MBI states offer some grace period for periods of unemployment as long as participants are able to demonstrate active job seeking.

[14] Feinberg, L., Reinhard, S., Houser, A. et al. (June 2011) Valuing the Invaluable: 2011 Update The Growing Contributions and Costs of Family Caregiving. AARP Public Policy Institute.

[15] The Economic Downturn and Its Impact on Family Caregiving. (April 2009) Prepared by Evercare and the National Alliance for Caregiving. Available at *http://www.caregiving.org/data/EVC_Caregivers_Economy_Report%20FINAL_4-28-09.pdf*

State Budgets

While an analysis published in Spring 2011 indicates that states' 2011 fiscal conditions have slightly improved, the analysis goes on to indicate several years of recovery will be needed before state fiscal stability returns.[16] More recently, several factors have further complicated the state budget environment. First, Medicaid comprises approximately 22 percent of state budgets. Medicaid now is the largest area of state expenditures surpassing K-12 spending in the vast majority of states.[17] Recently, the Centers for Medicare and Medicaid Services (CMS) released the FY 2013 Medicaid Federal Medical Assistance Percentage (FMAP), the share of a state's Medicaid costs covered by the federal government. The new FMAPs projections show a decrease among 24 states and a trend towards a declining FMAP over several years for most states. At the same time, demand for Medicaid-financed services continues to increase. For the Aging Network, OAA-funded programs have experienced no increase over the years in an environment of mounting demand. Finally, many states have begun modeling the impacts of potential federal cuts.

LTSS Provider Marketplace

LTSS providers primarily rely upon some mix of Medicaid and Medicare. Private pay and private long-term care insurance continue to make up only a small portion of LTSS provider revenue with the exception of a handful of markets such as assisted living and continuing care retirement communities. In many states over the course of the recession, LTSS providers have experienced year upon year of Medicaid rate reductions or no increases while costs have increased. At the same time, Medicare has made reductions to nursing facility post-acute care payments and is poised to make reductions to home health payments. While states have no control over Medicare reimbursements, states and the people they serve will experience the impacts of such reductions as providers struggle to manage reductions in Medicare and Medicaid and flat or dwindling private pay revenue.[18]

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[16] National Governors Association and the National Association of State Budget Officers. (Spring 2011) The Fiscal Survey of the States.

[17] Miller, V. (October 2011) FY 2013 Federal Medical Assistance Percentages: Decennial Census Data Affect the Flow of Medicaid Funds. Prepared for the National Association of Medicaid Directors.

[18] While the adequacy of provider rates varies widely by state and LTSS provider market segment, many provider organizations have become increasingly concerned about the confluence of revenue challenges.

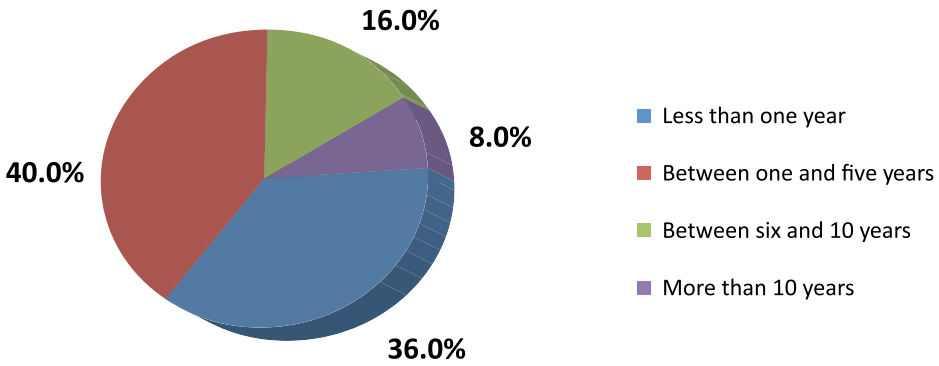
Implications for State Systems and Key Themes

States are struggling with mounting demand, slower than anticipated economic recovery, additional reductions in federal funds, and a struggling LTSS provider marketplace. Such factors are complicated by changes in state governance while states also attempt to rein in spending through restructuring government as well as service delivery systems. NASUAD's survey revealed five key themes in state agency activities and status related to their operating environments.

Theme 1—Loss of Historical Knowledge is Nationwide

State aging and disability agencies are experiencing a significant turnover in leadership and staff. In NASUAD's 2009 survey, 55 percent of state aging and disability directors had held their position for less than five years. In 2011, 36 percent have served less than one year while an additional 40 percent served for one to five years. In total, 76 percent of state directors have served for five or less years. Additionally, since NASUAD completed the survey, an additional eight directors have left office. Thus, in terms of raw numbers, 46 states have leadership with five or less years of service. See Figure 3 for a 2011 snapshot of state director years of service.

Figure 3. 2011 State Director Years of Service



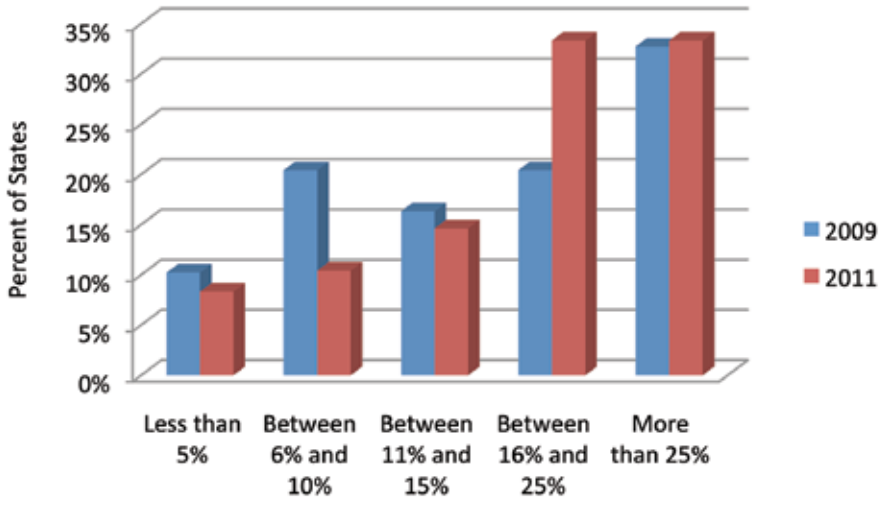
Note: Figure does not include the eight departures since NASUAD completed survey data collection.

The size of state agencies in terms of full time equivalents (FTE) varies widely. However, NASUAD member state agency size clusters around two ranges. Approximately 33 percent of state agencies currently report between 21 and 75 FTE while 41 percent have 126 or more FTE. Among the latter category, 17 states have more than 150 FTE. Of state agency staff years of service, 27 states reported that the average staff years of service is more than 10 years. An additional 19 states reported average staff years of service is between four and ten years. The balance of states indicates that the average is between one and four years.

Since the beginning of the economic downturn in fiscal year (FY) 2007, 82 percent of states reported personnel reductions. State staff reductions were made through four primary vehicles—reductions-in-force or lay-offs, furloughs, voluntary early retirement incentives, and hiring freezes. With 86 percent of states reporting its use, hiring freezes appear to be the most common staff reduction method.

Both in 2009 and 2011, states indicated that significant portions of state agency staff were or would be eligible for retirement in the next five years. See Figure 4 for a comparison of 2009 and 2011 data.

Figure 4. State Staff Eligible for Retirement by Percent of Total FTE

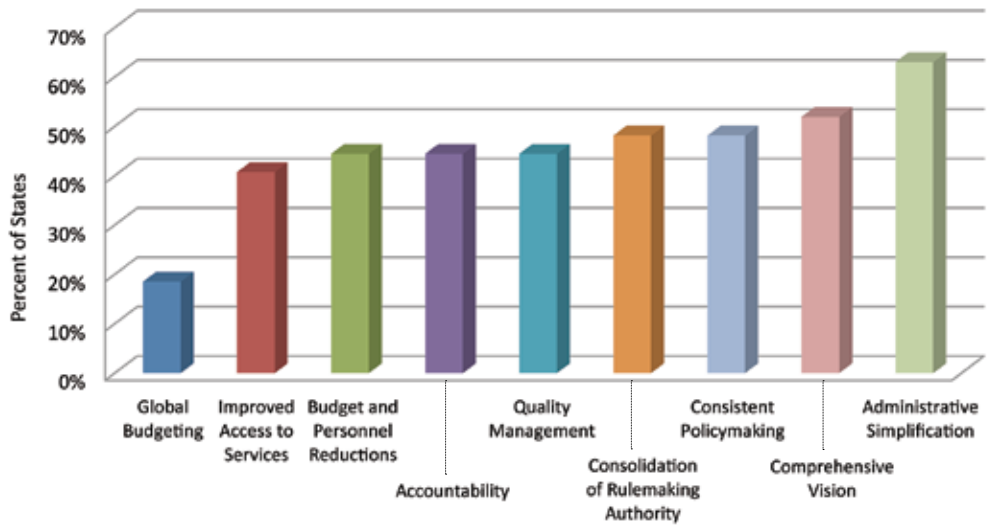


In 2011, NASUAD found a notable jump in the number of states reporting that 16 to 25 percent of their staff are or will be eligible in the next five years. The number of states reporting that more than 25 percent will be eligible for retirement in five years remained virtually the same. States in the lower percentiles commented that early retirement packages had reduced the number of state staff eligible for retirement in the next five years.

Theme 2—Agency Restructuring is Common

Over half of the states reported that they had restructured their agencies since NASUAD's 2009 survey or have plans to restructure. See Figure 5 for an overview of factors driving reorganization.

Figure 5. State Agency Reorganization Driving Factors

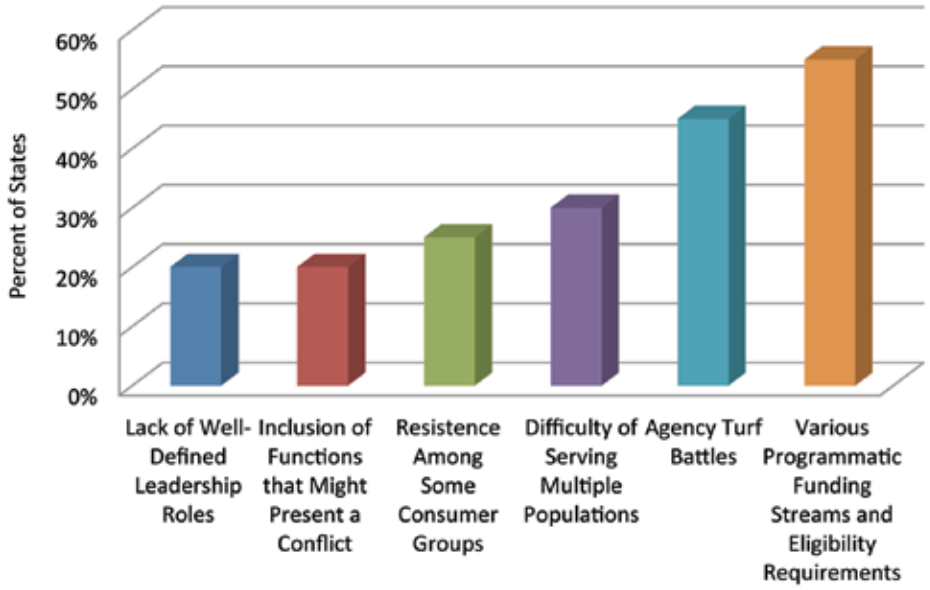


States noted that several factors drive change. Among the responding states, 63 percent noted that administrative simplification was a driving factor, while 52 percent noted that realization of a new comprehensive vision for state aging and disability services was a key factor. Other important drivers include consistent policymaking (48 percent), budget and personnel reductions (44 percent), and clearer lines of accountability (44 percent).

In terms of implications for state agency staff and services for people, approximately 27 states indicated restructuring was internal with little or no implications for people or state agency staff work load. Restructuring is intended to better align structure with function. Examples of such internal restructuring include consolidation of grant management, information systems and oversight, and/or quality management and improvement. Among the remaining pool of responding states, restructuring entails a wide range of implications for staff and the people they support. Such restructuring clusters around two common themes. First, many states noted that Medicaid Managed Long-Term Care (MMLTC) has significant implications for how their agencies are organized and function (see Theme 3, below, for more information). Second, other states highlighted consolidation or separation of program operations as a key change for both state staff and people receiving supports. Examples include development of broad home and community-based services divisions and addition of oversight for state owned and operated nursing homes to NASUAD member state agency responsibilities.

Both restructuring front-facing services and operations and making internal-only changes can be challenging. State agencies indicated that the key challenges to restructuring include combining or coordinating various program funding streams and eligibility (55 percent), and agency turf issues (45 percent). See Figure 6 for an overview.

Figure 6. Common Challenges with Agency Restructuring



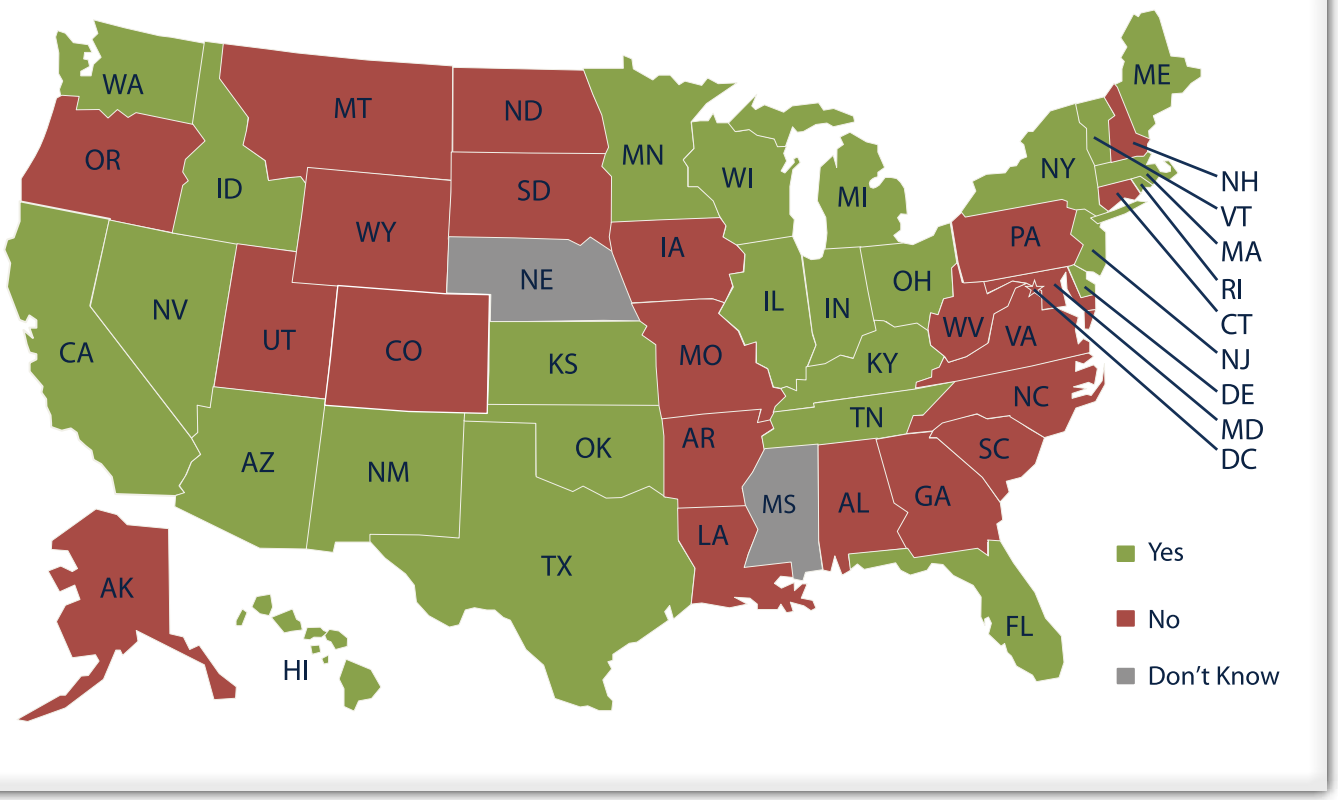
Note: Responses do not add to 100 percent. The survey allowed states to select all challenges which applied and to rank order.

In addition to state-level restructuring, local and regional restructuring also is planned or underway. Approximately a third of states indicated that some sort of regional or local restructuring effort, including changes in the number of Area Agencies on Aging (AAA), was underway. In many instances, such restructuring was mandated by the state Legislature or the Governor.

Theme 3—Medicaid Managed Long-Term Care is Expanding Rapidly

In 2009, six states had some form of capitated Medicaid Managed Long-Term Care (MMLTC) operating in a portion of the state or statewide. NASUAD's 2011 survey indicates that 50 percent of states are engaged in the operation or exploration of MMLTC. Figure 7 provides an overview.

Figure 7. States Operating or Exploring MMLTC Arrangements



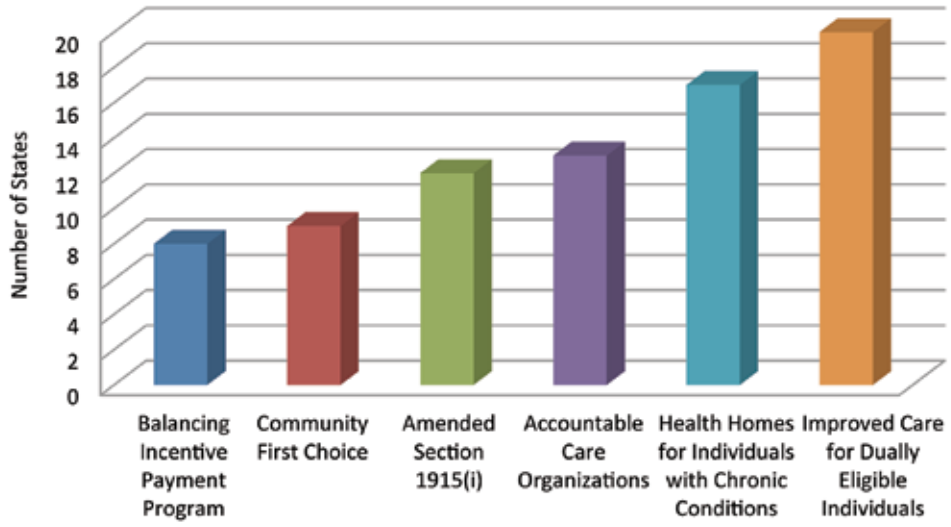
MMLTC could have notable implications for state aging and disability agencies, which historically have served as Section 1915(c) Home and Community-Based Services (HCBS) Medicaid waiver operating agencies as well as had roles in the delivery of Medicaid state plan services including personal care, home health, targeted case management, adult day, and nursing homes. NASUAD member state agencies are also involved in the delivery of Medicaid-financed services under Section 1915(i) and Section 1915(j) state plan authorities. Key factors of concern related to MMLTC expansion or implementation for NASUAD member state agencies include: a) whether or not the state aging and disability agency was or will be included in MMLTC program development; b) the role that local or regional Aging Network partners will—or will not—play in MMLTC; and c) overall impacts on people and their families as older adults and persons with disabilities are transitioned into MMLTC programs.

Theme 4—Interest in Affordable Care Act (ACA) Options Remains Limited but Many States Are Engaged in State-Level Health Reform.

The ACA includes several LTSS options as well as health care programs with implications for LTSS populations. Of the reporting state aging and disability agencies, 23 states indicated that their state is engaged in implementing the ACA; 28 states are engaged in ACA-related litigation while 45 states are considering some form of state legislation "to limit, alter, or oppose selected state or federal actions."[19] However, 44 states reported some form of state-level health reform effort underway in their states, which may or may not be related to the federal ACA law.

Regarding ACA optional Medicaid provisions including Community First Choice, the Balancing Incentive Payment Program, and Section 1915(i), the majority of responding states indicated that they are not currently pursuing ACA options pending Centers for Medicare and Medicaid Services (CMS) guidance. See Figure 8, below.

Figure 8. State Interest in ACA Options Impacting LTSS



In addition to the options noted above, the ACA also includes a mandatory Medicaid eligibility expansion. Required by 2014, the expansion is targeted to childless adults with incomes up to 138 percent of the federal poverty level (FPL). Of responding states, 66 percent expressed concern about the budgetary implications for Medicaid and/or increased demand for state aging and disability programs (e.g., State Health Insurance Assistance Program (SHIP)) due to the Medicaid expansion (e.g., a "woodwork effect").

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[19] Cauchi, R. "State Legislation and Actions Challenging Certain Health Reforms, 2011. National Conference of State Legislatures. Accessed at *http://www.ncsl.org/?tabid=18906* on October 22, 2011.

Theme 5—Budgets and Growing Demand Remain Top Concerns.

Despite preliminary evidence of slightly increasing state revenues, the majority of state aging and disability agencies remain concerned about budgets and their capacity to maintain services as the numbers of older adults and persons with disabilities grow.

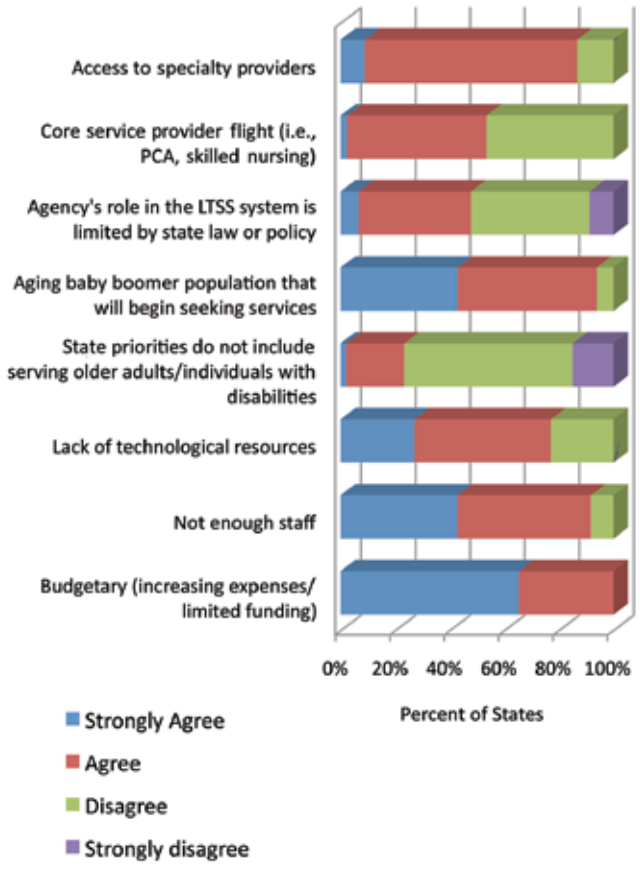
State agencies are particularly concerned about increasing numbers of older adults who may need assistance due to the economic downturn. According to the U.S. Census Bureau, more than 13 million older adults live in or on the edge of poverty, on less than $22,000 each year.[20]

Even more significant is the number of seniors who have experienced an increase in economic insecurity. Seniors with incomes below 200 percent of the Federal Poverty Level (FPL) rose from 33.7 percent, or an estimated 13.0 million seniors, in 2009 to 34.6 percent, or an estimated 13.5 million seniors, in 2010, according to the Census figures.

Meanwhile, the number of seniors living below the 100 percent of the FPL increased from 3.4 million to 3.5 million during the same time period. According to the Census figures, as more and more Baby Boomers reach retirement age, some individuals aged 65 and older have seen a rise in their incomes, mostly due to Social Security. A 2010 NASUAD analysis found increased service demand for a wide array of services likely related to the continuing recession.[21]

Immediately following budget concerns and mounting demand for services are state agencies' challenges associated with insufficient state staff to operate and oversee a larger more diverse array of long-term services and supports. According to NASUAD's survey, 77 percent of state agencies expressed their concern about access to specialty providers. (See Figure 9, right).

Figure 9. Top State Agency Challenges



[20] NASUAD review of 2010 U.S. Census data.

[21] Wall, J., Fox-Grage, W., et al. (January 2011) Weathering the Storm: The Impact of the Great Recession on Long-Term Services and Supports. AARP Public Policy Institute.

State Aging and Disability Agency Landscape

NASUAD member state agencies are highly individualized. The mix of funding sources, services, populations served, as well as roles and responsibilities vary greatly from state to state.

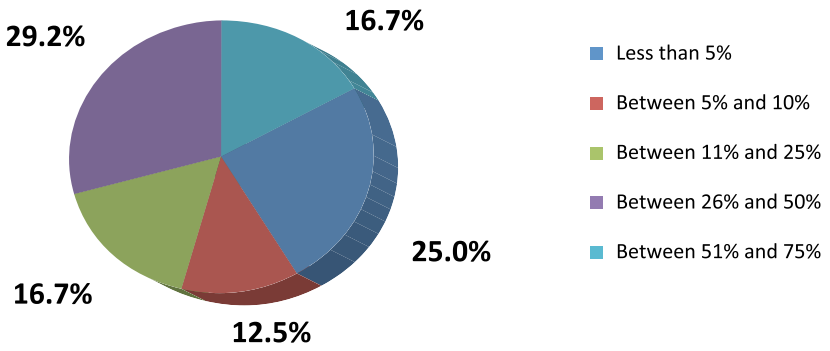
Similar to variation in the size of agencies, state aging and disability agency budgets vary widely, also. However, state budgets generally cluster around two ranges. Approximately 30 percent of responding states indicated their total budgets were between $26 million and $75 million, while 22 states noted their total budgets were between $101 million or more than $150 million. In 2011, nearly 80 percent of state aging and disability agency budgets comprised less than five percent of states' total budgets. However, eight state agencies noted they comprise more than 15 percent of their states' total budget in 2011.

State aging and disability agency budgets are built on a wide variety of funding sources including OAA, Medicaid, U.S. Department of Labor funds, as well as a variety of other sources. However, in light of mounting demand and continued state budgetary pressures, program participant financial engagement, such as voluntary contributions, cost sharing, and private pay, have become increasingly critical.

In all state aging and disabilities agencies, OAA programs and infrastructure (e.g., the Aging Network) play an important role. However, in a quarter of the states, funding administered by the U.S. Administration on Aging makes up less than five percent of their funding. At the same time, in nearly 30 percent of the states, OAA funding comprises between 26 and 50 percent of their overall funding. Figure 10, below, provides an overview.

Medicaid funding is part of 71 percent of responding states' budgets. Of the state agencies leveraging Medicaid funds, 73 percent are using Medicaid to fund home and community-based services (HCBS), while 94 percent are using Medicaid to cover administrative functions related to efficient and effective operation of the Medicaid program. Examples of the latter

Figure 10. Role of OAA in State Agency Budgets



Note: Percentages do not add to 100 percent due to rounding.

Figure 11. Core State Agency Budget Components

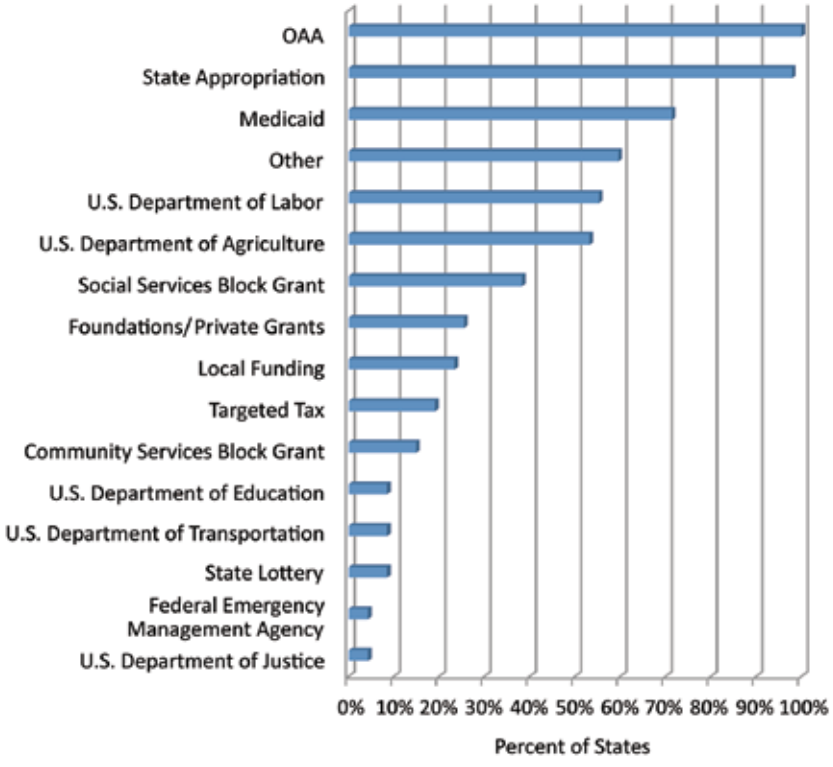
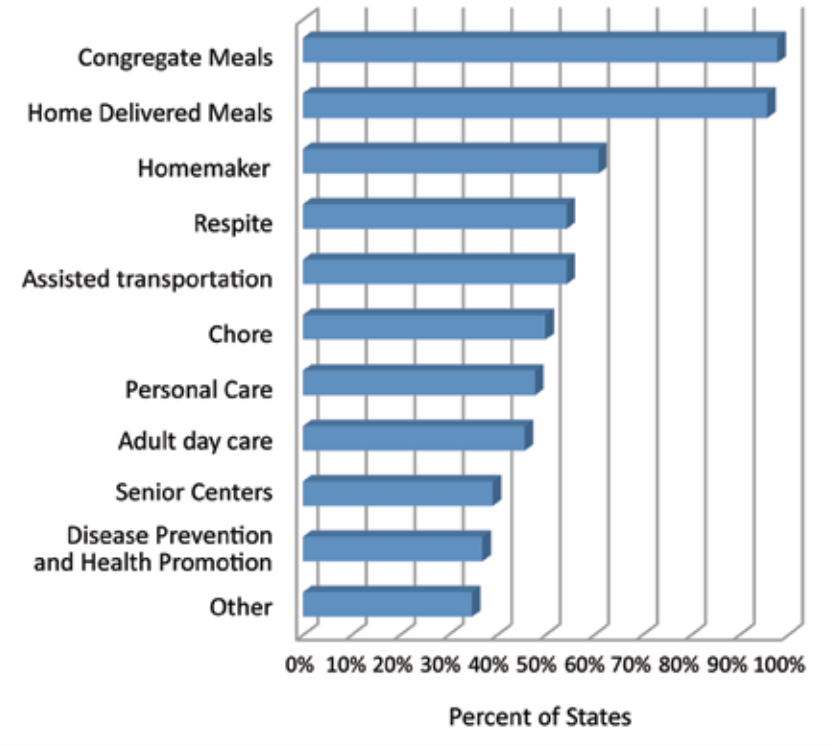


Figure 12. OAA Services and Voluntary Contributions



include Medicaid administrative matching for operation of Section 1915(c) HCBS waiver, Medicaid State Plan Personal Care Services, and Medicaid State Plan Nursing Home services. States also leverage a wide variety of other funding sources (see Figure 11).

Participant contributions also are important. 94 percent of states request voluntary contributions from older adults. Of reporting states, 53 percent noted that voluntary contributions are requested for OAA-funded programs only. Three states indicated they do not request any voluntary contributions. Of the OAA services for which voluntary contributions are collected, the vast majority are requested for receipt of congregate and home delivered meals, 98 and 91 percent respectively. Voluntary contributions also are requested for senior center participation, personal care, homemaker and chore service, adult day care, assisted transportation, disease prevention and health promotion and respite. Figure 12 provides an overview of common OAA-funded services for which voluntary contributions are requested.

Of reporting states, 72 percent track total annual voluntary contributions at the state level. The vast majority of states do not have systems for counting the number of people who contribute at the state level because the contributions are collected at the local level. Regarding amounts collected, responses varied widely. However, of the responding states, voluntary contribution totals account for millions of dollars in many states.

Following specific federal requirements and restrictions, states also may require cost sharing associated with OAA programs. Of reporting states, 29 percent have a state cost sharing plan while 82 percent do not. States reported that they have not implemented cost sharing plans for a variety of reasons; most respondents indicated that they have not developed a cost sharing plan because they require additional guidance and technical support. However, a significant portion of states without cost sharing arrangements noted plans to explore and/or develop cost sharing in the near future.

Services

State aging and disability agencies offer a wide variety of services including HCBS (funded by OAA, state-only programs, and Medicaid), prevention and wellness, information and referral, and consumer protection programs including adult protective services and long-term care ombudsman.

In terms of HCBS, all state aging and disability agencies offer OAA-funded HCBS under Title III Supportive Services. Seventy-four percent of the states also offer HCBS services with non-Medicaid, state-only funds. Services funded only from state coffers are presented in Figure 13.

Nine states noted additional "other" state-only funded programs including state pharmacy assistance programs for older adults, long-term care ombudsman services for persons residing in assisted living or receiving home health care services under Medicare or Medicaid, and assistance with finding and retaining affordable, accessible housing.

State aging and disability agencies also operate Medicaid financed services. Of responding states, 63 percent indicated their agency directly operated at least one Section 1915(c) HCBS Medicaid waiver. By far, the majority of waivers operated by state aging

Figure 13. Percentage of States by Service Offering Non-Medicaid, State-Only Funded HCBS

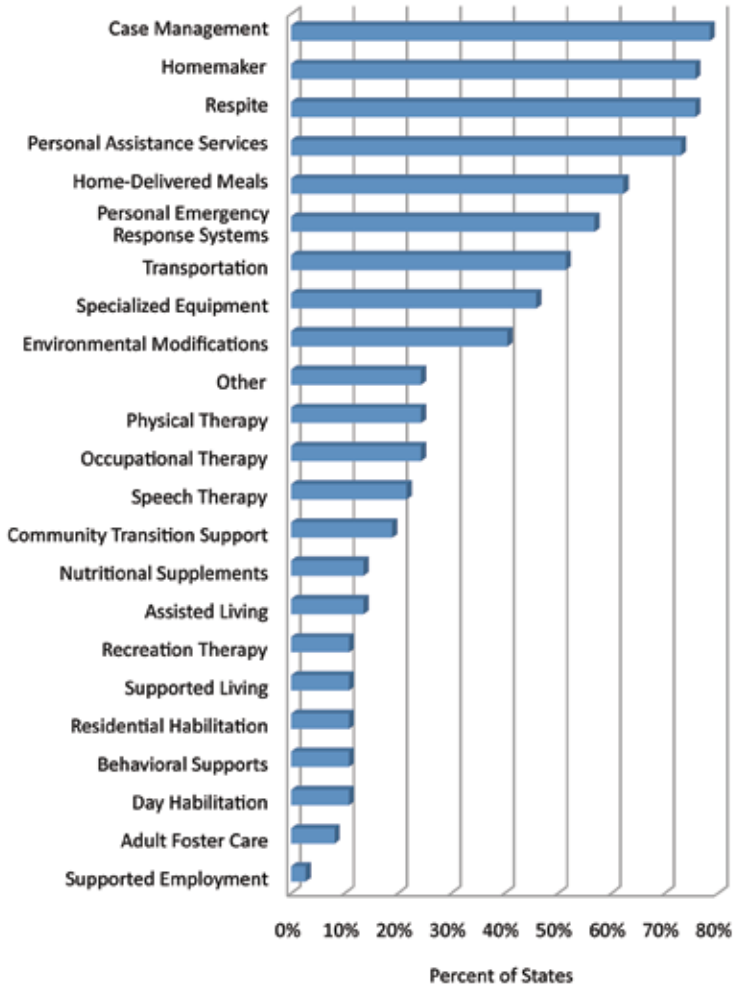


Figure 14. Section 1915(c) Medicaid Waiver Operated by State Aging and Disability Agencies

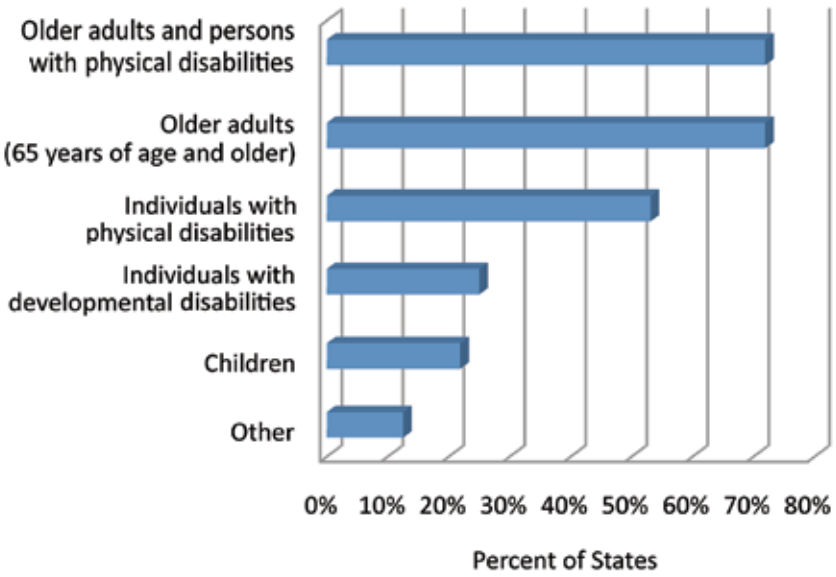
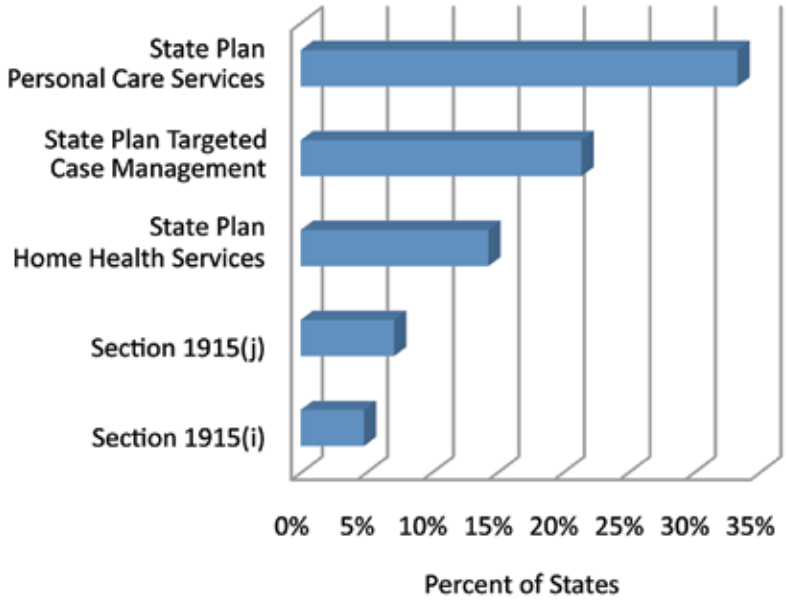


Figure 15. Medicaid State Plan LTSS Operated by State Aging and Disability Agencies



and disability agencies are waivers targeted to older adults as well as those targeted to older adults and persons with physical disabilities, 72 percent each (See Figure 14). However, waivers operated by states agencies also include traumatic brain injury waivers and others. Of these waivers, the majority offer some form of participant direction.

State aging and disability agencies also operate Medicaid state plan services. Of responding states, 33 percent have responsibility for Medicaid State Plan personal care (see Figure 15).

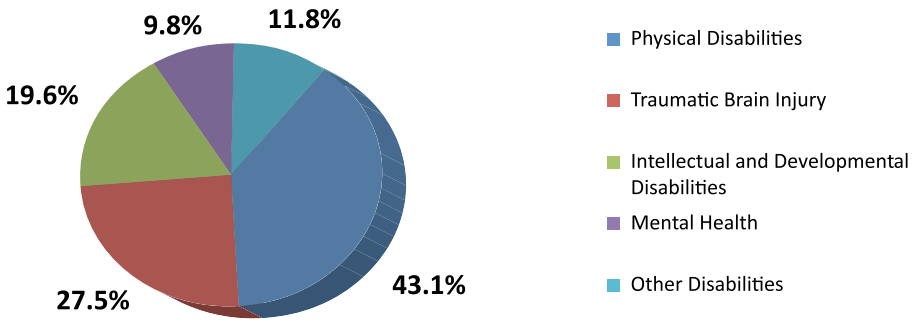
Populations Served

All state aging and disability agencies support older adults. The ages and abilities of persons with disabilities supported by state aging and disabilities agencies vary widely. However, most agencies support persons with physical disabilities through some mechanism. The vehicles for supports available to persons with disabilities include targeted programs and broad LTSS efforts. Examples of targeted programs include Medicaid waivers, while an example of a broad LTSS effort is an Aging and Disability Resource Center (ADRC) program.

State aging and disability agencies also play purely administrative roles in programs which serve both older adults and persons with disabilities. Examples include certifying adult day programs which serve both older adults and persons with disabilities, or agencies' serving as the administering entity for other sorts of

support such as state supplementation payment programs (SSP). Figure 16, below, provides an overview of persons with disabilities receiving some sort of supports from state aging and disabilities agencies.

Figure 16. Disability Populations Supported by State Aging and Disability Agencies

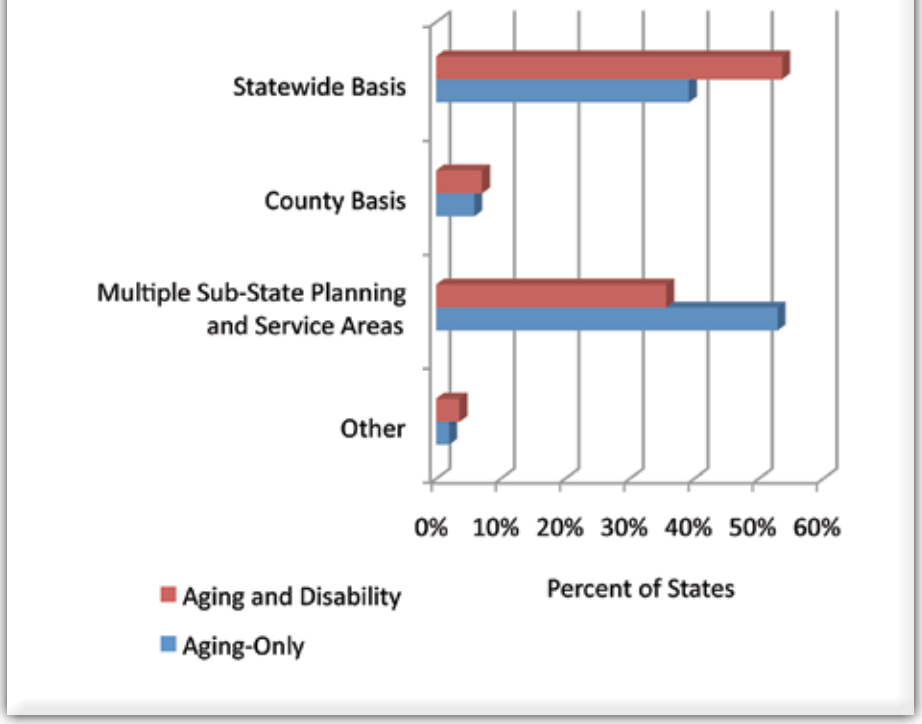


Note: The percentages above do not add to 100 percent. State agencies often serve more than one group of persons with disabilities.

As shown in Figure 17, while aging and disability service systems may overlap in terms of organization, services for older adults are more likely to be delivered via multiple sub-state planning and service entities, primarily Area Agencies on Aging. Disability services are more likely to be delivered via local state agency offices.

The report appendix is comprised of a series of tables offering state by state information on services offered, funding, and state agency organization.

Figure 17. Local Service Delivery Systems



CONCLUSION

State aging and disabilities agencies face a challenging confluence of factors:

- ***Growing Demand***—For years, states have anticipated increasing number of older adults. To further complicate long-term services and supports planning for older adults, most of older adults have multiple chronic conditions and a recent trend shows increasing disability rates among older adults. Additionally, higher numbers of younger persons with disabilities also are requesting services and are in need of services for longer periods of time. Finally, due to the economic downturn, more people, particularly older adults, are turning to public services for assistance.
- ***State Budgets***—While state revenues have slightly increased, years of recovery will be required to return to 2007 levels. However, 2007 revenue levels and related service outlays likely will be insufficient to meet future higher levels of demand. Additionally, even in states with no or minimal budget pressures today, state agencies are concerned about sufficient resources to meet future need.
- ***Restructuring***—In order to meet new, higher levels of demand and operate within their means, both service funding and staffing, state agencies are reorganizing and redesigning service systems. Such changes are producing both innovation and concerns.

Finally, pending federal implementation of and court action on the Affordable Care Act (ACA), with the failure of the Congressional Super Committee, unclear efforts to address the national debt which could produce increased state budgetary pressure, the 2012 elections, and yet-to-be defined federal direction on important legislation including OAA and the Workforce Investment Act create a backdrop of uncertainty.

In the midst of a rapidly changing environment, state aging and disabilities agencies are striving to innovate and restructure in order to meet demand with lower staffing levels and lingering budget issues. The 2011 State of the State report provides indications of how state aging and disability service systems are evolving to address the challenges described, above. Future reports will reveal the structure and outcomes of today's nascent efforts.

Appendix

State by State Tables

Table 1: Structure of State Aging and Disabilities Agencies

	Independent Administrative Agency	*Part of Umbrella Agency*					*Board or Commission*	*Other*
		Human Services	*Health*	*Medicaid*	*Welfare*	*Mental Health*		
Alabama	✓							
Alaska		✓	✓	✓	✓			
Arizona		✓						
Arkansas		✓		✓	✓			
California	✓							
Colorado		✓						
Connecticut		✓						
Delaware		✓						
District of Columbia							✓	Independent agency under the Executive Office of the Mayor, Commission on Aging
Florida	✓							
Georgia		✓						
Hawaii			✓					
Idaho								
Illinois	✓							
Indiana		✓		✓	✓			
Iowa	✓							
Kansas	✓							
Kentucky		✓	✓	✓	✓	✓		
Louisiana								Governor's Office
Maine		✓	✓	✓	✓	✓		
Maryland	✓							
Massachusetts		✓						
Michigan	✓							
Minnesota		✓						
Mississippi		✓						
Missouri			✓					
Montana		✓	✓	✓	✓			
Nebraska				✓				
Nevada		✓						
New Hampshire		✓	✓	✓	✓			

Table 1: Structure of State Aging and Disabilities Agencies (Continued)

	Independent Administrative Agency	*Part of Umbrella Agency*					*Board or Commission*	*Other*
		Human Services	*Health*	*Medicaid*	*Welfare*	*Mental Health*		
New Jersey			✓					
New Mexico	✓							
New York	✓							
North Carolina		✓	✓					
North Dakota		✓						
Ohio	✓							
Oklahoma		✓						
Oregon		✓						
Pennsylvania	✓							
Rhode Island		✓						
South Carolina								Executive branch—Office of Lt. Governor
South Dakota		✓						Department of Social Services
Tennessee							✓	
Texas		✓						
Utah		✓						
Vermont		✓						
Virginia	✓							Governor's Government Reform Commission is reviewing a proposal to consolidate
Washington		✓						WA's SUA is within a larger health and human services department which also provides welfare services. The SUA includes mental health, developmental disabilities, aging and physical disabilities.
West Virginia	✓							
Wisconsin		✓	✓	✓				Board is not related to SUA
Wyoming			✓					
	14	**25**	**12**	**10**	**7**	**2**	**3**	

Table 2: Appointment of State Agency Directors

	Director Appointed By				*Director Reports To*			*Other*
	Governor	*Umbrella Agency Head*	*Board or Commission*	*Merit or Civil Service Selection*	*Governor*	*Umbrella Agency Head or Deputy*	*Board or Commission*	
Alabama	✓							
Alaska	✓							Deputy Commissioner
Arizona		✓						
Arkansas		✓				✓		
California	✓					✓		
Colorado				✓		✓		
Connecticut				✓		✓		
Delaware	✓					✓		
District of Columbia	✓							Mayor
Florida	✓				✓			
Georgia		✓				✓		
Hawaii	✓				✓			
Idaho								Administrator who is appointed by Governor
Illinois	✓				✓			
Indiana		✓				✓		
Iowa	✓				✓			
Kansas	✓				✓			
Kentucky	✓							
Louisiana	✓				✓			
Maine		✓					✓	Deputy Commissioner
Maryland	✓				✓			
Massachusetts	✓					✓		
Michigan	✓				✓			
Minnesota		✓				✓	✓	
Mississippi		✓				✓		
Missouri		✓				✓		
Montana				✓		✓		
Nebraska				✓		✓		
Nevada		✓				✓		
New Hampshire		✓				✓		
New Jersey		✓				✓		

Table 2: Appointment of State Agency Directors (Continued)

	Director Appointed By				*Director Reports To*			*Other*
	Governor	*Umbrella Agency Head*	*Board or Commission*	*Merit or Civil Service Selection*	*Governor*	*Umbrella Agency Head or Deputy*	*Board or Commission*	
New Mexico				✓		✓		
New York	✓				✓			
North Carolina	✓					✓		
North Dakota				✓		✓		
Ohio	✓				✓			
Oklahoma		✓				✓		
Oregon		✓				✓		
Pennsylvania	✓				✓			
Rhode Island	✓							
South Carolina								Appointed by and reports to Lt. Governor
South Dakota		✓				✓		
Tennessee			✓				✓	
Texas		✓				✓		
Utah		✓				✓		
Vermont	✓					✓		
Virginia	✓					✓		
Washington		✓				✓		
West Virginia	✓				✓			
Wisconsin				✓		✓		
Wyoming		✓				✓		
	23	**18**	**1**	**7**	**13**	**32**	**3**	

Table 3: Sources of Funding for State Agencies

	OAA	*Medicaid*	*State Appropriation*	*Local Funding*	*Targeted Tax*	*State Lottery*	*Foundation/ Private Grants*	*SSBG*	*CSBG*
Alabama	✓	✓	✓		✓				
Alaska	✓	✓	✓						
Arizona	✓		✓	✓	✓	✓	✓	✓	✓
Arkansas	✓	✓	✓		✓			✓	
California	✓	✓	✓						
Colorado	✓		✓	✓				✓	
Connecticut	✓	✓	✓					✓	✓
Delaware	✓	✓	✓					✓	
District of Columbia	✓		✓	✓					
Florida	✓	✓	✓						
Georgia	✓	✓	✓	✓	✓			✓	
Hawaii	✓	✓					✓		
Idaho	✓		✓						
Illinois	✓	✓	✓						
Indiana	✓	✓	✓					✓	
Iowa	✓		✓				✓		
Kansas	✓	✓	✓				✓		✓
Kentucky	✓	✓	✓						
Louisiana	✓		✓						
Maine	✓	✓	✓			✓	✓		
Maryland	✓	✓	✓				✓		
Massachusetts	✓	✓		✓					
Michigan	✓		✓		✓		✓		
Minnesota	✓	✓	✓						
Mississippi	✓		✓					✓	✓
Missouri	✓	✓	✓					✓	
Montana	✓		✓						
Nebraska									
Nevada	✓	✓	✓	✓				✓	
New Hampshire	✓	✓	✓	✓	✓			✓	
New Jersey	✓	✓	✓	✓			✓	✓	

	USDA	*DOT*	*DOJ*	*FEMA*	*DOL*	*DOE*	*Other Federal Funding*	*Other*
	✓	✓			✓		✓	✓
							✓	
	✓				✓		✓	
	✓		✓		✓		✓	✓
		✓			✓		✓	✓
	✓							✓
	✓				✓	✓		
	✓						✓	✓
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							✓	✓
	✓							✓
					✓			
					✓		✓	
	✓							
	✓				✓	✓	✓	✓
	✓						✓	

Table 3: Sources of Funding for State Agencies (Continued)

	OAA	*Medicaid*	*State Appropriation*	*Local Funding*	*Targeted Tax*	*State Lottery*	*Foundation/ Private Grants*	*SSBG*	*CSBG*
New Mexico	✓	✓	✓						✓
New York	✓		✓	✓					
North Carolina	✓	✓	✓	✓			✓	✓	
North Dakota	✓		✓		✓				
Ohio	✓	✓	✓						
Oklahoma	✓	✓	✓				✓	✓	✓
Oregon	✓	✓	✓				✓	✓	
Pennsylvania	✓	✓	✓			✓			
Rhode Island	✓	✓	✓						
South Carolina	✓		✓		✓				
South Dakota	✓	✓	✓					✓	
Tennessee	✓		✓						
Texas	✓	✓	✓			✓		✓	
Utah	✓	✓	✓					✓	✓
Vermont									
Virginia	✓	✓	✓						
Washington	✓	✓	✓	✓			✓		
West Virginia	✓	✓			✓				
Wisconsin	✓	✓	✓				✓	✓	
Wyoming	✓		✓						
	49	**34**	**46**	**11**	**12**	**4**	**13**	**17**	**7**

	USDA	*DOT*	*DOJ*	*FEMA*	*DOL*	*DOE*	*Other Federal Funding*	*Other*
	✓				✓		✓	✓
				✓				
	✓				✓		✓	(ARRA)
	✓				✓			
	✓				✓			
	✓				✓	✓		
	✓	✓			✓			✓
			✓				✓	✓
				✓			✓	
		✓			✓			
	✓				✓		✓	✓
	✓				✓			✓
					✓		✓	
	✓					✓	✓	SSBG limited to small amount of admin
	22	**5**	**2**	**2**	**21**	**4**	**19**	**14**

Table 4: Home and Community Based Programs Administered by State Agencies

	State Agency is Operating Agency for at least one Medicaid HCBS Waiver	*State Agency Operates State Funded HCBS Program*
Alabama	Yes	No
Alaska	Yes	Yes
Arizona	No	No
Arkansas	Yes	Yes
California	Yes	No
Colorado	No	No
Connecticut	Yes	No
Delaware	Yes	No
District of Columbia	No	No
Florida	Yes	Yes
Georgia	Yes	Yes
Hawaii	No	No
Idaho	No	No
Illinois	Yes	Yes
Indiana	Yes	Yes
Iowa	No	Yes
Kansas	Yes	Yes
Kentucky	Yes	Yes
Louisiana	No	No
Maine	Yes	Yes
Maryland	Yes	Yes
Massachusetts	Yes	Yes
Michigan	No	Yes
Minnesota	Yes	Yes
Mississippi	No	No
Missouri	Yes	Yes
Montana	No	No
Nebraska	No	No
Nevada	Yes	Yes
New Hampshire	Yes	Yes
New Jersey	Yes	Yes

Table 4: Home and Community Based Programs Administered by State Agencies (Continued)

	State Agency is Operating Agency for at least one Medicaid HCBS Waiver	*State Agency Operates State Funded HCBS Program*
New Mexico	Yes	Yes
New York	No	No
North Carolina	No	Yes
North Dakota	No	No
Ohio	Yes	No
Oklahoma	Yes	Yes
Oregon	Yes	Yes
Pennsylvania	Yes	Yes
Rhode Island	Yes	Yes
South Carolina	No	Yes
South Dakota	Yes	Yes
Tennessee	No	Yes
Texas	Yes	Yes
Utah	Yes	Yes
Vermont	Yes	Yes
Virginia	No	No
Washington	Yes	Yes
West Virginia	Yes	Yes
Wisconsin	No	No
Wyoming	No	Yes
	32 Yes	**24 Yes**

Table 5: Types of Medicaid Home and Community Based Services Waivers Operated by State Agencies

	Traumatic Brain Injury	*Autism*	*Adult Foster Care*	*Assisted Living*	*Medically Fragile Children*	*Physically Disabled*	*Developmentally Disabled*	*Alzheimer's Disease*	*Other*
Alabama									Elderly and Disabled
Alaska					✓	✓	✓		Elderly and Disabled
Arizona									Medicaid operated by Different State Agency
Arkansas				✓		✓			Elderly
California						✓		✓	Elderly and Disabled
Colorado									
Connecticut	✓					✓			
Delaware									Elderly and Disabled—Includes Assisted Living and Behavioral Supports & services for those with traumatic brain injuries
District of Columbia									
Florida				✓					Aged and Disabled; Adult Day Health Care; Nursing Home Diversion
Georgia						✓			1915c/EDA
Hawaii									
Idaho									
Illinois									Aged and Disabled
Indiana	✓					✓			Aged and Disabled
Iowa									
Kansas									Frail Elderly
Kentucky									
Louisiana									
Maine						✓			Elders and adults with disabilities who meet functional criteria
Maryland									Older Adults Age 50+
Massachusetts									Older Adults Age 60+
Michigan									
Minnesota						✓			Frail Elderly
Mississippi									
Missouri									Independent Living and Aged and Disabled

Table 5: Types of Medicaid Home and Community Based Services Waivers Operated by State Agencies (Continued)

	Traumatic Brain Injury	*Autism*	*Adult Foster Care*	*Assisted Living*	*Medically Fragile Children*	*Physically Disabled*	*Developmentally Disabled*	*Alzheimer's Disease*	*Other*
Montana									
Nebraska									
Nevada				✓					Community Based In-Home waiver and group care waiver
New Hampshire	✓				✓		✓		We operate a 1915(c) waiver targeted to frail elderly and chronically ill
New Jersey									NF LOC
New Mexico	✓					✓			
New York									
North Carolina									
North Dakota									
Ohio				✓					
Oklahoma						✓			
Oregon	✓	✓	✓	✓	✓	✓	✓	✓	Waivers based on functional levels, not disease or disability specific except for developmental disabilities
Pennsylvania	✓					✓			
Rhode Island				✓					Home Care Program for Older Adults
South Carolina									
South Dakota				✓		✓			Elderly
Tennessee									
Texas		✓	✓	✓	✓	✓	✓		Intellectual Disabilities
Utah									Aging Waiver
Vermont	✓	✓	✓	✓		✓	✓	✓	
Virginia									
Washington						✓	✓		Aged, Blind, Disabled
West Virginia						✓			Aged
Wisconsin									
Wyoming									
	7	**3**	**4**	**10**	**3**	**18**	**5**	**3**	**10**

Table 6: Long-Term Care Resources Managed by State Agencies

	Planning and Development of Policy	Financing	Regulation of Institutional Services	Quality for Institutional Services	Quality for Home and Community Based Services (HCBS)	HCBS Provider Licensure or Certification	Regulation of Home and Community Based Providers	Eligibility Determination	Other
Alabama	✓	✓			✓				Functional Determination
Alaska	✓	✓			✓	✓	✓	✓	
Arizona	✓							✓	Through AAAs, determines functional eligibility for and monitors quality of state and federally funded non-Medicaid HCBS
Arkansas	✓				✓	✓			
California	✓				✓	✓		✓	Level of care eligibility determination in partnership with Single State Medicaid Agency
Colorado	✓	✓							
Connecticut	✓	✓						✓	
Delaware	✓	✓		✓	✓			✓	Case Management
District of Columbia	✓	✓		✓	✓			✓	
Florida	✓				✓			✓	
Georgia	✓					✓			
Hawaii	✓								This office administers eligibility determination and quality for a program of state-funded HCBS to a gap group of people not enrolled in or eligible for Medicaid
Idaho									
Illinois	✓				✓	✓		✓	
Indiana	✓	✓			✓	✓	✓	✓	
Iowa	✓								
Kansas	✓	✓	✓	✓	✓		✓	✓	
Kentucky	✓	✓			✓			✓	Self Directed
Louisiana									
Maine	✓				✓		✓	✓	Service Coordination
Maryland	✓	✓			✓	✓			
Massachusetts	✓	✓			✓		✓	✓	Assisted Living Certification
Michigan									Provides input and advice
Minnesota	✓				✓			✓	
Mississippi				✓					

Table 6: Long-Term Care Resources Managed by State Agencies (Continued)

	Planning and Development of Policy	Financing	Regulation of Institutional Services	Quality for Institutional Services	Quality for Home and Community Based Services (HCBS)	HCBS Provider Licensure or Certification	Regulation of Home and Community Based Providers	Eligibility Determination	Other
Missouri	✓				✓			✓	
Montana									
Nebraska									
Nevada					✓			✓	
New Hampshire	✓	✓	✓	✓	✓	✓	✓	✓	Rate Setting, Medical Eligibility Determination
New Jersey	✓	✓			✓		✓	✓	DACS is responsible for the Clinical eligibility for NF LOC
New Mexico	✓								
New York									
North Carolina	✓	✓			✓		✓	✓	Adult Day Care Certification
North Dakota									Adult Family Foster Care Licensure
Ohio	✓	✓			✓	✓	✓	✓	
Oklahoma	✓	✓		✓	✓	✓	✓	✓	
Oregon	✓	✓	✓	✓	✓	✓	✓	✓	LTC Case Management
Pennsylvania	✓	✓		✓	✓	✓			
Rhode Island	✓	✓	✓	✓	✓	✓			
South Carolina									
South Dakota	✓	✓		✓	✓			✓	
Tennessee	✓								
Texas	✓	✓	✓	✓	✓	✓	✓	✓	Functional Determination
Utah									None other than LTCO
Vermont	✓	✓	✓	✓	✓	✓	✓	✓	
Virginia	✓								
Washington	✓	✓	✓	✓	✓	✓	✓	✓	Adult Protective Services, financial & functional eligibility
West Virginia					✓	✓	✓		
Wisconsin	✓	✓						✓	Eligibility Determination is functional, not financial; employment programs policies
Wyoming	✓	✓	✓	✓					
	37	**22**	**8**	**14**	**31**	**18**	**19**	**24**	

Table 7: State Agencies Offering Consumer Direction

	OAA Programs						
	Family Caregiver Support	*Home Care/ Homemaker*	*Transportation*	*Nutrition*	*Adult Day Services*	*Respite*	*Personal Care Services*
Arkansas							
California							
Colorado							
Connecticut	✓					✓	✓
Delaware							
District of Columbia							
Florida							
Georgia	✓						
Hawaii							
Idaho							
Illinois							
Indiana							
Iowa							
Kansas							
Kentucky	✓						
Louisiana							
Maine	✓	✓				✓	✓

	OAA Programs					Explain
	Supports Brokerage	*Other OAA*	*Medicaid HCBS*	*State Funded HCBS*	*Other*	
			✓			Independent Choices Program
			✓	✓		Consumer Direction is available in OAA funded Caregiver Support Program combined with CT Statewide Respite Care Program under Nursing Home Diversion Initiative. Consumer direction is also available under CT Home Care Program for Elders Medicaid Waiver Program, PCA Medicaid waiver program and ABI Medicaid Waiver. Consumer direction is also available under the state funded portion of the CT Home Care Program for Elders
			✓	✓		Personal Attendant Services—state funded Personal care under the E&D Medicaid waiver
		✓		✓	✓	Veterans Consumer Direction Program
			✓			Consumer Directed care is an option in aged and disabled adult waiver
			✓			Through CLP programs
						Through CLP
			✓			Administered by the Medicaid agency contracts with Consumer Direct Services
				✓		We have a consumer direction demo being piloted in four areas of Illinois in our state-funded Community Care Program
			✓	✓		A&D Waiver and CHOICE
			✓			
			✓	✓	✓	SCA
	✓		✓	✓	✓	Personal Care Attendant Consumer Directed Options
			✓	✓	✓	Consumer direction is included as a component of all Medicaid and state-funded HCBS programs. Through discretionary AoA grants, this is being developed in OAA programs, as well. There also are three stand alone consumer-directed personal care programs for adults with physical disabilities (Medicaid State Plan, Medicaid HCBS waiver, and state-funded) administered by our sister agency the Office of Adults with Cognitive and Physical Disabilities.

Table 7: State Agencies Offering Consumer Direction (Continued)

	OAA Programs						
	Family Caregiver Support	*Home Care/ Homemaker*	*Transportation*	*Nutrition*	*Adult Day Services*	*Respite*	*Personal Care Services*
Maryland							
Massachusetts	✓	✓	✓	✓	✓	✓	✓
Michigan	✓	✓	✓	✓	✓	✓	✓
Minnesota	✓	✓	✓	✓		✓	
Mississippi							
Missouri							
Montana							
Nebraska	✓	✓				✓	✓
Nevada							
New Hampshire	✓					✓	✓
New Jersey							
New Mexico							
New York		✓	✓		✓	✓	✓
North Carolina	✓	✓			✓	✓	
North Dakota	✓			✓		✓	
Ohio	✓						
Oklahoma	✓	✓	✓	✓	✓	✓	✓
Oregon	✓	✓	✓	✓	✓	✓	✓
Pennsylvania							✓
Rhode Island							
South Carolina	✓	✓	✓	✓		✓	✓

OAA Programs					Explain
Supports Brokerage	*Other OAA*	*Medicaid HCBS*	*State Funded HCBS*	*Other*	
			✓		Senior Care is in the process of offering a consumer-directed benefit: the Veterans-Directed HCBS will also offer a consumer directed benefit
			✓		
✓	✓				
✓	✓	✓	✓		OAA Chore, Health Promotion can be included in consumer directed budgets/plans
		✓	✓		Non-Medicaid eligible Consumer Directed Services Agency Model HCBS
		✓			
		✓	✓	✓	Veterans Directed Home Services
		✓			
		✓	✓		
					NC's SUA offers Consumer Direction, as a pilot program one county, for (1) OAA services, including Family Caregiver Support, Respite, Home Care Homemaker, and Adult Day Services; & (2) state funded HCBS
	✓	✓			Choices waiver is entirely consumer directed. PASSPORT has now added a consumer directed option. Several AAAs offer Consumer Direction in their OAA/State/Local funded non-Medicaid Care Coordination Programs.
		✓	✓		A small targeted group within the Advantage (Medicaid) Waiver progrm. Also, respite and most OAA programs
		✓	✓		
		✓	✓		Individuals have employer authority in all programs. Individuals have budget authority as part of a Medicaid pilot program.
	✓	✓			
	One AAA provides ISMA		✓		Consumer direction only in some regions, not statewide except for Family Caregiver Program

Table 7: State Agencies Offering Consumer Direction (Continued)

	OAA Programs						
	Family Caregiver Support	*Home Care/ Homemaker*	*Transportation*	*Nutrition*	*Adult Day Services*	*Respite*	*Personal Care Services*
South Dakota							
Tennessee							
Texas		✓	✓			✓	
Utah	✓	✓		✓		✓	✓
Vermont		✓				✓	✓
Virginia	✓	✓	✓	✓	✓	✓	✓
Washington	✓			✓			
West Virginia							
Wisconsin	✓					✓	
Wyoming							
	16	**14**	**8**	**8**	**8**	**19**	**15**

	OAA Programs					Explain
	Supports Brokerage	*Other OAA*	*Medicaid HCBS*	*State Funded HCBS*	*Other*	
				✓		One of the AAADs has a self-directed care component for state funded HCBS. Other AAADs will be moving to this model in 2011 and in 2012
			✓			
			✓	✓	✓	We allow clients to select providers, be part of the determination of services, etc.
		Home Health Aid	✓	✓		
					✓	AoA Community Living Program Grants
	✓		✓		✓	Other, Veterans Directed Home Services. FCSP offers a limited budget for caregivers to select services. In limited rural areas, congregate nutrition can be purchased by participant through a restaurant voucher program. HCBS Budget based model offered in two counties.
			✓			Personal Options is a program in the Medicaid Personal Options. Started in 2007, it currently has an enrollment of 872 active clients (as of 9/15/2011)
					✓	SUA does not administer waivers. Have a veterans directed home services demo
	3	**3**	**32**	**21**	**8**	

Table 8: State Agencies that Permit Solicitation of Voluntary Contributions for Services

	OAA Services	*State Funded Services*	*No Contribution for any Services*
Alabama	✓		
Alaska	✓		
Arizona	✓	✓	
Arkansas	✓	✓	
California	✓		
Colorado	✓	✓	
Connecticut	✓		
Delaware	✓	✓	
District of Columbia	✓		
Florida	✓		
Georgia	✓	✓	
Hawaii	✓	✓	
Idaho	✓		
Illinois	✓		
Indiana	✓	✓	
Iowa	✓		
Kansas	✓	✓	
Kentucky	✓	✓	
Louisiana	✓	✓	
Maine	✓		
Maryland			✓
Massachusetts	✓	✓	
Michigan	✓	✓	
Minnesota	✓	✓	
Mississippi	✓		
Missouri	✓	✓	
Montana	✓	✓	
Nebraska			
Nevada	✓		
New Hampshire	✓		
New Jersey	✓		

Table 8: State Agencies that Permit Solicitation of Voluntary Contributions for Services (Continued)

	OAA Services	*State Funded Services*	*No Contribution for any Services*
New Mexico			✓
New York	✓	✓	
North Carolina	✓	✓	
North Dakota	✓	✓	
Ohio	✓	✓	
Oklahoma			✓
Oregon	✓		
Pennsylvania	✓	✓	
Rhode Island	✓		
South Carolina	✓	✓	
South Dakota	✓		
Tennessee	✓		
Texas	✓		
Utah	✓	✓	
Vermont	✓		
Virginia	✓	✓	
Washington	✓	✓	
West Virginia	✓	✓	
Wisconsin	✓	✓	
Wyoming	✓	✓	
	47	**24**	**3**

Table 9: Use of Cost Sharing by Service

	State has Cost Sharing Plan	AAAs with Cost Sharing Plan	Personal Care	Homemaker	Chore	Adult Day Care	Assisted Transportation	Disease Prevention and Promotion	Respite	Other	Non-OAA Services Cost Sharing
Alabama	Yes	All							✓		No
Alaska	No	None									No
Arizona	No	Some									No
Arkansas	No	None									No
California	No	None									No
Colorado	No	None									No
Connecticut	Yes	All									Yes
Delaware	No										
District of Columbia	No	None									No
Florida	No	None									Yes
Georgia	Yes	All	✓	✓	✓	✓	✓	✓	✓		
Hawaii	No	None									No
Idaho	Yes	All									No
Illinois	No	None									No
Indiana	No	None									Yes
Iowa	Yes	None									No
Kansas	No	None									No
Kentucky	No	None									Yes
Louisiana	No	None									
Maine	No	None									Yes
Maryland	No	None									Yes
Massachusetts	No	None									Yes
Michigan	No	Some									Yes
Minnesota	Yes	All		✓	✓		✓	✓	✓	Caregiver Counseling	No
Mississippi	Yes	All									No
Missouri	No	None									No
Montana	No	Some									No
Nebraska											
Nevada	Yes	None		✓		✓				Long-Distance Transportation	Yes
New Hampshire	No										No
New Jersey	No	None									Yes
New Mexico	Yes	Some									No
New York	No	None									Yes
North Carolina	No	None									No
North Dakota	No										No

Table 9: Use of Cost Sharing by Service (Continued)

	State has Cost Sharing Plan	*AAAs with Cost Sharing Plan*	*Personal Care*	*Homemaker*	*Chore*	*Adult Day Care*	*Assisted Transportation*	*Disease Prevention and Promotion*	*Respite*	*Other*	*Non-OAA Services Cost Sharing*
Ohio	Yes	All	✓	✓	✓	✓	✓		✓		No
Oklahoma	No	None									No
Oregon	No	None									Yes
Pennsylvania	Yes	All	✓	✓	✓	✓	✓		✓		No
Rhode Island	No										No
South Carolina	Yes	Some									Yes
South Dakota	No										Yes
Tennessee	No	None									Yes
Texas	No	None									No
Utah	No	None									No
Vermont	No	None									
Virginia	Yes	All	✓	✓	✓	✓	✓		✓		Yes
Washington	Yes	All	✓	✓	✓				✓		Yes
West Virginia	No	None									Yes
Wisconsin	No	None									Yes
Wyoming	No										Yes
	Yes	**14**	**5**	**7**	**6**	**5**	**5**	**2**	**7**		**Yes**

Table 10: Evidence-Based Programs Implemented by State Agencies

	A Matter of Balance	*Chronic Disease Self-Management*	*EnhanceFitness*	*EnhanceWellness*	*Healthy IDEAS or PEARLS*	*Active Choices*	*Prevention and Management of Alcohol Problems in Older Adults*
Alabama		B					
Alaska	A	A					
Arizona	B	A	A				
Arkansas			A		A		
California	A	A					
Colorado	A	A					
Connecticut		A					
Delaware	A	A					
District of Columbia		A&B	A	A			
Florida	A	A	A				
Georgia	A	A					
Hawaii		A	A				
Idaho							
Illinois							
Indiana		B					
Iowa	B	B	B		A		
Kansas		A					
Kentucky		A					
Louisiana		B					
Maine	A	B	A	A	B		
Maryland		A					
Massachusetts	B	B					
Michigan	A	A	A				
Minnesota	A	A			A		
Mississippi		A					
Missouri					A		
Montana							
Nebraska		A					
Nevada		B					
New Hampshire		A					A
New Jersey	B	B			A		
New Mexico							
New York	A	A					
North Carolina	A	A			A		
North Dakota							
Ohio	A	A			A		

Table 10: Evidence-Based Programs Implemented by State Agencies (Continued)

	A Matter of Balance	*Chronic Disease Self-Management*	*EnhanceFitness*	*EnhanceWellness*	*Healthy IDEAS or PEARLS*	*Active Choices*	*Prevention and Management of Alcohol Problems in Older Adults*
Oklahoma		A	A		A		
Oregon	A	A	A				
Pennsylvania		B					
Rhode Island	A	A					
South Carolina	A	A					
South Dakota							
Tennessee		A					
Texas	B	B	B	B	B	B	
Utah	A	A					
Vermont	A	B			A		
Virginia		A					
Washington		B	B	B	B		
West Virginia		A					
Wisconsin		B					Stepping on Falls Prevention
Wyoming							
	24	**42**	**11**	**4**	**13**	**1**	**2**

Table 11: Medicaid HCBS Services Offered by States and Administered by State Agencies

	Case Management	Respite	Personal Assistance Services	Transportation	Personal Emergency Response Systems	Day Habilitation	Adult Foster Care	Assisted Living	Behavioral Supports	Environmental Modifications	Residential Habilitation	Specialized Equipment, Supplies or Assistive Technology	Supported Living	Home-Delivered Meals
Alabama	✓	✓											✓	
Alaska	✓	✓		✓	✓	✓		✓		✓	✓	✓	✓	✓	
Arizona														
Arkansas	✓	✓	✓		✓		✓	✓		✓		✓		✓	
California	✓	✓		✓	✓					✓		✓		✓	
Colorado														
Connecticut	✓	✓	✓	✓	✓				✓			✓	✓	✓	
Delaware	✓	✓	✓		✓	✓		✓	✓			✓			
District of Columbia														
Florida	✓	✓	✓	✓	✓			✓		✓		✓		✓	
Georgia	✓	✓	✓		✓			✓		✓		✓		✓	
Hawaii														
Idaho														
Illinois	✓				✓	✓								
Indiana	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	
Iowa														
Kansas		✓	✓		✓	✓								
Kentucky	✓	✓	✓								✓	✓			
Louisiana														
Maine	✓	✓	✓	✓	✓					✓		✓			
Maryland	✓	✓			✓			✓	✓	✓		✓		✓	
Massachusetts	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	
Michigan*														
Minnesota	✓	✓		✓	✓		✓	✓	✓	✓		✓		✓	

**Agency does not operate Medicaid HCBS waivers, but, in some instances, provided information about services offered in the state.*

Nutritional Supports	Homemaker	Supported Employment	Speech Therapy	Recreation Therapy	Occupational Therapy	Physical Therapy	Community Transition Support	Personal Care Services	Skilled Nursing	Home Health	Other Extended State Plan Benefits	Other HCBS Waiver Services
	✓						✓	✓				Companion and Adult Day Care
		✓							✓		✓	
	✓							✓		✓		
✓	✓		✓	✓	✓	✓		✓				
	✓	✓	✓		✓	✓			✓	✓		
								✓				
	✓		✓		✓	✓			✓			
	✓							✓				
	✓											
✓	✓	✓	✓		✓	✓	✓		✓	✓		Pest Control
	✓											
	✓							✓				
	✓		✓		✓	✓						
							✓	✓				Environmental Assessments
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		Chore, Laundry, Food Shopping/Delivery, Respite Care
	✓				✓	✓	✓	✓	✓	✓		Adult Day Services, Caregiver Training/ Education/ Assessment, Chore, Companion, Telehomecare

Table 11: Medicaid HCBS Services Offered by States and Administered by State Agencies (Continued)

	Case Management	Respite	Personal Assistance Services	Transportation	Personal Emergency Response Systems	Day Habilitation	Adult Foster Care	Assisted Living	Behavioral Supports	Environmental Modifications	Residential Habilitation	Specialized Equipment, Supplies or Assistive Technology	Supported Living	Home-Delivered Meals
Mississippi														
Missouri		✓	✓	✓						✓		✓		✓
Montana														
Nebraska														
Nevada	✓	✓			✓			✓						
New Hampshire	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
New Jersey	✓	✓	✓	✓	✓		✓	✓		✓	✓	✓		✓
New Mexico	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	
New York														
North Carolina														
North Dakota														
Ohio		✓		✓	✓			✓[1]		✓		✓		✓
Oklahoma	✓	✓	✓		✓			✓		✓		✓		✓
Oregon	✓		✓	✓	✓		✓	✓	✓					✓
Pennsylvania	✓	✓	✓	✓	✓					✓	✓	✓		✓
Rhode Island	✓		✓		✓			✓		✓		✓		✓
South Carolina														
South Dakota	✓	✓			✓			✓				✓		✓
Tennessee														

**Agency does not operate Medicaid HCBS waivers, but, in some instances, provided information about services offered in the state.*

Nutritional Supports	Homemaker	Supported Employment	Speech Therapy	Recreation Therapy	Occupational Therapy	Physical Therapy	Community Transition Support	Personal Care Services	Skilled Nursing	Home Health	Other Extended State Plan Benefits	Other HCBS Waiver Services
	✓							✓				Advanced Respite, Nurse Respite, and Respite
	✓											Adult Day Care
	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
							✓	✓				
✓	✓	✓	✓		✓	✓	✓					
✓	✓						✓	✓				X1-Assisted Living is provided in a separate waiver. The PASSPORT Waiver provides the services indicated in the boxes to the left and provides adult day care, chore, social work counseling, and independent living assistance. The Choices waiver provides some of the services indicated to the left home care attendant services and pest control.
	✓		✓		✓	✓	✓	✓		✓		Hospice, Adult Day Health, Respitory Therapy, Skilled Nursing
	✓						✓					
	✓	✓	✓		✓	✓	✓		✓	✓		
	✓											
✓	✓											Adult Day

Table 11: Medicaid HCBS Services Offered by States and Administered by State Agencies (Continued)

	Case Management	Respite	Personal Assistance Services	Transportation	Personal Emergency Response Systems	Day Habilitation	Adult Foster Care	Assisted Living	Behavioral Supports	Environmental Modifications	Residential Habilitation	Specialized Equipment, Supplies or Assistive Technology	Supported Living	Home-Delivered Meals
Texas	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Utah	✓		✓		✓					✓		✓	✓	✓
Vermont	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Virginia														
Washington		✓		✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
West Virginia	✓		✓											
Wisconsin														
Wyoming														
	26	**25**	**22**	**10**	**27**	**10**	**11**	**20**	**11**	**21**	**10**	**23**	**9**	**22**

**Agency does not operate Medicaid HCBS waivers, but, in some instances, provided information about services offered in the state.*

	Nutritional Supports	Homemaker	Supported Employment	Speech Therapy	Recreation Therapy	Occupational Therapy	Physical Therapy	Community Transition Support	Personal Care Services	Skilled Nursing	Home Health	Other Extended State Plan Benefits	Other HCBS Waiver Services
	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		Hospice, Adult Day Services
	✓	✓											
		✓	✓										
			✓	✓	✓	✓	✓	✓	✓	✓		✓	Adult Day Services, extended state plan benefits in DD waivers
		✓											
	7	**25**	**10**	**12**	**5**	**12**	**12**	**12**	**10**	**7**	**8**	**1**	

Table 12: State Funded HCBS Services Administered by State Agency

	Case Management	Respite	Personal Assistance Services	Transportation	Personal Emergency Response Systems	Day Habilitation	Adult Foster Care	Assisted Living	Behavioral Supports	Environmental Modifications	Residential Habilitation	Specialized Equipment, Supplies, or Assistive Technology	Supported Living	Home-Delivered Meals
Alabama														
Alaska														
Arizona														
Arkansas														
California														
Colorado	✓	✓	✓	✓	✓		✓						✓	
Connecticut	✓	✓	✓	✓	✓			✓		✓		✓		✓
Delaware	✓	✓	✓	✓	✓		✓	✓		✓		✓		✓
District of Columbia														
Florida	✓	✓		✓	✓					✓		✓		✓
Georgia		✓												
Hawaii	✓		✓	✓										✓
Idaho														
Illinois	✓				✓	✓				✓		✓		
Indiana	✓	✓	✓	✓	✓	✓			✓	✓	✓	✓		✓
Iowa	✓	✓	✓	✓	✓							✓		✓
Kansas	✓		✓		✓									
Kentucky	✓	✓	✓						✓		✓	✓	✓	✓
Louisiana														
Maine	✓	✓	✓		✓					✓			✓	
Maryland	✓	✓	✓	✓	✓		✓					✓		✓
Massachusetts	✓	✓	✓	✓	✓				✓	✓		✓	✓	✓
Michigan*	✓	✓	✓		✓									✓
Minnesota	✓	✓		✓	✓					✓		✓		✓
Mississippi														

**Agency does not operate state-funded HCBS, but in some instances provided information about services offered in the state.*

Nutritional Supplements	Homemaker	Supported Employment	Speech Therapy	Recreation Therapy	Occupational Therapy	Physical Therapy	Community Transition Support	Other	FY 2011 Funding
							✓	Community Developmental Disabilities Grants (Non-Waiver Eligible), Adult Day Health, Senior In-Home Services, Senior Residental Services (Assisted Living), Short-Term Assistance and Referral for DD, and ADRC Education and Support	$18,827,389
	✓								$8,953,663
	✓		✓		✓	✓			$62,000,000
✓	✓						✓		$4,300,000
									$25,000,000
	✓		✓	✓	✓	✓			$265,676,006
									$2,000,000
	✓								$5,000,000
	✓								$572,029,000
✓	✓		✓	✓	✓	✓	✓	Chore, Adult Day	$48,765,643
	✓								
	✓								$5,100,000
	✓		✓		✓	✓			
	✓		✓		✓	✓		Adult Day Health Services	$13,000,000+
✓	✓							Congregate Housing Services in Affordable Housing	
	✓		✓	✓	✓	✓	✓	Adult Day Health, Habilitation Therapy, Wanderer Locator, Chore, Laundry, Food Shopping/Delivery, Nutrition Assessment, Skilled Nursing, Respite Care, Vision Rehab, Medication Dispensing System	$337,157,243
	✓								
	✓				✓	✓		Adult Day, Caregiver Training/Education/ Assessment, Chore, Companion, Home Care, Telehomecare	$30,000,000

Table 12: State Funded HCBS Services Administered by State Agency (Continued)

	Case Management	Respite	Personal Assistance Services	Transportation	Personal Emergency Response Systems	Day Habilitation	Adult Foster Care	Assisted Living	Behavioral Supports	Environmental Modifications	Residential Habilitation	Specialized Equipment, Supplies, or Assistive Technology	Supported Living	Home-Delivered Meals
Missouri		✓	✓											
Montana														
Nebraska	✓													
Nevada	✓	✓	✓		✓									
New Hampshire														
New Jersey	✓	✓	✓	✓	✓					✓		✓		✓
New Mexico														
New York	✓	✓	✓	✓	✓					✓		✓		✓
North Carolina		✓	✓	✓				✓						✓
North Dakota														
Ohio	✓	✓	✓	✓	✓									✓
Oklahoma		✓					✓			✓				
Oregon	✓	✓	✓	✓	✓									✓
Pennsylvania	✓	✓	✓	✓	✓					✓		✓		✓
Rhode Island														
South Carolina	✓	✓	✓								✓			✓
South Dakota								✓						
Tennessee	✓		✓											✓
Texas	✓	✓	✓	✓		✓			✓	✓	✓	✓	✓	
Utah	✓		✓		✓							✓		✓
Vermont			✓											
Virginia	✓	✓												✓
Washington	✓	✓	✓	✓	✓					✓		✓		✓
West Virginia		✓												
Wisconsin														
Wyoming	✓	✓	✓	✓	✓	✓				✓		✓		
	27	**16**	**25**	**16**	**19**	**3**	**3**	**3**	**3**	**9**	**3**	**15**	**4**	**20**

**Agency does not operate state-funded HCBS, but in some instances provided information about services offered in the state.*

Nutritional Supplements	Homemaker	Supported Employment	Speech Therapy	Recreation Therapy	Occupational Therapy	Physical Therapy	Community Transition Support	Other	FY 2011 Funding
	✓							Nurse Assessment	$1,919,360 State Only, $1,048,372 NME
									$1,900,000
	✓								$7,900,000
									$45,148,000
✓	✓								$114,000,000
	✓								
	✓								$9,000,000
									$7,000,000
	✓								$2,800,000
	✓		✓		✓	✓			$500,000,000
	✓								$1,600,000
									$1,498,326
	✓								$9,393,400
		✓	✓	✓	✓	✓	✓		$120 million
	✓								$4,000,000
								Flexible Family Funding	
									$6,060,986
✓	✓						✓		$19,000,000
	✓								$8.1 Million for Lighthouse (personal care services); $2.7 Million for FAIR (in-home respite for Alzheimer's caregivers)
	✓							Hospice, Medication set-ups	$6,300,000
5	**25**	**5**	**7**	**4**	**8**	**8**	**6**		

Table 13: State by State Summary Chart: Programs and Services Administered by State Agencies

	Home Delivered Meals	Congregate Meals	Family Caregiver Support	Kinship Care	Disease Prevention and Health Promotion	Transportation	Personal Care	Homemaker	Chore	Case Manager	Respite	Low Income Energy Assistance Program (LIHEAP)	Adult Day Care	Senior Centers	Senior Community Service Employment Program (SCSEP)
Alabama	A	A	A	A	B	B	A	A	A	A	A		A	A	
Alaska	A	A	A		A	A									A
Arizona	B	B	B	B	B	B	B	B	B	B	B	B	B	B	A
Arkansas	B	B	B	A	B	B	B	B	B	B	B		B	B	A
California	A	A	A		A	A	A	A	A	A	A		A	A	A
Colorado	A	A		A	A	A	A	A	A	A	A		A	A	A
Connecticut	B	B	B	B	A	B	B	B	B	B	A	B	B	A	A
Delaware	B	B	A	A	B	A	B	B		B	B		B	A	A
District of Columbia	A	A	A		B	B		A	A	B	B		A	A	B
Florida	B	A		A	A	A	A	A	A	A	A		A	A	A
Georgia	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
Hawaii	A	A	A	A	A	A	A	A	A	A	A		A	A	
Idaho	A	A	A		A	A	A	A	A	A	A			A	A
Illinois	A	A	A	A		A		A	A	A	A		A	A	A
Indiana	B	B	B		B	B	B	B	B	B	B		B	B	A
Iowa	A	A	B		B	A	A	A	A	A	A		A	A	D
Kansas	A	A	A		A		A	A	A	A	A	A		A	
Kentucky	A	A	A		A	A	A	A	A	A	A	A	A	A	A
Louisiana	A	B	B		B	B	B	A	A	A	B			B	B
Maine	A	A	A	A	A					B	B			A	A
Maryland	A	A	A		A	A	A	A	A	A	A		A	A	A
Massachusetts	A	A	B		B	A	A	A	A	A	A				A
Michigan	A	A	A	A	A	A	A	A	A	A	A		A	A	A
Minnesota	A	A	A	A	A	A	A	A	A		A				
Mississippi	A	A	A		A	A		A	A	A	A		A	A	A
Missouri	A	A	A		A	A	B	B	B	B	B		B	A	A
Montana	A	A	B		B	B	B	B	B	A	B		B	A	
Nebraska	A	A	A		A	A	A	A	A	A	A		A	A	A
Nevada	A	A	A		A	B	D	B	A	B	B		A	A	A
New Hampshire	B	A	B	B	A	B	B	B	B	B	B	B	B		
New Jersey	A		B		B	A	A	A	A	A	B	B	B	A	
New Mexico	A	A	A	A	A	A	A	A	A	A	A			A	A

Aging-Only: A • Disability Only: D • Both Aging and Diability: B

Long Term Care Ombudsman (Long Term Care Facility)	Long Term Care Ombudsman (In-Home Services)	Legal Assistance Development	Elder Abuse Prevention	Adult Protective Services	State Pharmaceutical Assistance	Senior Medicare Patrol (SMP)	State Health Insurance Assistance Program (SHIP)	Aging and Disability Resource Center (ADRC)	Information and Referral	State Adult Guardianship Program	Supplemental Nutrition Assistance Program (Formerly Food Stamps)	Child and Adult Care Food Program (CACFP)	Emergency Food Assistance Program (TEFAP)	Commodity Supplemental Food Program (CSFP)	Senior Farmers' Market Nutrition Program (SFMNP)	Alzheimer's Support Program (Other than an AoA-Funded Effort)	Vocational Rehabilitation	Disability Guardianship Program	Disability Representative Payee	TBI Grant Program
B		A	A		B	B	B	B	A											
		A				A	A	B	A											B
B		B	B	B	B	B	B	B	B											
A		A	A	A		A		B	B	B					A					
A		A	A			A	A	A	A											
		A		B																A
B		A	A		B	A	A	B	B	A	B		B	B		A	B			
A	B		A	B		A		B	B											
			A					B	A							A				
A			A	A				B	B	A	A	A			A	A				
A	B	A	A	A		B	A	B	A	B	A					A				
A	A	A	A			A	A	A	A											
A	A	A	A	A	A	A		A	A											
A		A	A					A	A			A								
B	B	B	B	B		B	B	B	B	B					A					
A		A	A					B	A						A					
		A	A			A	A	A	A											
A		A	A				B	B	B	B							A			
B		B	B	A	B			B	B											
A	B	A	A			A	B	B	B						A					
A		A	A			A	A	A	A	A					A					
B		A	A	A	A	A	B	B	B						A					
A		A	A			A	A	A	A						A					
A	A	A	A	A	A	A	A	A	A	A	A					A				
A		A	A	A	A	A	A	A	A			A								
B		A	A	B				A				B		B		B				D
A	A	A	A				A	B	A	A					A	A				
A		A	A			A	A	A							A					
A		A	A		B	A	A	B	B						A					
A		B	A	B		A	A	B	B	B	B					B		B		B
A		A	B	B	B		B	B	B	A	A				A	B				
B		A	B	B	B	B	B	B	B							B				

Table 13: State by State Summary Chart: Programs and Services Administered by State Agencies (Continued)

	Home Delivered Meals	Congregate Meals	Family Caregiver Support	Kinship Care	Disease Prevention and Health Promotion	Transportation	Personal Care	Homemaker	Chore	Case Manager	Respite	Low Income Energy Assistance Program (LIHEAP)	Adult Day Care	Senior Centers	Senior Community Service Employment Program (SCSEP)	
New York	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	
North Carolina	B	A	B		A	B	B	B		B	B		B	A	A	
North Dakota	A	A	A								A				A	
Ohio	A	A	A		A	A	A	A	A	A	A		A	A	A	
Oklahoma	A	A	B	A	A	B	B	A	A	B	B		B	A		
Oregon	B	A	A		A	A	A	A	A	A	A		A	A	A	
Pennsylvania	A	A	A	A	A	A	B	B	B	B	B		B	A	A	
Rhode Island	A	A	A		A		A	A	A	A	A		A	A		
South Carolina	A	A	A	A	A	A	A	A	A	A	A		A	A	A	
South Dakota	B	B	B			B	B	B		B	B		B			
Tennessee	A	A	A		A	A	A	A	A	A	A		A	A		
Texas	B	A	A	A	A	A	B	B	B	B	B		B	A		
Utah	A	A	B	B	A	B	B	B	B	B	B	A		A	A	
Vermont	B	A	A	A	A	A	A	A		A	A		A		B	
Virginia	A	A	A	A	A	A	A	A	A	A	A		A	A	A	
Washington	B	A	B	B	A	A	A	A	A	A	A	B	A		A	
West Virginia	A	A	A	A	A	A	A	A	A		A		A	A	A	
Wisconsin	A	A	B		B	A	A	A	A	A	A		A	A	A	
Wyoming	A	A	A	A	A	A	A	A	A	A	A			A		
	51	**50**	**49**	**25**	**49**	**46**	**43**	**48**	**43**	**45**	**50**	**11**	**37**	**42**	**36**	

Aging-Only: A • Disability Only: D • Both Aging and Diability: B

Long Term Care Ombudsman (Long Term Care Facility)	Long Term Care Ombudsman (In-Home Services)	Legal Assistance Development	Elder Abuse Prevention	Adult Protective Services	State Pharmaceutical Assistance	Senior Medicare Patrol (SMP)	State Health Insurance Assistance Program (SHIP)	Aging and Disability Resource Center (ADRC)	Information and Referral	State Adult Guardianship Program	Supplemental Nutrition Assistance Program (Formerly Food Stamps)	Child and Adult Care Food Program (CACFP)	Emergency Food Assistance Program (TEFAP)	Commodity Supplemental Food Program (CSFP)	Senior Farmers' Market Nutrition Program (SFMNP)	Alzheimer's Support Program (Other than an AoA-Funded Effort)	Vocational Rehabilitation	Disability Guardianship Program	Disability Representative Payee	TBI Grant Program
A		A	A			A	A	A	A						A					
B		A	A	B				B	B	B					A	B				
A		A	A	A				A	A	A						A				
B		A	A		B	A		B	A						A	A				
A	D	A	A					B	B						A	A				
B		A	B	B		B		B	A		B				A		B				
B		A	A	A	B	A	A	B	B	A										
A	B	A	A	A	B	A	A	A	A											
A		A	A			A	A	A	A							A				
B		A	B	B			A	B	B	B										
A		A	A				A	A	A	A										A
A		A	A				A	B	B	B								D		
A		A	A	A		A	A	B	B					A						
A	A		A	A			B	B	B	B				A	A		B			B
A		A	A	A			A	A	A	A					A	A				
B		A	B	B	B		B	B	A	B	B		B		A		D			B
A		A	A				A	A	A						A	A				
A	A	B	A	B			B	B	B							B				B
A	A	A	A					A	A											
47	**14**	**48**	**48**	**27**	**16**	**29**	**35**	**50**	**47**	**20**	**10**	**6**	**3**	**6**	**21**	**17**	**7**	**2**	**1**	**8**

Notes

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