

STATE OF THE STATES IN AGING AND DISABILITY

2017 Survey of State Agencies



STATE OF THE STATES IN AGING AND DISABILITY

2017 Survey of State Agencies

By: Damon Terzaghi and Adam Mosey



TABLE OF CONTENTS

Glossary of T	erms	iii
Message from the Executive Director		iv
NASUAD Bo	pard of Directors	v
Executive Summary		vi
Methodology		viii
Themes Emerging from the 2017 Survey		1
Theme 1	The Move Towards Integrated Health Delivery Continues to Change LTSS Systems	2
Theme 2	Major Changes Continue to Significantly Impact HCBS and LTSS Systems	14
Theme 3	State Budgets are Recovering but Demographic Trends Drive Expenditure Growth	22
Theme 4	Elder Justice Services are a Top Priority for Agencies	. 25
Theme 5	Staffing and Leadership at Agencies Continue to Experience Significant Changes	29
Theme 6	Agency Responsibilities are Expanding to Drive Service Integration	. 33
Update on H	CBS Adoption	37
Conclusion		. 39
Appendix A: State-by-State Summary Tables		
Table 1	Populations Served by State Agencies	42
Table 2	State Agency Service, Budget, and Staffing Levels	
Table 3	Major LTSS Policy, Regulatory, and Oversight Responsibilities of State Agencies	
Table 4	Major Programmatic/Operational Responsibilities of State Agencies	
Table 5	Appointment of State Agency Director	
Table 6	Sources of Funding for State Agencies on Aging and Disabilities	. 56
Table 7	State-Funded HCBS Services for Older Adults and Adults with Physical Disabilities	60
Table 8	Status of Medicaid Waiver and State Plan Options	. 64
Table 9	Medicaid HCBS Services Available to Older Adults and/or People With Disabilities	68
Table 10	Operating Agencies by Target Population	. 76
Table 11	State Agencies Providing Federally-Funded, Non-Medicaid Programs/Services for Older Adults	80
Table 12	State Agencies Providing Federally-Funded, Non-Medicaid Programs/Services for Individuals with Physical Disabilities	86
Table 13	Medicaid Funding Authority by Target Population	. 92
Appendix B:	State Responses to SOTS Survey	. 95

GLOSSARY OF TERMS

AAA—Area Agency on Aging ACL—Administration for Community Living **APS**—Adult Protective Services CAHPS—Consumer Assessment of Healthcare Providers and Systems CBO—Community-Based Organization CIL—Center for Independent Living CMS-Centers for Medicare & Medicaid Services DOL-Department of Labor D-SNP—Dual Eligible Special Needs Plan ESRD-End State Renal Disease FFS—Fee-For-Service FLSA—Fair Labor Standards Act FPL—Federal Poverty Level HCBS-Home and Community-Based Services ICF/DD-Intermediate Care Facility for Individuals with Developmental Disabilities

ID/DD—Intellectual Disability/ Developmental Disability LTCO-Long-Term Care Ombudsman LTSS—Long-Term Services and Supports MFP-Money Follows the Person grant program MLTSS-Managed Long-Term Services and Supports MCO-Managed Care Organization NCI-National Core Indicators Project NCI-AD-National Core Indicators for Aging and Disabilities NASUAD-National Association of States United for Aging and Disabilities OAA—Older Americans Act PACE-Program of All-Inclusive Care for the Elderly SCSEP—Senior Community Service **Employment Program** SHIP—State Health Insurance Assistance Program SSBG—Social Services Block Grant SSI—Supplemental Security Income

DEAR STATE DIRECTOR,

In the spring of 2017, NASUAD surveyed state aging and disability agencies regarding the significant policy, fiscal, and operational issues occurring within each state. We also surveyed Medicaid agencies and other partner agencies on issues relating to HCBS and LTSS systems. We would like to express our appreciation for the time, effort, and expertise provided by the states.

The results of the 2017 survey represent an update of the previous several surveys, showing the current status of state government employees, the agencies that administer the programs, and the services provided. As in prior years, the overarching themes of the survey demonstrate ongoing challenges in the way that services and supports are coordinated, financed, and delivered. Wherever possible in this survey, we attempted to demonstrate changes from prior NASUAD surveys to tell the story of a changing aging and disability policy and financing environment.

During the survey, we collected detailed information about the structure of agencies, the supports provided, and the populations served by aging and disability agencies. We also collected updated information about the broader LTSS systems, which includes services funded by the OAA, Medicaid, state-only programs, and other relevant supports available to older adults and people with disabilities. We hope that this report will be valuable to policymakers and program administrators.

This survey represents a yearlong research project based on the essential contributions of state aging and disability agencies whose staff completed a lengthy survey and participated in followup interviews. We would like to thank the agency staff for their valuable time invested in the data collection for this document, especially in an era of increasing demands and limited staff. We also would like to thank both the central and regional office staffs of the U.S. ACL and CMS for their valuable insights and suggestions on all of our reports. Additionally, our partners in the aging and disability communities have continued to provided important suggestions on how to improve upon earlier versions of this *State of the States* report.

Finally, the NASUAD Board of Directors, under the leadership of former President Gary Jessee, who served as the Deputy Executive Commissioner for Medical and Social Services at Texas Health and Human Services, provided essential direction and support throughout the survey development and information collection. Internal project leadership was provided by Damon Terzaghi, Senior Director of Medicaid Policy and Planning, with staff work done by Adam Mosey, Policy Analyst.

Sincerely, Martha & Roker ty

Martha A. Roherty Executive Director

NASUAD BOARD OF DIRECTORS

President

Lora Connolly, Director California Department of Aging Sacramento, CA

Vice President

Yonda Snyder, Executive Director Division of Aging Indiana Family and Social Services Administration Indianapolis, IN

Secretary

Jennifer Burnett, Deputy Secretary Office of Long-Term Living Pennsylvania Department of Human Services *Harrisburg, PA*

Treasurer

Duane Mayes, Director Division of Senior & Disabilities Services Alaska Department of Health and Social Services *Anchorage, AK*

At Large

Alice Bonner, Secretary Massachusetts Executive Office of Elder Affairs *Boston, MA*

Curtis Cunningham, Assistant Administrator of Long Term Care Benefits and Programs Division of Medicaid Services Department of Health Services *Madison, WI*

Betsy Ritter, Commissioner

Washington, D.C.

Connecticut State Department on Aging *Hartford*, *CT*

Claudia Schlosberg, Senior Deputy & Medicaid Director D.C. Department of Health Care Finance

EXECUTIVE SUMMARY

In 2017, NASUAD administered a survey of state agencies that deliver LTSS, including aging and disability agencies as well as Medicaid programs, regarding the significant policy, fiscal, and operational issues occurring within each state. During the survey, we collected detailed information about the structure of agencies, the supports provided, and the populations served by state programs. We also surveyed the states on key priorities, challenges, and opportunities that their programs are currently experiencing.

Several key issues emerged as common themes across the country. The themes include:

- The Move Towards Integrated Health Delivery Continues to Change LTSS Systems: In prior surveys, NASUAD has noted the rapid growth in MLTSS programs across the country. While the trend has slowed slightly in this year's survey, there remains great interest in opportunities and strategies to improve both the coordination of supports and services as well as the quality of care provided. These changes are also impacting local service-delivery systems, as CBOs must adjust to new payment models and contractual requirements that arise from integrated health programs.
- Major Changes Continue to Significantly Impact HCBS and LTSS Systems: Federal regulations, including the Medicaid HCBS Final Rule, the Managed Care Regulation, the Department of Labor Homecare Rule, and the Ombudsman regulation are placing new requirements on state agencies and service delivery systems. This is coupled with the expiration of several grant programs, including Money Follows the Person and the Balancing Incentives programs, and creating new dynamics and pressures on the overall system.
- State Budgets are Recovering but Demographic Trends Drive Expenditure Growth: The economic recovery and underlying trends continue to impact state budgets in disparate manners. Twenty-three states reported receiving increased state-funding from their state's legislature between FY2015 and FY2016, ten states reported no change, while 14 states indicated that their legislature cut funding during this period. However, there are still pressures faced by agencies, including those who received increased funding, due to a variety of sources, particularly rising demand for services. Nineteen states indicated that they may experience a shortfall during FY2018 and 13 states reported that administrative or programmatic reductions were under consideration due to fiscal challenges.

- Elder Justice Services are a Top Priority for Agencies: Congress has allocated some additional funding for elder justice activities; however, states continue to leverage a variety of funding sources for these services. Forty-two states reported using state general funds to finance APS systems. The next most common source of funding is the Social Services Block Grant, with 19 states funding their APS through this program. The majority of responding states reported level funding (n=31) for their ombudsman program; while 14 states reported increased APS funding and 13 reported that amounts had remained the same or decreased. Despite the relatively stagnant funding, many states reported ongoing increases in both reports and substantiated cases of abuse, neglect, and exploitation across the country. However, in the 2017 survey, a number of states also reported decreases in these types of reports. A fewer number of states reported a corresponding decrease in the number of substantiated reports, indicating that there may have been fewer reports but a larger proportion of the reports were ultimately substantiated.
- Staffing and Leadership at Agencies Continue to Experience Significant Changes: The 2017 results demonstrate that there remains significant staffing turnover across the states. The pace seems to be moderating both at the director level as well as across the broader staff of many agencies. However, similar to the disparities in revenue and budget growth, this is not occurring uniformly across the country, and some agencies have experienced significantly more turnover than others. In the 47 agencies that collected and submitted information on prior staff retirements, 14 states reported more than 16 percent of their workforce retiring over the previous five years with three reporting more than a quarter of their staff leaving due to retirement. In contrast, 14 states also reported seeing less than five percent of their employees retiring over the past five years and an additional 12 states saw less than ten percent of their workforce retire.
- Agency Responsibilities are Expanding to Drive Service Integration: Many states continued reporting reorganizing and consolidating their administrative structures in the 2012 and 2014 surveys. The trend slowed in our 2015 survey; however, consolidation has accelerated and expanded in the most recent survey. Nearly half of the responding agencies indicated that they cover individuals with ID/DD in the most recent survey. Similarly, agencies that also provide services to individuals with traumatic or acquired brain injuries also increased substantially from 34 percent in 2015 to 53 percent in 2017. This consolidation is likely driven by the programmatic responsibilities of agencies, as an increasing number report responsibility for ADRCs, MLTSS, and other programs that serve individuals from a variety of populations.

The overall themes represent a continuation of the ongoing trends identified in our prior surveys. State agencies are continuing to grapple with demographic shifts both within the populations they serve as well as within their own workforce. The growing population of older adults and persons with disabilities is leading to increased demand across the country, while the aging of state workforces is resulting in changes to agency staffing patterns. States are responding to these challenges by focusing on integrated services and improved quality of the supports provided.

METHODOLOGY

The 2017 State of the States survey built upon the 2015 survey methodology. The 2017 datacollection was performed using three distinct tools in order to align with the 2015 processes. Two distinct web-based surveys were established and questions were divided between each survey based upon the type of information collected. One web-survey focused specifically on aging and disability agencies, and collected information on the structure, services, integration, and employee demographics of those entities that administer the Older Americans Act in addition to other aging and LTSS services. A second survey collected information on each state's broader LTSS and HCBS systems, including Medicaidfunded services, state-only LTSS programs, and other related services and supports. Lastly, NASUAD developed charts using information from our previous surveys that detail specific information about the structure of each state's LTSS system, including services covered, Medicaid options in place, and related structure. These charts were then provided to each state for review, corrections, and updates.

NASUAD sent the data collection tools to each of the 56 states and territories. Primary data collection occurred in March and April of 2017, with additional supplemental collection periods in May and June. All 50 states and the District of Columbia responded to the aging and disabilities survey; 46 states and the District responded to the HCBS and LTSS survey; and 36 states sent edits to the pre-populated tables. A summary of the responses received from states is included at the end of this document in Appendix B. The submitted information was then cross-referenced with other data sources, including the *NASUAD Medicaid Integration Tracker*,¹ previous state surveys, the Kaiser Family Foundation,² and publicly available data from the U.S. Department of Health and Human Services. NASUAD staff organized the responses into summary tables and sent the tables to state staff for a second review in instances where there was conflicting information. States submitted additions, corrections, and clarifications that were incorporated into the final tables and charts. The pre-populated tables were published with state edits included; in instances where no edits were provided, the tables were published as they were originally developed.

For the 2017 survey, NASUAD also implemented several new questions and modifications to previous questions. The modifications to the tool were driven by the rapidly changing roles of state agencies on aging and disability, and were designed to capture more detail regarding services and supports available to seniors and persons with disabilities across the entire state health and human services systems. In 2015, our survey revisions resulted in more detailed information collection about the state's broader LTSS system. The 2017 modifications were less significant than changes made in 2015, and were intended to further refine data collection in order to improve the breadth and scope of information available regarding long-term services and supports, as well as social services available to older adults and persons with disabilities.

 $^{^{1}\} http://www.nasuad.org/initiatives/tracking-state-activity/state-medicaid-integration-tracker$

² http://www.kff.org/

THEMES EMERGING FROM THE 2017 SURVEY

In 2017, NASUAD administered a survey of state agencies that deliver LTSS, including aging and disability agencies as well as Medicaid programs, regarding the significant policy, fiscal, and operational issues occurring within each state. During the survey, we collected detailed information about the structure of agencies, the supports provided, and the populations served by state programs.

Several key issues emerged as common themes across the country. The themes include:

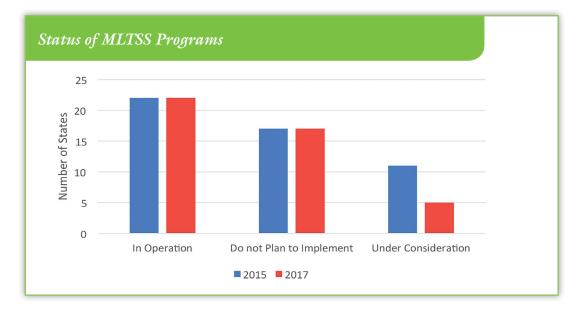
- 1. The Move Towards Integrated Health Delivery Continues to Change LTSS Systems
- 2. Major Changes Continue to Significantly Impact HCBS and LTSS Systems
- 3. State Budgets are Recovering but Demographic Trends Drive Expenditure Growth
- 4. Elder Justice Services are a Top Priority for Agencies
- 5. Staffing and Leadership at Agencies Continue to Experience Significant Changes
- 6. Agency Responsibilities are Expanding to Drive Service Integration

The overall themes represent a continuation of the ongoing trends identified in our prior surveys. State agencies are continuing to grapple with demographic shifts both within the populations they serve as well as within their own workforce. The growing population of older adults and persons with disabilities is leading to increased demand across the country, while the aging of state workforces is resulting in changes to agency staffing patterns.

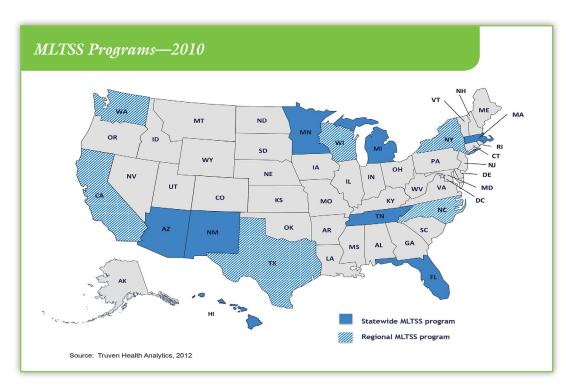
The Move Towards Integrated Health Delivery Continues to Change LTSS Systems

MLTSS Implementation and Expansion

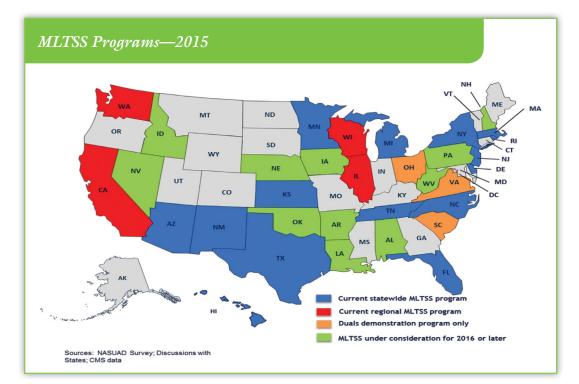
The past several *State of the States* surveys highlighted the rapid growth in MLTSS programs across the country. In 2009, six states operated a MLTSS program either regionally or statewide. The 2012 survey reported that 26 states were either operating or planning to operate a MLTSS program; the 2014 survey indicated a slight growth by reporting 17 that operated MLTSS and ten additional states intending to implement a program; and the 2015 survey results found that 22 states had a program in place and 11 additional states reported that there were either formal plans or initial discussions regarding implementing a program in the future. This survey found a slight decrease in interest in MLTSS. Though one new state (Iowa) implemented a managed care program in the interim period, Washington state officially ended their MLTSS program resulting in the same number of programs nation-wide.



Additionally several states saw the push towards MLTSS stall since our most recent survey, resulting in fewer states reporting that programs were under consideration in 2017 than in 2015. Notably, a number of states including Idaho, Nevada, Oklahoma, Louisiana, and West Virginia removed themselves from "under consideration" status in the most recent survey. The change in status could be due to a variety of factors, including a lack of legislative approval, a change in state administrations, or a shift to other policy priorities.

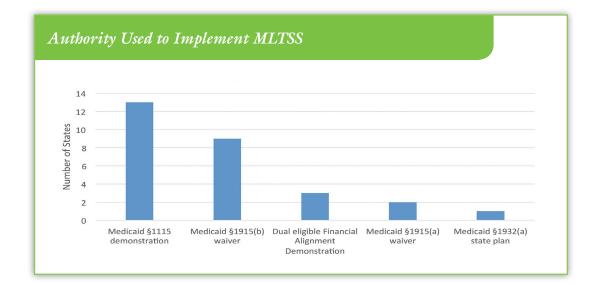


The following maps show the evolution in the MLTSS environment beginning in 2010.



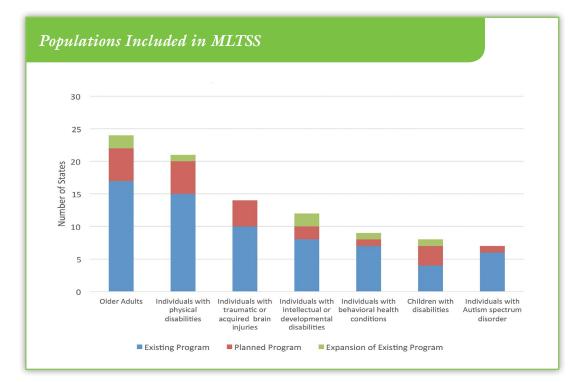


MLTSS programs change the types of responsibilities of Medicaid and other LTSS agencies, and also lead to changes to the way that services and supports are delivered for a wide range of populations with complex health and social service needs. As such, it is unsurprising that policy and operational issues associated with these programs continue to be a significant area of focus nationally and in many states. This trend is unchanged from last year, as states have continued to implement planned MLTSS programs; to expand populations and geographic areas served; or to improve contracting and performance related outcomes of existing MLTSS plans. Additionally, states will be likely working to assess the impact of a number of changes mandated by the federal Medicaid managed care regulations.



States utilize a variety of authorities to implement their MLTSS programs. The most common authority is an §1115 demonstration waiver. Other frequently used authorities include \$1915(b) freedom of choice waivers and the financial alignment demonstration.

As in prior surveys, this survey included a question about plans to alter the geographic scope of MLTSS programs. The 2017 survey found that only one state has plans to expand its MLTSS program to a larger geographic region, continuing a downward trend that we have highlighted in the past several surveys. This downward trend corresponds with a larger number of states that have statewide MLTSS when compared to 2014. These two questions align logically, as several states expanded to include new geographic regions and do not intend to expand further. No state indicated intent to decrease the geographic scope of MLTSS in 2014, 2015, or 2017.

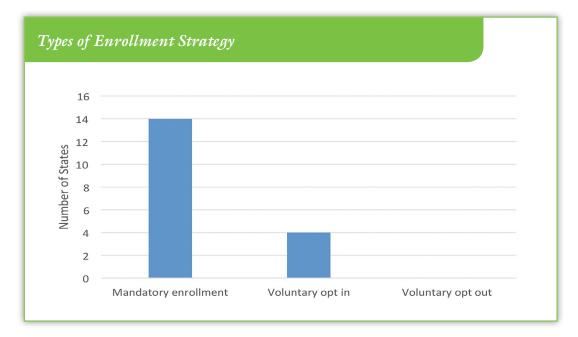


States have generally enrolled seniors and people with physical disabilities into MLTSS programs before including additional populations. When comparing populations included in the MLTSS plans, older adults are the most common group either already enrolled, or that states intend to enroll in their programs. Individuals with physical disabilities represent the next most commonly included population. The data is relatively unchanged from the 2015 survey.

States continue to express an increasing interest in the integration of services for ID/DD into their programs. In 2015, nine states reported currently serving or plans to serve this population. Currently only eight states report serving these individuals in their MLTSS program, an increase of one state from the 2015 survey. Historically, individuals with ID/DD have often been excluded from MLTSS programs for a number of reasons including the complexity of their service needs, concerns about providing adequate care and support, and strong stakeholder opposition. However, as state agencies and managed care plans become

more experienced in providing MLTSS, policymakers are beginning to add new services and populations into the managed care delivery systems. Intentions to expand MLTSS to serve individuals with ID/DD have been consistently reported in the past several *State of the States* surveys.

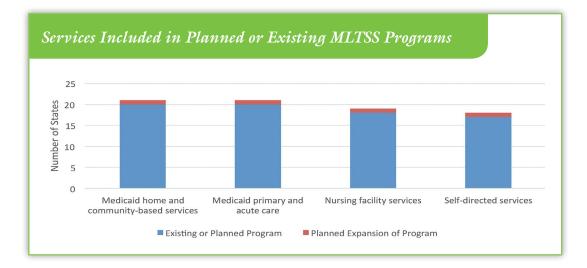
Several states also indicated "other" populations were included in their MLTSS initiatives. These other populations varied considerably, but included examples such as individuals with HIV/AIDS and dual eligible populations.



States also used a variety of enrollment strategies for participants. The most common strategy was mandatory enrollment for covered populations, which occurred in well over half of responding states. Four states selected "other" and indicated that their system used a combination of mandatory, opt-in, and opt-out enrollment strategies depending upon different populations in the MLTSS program. One state that is still in the planning process responded that they are still evaluating what type of enrollment strategy would be used when the program is implemented. No states reported solely using opt-out enrollment policies.

Included Benefits

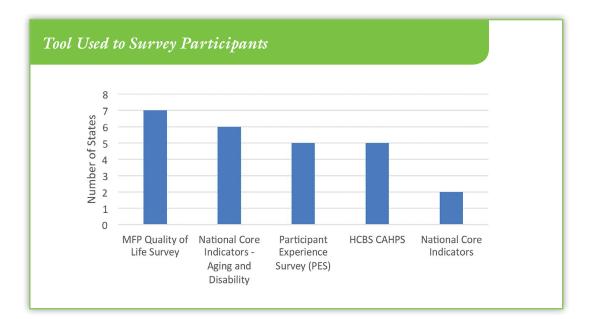
MLTSS programs cover a wide range of services and supports, with HCBS and nursing home services representing the most commonly included benefits. Some programs are limited in scope to LTSS and do not include comprehensive supports such as primary care services, while others include an integrated benefit package of supports and services. In the most recent survey, four states reported plans to add additional services to their MLTSS programs. These included planned expansions to incorporate nursing facility services; to enhance the HCBS supports and services beyond what is currently included in the MLTSS benefit; to incorporate residential services for individuals with ID/DD; and to add behavioral health services and supports to the MLTSS program.



Quality Measurement and Consumer Surveys

MLTSS programs are focusing on measuring quality of life and quality of care for participants. All 17 states with active MLTSS programs that responded to this question reported using consumer-focused survey tools as a way to measure participant outcomes, quality of services, and consumer satisfaction.

States reported using a wide range of tools to survey their MLTSS program beneficiaries. This included two tools developed by state associations, the NCI³ for ID/DD populations and the NCI-AD⁴ for older adults and individuals with physical disabilities. Several states also reported using the HCBS CAHPS⁵ survey, which was developed for CMS and became operational in 2016.



³ https://www.nationalcoreindicators.org/

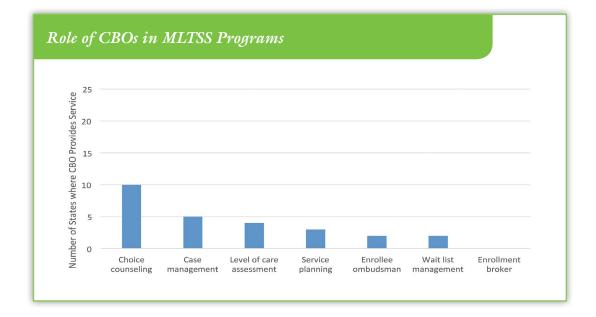
⁴ https://nci-ad.org/

⁵ https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/cahps-hcbs-survey/index.html

States reported using other types of tools, which includes a quality of life survey developed through the MFP program as well as the participant experience survey. Several states reported having a different type of tool than those listed on the survey, and each of these states provided information on state-specific survey tools that were developed by the agency or through a contractor. It should also be noted that several states reported using more than one quality survey, which could be administered in alternating years or simultaneously. Applying multiple survey tools enables states to compare and contrast the information gleaned from the different tools; to apply suitable surveys to distinct populations included in their MLTSS programs; or to ensure a more robust dataset due to additional questions and larger cohorts of surveyed participants.

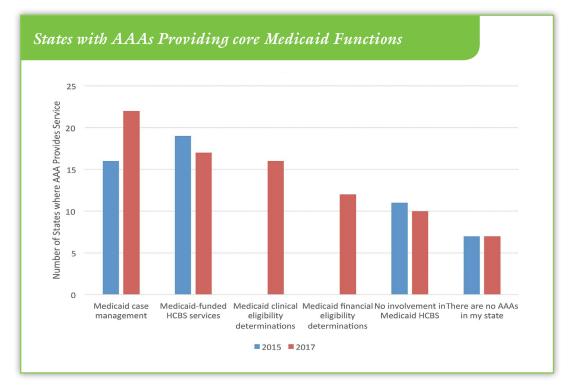
Integrated Care and Community-Based Organizations

As noted over the past several surveys, the expansion of MLTSS has presented new challenges to local organizations such as AAAs, CILs, and other providers that have historically delivered home and community-based services to seniors and people with disabilities. These community-based organizations generally have a long history of delivering case management, participant assessments, or direct services to Medicaid beneficiaries living in the community. However, as states have implemented MLTSS, these functions become the responsibility of managed care plans. While the "aging and disability networks" can offer value to the managed care plans as a trusted community resource, they clearly encounter challenges in engaging with managed care plans. This can be due to a variety of influences, such as a lack of business acumen needed to secure competitive contracts with plans, an inability to engage MCO service planners, challenges providing a financially competitive product with other available providers, rapid MLTSS implementation impeding the ability of entities to engage plans and policy makers, or a lack of coordination between Medicaid and aging or disability agencies.

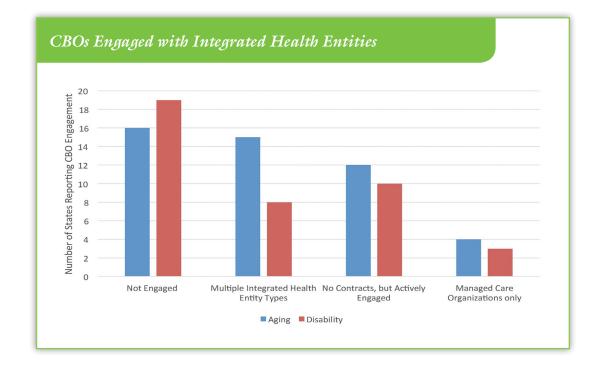


The reported dearth of engagement with these MLTSS programs demonstrates the ongoing challenges that community-based organizations face in the rapidly changing health and LTSS industry. One particularly notable finding was that AAAs provide choice counseling in several states, yet no state has AAAs serving as the formal enrollment broker for their program. States that selected "other" for CBO roles indicated that this included information & referral services; the potential for some CBOs to be subcontractors despite not directly contracting with plans; and serving as the single point of entry for the system.

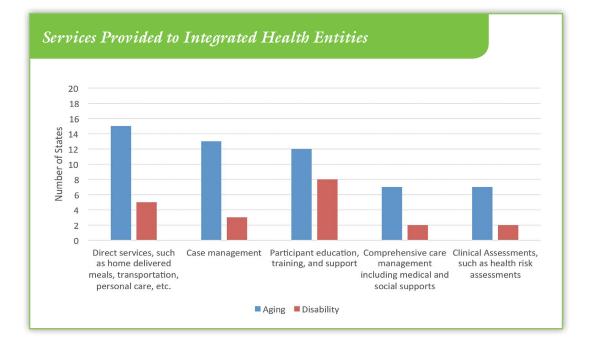
These functions in MLTSS states contrast with the role of AAAs in Medicaid fee-for-service states. AAAs provide a wide range of supports and services in Medicaid LTSS programs, with the most common being case management services, which are provided in 22 states. Seventeen states reported that their AAAs are responsible for direct service delivery, which could cause challenges with the Medicaid requirement that service providers and case management entities be separate entities, except in areas with insufficient provider pools. This requirement became effective in 2014; however, many entities continue to struggle with separating those functions under the conflict-free rules.



From 2015 to 2017 we note that a higher number of states report AAAs delivering casemanagement and a slightly lower number of states have AAAs that provide direct services. In 2015, we combined financial and clinical eligibility determinations in a single option. Seventeen states reported AAAs providing those functions. We do not include that figure in the chart for comparison as it is not a direct correlation and would therefore be misleading; however, the overall number of states with AAAs serving that function appears to be relatively comparable given that 16 states report AAAs providing clinical eligibility functions and 12 report AAAs providing functional determinations in 2017. Recognizing that there are separate types of integrated health initiatives, including movement towards Accountable Care Organizations, MLTSS, value-based purchasing, and other care coordination activities, we added additional questions to discern whether CBOs are making progress at engaging these entities. Our findings indicate that aging network CBOs have made more inroads with integrated health entities than disability CBOs. Nineteen states reported that aging CBOs had contracts with integrated health entities, whereas only 11 states reported that disability CBOs had contracts. This distinction occurs across all types of integrated health entities. Aging CBOs are also more likely to be actively seeking contracts with integrated health entities and are less likely to be completely unengaged.



There is also a stark distinction in the types of services that aging and disability CBOs provide to integrated health entities. Aging CBOs are much more likely to provide case management and direct services to individuals via contracts with integrated health entities. These are also the services that aging CBOs are most likely to provide in these arrangements overall. Both aging and disability CBOs have contracts to provide participant education and training. This is understandable given the type of participant supports that CBOs, particularly AAAs and CILs, have historically offered directly to older adults and people with disabilities. There are no service types that disability CBOs are more likely to provide than aging CBOs.



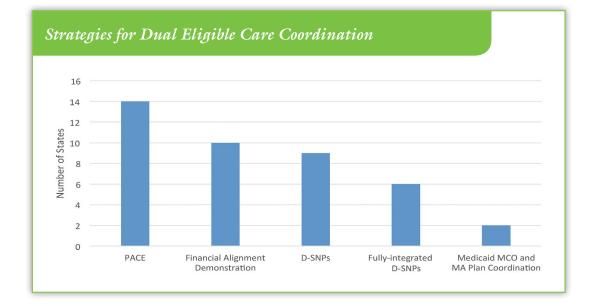
Although aging CBOs have fared better than disability CBOs in their engagement with integrated health entities, there still remains significant amounts of work in order to ensure that these organizations are truly integrated into the evolving health care system. No more than 15 states indicated that CBOs were providing any of the functions and services identified in this survey to integrated health entities within their borders. Given the proliferation of these service models across the country, this number could be significantly higher if CBOs are given the tools and knowledge they need to fully engage the system.

Dual Eligibles

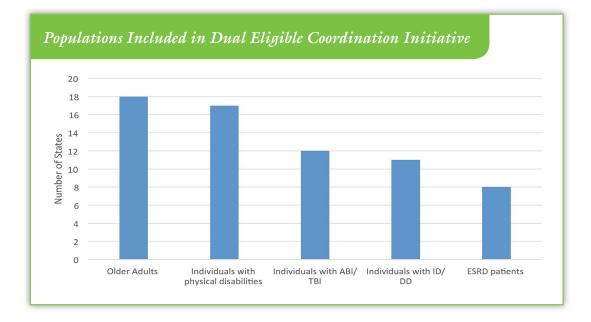
In 2011 CMS began the Financial Alignment Initiative in order to better align Medicare and Medicaid benefits for individuals that are eligible for both programs. These demonstrations have been in place for some time now, and some initial evaluations have been published.⁶ At this time, the program will not be expanding further and will focus on assessing the efficacy and outcomes of existing programs. All of the states that reported having intent to establish a demonstration in our prior surveys are now operational. In our 2015 survey, only Rhode Island was still awaiting implementation. In the most recent survey, Rhode Island reports that their demonstration is operational and is the only state to indicate that there has been a change in the status of their financial alignment demonstration.

Although growth and expansion of the financial alignment demonstration has ended, states are continuing to look at ways to coordinate services outside of the CMS demonstration. Nineteen states reported operating some type of program to integrate and coordinate care for individuals dually Medicare and Medicaid eligible. States reported a variety of activities, including coordination between Medicare Advantage plans and Medicaid managed care plans, D-SNPs, and operation of PACE. In many cases, states operated more than one of these programs.

⁶ https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Evaluations.html

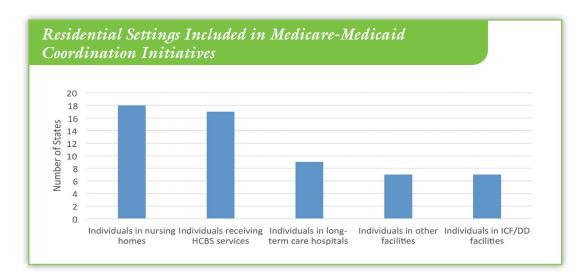


Similar to the survey results for MLTSS programs, states reported a broad range of populations included in their Medicare-Medicaid coordination initiatives. The two most commonly included populations are older adults and persons with physical disabilities. A large proportion of responding states also reported including individuals with acquired or traumatic brain injuries as well as ID/DD, despite these groups not currently being included in MLTSS plans. This likely represents the construction of initiative enrollments that target dual eligible individuals regardless of diagnosis, instead of the population-driven models that exist in many Medicaid-focused MLTSS plans.

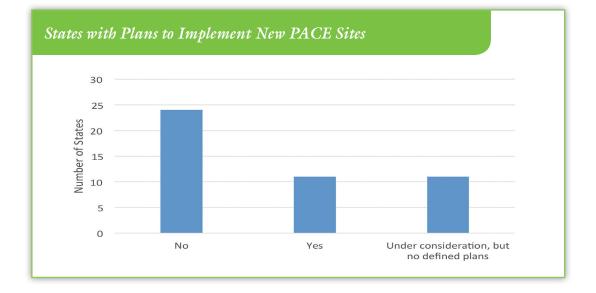


States also reported a broad range of living arrangements for participants in the initiatives, though we note that some types of population-specific facilities were not included in the programs. Eighteen states reporting including participants in nursing homes and 17 states indicated that they include HCBS in their dual eligible coordination initiatives, making these

the two most common types of settings included. In contrast, only seven states reported including participants residing in ICF/DD facilities compared to 11 states that include individuals with ID/DD. In the states that include these individuals with ID/DD but not ICFs, the participants are most likely encapsulated within HCBS settings.

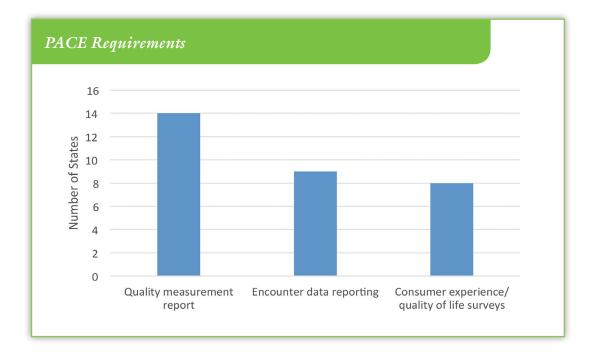


One of our major findings in 2015 was an increased interest in the PACE program. In 2015, 24 states reported plans or interest in opening new PACE sites. A review of the PACE membership and implementation date indicates that some of this planned expansion came to fruition.⁷ Yet despite a number of new sites in operation since our 2015 survey, we continue to see interest in implementing or expanding sites within states. In the 2017 survey response, 11 states indicated that they were planning to open additional PACE sites in their state and another 11 states reported that they were considering additional sites but did not have firm plans for expansion.



⁷ http://www.npaonline.org/sites/default/files/PDFs/PACE%20in%20the%20States%20March%202017.pdf

States with PACE sites in place frequently had contractual requirements to help drive better data collection and quality measurement. Eight states reported requiring consumer experience and/or quality surveys, and all 14 of the responding states require quality measurement reports.



Fifteen states included additional types of quality measurement initiatives beyond the three options provided in the survey. The most common strategy is to require participation in the National PACE Association's financial and quality data collection measurements (DataPACE 2). Several states also required providers to submit financial reports, enrollment reports, and information about client risk profile. Some states are also including PACE programs in their broader LTSS consumer surveys, such as NCI-AD, in order to draw comparisons between different delivery systems. Due to the interest in improving quality of services reported by all states, we anticipate that this will be an area of future policy development.

Major Changes Continue to Significantly Impact HCBS and LTSS Systems

The move towards MLTSS represents a significant modification of the HCBS and LTSS delivery system in a number of states across the country. However, there are several other policy and programmatic developments that are also leading to major changes in state LTSS delivery systems. These include federal regulations, initiatives to rebalance LTSS systems between institutional and community-based settings, and the expiration of several crucial grant programs.

Over the past several years, the federal government issued several regulations that impact core aging, disability, and LTSS programs. Notable rules include the 2014 HCBS final rule,⁸ the Department of Labor's (DOL) Fair Labor Standards Act,⁹ the Long-term Care Ombudsman Rule,¹⁰ and the Medicaid Managed Care Final Rule.¹¹ These regulations continue to drive state activities, as agencies must make substantial changes to programs and policies in order to be compliant with the rules. Additionally, in some cases, states must also allocate additional funding to cover costs associated with these regulations.

The Medicaid HCBS final rule remains an area of specific concern for our membership. This regulation, released in 2014, sets new standards and requirements regarding the nature of a community-based setting. Initially, settings were expected to be compliant no later than March 17th, 2019; however, in May of 2017, CMS delayed the final compliance deadline until 2022.¹² When state aging and disability agencies were asked to rank their agency priorities, ensuring compliance with this rule was tied for the most urgent issue.¹³ We note that the survey was already underway and that most states had submitted responses at the time of the delay announcement. It is therefore possible that some states may not rank compliance as quite an urgent concern with an extended compliance deadline. However, despite the delay, the implementation of this rule remains an important issue for many states. Several state responses submitted after the announcement contained it as one of their top three priorities.

In 2015, our survey found that states were currently in the midst of assessing whether providers are in compliance with the regulations. The majority of states had not yet completed their assessments of providers at the time of the survey. Since that time, states have continued to work towards compliance with the rule through a number of regulatory and administrative actions. These include a review of state licensure and regulatory standards, undergoing assessments to determine whether providers met the standards, both by surveying providers and by using state employees to evaluate individual sites, and continuing to work with CMS to finalize their "transition plans" for ensuring that the HCBS system would be compliant by the deadline.

In 2015, 14 states reported completing their provider assessments; 27 states had assessments underway; and three states had not yet begun their assessments. The 2017 survey found that progress towards completing the comprehensive compliance reviews has been steady. Currently, 29 states report having complete assessments; 17 states have assessments in-progress; and one state has not begun. One reason for ongoing assessments could be that a number of states have expanded the types of entities subject to the assessment, thus extending the timeline for completing the review. Additionally, during follow-up conversations with several agencies, officials noted that the process is iterative and must include several sequential

⁸ https://www.federalregister.gov/documents/2014/01/16/2014-00487/medicaid-program-state-plan-home-andcommunity-based-services-5-year-period-for-waivers-provider

⁹ https://www.gpo.gov/fdsys/pkg/FR-2013-10-01/pdf/2013-22799.pdf

¹⁰ https://www.federalregister.gov/documents/2016/06/03/2016-13138/administration-for-community-living-regulatoryconsolidation

¹¹ https://www.gpo.gov/fdsys/pkg/FR-2016-05-06/pdf/2016-09581.pdf

¹² https://www.medicaid.gov/federal-policy-guidance/downloads/cib050917.pdf

¹³ http://nasuad.org/media/4293

steps prior to completion, such as regulatory review, followed by provider self-assessments, followed by state verification, thus leading to a multi-year process for evaluation. Lastly, we note that the review process has been delayed in some states due to lengthy negotiations with CMS to finalize their transition plans. States may wish to have an approved transition plan prior to initiating parts of the provider assessment in order to ensure that the process is compliant with CMS expectations and requirements.



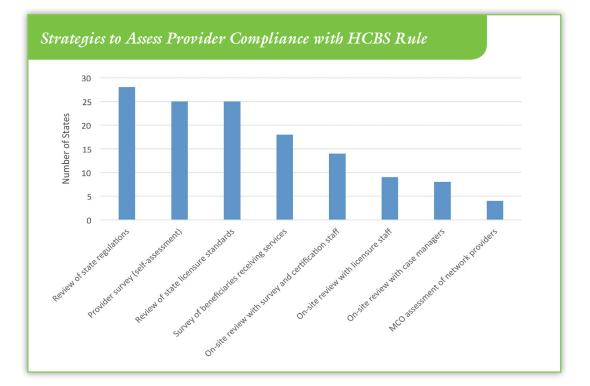
One of the challenges associated with ensuring compliance with this rule is the interplay between state agencies on aging and disabilities, state Medicaid agencies, and the regulatory entity with responsibility for licensure and certification. As discussed later, only 17 states reported that their aging/disability agency had oversight of licensure and certification of HCBS providers, and 13 reported holding that authority for assisted living providers. Yet these agencies are best suited to develop rules and regulations that ensure compliance with the HCBS requirements while simultaneously adhering to best practices for service delivery and ensuring the health and welfare of participants. Coordinating the rules and requirements across multiple agencies continues to be a challenging component of compliance with the rule.

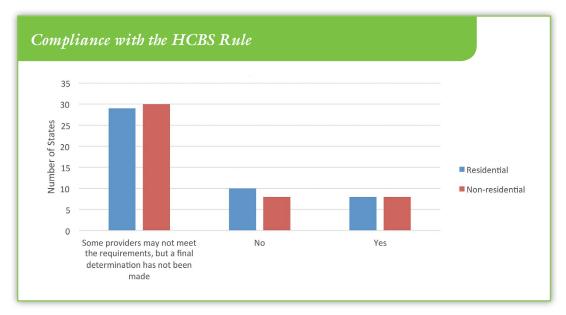
States reported a number of strategies that they have used to assess whether settings will be compliant with the HCBS regulations. These strategies were largely

unchanged from 2015, and focused on review of regulations and licensure standards; surveys where the provider self-assesses their facility to determine whether it meets the requirements; and on-site reviews of facilities with various types of staff such as case managers, survey and certification entities, or licensure employees. Eleven states reported using other strategies to assess compliance beyond the options provided. Many of these strategies entailed utilizing combinations of multiple strategies, or slight variations of the compliance review processes included in the pre-populated survey options. One example of this was on-site reviews by Medicaid agency staff instead of the licensure entity.

Provider assessment activities remain in progress for both residential and non-residential settings (i.e. "day" programs). When asked whether the state had identified any providers that do not meet the standards, the large majority of respondents indicated that there might be non-compliant providers but the determination had not been made.

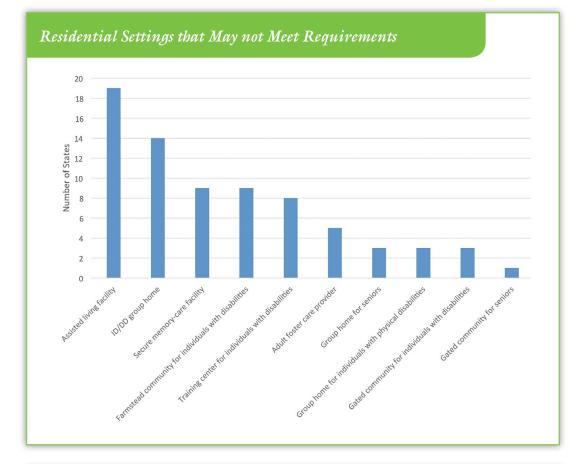
Despite the ongoing nature of reviews and assessments, a number of states indicated that specific types of providers may not meet the HCBS settings. If these providers do not qualify as an appropriate HCBS setting under the rules, they must either become compliant or be removed from Medicaid-funded HCBS programs by 2022. Providers identified as at-risk included those delivering both residential and day services or co-located with those types of services, such as assisted living facilities, memory care units, group homes, farmstead units, adult day services, prevocational providers, and a wide range of other HCBS.

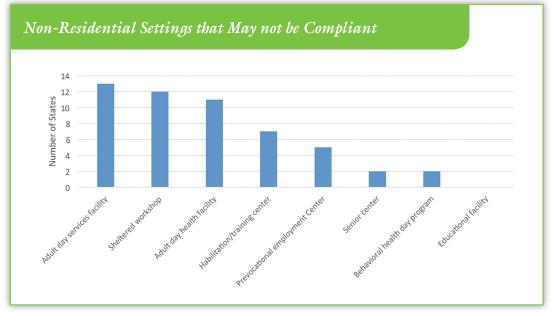




Other settings identified as potentially non-compliant include residential settings for individuals with TBI; day habilitation programs; and other types of behavioral health programming.

In the survey, we asked states whether they believed that they would be compliant with the rule by 2019, since we released it to the field before the delayed implementation date. Our findings, though no longer completely relevant due to the extension, underscore the value of extending the compliance date. Although 29 states reported that they would be compliant by 2019, 14 indicated that they would not. This is a stark contrast from 2015, when, 41 states and DC expected to be compliant, and the remaining nine states did not respond. In 2015,



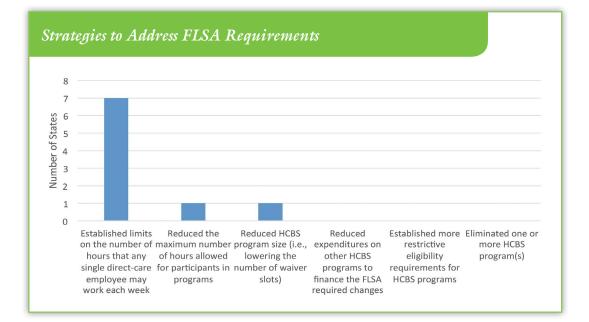


no state indicated a belief that they will not be able to ensure compliance by the deadline. The challenges associated with ensuring compliance, particularly by the original 2019 date, became more evident to states as assessments revealed potential issues with certain service types and delays in securing CMS approval of transition plans led to increasing concern regarding the compliance date.

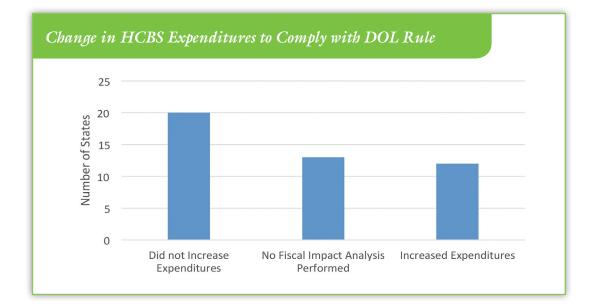
States were also asked whether they had specific concerns about the rule. In general, most of the respondents indicated that they support the rule's intent to maximize community integration, increase choice, and improve the life experience of individuals receiving HCBS. However, states also expressed concern about several components of the implementation, including the administrative burden, an exceedingly process-oriented approach to compliance, inconsistent guidance from CMS, and delays in securing approval of their transition plans. States also expressed concern about potential provider shortages and exacerbation of existing challenges with securing housing for the participants. Lastly, several states are struggling to determine appropriate alternatives to existing services that can be provided in a cost-effective manner. Non-residential day services was an area of particular concern to several respondents.

Though the delay of this rule alleviates some of the immediate pressure on state agencies to become compliant, there remains some substantial challenges in determining the best way to provide services in a way that meets the rule's requirement while also adhering to the values of flexible, person-centered, and cost-effective supports. We anticipate that this will continue to be an area of ongoing focus for state and federal policymaking over the next five years.

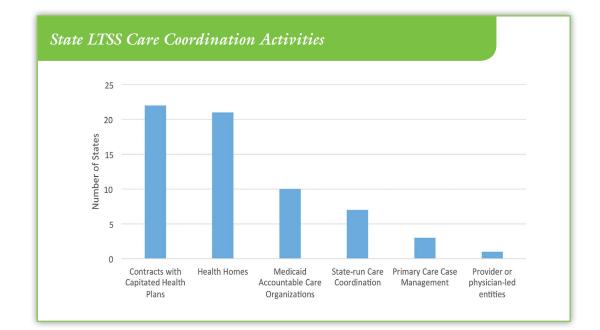
In addition to the HCBS final rule, the DOL Fair Labor Standards Act "homecare rule" has also driven changes to state LTSS system. The regulation, which expanded the FLSA's overtime and minimum wage protections to certain LTSS providers previously exempt, has led to several states enacting changes in their program to address the requirements. Fourteen states reported making changes and restrictions to their HCBS programs in order to address the FLSA rule. The most common strategy was to limit the number of hours that any individual could work in a week; however, only seven states indicated making this restriction. Despite discussions of proposals that would restrict eligibility or eliminate programs, no states reported implementing these changes. Other strategies included limiting enrollment in specific programs, eliminating components of their HCBS program that were noncompliant, and limiting other provider selection activities.



A somewhat surprising finding of the survey was that only 12 states reported increasing their HCBS budget to comply with the regulation. In contrast, 20 states reported that they did not increase expenditures in order to comply with the rule while an additional 13 said that they did not perform a fiscal analysis to determine whether their HCBS expenditures had been impacted.



Of those states, ten reported that the rule led to an increase in overall LTSS expenditures of less than five percent while one state reported that the impact was between five and ten percent of their overall budget. Though this rule led to substantial changes for many direct care workers, and some states have made programmatic changes to reduce the overall fiscal impact of the rule, the initial experience indicates that the overall impact to state HCBS systems is less significant than originally anticipated. However, we note that states continue to assess the impact of the rule and to evaluate potential changes to programs and the fiscal impact of the rule could become more evident in later years.



States also reported that implementing the Ombudsman final rule was also a top priority for their agency.¹⁴ The regulation codified a number of requirements for the program, and specifically delineated responsibilities between the state aging agency and the Ombudsman program. Despite agencies ranking it as one of the top priorities, only eight respondents reported challenges and concerns with the regulation. Stated concerns included a lack of ability for the state agency to provide oversight of the Ombudsman employees; concerns about how the growth of integrated health systems and their contractual relationship with AAAs, who have responsibility for administering the Ombudsman program in many locales, would interact with conflict of interest protections in the rule; the required availability of legal counsel for the Ombudsman program; and a section prohibiting Ombudsmen from being mandatory reporters of abuse, neglect, and exploitation.

In addition to these regulations, states are also driving innovation at the local level leading to rapid changes in the LTSS environment. This includes initiatives to rebalance programs and to improve care coordination for participants. As discussed earlier, MLTSS remains the most common strategy for coordination, with 22 states reporting programs in place today. The ACA's health homes program was another commonly reported care coordination activity, with 21 of the responding states indicating that they had such a program. Medicaid accountable care organizations existed for LTSS consumers in nine of the responding states, while other provider-led programs such as primary care case management or physician-led initiatives were less common.

States also continue to focus on deinstitutionalization activities. Rebalancing of caseloads and expenditures between institutional and HCBS settings has been a large focus for numerous states over the course of many years. The results of this prioritization are clear, as studies have shown a steady decrease in the portion of LTSS funding spent in institutions compared to community based settings.¹⁵ Seventy-two percent of responding states said that rebalancing was an explicit goal of their programs. These states cited progress made towards their deinstitutionalization goals, and indicated a wide range of strategies used to drive these changes. Several of the most common strategies discussed included:

- Leveraging federal grant programs, specifically the MFP grants, to further rebalancing efforts;
- Using MLTSS contracts and payment to promote and incentivize HCBS settings;
- Expanding HCBS waivers and reducing waiting-lists; and
- Implementing deinstitutionalization activities within all components of the system, such as nursing home diversion strategies.

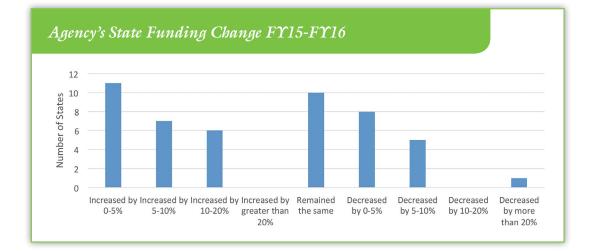
The reliance on federal grant programs to promote rebalancing activities is clear. MFP was the most commonly cited strategy states reported using for their deinstitutionalization activities. Another program cited several times was the Balancing Incentives Program, which was a separate but related federal grant that focused on developing systemic infrastructure and policy support to drive rebalancing activities in several states. Unfortunately, statutory authority for both of these grant programs has expired. Without these, or similar, sources of funding, technical assistance, and policy, states may struggle to continue advancing the progress that has been made in this important area.

¹⁴ http://nasuad.org/media/4293

¹⁵ https://www.medicaid.gov/medicaid/ltss/downloads/reports-and-evaluations/ltssexpendituresffy2015final.pdf

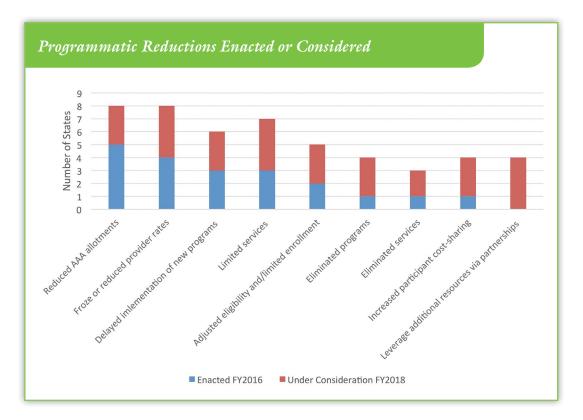
State Budgets are Recovering but Demographic Trends Drive Expenditure Growth

The economic recovery and underlying trends continue to impact state budgets in disparate manners. Twenty-three states reported receiving increased state funding from their state's legislature between FY2015 and FY2016. These funding changes ranged from relatively modest, with 11 states reporting increases of less than five percent. Seven states reported moderate increases of more than five but less than ten percent, while an additional six states reported receiving more than a ten percent increase from their state legislature during this period. Ten states reported no change, while 14 states indicated that their legislature cut funding between FY2015 and FY2016. One agency received particularly stark reductions, with more than 20 percent of their state budget cut during this period.

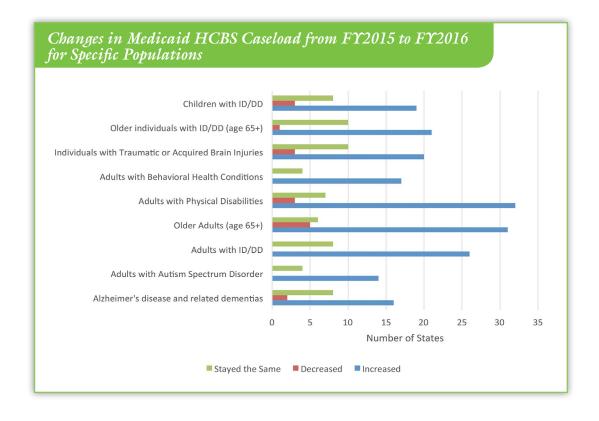


However, despite more than half of states receiving level or increased general fund appropriations, there are still pressures faced by agencies due to a variety of sources, including future funding concerns and rising service demands. Eight states were forced to make administrative and programmatic reductions in FY2016 due to budget challenges. Looking forward, 19 states indicated that they may experience a shortfall during FY2018 and 13 states reported that administrative or programmatic reductions were under consideration due to fiscal challenges. Administrative changes focused on reducing staffing, with strategies including elimination of unfilled position, hiring freezes, and layoffs. Furloughs were utilized sparsely, but one state did report implementing them in FY2016. Other administrative reductions included travel bans and delays in purchasing or awarding large contracts. Programmatic reductions included a wide range of approaches, including reduction of funds to AAAs, increased participant cost-sharing, and limiting program enrollment.

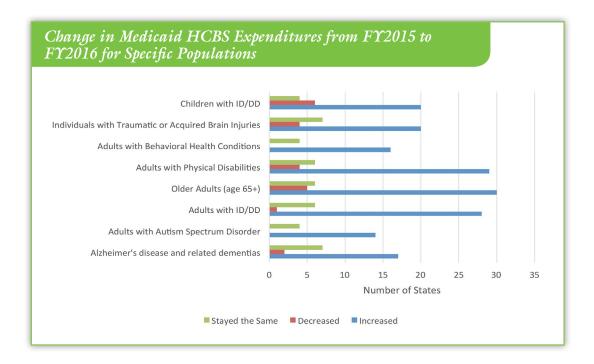




The ongoing pressure from increases in service utilization is another large driver of state funding challenges. Many states reported significant increases in Medicaid HCBS caseloads across all populations served. Though these caseload changes primarily impact Medicaid expenditures, rising demand for services is manifesting in all parts of the system. This places pressure on the overall state budget and requires cost-saving initiatives as well as innovative ways to deliver services in a cost-effective manner.



The increased demand for services is unsurprisingly driving a corresponding increase in expenditures for these populations. Overall, the demographic shifts across our country are coupling with new and increased spending requirements placed upon states, which leads to challenges across state systems.

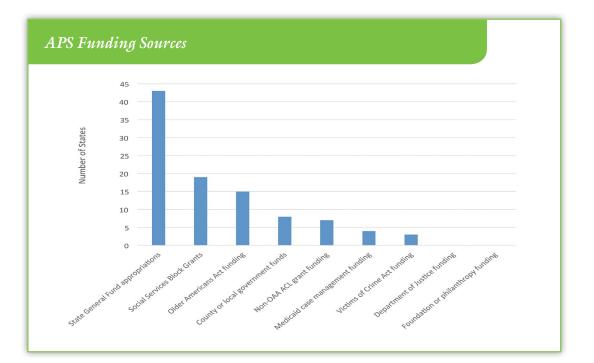


Elder Justice Services are a Top Priority for Agencies

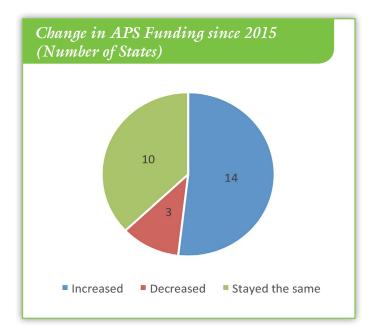
Adult Protective Services and related supports are one of the most important responsibilities of state aging and disability agencies. These services are established to ensure that reports of abuse, neglect, and exploitation are investigated and that the rights of older adults and persons with disabilities are protected. As discussed in prior *State of the States* surveys, and reinforced by the prioritization of issues from state aging and disability agency directors,¹⁶ the need to ensure and protect the rights of older adults and people with disabilities is a top priority for state agencies.

Since our 2015 survey, Congress has continued to gradually increase funding for elder rights activities. In the FY2017 federal budget, \$10 million was allocated for elder rights activities. This represents an important increase from FY2014 when Congress appropriated \$4 million. However, the funding is relatively modest when compared to the demand for elder rights and protections across the country. States are striving to meet this demand, but there continues to be struggles with securing financing for the necessary supports and services. As such, agencies seek many different sources of funding for their APS systems.

Forty-two states reported using state general funds to finance APS systems. The next most common source of funding is the Social Services Block Grant, with 19 states funding their APS through this program. SSBG is currently under pressure federally, as various congressional and executive recommendations have called for stark reductions or even elimination of the program. Other sources of funding include ACL grants, county and local funding, and a wide range of different funding sources. States also reported using lottery and casino funding to support the system.

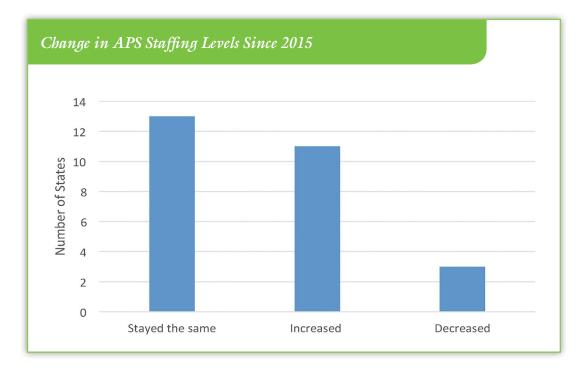


¹⁶ http://nasuad.org/media/4293

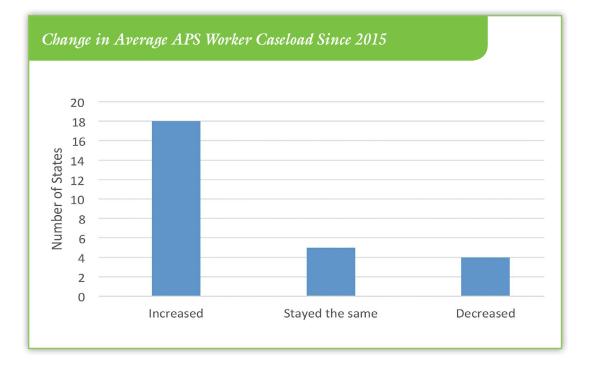


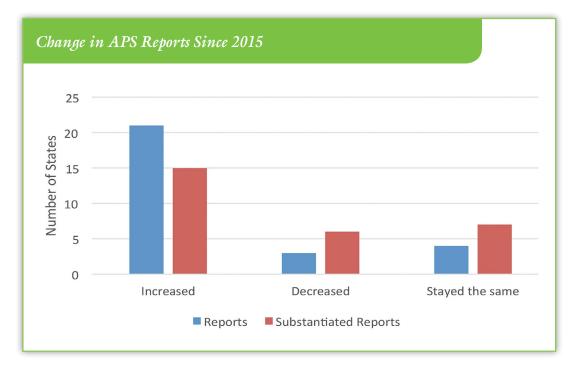
Overall APS funding has seen increases in 14 states, as budgets have recovered in a number of regions across the country and legislatures are prioritizing funding for these services due to the high level of need. In contrast, three states reported decreased funding levels while ten states reported level funding.

The funding amounts directly correlate with APS staffing levels, which is logical given that employees are generally one of the largest cost-centers of human services programs. Eleven states reported increasing their staffing levels while three states reported a decrease to their staffing.

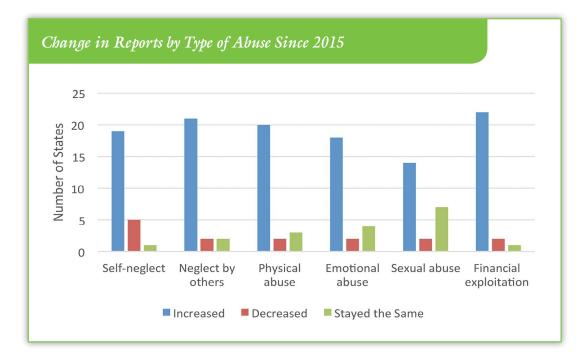


Yet despite increased staffing levels in a number of states, the majority of respondents reported that caseload ratios had also increased since 2015. This is likely reflective of the ongoing and sustained increase in reports of abuse, neglect, and exploitation across the country as well as the overall growth in the population of older adults.

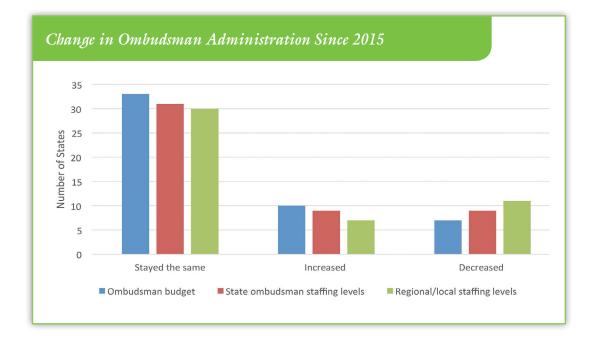




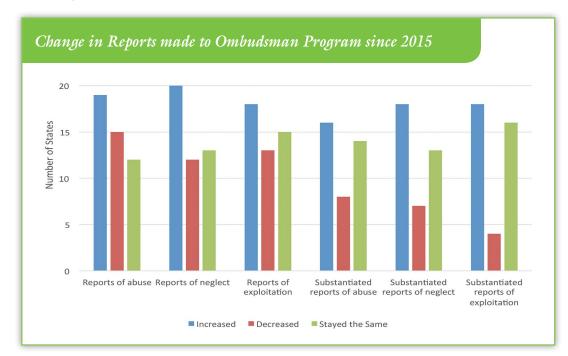
The increased number of abuse, neglect, and exploitation reports is evident across all parts of the APS system. In prior years, states saw substantial increases in financial exploitation for older adults. This trend has continued, and is coupled with increases in many other types of abuse, neglect, and exploitation.



Similar outcomes are occurring in Long-term Care Ombudsmen programs, which are generally continuing the trends we reported in the 2015 *State of the States*. This includes relatively level funding and staffing corresponding with increased reports of abuse in a significant number of states. The majority of states reported that their Ombudsman funding, as well as state and regional staffing, had remained the same since 2015. Thirty-one states reported stagnant funding since 2015. In contrast, ten states indicated that their ombudsman budget had increased and another seven reported a decrease in funding during that period.

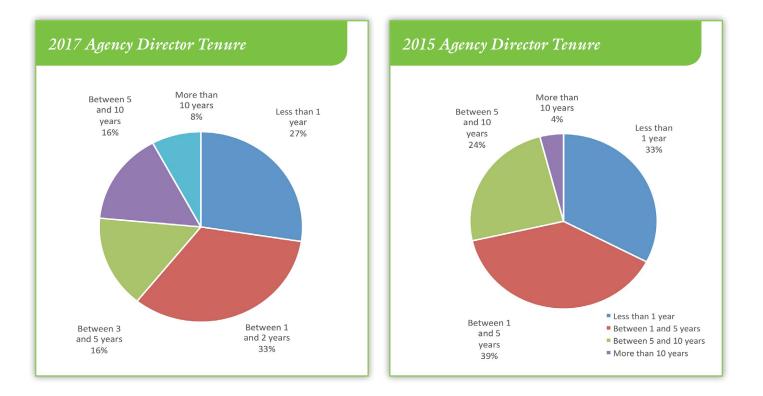


Despite the relatively level funding, many states reported ongoing increases in both reports and substantiated cases of abuse, neglect, and exploitation across the country. However, in the 2017 survey, a number of states also reported decreases in these types of reports. A fewer number of states reported a corresponding decrease in the number of substantiated reports, indicating that there may have been fewer reports but a larger proportion of the reports were ultimately substantiated.



Staffing and Leadership at Agencies Continue to Experience Significant Changes

In our prior surveys we highlighted leadership changes at the highest levels as well as throughout the state agencies. While the 2017 results demonstrate that there remains significant staffing turnover across the states, the pace seems to be moderating both at the director level as well as across the broader staff of agencies. At the agency director level, we saw increases in the average tenure of employees from 2015 to 2017. In 2015, over 70 percent of State Directors indicated that they have been in their position for less than five years. One third of Directors reported serving for less than one year at the time of the survey. In contrast, the proportion of directors with less than one year on the job decreased to 26 percent of respondents in 2017. The number of individuals with less than five years in their position increased from 72 to 76 percent of respondents, but the number of agency directors with over ten years of experience also increased. The number of directors with between five and ten years in their position, decreased from 24 percent to 16 percent of responding agencies. This was due to a combination of two directors who achieved a decade of tenure, coupled with several other directors in this cohort who left their position since the last survey.



In order to better understand the length of time that directors have been in their positions, we subdivided the survey category of "between one and five" years of experience into "one and two years" and "three to five" years of experience. This category saw a substantive increase, growing from 39 percent of all directors in 2015 to half of the 2017 directors.

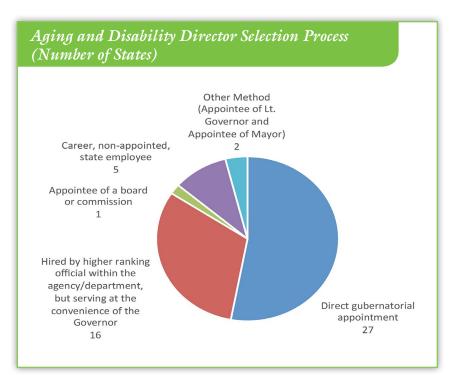
We note that the survey's findings of lower turnover are likely due to the low number of gubernatorial elections that have occurred in the past two years since this survey was last administered. Thirty-six states will hold Governor Elections in 2018 and two additional states will have an election in 2017. Thus, we anticipate that the next *State of the States* survey will likely document another round of departures, due to the political nature of most agency director positions. Over half of the state directors¹⁷ (n=27) are directly appointed by the Governor. Other elected officials who directly appoint aging and disability directors include the Mayor in Washington D.C. and the Lieutenant Governor in South Carolina. In states where the Governor does not make a direct appointment, the Director is frequently hired by an individual that is a political appointee. In total, 87 percent of state directors are either a political appointee or directly hired by a political appointee. These dynamics remain a major factor influencing the ongoing turnover within executive branches across the country.

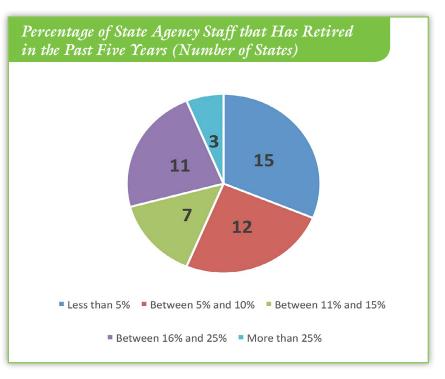
¹⁷ For ease of reading, we are using the term "director" to refer to the head of the agency on aging and disability. They may also be referred to as "secretary," "commissioner," or other similar titles.

For the past several surveys, we have also solicited information on the proportion of state staff who are currently eligible for retirement or who will be eligible within the next five years. In previous years, this percentage of retirement eligible or nearretirement eligible individuals gradually decreased in some states whereas it increased in others. The trend continued in the 2015 survey: fewer than half of states had more than 16 percent of their workforce fall within this cohort of workers for the first time since we began tracking information. Based on follow-up conversations with states, we hypothesized the shift in demographics was largely due to staff that exercised their retirement rights or otherwise left the agency.

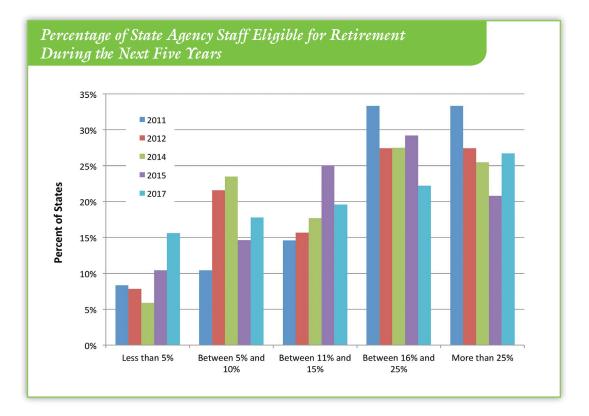
We added a new survey question in 2017 to test this hypothesis, and found that there were some correlations between actual staff retirements and the shift in demographics across agencies. In the 47 agencies that collected and submitted information on prior staff retirements, 14 states reported more than 16 percent of their workforce retiring over the previous five years with three reporting more than a quarter of their staff leaving due to retirement. In contrast, 14 states also reported seeing less than five percent of their employees retiring over the past five years and an additional 12 states saw less than ten percent of their workforce retire.

The shift in staffing patterns is not occurring uniformly across the country, which can be seen in a few places that highlight these differing dynamics. The number of states report that more than 25 percent of their

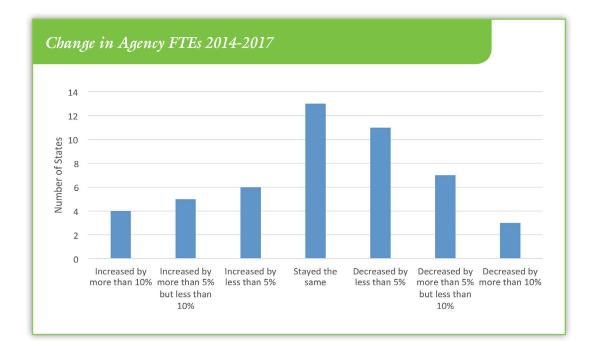




staff reaching retirement eligibility slightly increased from 22 percent of respondents to 26 percent of states. However, a similar increase also occurred in the number of states indicating that less than ten percent of their staff is nearing retirement age, growing from twenty-five percent of states to a third of states. The decreased ratios of these employees are likely reflective of the short tenure of the replacement hires, as many of the newly-hired individuals are unlikely to qualify for retirement in the near future.



The retirement trend has also coincided with several states implementing hiring freezes to respond to budgetary constraints. Because of this, some states have seen reductions in their total number of full-time equivalent positions (FTEs) over the past three years. As with other staffing dynamics, the impact was spread disparately across the states. Some states reported having increases in FTEs exceeding ten percent while others reported greater than ten percent decreases in their FTEs.



In previous surveys, we have highlighted the retirement of older workers as a catalyst for increased transition planning coupled with onboarding and training activities. While this still remains an area of need, the growth in states with low numbers of staff eligible for retirement indicates that there are opportunities for continuity and development of institutional knowledge for the future, provided that states are able to retain these employees in the future.

Agency Responsibilities are Expanding to Drive Service Integration

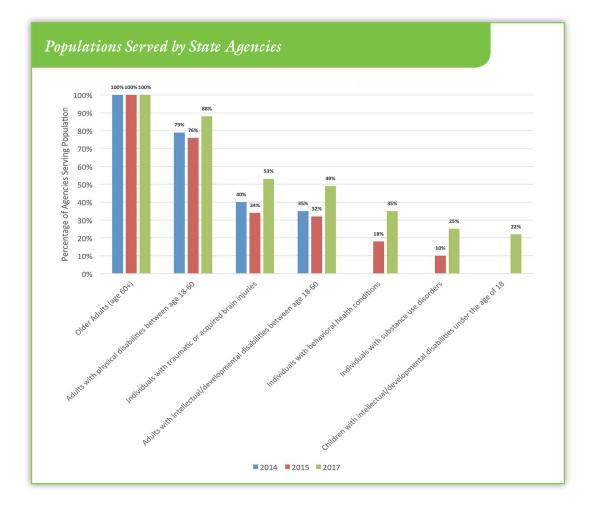
At both the federal and state level, agencies have focused on integrated services and eliminating administrative barriers for program participants. Nationally, this focus on integration has been strongly influenced by the development of the aging and disability resource centers and the program's evolution into the no-wrong door delivery system. Similarly, the establishment of MLTSS programs in many states has led to health plans being responsible for coordinating and delivering the services and supports for multiple populations instead of through population-specific waivers. The trend began with consolidation of aging and physical disability services, as we noted in our 2009¹⁸ and 2011¹⁹ state surveys. The Department of Health and Human Services then created the Administration for Community Living in 2012, which led to consolidation of aging and disability policy and programming at the federal level in addition to within many states.

Many states continued reporting reorganizing their administrative structures in the 2012 and 2014 surveys, with expanded populations included in the consolidated agencies. The most notable change was the incorporation of services for ID/DD into the same agency as the agency on aging, which grew from 20 percent to over a third of agencies in the period between 2012 and 2014. The trend slowed in our 2015 survey, with modest decreases in the proportion of agencies that included both individuals with ID/DD as well as those with physical disabilities. This was largely due to one state establishing a standalone agency on aging without other states adding these supports. However, consolidation has accelerated and expanded in the most recent survey.

Notably, nearly half of the responding agencies indicated that they cover individuals with ID/ DD in the most recent survey, representing an increase of 16 percent from 2015. Similarly, agencies that also provide services to individuals with traumatic or acquired brain injuries also increased substantially from 34 percent in 2015 to 53 percent in 2017. This is the first time since we began tracking state agency structure that more than half of responding agencies reported providing services and supports to a population other than older adults or persons with physical disabilities.

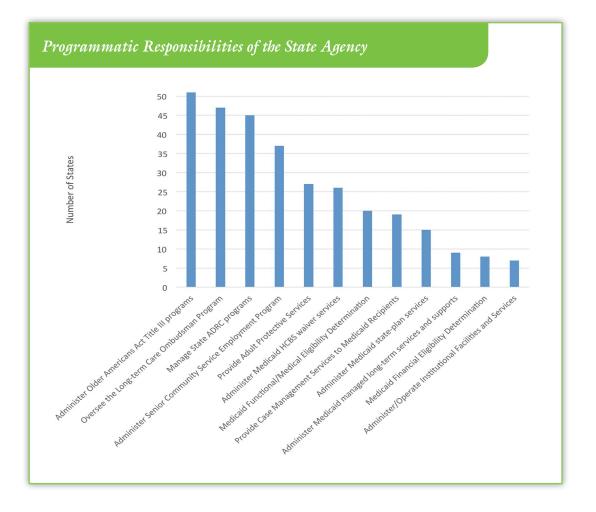
¹⁸ http://www.nasuad.org/documentation/nasuad_materials/StatePerspective2009_000.pdf

¹⁹ http://www.nasuad.org/documentation/nasuad_materials/NASUAD%20States%20Survey%202011.pdf



In recent surveys we began including several new populations in response to several states including them as "write-in" options to the question. This includes children with intellectual and developmental disabilities, as well as individuals with behavioral health and substance use disorders. While less than half of agencies cover any of these populations, it is an area of interest in the future as states continue to establish and expand consolidated, integrated agencies.

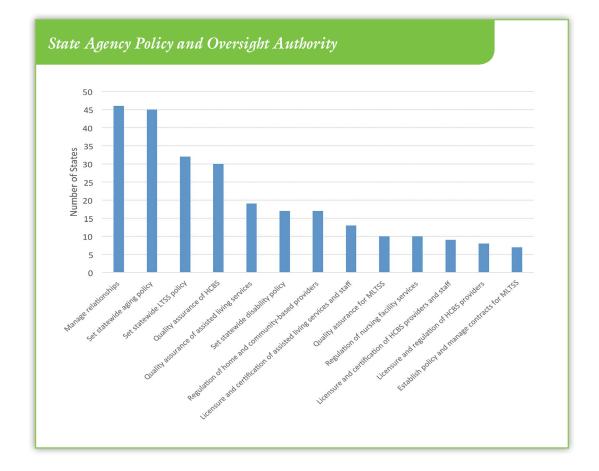
The expansive responsibilities of agencies is also evident in the types of programs that agencies administer. All members reported administering the OAA Title-III programs, which is indicative of the historic core functions of the state agencies. Other aging supports are also unsurprisingly common across the agencies, including 36 states that operate the SCSEP; 47 states that oversee the LTCO; and 45 states that manage ADRCs. A wide range of other programs are also administered by the state agencies, such as Medicaid waiver services, Medicaid state-plan services, MLTSS, and adult protective services.

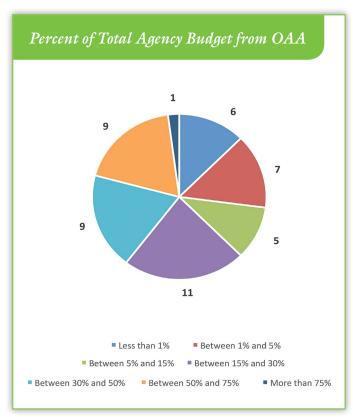


Other programs that state agencies reported administering and overseeing include those for people with disabilities, such as centers for independent living, programs for those who are deaf and hard of hearing, and vocational rehabilitation. States also reported overseeing the SHIP, the no wrong door system, as well as state-only LTSS programs.

State agencies also have a wide range of policy and oversight responsibilities that crosses the LTSS system. As in prior years, managing relationships across the aging and disability networks remains the most common responsibility of aging directors, followed closely by setting statewide aging policy. Establishing statewide LTSS policy and overseeing HCBS quality were the next most common responsibilities, respectively. Aside from those four topic areas, no other area of policy or oversight falls under the purview of more than half of the responding states.

Notably, despite the consolidation of aging and disability services under these agencies, respondents largely did not report having authority over disability policy. Only 17 states indicated that they were responsible for setting statewide disability policy, compared to 45 states that were responsible for setting statewide agency policy.





The wide range of programmatic areas that state agencies report having responsibility for, coupled with the relatively few areas that more than half of agencies indicated fell within their purview, further demonstrates the diversity of agencies and state structure. Given the push towards consolidation and integration of services, some of these areas may see increases in future years. However, other responsibilities such as regulation, licensure, and certification of providers may continue to be limited given that these responsibilities are often in a separate agency from the one responsible for Medicaid, healthcare, and/or human services.

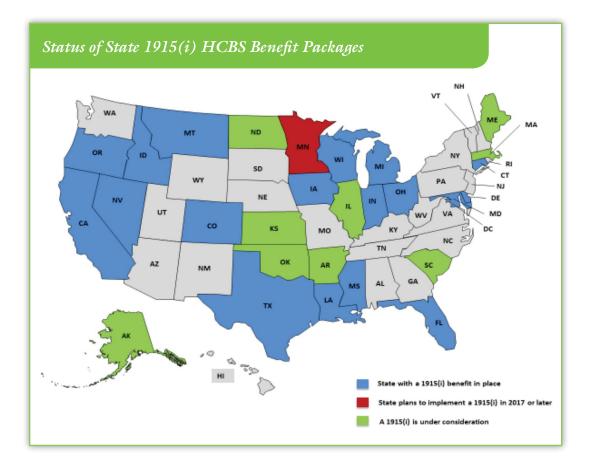
Overall, this trend is pushing agencies to move beyond the traditional "State Unit on Aging" and "OAA Agency" model. State funding streams are increasingly diversified as agencies are responsible for many different programs and components of the system. In our most recent survey, only one state agency reported having more than 75 percent of its budget come from the OAA while six state agencies reported that less than one percent of their budget was from the OAA.

Update on State HCBS Authority Adoption

The ACA created or modified several options to provide Medicaid HCBS services. Two of these options are the §1915(i) and §1915(k) HCBS options. Since the ACA passed, states have been gradually adopting the different benefit packages.

1915(i)

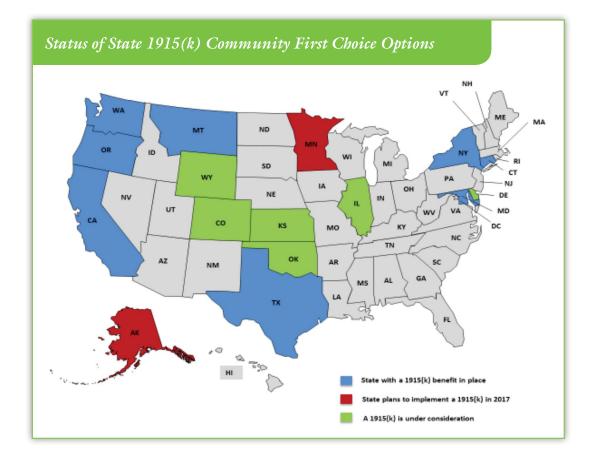
The §1915(i) benefit was originally created in 2006 as part of the Deficit Reduction Act and was subsequently modified by the ACA. This benefit allows states to provide comprehensive LTSS to individuals who do not meet the state's institutional level of care criteria and who are, therefore, ineligible for other LTSS programs such as §1915(c) waivers. Under §1915(i), states may provide the same services as are available through §1915(c) waivers. States are allowed to target the benefit to specific populations, such as people with physical disabilities or ID/DD. States may not impose enrollment caps or establish waiting lists, but are required to limit the benefit to individuals with income below 150 percent of the FPL, or 300 percent of the SSI Federal benefit rate, if the individual is eligible for an existing HCBS waiver in the state. These requirements have created some uncertainty about state participation, as states have less flexibility to implement the types of cost-control options available under other HCBS options, and the income criteria is more restrictive and complex to administer than §1915(c) waivers.



The benefit allows states to expand services to populations that previously struggled to receive HCBS services, such as individuals with behavioral health conditions. Despite some drawbacks with the option, state adoption of the §1915(i) program continues to grow. In the 2012 survey, six states reported that they had received CMS approval and were offering these state plan benefits. In the 2015 survey, the number of states reporting participation in the §1915(i) program had nearly tripled, and several other states indicated that they were considering implementing adopting the benefit. By 2017, 18 states had a benefit in place and ten additional states were either considering implementing the §1915(i) option or had definitive plans to establish a program.

1915(k)

The Affordable Care Act created section 1915(k) of the Social Security Act, a benefit commonly known as the "Community First Choice" (CFC) option. Under CFC, states have the option to provide certain types of LTSS through the Medicaid state-plan. CFC differs from other LTSS options as the available benefits are more limited than those available through §1915(c) waivers and §1915(i) benefits. Additionally, CFC participants must meet the state's institutional level of care criteria and be included in a Medicaid eligibility category in order to access the services. States may not limit the number of people who receive services or establish waiting lists and they may not target specific populations to receive the benefit. States that adopt the option receive a six percent increase in the Federal share of Medicaid expenditures (FMAP) for services provided through CFC, but must maintain the same level of state expenditures on LTSS for at least a year after implementing the program. CFC became effective on October 1, 2011.



CONCLUSION

The 2017 State of the States in Aging and Disabilities report demonstrates the ongoing developments in aging, disability, and LTSS policy and programming, as well as the opportunities and challenges faced by state agencies that administer these programs. Although the economic recovery has alleviated some of the pressure on state budgets, the growth in revenue has been uneven across the country, leading to disparate impacts on states' general funds and on the appropriations that aging and disability agencies receive.

Similarly, the underlying staffing patterns of state agencies have stabilized in some states while others have experienced reductions in workforce and ongoing turnover of leadership and overall agency workforce. These challenges are exacerbated by growing demand for services across the LTSS system, including OAA supports, Medicaid, APS, and the Long-term Care Ombudsman. Lastly, the expiration of several important grant programs that support deinstitutionalization efforts are creating ongoing uncertainty regarding the availability of funding to continue the success that Medicaid and aging and disability agencies have had around rebalancing their LTSS systems to promote community-based supports and services.

In the face of these challenges, states are continuing to focus on reforms and improvements that ensure individual choice and autonomy, increase the quality of services provided, promote deinstitutionalization, and improve opportunities for community integration of individuals receiving services. Ongoing efforts include aligning services and supports through managed care and other integrated health entities; consolidating agencies to streamline service delivery; adopting new programs to expand the availability of LTSS; and ensuring compliance with federal regulations that impact HCBS programs.

The challenges and strategies discussed in this report are not new. In fact, they reflect many trends identified and discussed in our prior *State of the States* surveys, demonstrating the underlying dynamics that have been driving change in LTSS delivery over the past decade. States continue to focus on long-term systems transformation in order to improve services and supports, and many of these efforts will continue through the future. NASUAD and its membership will continue to support these efforts as we work to develop and advance policies that promote home and community-based services for older adults and persons with disabilities.

40 National Association of States United for Aging and Disabilities (NASUAD)

APPENDIX A: State-by-State Summary Tables

Table 1: Populations Served by State Agencies

	Older Adults (age 60+)	Adults with physical disabilities between age 18-60	Adults with Intellectual/ developmental disabilities between age 18-60	Children with intellectual/ developmental disabilities under the age of 18	Individuals with traumatic or acquired brain injuries	Individuals with behavioral health conditions	Individuals with substance use disorders	Other, please specify
Alabama	✓	✓						
Alaska		√	√	√				
Arizona	✓ √	√				✓	√	
Arkansas	✓ ✓	✓			✓			
California	· · · · · · · · · · · · · · · · · · ·	√	√		√	√		
Colorado	· ·	√	· ·		· ·	· ·		
Connecticut	✓	√	√					The SDA does serve these individuals but the SDA is not the lead state agency for serving these individuals
Delaware	✓	√			✓			
District of Columbia	~	✓						
Florida	✓	✓	✓		✓	✓	✓	
Georgia	✓	✓						
Hawaii	~	✓	✓		✓	✓		Caregivers
Idaho	✓	✓						
Illinois	✓							
Indiana	✓	✓			✓			
Iowa	✓	✓	✓					
Kansas	✓	✓	✓	✓	✓	✓	√	
Kentucky	✓	✓	✓		✓			
Louisiana	✓							
Maine	✓	✓	✓	✓	✓	✓	√	
Maryland	~	✓						Caregivers as defined by the Older Americans Act, children under a certain Medicaid Community LTSS program (Community Personal Assistance Services)
Massachusetts	~	✓	✓		✓	✓	\checkmark	
Michigan	✓	\checkmark	√					
Minnesota	~	✓	~	~	✓	~	✓	The people we serve may or may not have substance abuse or behavioral health conditions—but we don't have specific waivers addressing those conditions.
Mississippi	✓	√						0
Missouri	✓	√						
Montana	✓							
Nebraska	✓	√	√	√	√	√	√	
Nevada	✓	√	√	√				
New Hampshire	~	√	1	~	~	✓	✓	

Table 1: Populations Served by State Agencies (Continued)

	Older Adults (age 60+)	Adults with physical disabilities between age 18-60	Adults with Intellectual/ developmental disabilities between age 18-60	Children with intellectual/ developmental disabilities under the age of 18	Individuals with traumatic or acquired brain injuries	Individuals with behavioral health conditions	Individuals with substance use disorders	Other, please specify
New Jersey	✓	✓	✓	✓	✓	✓		
New Mexico	✓	√	√		√			Unpaid family caregivers
New York	✓	✓						
North Carolina	✓	✓	✓		✓	✓	✓	
North Dakota	✓	✓			✓			
Ohio	~				~	✓		Ombudsman support a wide variety of individuals in facilities and HCBS settings including all of these categories
Oklahoma	✓	✓						
Oregon	✓	✓			✓			
Pennsylvania	✓							
Rhode Island	✓	✓						
South Carolina	✓							
South Dakota	~	~			~			Adults age 18–60 with a qualifying disability
Tennessee	✓	✓						
Texas	✓	✓	✓	✓	✓	✓	✓	
Utah	✓	✓	✓					
Vermont	✓	✓	√	√	✓			
Virginia	✓	√			✓			Guardianship Services
Washington	✓	√			✓	✓	✓	
West Virginia	✓	✓	✓	✓	✓	✓	✓	
Wisconsin	✓	✓	✓		✓	✓	✓	
Wyoming	✓	✓	✓					

	Older Adults Served	People with Disabilities Served	Total Agency Budget	Agency Staff (in FTE)
Alabama	Between 100,000 and 200,000	Between 1,000 and 25,000	Between \$150 and \$250 million	Between 21 and 50
Alaska	Between 1,000 and 50,000	Between 1,000 and 25,000	Between \$50 and \$100 million	More than 150
Arizona	More than 300,000	Between 100,000 and 200,000	Between \$100 and \$150 million	More than 150
Arkansas	Between 50,000 and 100,000	Between 1,000 and 25,000	Between \$50 and \$100 million	More than 150
California	Between 200,000 and 300,000	Between 50,000 and 100,000	Between \$150 and \$250 million	Between 100 and 125
Colorado	Between 50,000 and 100,000	Less than 1,000	Between \$25 and \$50 million	Between 11 and 20
Connecticut	Between 50,000 and 100,000	Less than 1,000	Between \$25 and \$50 million	Between 21 and 50
Delaware	Between 1,000 and 50,000	Between 1,000 and 25,000	Between \$50 and \$100 million	More than 150
District of Columbia	Between 1,000 and 50,000	Less than 1,000	Between \$25 and \$50 million	Between 51 and 75
Florida	More than 300,000	Between 1,000 and 25,000	More than \$250 million	More than 150
Georgia	Between 50,000 and 100,000	Between 1,000 and 25,000	Between \$100 and \$150 million	More than 150
Hawaii	Between 1,000 and 50,000	Less than 1,000	Between \$1 and \$25 million	Between 11 and 20
Idaho	Less than 1,000	Between 1,000 and 25,000	Between \$1 and \$25 million	Between 11 and 20
Illinois	Between 100,000 and 200,000	Less than 1,000	More than \$250 million	More than 150
Indiana	Between 1,000 and 50,000	Between 1,000 and 25,000	Between \$150 and \$250 million	Between 21 and 50
Iowa	Between 50,000 and 100,000	Less than 1,000	Between \$1 and \$25 million	Between 21 and 50
Kansas	Between 1,000 and 50,000	Between 50,000 and 100,000	More than \$250 million	More than 150
Kentucky	Between 100,000 and 200,000	Between 25,000 and 50,000	Between \$50 and \$100 million	More than 150
Louisiana	Between 50,000 and 100,000	Less than 1,000	Between \$25 and \$50 million	Between 21 and 50

Table 2: State Agency Service, Budget, and Staffing Levels

Georgia	Between 50,000 and 100,000	Between 1,000 and 25,000	Between \$100 and \$150 million	More than 150
Hawaii	Between 1,000 and 50,000	Less than 1,000	Between \$1 and \$25 million	Between 11 and 20
Idaho	Less than 1,000	Between 1,000 and 25,000	Between \$1 and \$25 million	Between 11 and 20
Illinois	Between 100,000 and 200,000	Less than 1,000	More than \$250 million	More than 150
Indiana	Between 1,000 and 50,000	Between 1,000 and 25,000	Between \$150 and \$250 million	Between 21 and 50
Iowa	Between 50,000 and 100,000	Less than 1,000	Between \$1 and \$25 million	Between 21 and 50
Kansas	Between 1,000 and 50,000	Between 50,000 and 100,000	More than \$250 million	More than 150
Kentucky	Between 100,000 and 200,000	Between 25,000 and 50,000	Between \$50 and \$100 million	More than 150
Louisiana	Between 50,000 and 100,000	Less than 1,000	Between \$25 and \$50 million	Between 21 and 50
Maine	Between 50,000 and 100,000	Between 50,000 and 100,000	More than \$250 million	More than 150
Maryland	Between 200,000 and 300,000	Between 1,000 and 25,000	Between \$50 and \$100 million	Between 51 and 75
Massachusetts	Between 200,000 and 300,000	Between 1,000 and 25,000	More than \$250 million	Between 100 and 125
Michigan	Between 200,000 and 300,000	Between 1,000 and 25,000	Between \$100 and \$150 million	Between 21 and 50
Minnesota	More than 300,000	Between 50,000 and 100,000	More than \$250 million	More than 150
Mississippi	Between 50,000 and 100,000	Less than 1,000		Between 21 and 50
Missouri	More than 300,000	Between 1,000 and 25,000	More than \$250 million	More than 150
Montana	Between 50,000 and 100,000		Between \$1 and \$25 million	Less than 10
Nebraska	Between 200,000 and 300,000	Between 1,000 and 25,000	More than \$250 million	More than 150
Nevada	Between 1,000 and 50,000	Between 1,000 and 25,000	More than \$250 million	More than 150
New Hampshire	Between 50,000 and 100,000	Between 25,000 and 50,000	Between \$25 and \$50 million	More than 150
New Jersey	Between 200,000 and 300,000	Less than 1,000	Between \$150 and \$250 million	More than 150
New Mexico	Between 100,000 and 200,000	Between 1,000 and 25,000	Between \$50 and \$100 million	More than 150

	Older Adults Served	People with Disabilities Served	Total Agency Budget	Agency Staff (in FTE)
	Ouer Aunis Serveu	reopie with Disubilities Serveu	10111 Ayenty Buuyet	Ayency sunj (in FIE)
New York	More than 300,000	Between 1,000 and 25,000	Between \$150 and \$250 million	Between 76 and 100
North Carolina	Between 200,000 and 300,000	Between 25,000 and 50,000	Between \$100 and \$150 million	Between 76 and 100
North Dakota	Between 1,000 and 50,000	Between 1,000 and 25,000	Between \$25 and \$50 million	Between 21 and 50
Ohio	More than 300,000	Between 50,000 and 100,000	Between \$50 and \$100 million	Between 76 and 100
Oklahoma	Between 200,000 and 300,000	Between 1,000 and 25,000	Between \$100 and \$150 million	More than 150
Oregon	Between 1,000 and 50,000	Between 1,000 and 25,000	More than \$250 million	More than 150
Pennsylvania	More than 300,000		More than \$250 million	Between 100 and 125
Rhode Island	Between 50,000 and 100,000	Between 1,000 and 25,000	Between \$1 and \$25 million	Between 21 and 50
South Carolina	Between 1,000 and 50,000		Between \$25 and \$50 million	Between 21 and 50
South Dakota	Between 1,000 and 50,000	Between 1,000 and 25,000	Between \$150 and \$250 million	Between 76 and 100
Tennessee	Between 100,000 and 200,000	Between 1,000 and 25,000	Between \$25 and \$50 million	Between 21 and 50
Texas	More than 300,000	More than 200,000	More than \$250 million	More than 150
Utah	Between 50,000 and 100,000	Less than 1,000	Between \$1 and \$25 million	Between 51 and 75
Vermont	Between 50,000 and 100,000	Between 1,000 and 25,000	More than \$250 million	More than 150
Virginia	Between 50,000 and 100,000	Between 25,000 and 50,000	More than \$250 million	More than 150
Washington	Between 50,000 and 100,000	Between 1,000 and 25,000	More than \$250 million	More than 150
West Virginia	Between 1,000 and 50,000	Between 1,000 and 25,000	Between \$50 and \$100 million	Between 21 and 50
Wisconsin	More than 300,000	Between 50,000 and 100,000	Between \$100 and \$150 million	Between 51 and 75
Wyoming	Between 1,000 and 50,000		Between \$50 and \$100 million	Less than 10

Table 3: Major LTSS Policy, Regulatory, and Oversight Responsibilities of State Agencies

	Manage								
	Relationships (with aging and disability partners, legislators, other agencies, and providers)	Set statewide aging policy	Set statewide disability policy	Set statewide long- term services and supports policy	Licensure and certification of assisted living services and staff	Quality assurance of assisted living services	Regulation of home and community-based providers	Licensure and certification of bome and community-based providers and staff	
Alabama	✓	✓		✓					
Alaska	✓	✓	✓	✓		√	✓		
Arizona	✓	✓		~					
Arkansas	✓	✓		✓	✓	✓	✓	✓	
California	✓	✓		~			\checkmark	✓	
Colorado	✓	✓							
Connecticut	✓	✓		~					
Delaware	✓								
District of Columbia	~	~							
Florida	✓	✓		✓					
Georgia		~							
Hawaii	✓	✓		✓					
Idaho	✓	✓		✓					
Illinois	✓	✓					✓		
Indiana	✓	✓		✓		√	✓		
Iowa	✓	✓							
Kansas	✓	✓	✓	✓	✓	√	✓	✓	
Kentucky	✓		✓	✓	✓	\checkmark	✓		
Louisiana									
Maine	✓	✓	✓	✓	√	\checkmark	✓	✓	
Maryland	✓	✓		✓					
Massachusetts	✓	✓	✓	~	✓	✓	✓		
Michigan		✓		✓			✓		
Minnesota	✓	✓	✓	✓		✓			
Mississippi	✓	✓							
Missouri	✓	✓	✓	✓		√			
Montana	✓	✓							
Nebraska	✓	✓	✓	✓					
Nevada	✓	✓	✓	✓					
New Hampshire	~	√	~	✓	✓	~	✓	✓	
New Jersey	✓	✓		✓		✓			
New Mexico	✓	✓	✓	✓					
New York	✓	✓							
North Carolina	✓	✓							
North Dakota	✓	✓		✓					
Ohio	✓	\checkmark		✓	✓	\checkmark	✓	✓	

Quality assurance of bome and community-based services	Establish policy and manage contracts for managed long-term services and supports (MLTSS)	Quality assurance for MLTSS	Regulation, including surrey and certification, of nursing facility services	Licensure and regulation of HCBS providers	Other, please specify
		✓			Long-Term Care Ombudsman
\checkmark					Certification and regulation of HCBS providers
✓					
✓					
✓		√			
 •		•			All other options in the list apply to the state Medicaid
					Agency not the SUA
✓					
✓					
✓				✓	
✓					Certification of providers-licensure is in dept. of health
✓	✓	✓	✓	✓	
 √					
 ✓			✓	✓	
 ✓	✓	✓	✓		
✓					
 ✓					Nursing facility rates and policy
√					
√					
	✓	√			
	V	✓			
✓					All are checked in context of our NWD System of Access
\checkmark	✓	✓	✓	✓	being under the Governance of NH DHHS
✓	√	✓			
✓					
		✓			License Adult Foster Care homes
✓					Certify HCBS providers

Table 3: Major LTSS Policy, Regulatory, and Oversight Responsibilities of State Agencies (Continued)

	Manage Relationships (with aging and disability partners, legislators, other agencies, and providers)	Set statewide aging policy	Set statewide disability policy	Set statewide long- term services and supports policy	Licensure and certification of assisted living services and staff	Quality assurance of assisted living services	Regulation of bome and community-based providers	Licensure and certification of bome and community-based providers and staff	
Oklahoma	✓	✓	✓	√			✓		
Oregon	✓	✓	✓	√	✓	✓	✓	✓	
Pennsylvania	✓	✓			√				
Rhode Island	✓	✓				✓			
South Carolina									
South Dakota	✓	✓		✓		✓			
Tennessee	✓	✓							
Texas	✓	~	✓	✓	✓	✓	~	~	
Utah	✓	✓							
Vermont	✓	~	✓	✓	✓	✓	~	~	
Virginia									
Washington	✓	✓	✓	✓	√	✓	✓		
West Virginia	✓								
Wisconsin	✓	~	✓	✓					
Wyoming	✓	✓			✓	✓			

Quality assurance of bome and community-based services	Establish policy and manage contracts for managed long-term services and supports (MLTSS)	Quality assurance for MLTSS	Regulation, including survey and certification, of nursing facility services	Licensure and regulation of HCBS providers	Other, please specify
✓			✓		
\checkmark			✓	✓	
✓					
✓					
✓					
✓	✓	✓	✓	✓	
✓					
✓			✓	✓	
					MLTSS is operated the Medicaid agency. Our agency provides input and support on aging, disability and adult services.
✓			✓	✓	
			✓		

Table 4: Major Programmatic/Operational Responsibilities of State Agencies

					U U			
	Administer Older Americans Act Title III programs	Administer Senior Community Service Employment Program (SCSEP)	Oversee the Long-Term Care Ombudsman Program	Administer Medicaid state plan services [i.e., home health, personal care, 1915(i), or 1915(k)]	Administer Medicaid HCBS waiver services, including 1915(c) and 1115	Administer Medicaid managed long-term services and supports	Manage State ADRC programs	
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	~		~		✓	✓	✓	
New Mexico	~	✓	✓				✓	
New York	~	✓	✓				✓	
North Carolina	✓	✓	✓					
North Dakota	✓	✓	✓	~	✓		✓	
Ohio	1	✓	✓		✓		✓	

Medicaid financial eligibility determination	Medicaid functional/ medical eligibility determination	Provide case management services to Medicaid recipients	Provide Adult Protective Services (APS)	Administer/operate institutional facilities and services	Other, please specify
	√	✓			
	✓		\checkmark		
			✓		
✓	✓		✓		
		✓			
			✓		
				✓	
	√				
			✓		1915c program was removed from the SUA in SFY 17 by state legislation and placed within the state Medicaid Agency
					Implement State LTSS program called Kupuna Care. Also provider for the VAMC to service the VDHCBS program
			\checkmark		
	✓	✓	\checkmark		
	✓	✓	✓		
 	✓	✓		✓	Administer some Medicaid State Plan services
 √	✓	✓		✓	
 √	√	✓ ✓			Regulate Continuing Care Retirement Communities, Administer non-OAA ACL grants (SHIP, SMP, MIPPA), Administer State- Only Programs
		✓	✓		
					Adult Protective Services Policy
	√		√		Supervise case management, administer nursing facility rates
			√		
			√		
✓	✓	 ✓ 		✓	
		✓	\checkmark		
\checkmark	✓	✓	✓	✓	All are checked in context of our NWD System of Access being under the Governance of NH DHHS
	✓		√		
			✓		
			√		
			✓		Administer State Funded LTCSS
	✓	✓			PACE

Table 4: Major Programmatic/Operational Responsibilities of State Agencies (Continued)

	Administer Older Americans Act Title III programs	Administer Senior Community Service Employment Program (SCSEP)	Oversee the Long-Term Care Ombudsman Program	Administer Medicaid state plan services [i.e., bome health, personal care, 1915(i), or 1915(k)]	Administer Medicaid HCBS waiver services, including 1915(c) and 1115	Administer Medicaid managed long-term services and supports	Manage State ADRC programs	
Oklahoma	√	√	√	√	✓		√	
Oregon	✓	✓		✓	✓		✓	
Pennsylvania	✓	✓	✓				✓	
Rhode Island	✓		✓		✓		✓	
South Carolina	✓	✓	✓				✓	
South Dakota	✓		✓	✓	✓		✓	
Tennessee	✓		✓				✓	
Texas	✓	✓	✓	✓	✓	✓		
Utah	✓	✓	✓		✓			
Vermont	✓	✓	✓	✓	✓		✓	
Virginia	✓	✓	√				√	
Washington	✓	✓		✓	✓	✓	✓	
West Virginia	✓	✓	✓				✓	
Wisconsin	✓	✓	✓				✓	
Wyoming	✓		✓				✓	

Medicaid financial eligibility determination	Medicaid functional/ medical eligibility determination	Provide case management services to Medicaid recipients	Provide Adult Protective Services (APS)	Administer/operate institutional facilities and services	Other, please specify
	✓				
✓	✓	✓	✓		
			✓		
		✓	✓		
	✓	✓	✓		South Dakota's SHIP program, SHIINE
✓	✓	✓		✓	
		✓	✓		
	✓	✓	✓		
			✓		Vocational Rehabilitation, Disability Determination Services, and Medical Rehabilitation
✓	✓	✓	\checkmark		
4	4				1. APS is managed by counties, but our agency serves as the state APS agency; 2. Deaf and hard of hearing services; 3. Blind and Visually Impaired Services; serve as the Designated State Unit for independent lviing services
				✓	Licensing & survey

Table 5: Appointment of State Agency Directors

	Direct Gubernational Appointment	Hired by a higher ranking official within the agency/ department, but serving at the convenience of the Governor	Appointee of a board or commission	Merit or civil service selection	Career, non- appointed, state employee	Other; please specify
Alabama	✓					
Alaska	✓					
Arizona		✓				
Arkansas		✓				
California	✓					
Colorado					√	
Connecticut	✓					
Delaware	✓					
District of Columbia	~					
Florida	✓					
Georgia		\checkmark				
Hawaii	✓					
Idaho	✓					
Illinois	✓					
Indiana		✓				
Iowa	✓					
Kansas	✓					
Kentucky		\checkmark				
Louisiana	✓					
Maine			✓			
Maryland	✓					
Massachusetts	✓					
Michigan		\checkmark				
Minnesota		\checkmark				
Mississippi	✓					
Missouri		\checkmark				
Montana					✓	
Nebraska	✓					
Nevada		✓				
New Hampshire		✓				
New Jersey		✓				
New Mexico	✓					
New York	✓					
North Carolina		✓				
North Dakota					✓	
Ohio	✓					
Oklahoma					\checkmark	

Table 5: Appointment of State Agency Directors (Continued)

	Direct Gubernational Appointment	Hired by a higher ranking official within the agency/ department, but serving at the convenience of the Governor	Appointee of a board or commission	Merit or civil service selection	Career, non- appointed, state employee	Other, please specify
Oregon		✓				
Pennsylvania	✓					
Rhode Island	✓					
South Carolina						Appointed by Lt. Governor
South Dakota		✓				
Tennessee	✓					
Texas	✓					
Utah		✓				
Vermont	✓					
Virginia	✓					
Washington		✓				
West Virginia	✓					
Wisconsin					✓	
Wyoming						Hired by the Director of Health and serving at his convenience

Table 6: Sources of Funding for State Agencies on Aging and Disabilities

	State Appropriation	Local Funding	Targeted Tax	State Lottery	Foundation/ Private Grants	Older Americans Act	Medicaid	Community Services Block Grant	
Alabama	✓		✓			~	√		
Alaska	✓					√	\checkmark		
Arizona	✓	✓		✓		√		✓	
Arkansas	✓		✓			✓	\checkmark		
California	✓					√	✓		
Colorado	✓	✓			✓	√	✓		
Connecticut	~					~			
Delaware	✓					✓	\checkmark		
District of Columbia		~				~		~	
Florida	✓					✓	✓		
Georgia	1		✓		✓	1	\checkmark	 ✓ 	
Hawaii	~					1			
Idaho	1					✓	✓		
Illinois	~					✓	✓		
Indiana	~					✓	\checkmark		
Iowa	1					1	✓		
Kansas	~		✓			✓	✓	✓	
Kentucky	~					1	✓		
Louisiana	✓					✓			
Maine	✓					✓	✓		
Maryland	✓					~	\checkmark		
Massachusetts	✓					✓	✓		
Michigan	✓	✓				✓	\checkmark		
Minnesota	✓					✓	✓		
Mississippi	✓					✓	\checkmark		
Missouri	✓					√	✓		
Montana	✓	✓	√			1	\checkmark	✓	
Nebraska	✓	✓				✓	\checkmark		
Nevada	✓	✓	√			1	\checkmark		
New Hampshire	1	✓	✓			1	\checkmark		
New Jersey	1	✓				1	\checkmark		
New Mexico	1					1	\checkmark		
New York	✓	✓			1	✓	\checkmark	✓	
North Carolina	✓					✓	✓		
North Dakota	✓		✓			✓			
Ohio	✓					✓	\checkmark		
Oklahoma	✓				~	✓	✓		
Oregon	✓	✓	✓			✓	✓		
Pennsylvania				✓		~	✓		

Social Services Block Grant	Federal Emergency Management Agency	U.S. Department of Agriculture	U.S. Department of Education	U.S. Department of Justice	U.S. Department of Labor	U.S. Department of Transportation
					✓	
 \checkmark		\checkmark			✓	
✓		✓			✓	
					✓	
		\checkmark			✓	
 ✓					✓	
 ✓					✓	
		✓				
✓		✓			✓	✓
		✓			✓	
					✓	
✓					✓	
 ✓						
					✓	
 ✓					✓	
					✓	
		✓			✓ ✓	
		✓		✓	✓	
 ✓ ✓					1	
V					✓	
√		√	✓			
✓		•	✓ ✓		✓	
✓ ✓	✓	✓	•		•	
		 ✓				
✓						
✓		✓			✓	
✓					✓	
					✓	
		\checkmark	✓		✓	
					✓	\checkmark
√						

Table 6: Sources of Funding for State Agencies on Aging and Disabilities (Continued)

	State Appropriation	Local Funding	Targeted Tax	State Lottery	Foundation/ Private Grants	Older Americans Act	Medicaid	Community Services Block Grant	
Rhode Island	✓					✓	\checkmark		
South Carolina	✓		\checkmark			 ✓ 			
South Dakota	✓					✓	✓		
Tennessee	✓					✓	\checkmark		
Texas	✓					✓	✓	✓	
Utah	✓					✓	\checkmark		
Vermont	1					✓	\checkmark		
Virginia	✓				√	✓	\checkmark		
Washington	✓	✓				✓	\checkmark		
West Virginia	1	✓		✓		✓	\checkmark		
Wisconsin	1					✓	\checkmark	✓	
Wyoming	√	✓				✓			

Social Services Block Grant	Federal Emergency Management Agency	U.S. Department of Agriculture	U.S. Department of Education	U.S. Department of Justice	U.S. Department of Labor	U.S. Department of Transportation
					✓	
✓				✓		
✓						
✓		✓			✓	
✓		✓	✓		✓	
✓		✓	~		✓	✓
		✓			✓	
✓						

Table 7: State-Funded HCBS Services for Older Adults and Adults with Physical Disabilities

	Adult Day Health	Adult Day Social	Adult Foster Care	Assisted Living	Behavioral Supports	Case Management	Community Transition Support	Day Habilitation	Environmental Modifications	Home- Delivered Meals	Homemaker	Independent Living	Nutritional Supplements	
Alabama	В	В				В	В	В	В	В	В	В	В	
Alaska														
Arizona	В	В				В				В	В	В		
Arkansas		А				A				А	A			
California														
Colorado	В	В		В	D	В	В	D	В	В	В	D		
Connecticut	А	А	A	А	А	А	А		А	А	A			
Delaware														
District of Columbia	В			В		В	В		В		В			
Florida	А	В		В		В	D		В	В	В		D	
Georgia	В					А			А	А	А			
Hawaii	А	А				А				А	A			
Idaho														
Illinois										А				
Indiana		В				В			В	В	В		В	
Iowa	В			А	В	В	D	D	В	В	В			
Kansas	A	А		А	D	A	В		В	В	В	В	В	
Kentucky		А				A			В	А	В		В	
Louisiana						D			D					
Maine	В	В		В		В			В	А	В			
Maryland	A	A	В	A		В	А	D	А	А	В	В	A	
Massachusetts	В	В	В		В	В	В		В	В	В	D	В	
Michigan	В		В		В	A	В	В	В	В	В	В		
Minnesota	A	А				A				А	А			
Mississippi														
Missouri										А				
Montana						D	А			В	В		В	
Nebraska	В			В		В	В		В	В	В			
Nevada		А				В	А			А	В	В		
New Hampshire														
New Jersey	В	В		В	D	В	В	D	В	В	D		D	
New Mexico	В			В	D	D	В	D	В		D	D	D	
New York		В				В			В	В	В			
North Carolina	В	В				А			А	А	A	В		

 $\mathsf{A} = \mathsf{Aging} \bullet \mathsf{D} = \mathsf{Disability} \bullet \mathsf{B} = \mathsf{Both} \mathsf{Aging} \And \mathsf{Disability}$

Occupational Therapy	Personal Assistance Services	Personal Emergency Response Systems	Physical Therapy	Recreational Therapy	Residential Habilitation	Respite	Specialized Equipment, Supplies or Assistive Technology	Speech Therapy	State Pharmaceutical Assistance	Supported Employment	Supported Living	Transportation	Vocational Rehabilitation	Other
	В	В				В	В		В	В		В	В	
	В	В				В	В			В	В	В		
	А	А				А	A			А		А		
	В	В			D	В	В			В	D	А	В	
	А	А				А	A					А	D	
									В					
В	В	В	В			В	В		В			В		Chore Service- One-time cleaning that prepares home for ongoing, routine housekeeping
В	В	В	В	В		В	В	В	D			В		
						А						А		
	А											А		
												А		
	В	В				В	В					В		
 	В	В				В	В			D	D	В		
 	В	В				В	В			D		A	D	
D	В	А	D	D		В	В	D	В			В		
 	D	D				D	D							
 В	В	В	В			В		В						
	В	Α				А	A		В	В	В	В	В	
 В	В	В			D	В	В		В	D	D	В	D	
 	А	В				В	В			В	В	В		
		А				А								
	В													
									В			В		
		В				В	В					В		
	В	A							В			A		
D	В	В	D	D	D	В	В	D	В	D	D	В	D	
В	D	В	В	D	D	В	D	В		D	D	D	D	
	В	В				В	В		В	В		В		
	В					А	В					А	В	

 $\mathsf{A} = \mathsf{Aging} \, \bullet \, \mathsf{D} = \mathsf{Disability} \, \bullet \, \mathsf{B} = \mathsf{Both} \, \mathsf{Aging} \, \& \, \mathsf{Disability}$

	Adult Day Health	Adult Day Social	Adult Foster Care	Assisted Living	Behavioral Supports	Case Management	Community Transition Support	Day Habilitation	Environmental Modifications	Home- Delivered Meals	Homemaker	Independent Living	Nutritional Supplements	
North Dakota	В	В	В	В		В			В	В	В			
Ohio	В	В		В		В	В		В	В	В	В		
Oklahoma		В		В	В	В	В	В	В	В	В	В	В	
Oregon	А	A				A		А	А	A	A			
Pennsylvania	А	A				В	В		А	А	А			
Rhode Island	В		В	В	В	В	В	В	В	В	В			
South Carolina														
South Dakota		В	В	В		В					В		В	
Tennessee						В				В	В		В	
Texas	В		В	В	D	В	В	D	В	В	В		В	
Utah						В			В	В	В			
Vermont						В			В	D	В			
Virginia	В		A or B	В		В			A or B	В	В		В	
Washington	В	В	В	В	В	В	В		В	В				
West Virginia		A									A		А	
Wisconsin	В	В		В		В		В		В	В		В	
Wyoming		B				B		-	В	B	B			

Table 7: State-Funded HCBS Services for Older Adults and Adults with Physical Disabilities (Continued)

 $\mathsf{A} = \mathsf{Aging} \bullet \mathsf{D} = \mathsf{Disability} \bullet \mathsf{B} = \mathsf{Both} \, \mathsf{Aging} \, \& \, \mathsf{Disability}$

Occupational Therapy	Personal Assistance Services	Personal Emergency Response Systems	Physical Therapy	Recreational Therapy	Residential Habilitation	Respite	Specialized Equipment, Supplies or Assistive Technology	Speech Therapy	State Pharmaceutical Assistance	Supported Employment	Supported Living	Transportation	Vocational Rehabilitation	Other
	В	В				В						В		
	В	В				В	В					В		
В	В	В	В	В		В	В	В		D	D	В	В	
	А	А				А	А					А		
А	В	В	А			А	А	А	А			А		
В	В	В	В		D		В			D	D			
	В	В				В	В							
														Limited amount of funding for a few services (homemaker, home delivered meals, and personal care).
В	В	В	В	D	D	В	В	В	В	В	В	D		In Texas, the In- Home and Family Support Program is funded with state funds. The individual is given a subsidy grant for items or services that are medically necessary. The subsidy grant covers a six month period. The maximum grant for one year is \$1,200. Many of the items listed are allowable expenditures for the subsidy grant. However, there are not specific services that are billed to the state.
	В	В				D	В			D				
	В	В				В	В							
	В					В			А		A or B	В		Chore and companion.
	В	В				В	В					В		
	D					А						А		
В	В	В	В			В	В	В		В		В		
	В	В				В	В					В		

Table 8: Status of Medicaid Waiver and State Plan Options

	Medicaid HCBS §1915(c) Waiver Program	Medicaid Managed LTSS (Regardless of Authority)	Medicaid \$1115 Demonstration Program for LTSS Other Than Medicaid Managed LTSS	Medicaid State Plan Personal Care Services	Medicaid State Plan §1915 (i) Program	Medicaid State Plan §1915 (j) Program	Medicaid State Plan §1915 (k) Program	Comments
Alabama	In Place 2017	Under Consideration	Under Consideration			In Place 2017		
Alaska	In Place 2017	Don't Have/ Don't Plan to Implement	Under Consideration	In Place 2017	Under Consideration	Don't Have/ Don't Plan to Implement	Plan to Implement 2017	
Arizona	Don't Have/ Don't Plan to Implement	In Place 2017	In Place 2017	Don't Have/ Don't Plan to Implement	Don't Have/ Don't Plan to Implement	Don't Have/ Don't Plan to Implement	Don't Have/ Don't Plan to Implement	
Arkansas	In Place 2017	Under Consideration	Under Consideration	In Place 2017	Under Consideration	In Place 2017	Don't Have/ Don't Plan to Implement	
California	In Place 2017	In Place 2017	In Place 2017	In Place 2017	In Place 2017		In Place 2017	
Colorado	In Place 2017	Don't Have/ Don't Plan to Implement	In Place 2017	Under Consideration	In Place 2017	Under Consideration	Under Consideration	
Connecticut	In Place 2017	Don't Have/ Don't Plan to Implement			In Place 2017		In place 2015	
Delaware	In Place 2017	In Place 2017	Don't Have/ Don't Plan to Implement	In Place 2017	In Place 2017	Don't Have/ Don't Plan to Implement	Under Consideration	
District of Columbia	In Place 2017			In Place 2017	In Place 2017	In Place 2017		
Florida	In Place 2017	In Place 2017	In Place 2017		In Place 2017			
Georgia	In Place 2017		Under Consideration	Don't Have/ Don't Plan to Implement	Don't Have/ Don't Plan to Implement	Don't Have/ Don't Plan to Implement	Don't Have/ Don't Plan to Implement	
Hawaii	In Place 2017	In Place 2017	In Place 2017					
Idaho	In Place			In Place	In Place			Managed care targeted to duals population
Illinois	In Place 2017	In Place 2017	Under Consideration	Don't Have/ Don't Plan to Implement	Under Consideration	Don't Have/ Don't Plan to Implement	Under Consideration	
Indiana	In Place 2017		Don't Have/ Don't Plan to Implement	Don't Have/ Don't Plan to Implement	In Place 2017	Don't Have/ Don't Plan to Implement	Don't Have/ Don't Plan to Implement	We are taking a broad look at HCBS programming over the next year and some of these options may come under consideration
Iowa	7 waivers implemented from 1983 through 1997	Implemented 4/2016	None	Don't Have/ Don't Plan to Implement	Implemented 2007	Don't Have/ Don't Plan to Implement	Don't Have/ Don't Plan to Implement	

Table 8: Status of Medicaid Waiver and State Plan Options (Continued)

	Medicaid HCBS §1915(c) Waiver Program	Medicaid Managed LTSS (Regardless of Authority)	Medicaid \$1115 Demonstration Program for LTSS Other Than Medicaid Managed LTSS	Medicaid State Plan Personal Care Services	Medicaid State Plan §1915 (i) Program	Medicaid State Plan §1915 (j) Program	Medicaid State Plan §1915 (k) Program	Comments
Kansas	In Place 2017	In Place 2017	In Place 2017	In Place 2017	Under Consideration	Under Consideration	Under Consideration	
Kentucky	In Place 2017	Don't Have/ Don't Plan to Implement	In Place 2017	Don't Have/ Don't Plan to Implement	Don't Have/ Don't Plan to Implement	Don't Have/ Don't Plan to Implement	Don't Have/ Don't Plan to Implement	
Louisiana	In Place 2017	Undetermined at this time	Don't Have/ Don't Plan to Implement	In Place 2017	In Place 2017		Don't Have/ Don't Plan to Implement	
Maine	In Place 2017		Under Consideration	In Place 2017	Under Consideration	Don't Have/ Don't Plan to Implement	Don't Have/ Don't Plan to Implement	
Maryland	In Place 2017	Don't Have/ Don't Plan to Implement	Don't Have/ Don't Plan to Implement	In Place 2017	In Place 2017	Under Consideration	In Place 2017	
Massachusetts	In Place 2017	In Place 2017	Don't Have/ Don't Plan to Implement	In Place 2017	Under Consideration	Don't Have/ Don't Plan to Implement	Don't Have/ Don't Plan to Implement	
Michigan	In Place 2017	In Place 2017	Under Consideration	In Place 2017	In Place 2017			
Minnesota	In Place 2017	In Place 2017	In Place 2017	In Place 2017	Plan to Implement 2017 or later	Plan to Implement 2017 or later	Plan to Implement 2017 or later	
Mississippi	In Place 2017	Don't Have/ Don't Plan to Implement		In Place 2017	In Place 2017			
Missouri	In Place 2017		Department of Mental Health In Place	In Place 2017	Don't Have	Don't Have	Don't Have	
Montana	In Place 2017	Don't Have	Don't Have/ Don't Plan to Implement	In Place 2017	In Place 2017	Don't Have	In Place 2017	1915(i) has natural termination September 30, 2017
Nebraska	In Place 2017	Under Consideration						
Nevada	In Place 2017	Don't Have/ Don't Plan to Implement	Don't Have/ Don't Plan to Implement	In Place 2017	In Place 2017	Don't Have/ Don't Plan to Implement	Don't Have/ Don't Plan to Implement	
New Hampshire	In Place 2017	Plan to Implement 2017 or later	Under Consideration	In Place 2017	Don't Have/ Don't Plan to Implement	Don't Have/ Don't Plan to Implement	Don't Have/ Don't Plan to Implement	
New Jersey	In Place 2017	In Place 2017	Under Consideration	In Place 2017		Don't Have/ Don't Plan to Implement		
New Mexico	In Place 2017	In Place 2017	In Place 2017	Covered through 1115 Demonstration Waiver		Don't Have/ Don't Plan to Implement	Don't Have/ Don't Plan to Implement	1915(c) Waivers exist for for IDD, Medically Fragile, and Self Direction. 1115 includes PH, BH, and LTSS

Table 8: Status of Medicaid Waiver and State Plan Options (Continued)

	Medicaid HCBS §1915(c) Waiver Program	Medicaid Managed LTSS (Regardless of Authority)	Medicaid §1115 Demonstration Program for LTSS Other Than Medicaid Managed LTSS	Medicaid State Plan Personal Care Services	Medicaid State Plan §1915 (i) Program	Medicaid State Plan §1915 (j) Program	Medicaid State Plan §1915 (k) Program	Comments
New York	In Place 2017	In Place 2017	In Place 2017	In Place 2017			In Place 2017	
North Carolina	In Place 2017	In Place 2017	Under Consideration	In Place 2017	Don't Have/ Don't Plan to Implement	Don't Have/ Don't Plan to Implement	Don't Have/ Don't Plan to Implement	
North Dakota	In Place 2017	Don't Have/ Don't Plan to Implement	Don't Have/ Don't Plan to Implement	In Place 2017	Under Consideration	Don't Have/ Don't Plan to Implement	Don't Have/ Don't Plan to Implement	
Ohio	In Place 2017	In Place 2017	Don't Have/ Don't Plan to Implement	Don't Have/ Don't Plan to Implement	In Place 2017	Don't Have/ Don't Plan to Implement	Don't Have/ Don't Plan to Implement	Ohio operates seven different 1915 (c) waivers, Ohio Dept of Medicaid administers two, Dept of Aging two, and Dept of Developmental Disabilities three. MLTSS currently provided through duals integration. 1915(i) covers specialized recovery services.
Oklahoma	In Place 2017		Under Consideration	In Place 2017	Under Consideration	Under Consideration	Under Consideration	At the time of the survey, the State Medicaid Agency was reviewing Managed Care bids for MLTSS. The procurement was postponed indefinitely due to lack of legislative funding.
Oregon	In Place 2017	Don't Have/ Don't Plan to Implement	Don't Have/ Don't Plan to Implement	In Place 2017	In Place 2017	In Place 2017	In Place 2017	1915(i) serves individuals with mental illness.
Pennsylvania	In Place 2017	Plan to Implement 2017 or later	In Place 2017	Don't Have/ Don't Plan to Implement	Don't Have/ Don't Plan to Implement	Don't Have/ Don't Plan to Implement	Don't Have/ Don't Plan to Implement	
Rhode Island		In Place 2017	In Place 2017	In Place 2017	Don't Have/ Don't Plan to Implement	Don't Have/ Don't Plan to Implement	Don't Have/ Don't Plan to Implement	

Table 8: Status of Medicaid Waiver and State Plan Options (Continued)

	Medicaid HCBS §1915(c) Waiver Program	Medicaid Managed LTSS (Regardless of Authority)	Medicaid \$1115 Demonstration Program for LTSS Other Than Medicaid Managed LTSS	Medicaid State Plan Personal Care Services	Medicaid State Plan §1915 (i) Program	Medicaid State Plan §1915 (j) Program	Medicaid State Plan §1915 (k) Program	Comments
South Carolina	In Place 2017	In Place 2017			Under Consideration			MLTSS provided through duals integration
South Dakota	In Place 2017	Don't Have/ Don't Plan to Implement		In Place 2017	Don't Have/ Don't Plan to Implement	Don't Have/ Don't Plan to Implement	Don't Have/ Don't Plan to Implement	
Tennessee	In Place 2017	In Place 2017	Don't Have/ Don't Plan to Implement	Don't Have/ Don't Plan to Implement	Don't Have/ Don't Plan to Implement	Don't Have/ Don't Plan to Implement	Don't Have/ Don't Plan to Implement	Medicaid MLTSS program includes 1915(i)-"like" component for persons that do not meet NF level of care.
Texas	In Place 2017	In Place 2017	Don't have/Don't plan to implement	In Place 2017	In Place 2017	In Place 2017	In Place 2017	
Utah	In Place 2017	Don't Have/ Don't Plan to Implement	Don't Have/ Don't Plan to Implement	In Place 2017	Don't Have/ Don't Plan to Implement	Don't Have/ Don't Plan to Implement	Don't Have/ Don't Plan to Implement	
Vermont	Don't Have/ Don't Plan to Implement	Don't Have/ Don't Plan to Implement	In Place 2017	In Place 2017	Don't Have/ Don't Plan to Implement	Don't Have/ Don't Plan to Implement	Don't Have/ Don't Plan to Implement	
Virginia	In Place 2017	In Place 2017	Don't Have/ Don't Plan to Implement	Don't Have/ Don't Plan to Implement	Don't Have/ Don't Plan to Implement	Don't Have/ Don't Plan to Implement	Don't Have/ Don't Plan to Implement	
Washington	In Place 2017		In Place 2017	In Place 2017	Don't Have/ Don't Plan to Implement	Don't Have/ Don't Plan to Implement	In Place 2017	Washington operates a PACE program that has MLTSS-like components
West Virginia	In Place 2017	Don't Have/ Don't Plan to Implement		In Place 2017				
Wisconsin	In Place 2017	In Place 2017	Don't Have/ Don't Plan to Implement	In Place 2017	In Place 2017	In Place 2017	Don't Have/ Don't Plan to Implement	
Wyoming	In Place 2017	Don't have/ Don't plan to implement	Don't have/Don't plan to implement	Don't Have/ Don't Plan to Implement	Don't Have/ Don't Plan to Implement	Don't Have/ Don't Plan to Implement	Under Consideration	

Table 9: Medicaid HCBS Services Available to Older Adults and/or People With Disabilities

	Adult Day Health	Adult Day Social	Adult Foster Care	Assisted Living	Assistive Technology	Behavioral Supports	Case Management	Community Transition Support	Day Habilitation	Home- Delivered Meals	Homemaker	Nutritional Supplements	Occupational Therapy	Personal Assistance Services	
Alabama	OA/PD/ ID/TBI	ID/TBI		NA	OA/PD/ ID/TBI	ID	OA/PD/ID/ TBI	OA/PD/ ID/TBI	ID/TBI	OA/PD	OA/PD/ ID/TBI	OA/PD	ID	OA/PD/ID/ TBI	
Alaska	NA	OA/PD	NA	NA	NA	NA	OA/PD/ID	NA	ID	OA/PD/ID	NA	NA	NA	NA	
Arizona	OA/PD		OA/PD/ID	OA/PD/ID		OA/PD/ID	OA/PD/ID	OA/PD/ID	ID	OA/PD	OA/PD/ID	OA/PD/ID	OA/PD/ID	OA/PD/ID	
Arkansas	OA/PD	OA/PD	OA/PD	OA/PD	OA/PD/ID	ID	OA/PD/ID	ID	ID	OA/PD		NA	ID	OA/PD/ID	
California	OA/PD/ID			OA/PD/ ID/TBI	PD	ID	OA/PD/ID/ TBI	OA/PD/ ID/TBI	ID	OA/ID	OA/PD/ ID/TBI	OA/PD/ ID/TBI	ID	OA/PD/ID/ TBI	
Colorado	OA/PD/ ID/TBI	OA/PD/ ID/TBI	NA	OA/PD/ TBI	ID/TBI	ID/TBI	OA/PD/ID/ TBI	OA/PD/ ID/TBI	ID/TBI	OA/PD/ ID/TBI	OA/PD/ ID/TBI	NA	NA	OA/PD/ID/ TBI	
Connecticut	OA	OA	OA	OA/PD	OA/PD/ ID/TBI	OA/PD/ ID/TBI	OA/PD/ID/ TBI	OA/PD/ ID/TBI		OA/PD	OA/PD		ID	OA/PD/ID/ TBI	
Delaware	OA, PD,TBI	OA/ PD/ TBI	NA	OA/ PD/ TBI	OA/PD/ TBI	OA/PD/ ID/TBI	OA/PD/ID/ TBI	OA/PD/ TBI	OA/ PD/ ID/TBI	OA/ PD/ TBI	OA/PD/ TBI	PD	NA	OA/ PD/TBI	
District of Columbia	OA/PD	NA	NA	OA/PD	NA	ID	OA/PD	OA/PD/ID	ID	NA	OA/PD	NA	ID	OA/PD/ID	
Florida	OA	OA		OA	OA		OA	OA		OA	OA		OA	OA	
Georgia	OA/PD	NA		OA/PD	ID	ID	OA/PD	OA/PD		OA/PD	OA/PD	ID	OA/PD/ID	OA/PD/ID	
Hawaii	OA/PD/ ID/TBI	OA/PD/ ID/TBI	OA/PD/ ID/TBI	OA/PD/ ID/TBI	OA/PD/ ID/TBI	OA/PD/ ID/TBI	OA/PD/ID/ TBI	NA	ID	OA/PD/ ID/TBI	OA/PD/ ID/TBI	OA/PD/ ID/TBI	OA/PD/ID/ TBI	OA/PD/ID/ TBI	
Idaho	OA/PD/ ID/TBI	OA/PD/ ID/TBI	OA/PD/TBI	OA/PD/ TBI	NA	ID/TBI	ID	NA	PD/TBI	OA/PD/ ID/TBI	OA/PD/TBI	NA	NA	OA/PD/TBI	

Personal Emergency Response Systems	Physical Therapy	Recreation Therapy	Residential Habilitation	Respite	Specialized Equipment and Supplies	Speech Therapy	Supported Employment	Supported Living	Transportation	Extended State Plan Waiver Benefit: Personal Care	Extended State Plan Waiver Benefit: Nursing	Extended State Plan Waiver Benefit: Home Healtb	Extended State Plan Waiver Benefit: Other	Comments
OA/PD/ ID/TBI	ID		ID	OA/PD/ID/ TBI	PD/ID/TBI	NA	ID	NA	ID	NA	PD/TBI	NA	NA	
NA	NA	NA	ID	OA/PD/ID	OA/PD/ID	NA	ID	OA/PD	OA/PD/ID	NA	NA	NA	NA	
OA/PD/ID	OA/PD/ID		ID	OA/PD/ID	OA/PD/ID	OA/PD/ ID	OA/PD/ID		OA/PD/ID					
OA/PD	ID	NA	NA	OA/PD/ID	OA/PD/ID	ID	ID	ID	ID	OA/PD/ID	NA	NA	ID	The ID waiver includes extended Specialized Equiptment and Supplies. Community Transition Services is only available for OA and PD through MFP.
OA/ID	ID	ID	ID	OA/ID		ID	ID	ID	OA/ID	OA/ID	ID	OA/PD/ID	OA/ID	
OA/PD/ ID/TBI	NA	NA	ID/TBI	OA/PD/ID/ TBI	OA/PD/ ID/TBI	NA	ID	ID/TBI	OA/PD/ID/ TBI	NA	NA	NA	NA	
OA/PD/ ID/TBI				OA/PD	OA/PD/ ID/TBI		PD/ID/TBI	PD/ID/ TBI	OA/PD/ID/ TBI	TBI				
OA/ PD/ TBI	See note	NA	ID	OA/PD/TBI	OA/PD/TBI	See note	ID	ID		NA	NA	NA	NA	Delaware provides long term care services for the OA, PD, and TBI populations through a managed long-term care system. In addition to the long term care benefits listed, participants can receive services such as physical therapy, speech therapy and transportation as part of the Medicaid State plan benefit package.
OD/PD/ID	ID	NA	ID	OA/PD/ID	NA	ID	ID	ID	ID	OA/PD/ID	OA/PD/ID	OD/PD	OA/PD/ID	Community Transition Support through MFP Demonstration Grant; ID Waiver: One-Time Payment Household Set-Up. Additonal OA/ PD Waiver Services: Chore; Environmental Accessibility Adaptations. Additional ID Waiver Services: Art Therapies; Assessments (PT/ OT/Speech/Nutrition); Dental; Employment Readiness; Environmental Accessibility Adaptations; Family Training; Host Home; Individualized Day Supports; In-Home Supports; Shared Living; Skilled Nursing; Vehicle Modifications; Wellness Services (Bereavement Counseling/Fitness Trainer/ Nutritional Counseling).
OA	OA			OA	OA	OA			OA					
OA/PD	ID			OA/PD			ID		OA/PD/ID					
OA/PD/ ID/TBI	OA/PD/ ID/TBI	NA	ID	OA/PD/ID/ TBI	OA/PD/ ID/TBI	OA/PD/ ID/TBI	ID	NA	OA/PD/ID/ TBI	NA	NA	NA	NA	
OA/PD/ ID/TBI	NA	NA	ID/TBI	OA/PD/ID/ TBI	OA/PD/ ID/TBI	NA	OA/PD/ ID/TBI	ID/TBI	OA/PD/ID/ TBI	OA/PD/TBI	OA/PD/ ID/TBI	NA	NA	

Table 9: Medicaid HCBS Services Available to Older Adults and/or People With Disabilities (Continued)

	Adult Day Health	Adult Day Social	Adult Foster Care	Assisted Living	Assistive Technology	Behavioral Supports	Case Management	Community Transition Support	Day Habilitation	Home- Delivered Meals	Homemaker	Nutritional Supplements	Occupational Therapy	Personal Assistance Services	
Illinois	NA	OA/PD/ ID/TBI	NA	OA/PD	PD/TBI	TBI	OA/PD/ID/ TBI	NA	ID/TBI	PD/TBI	OA/PD/TBI	NA	ID/PD/TBI	PD/TBI	
Indiana	OA/PD/TBI	OA/PD/ ID/TBI	OA/PD/ID	OA/PD	ID	ID/TBI	OA/PD/ID	OA/PD/ID	ID/TBI	OA/PD/ TBI	OA/PD/TBI	OA/PD/TBI	ID	OA/PD/TBI	
Iowa	OA/PD/ ID/TBI	NA	NA	OA	OA	OA/PD/TBI	OA/ID/TBI	ID/TBI	ID	OA/PD	OA/PD	NA	NA	OA/PD/ID/ TBI	
Kansas	OA	OA/ID	PD	OA	OA/PD/ ID/TBI	ID/TBI	ID	OA/TBI	ID	OA/PD/ TBI	OA/PD	NA	TBI	OA/PD/ID/ TBI	
Kentucky	OA/PD/ ID/TBI	TBI	PD/ID	NA	OA/PD/TBI	OA/PD/ ID/TBI	OA/PD/ID/ TBI	PD/ID	PD/ID/TBI	OA	OA/PD/ ID/TBI	OA/PD/ ID/TBI	OA/PD/ID/ TBI	PD/ID/TBI	
Louisiana	OA/PD	ID	ID	NA	OA/PD/ID	ID	OA/PD/ID	OA/PD/ID	ID	OA/PD	NA	OA/PD/ID	OA/PD/ID	OA/PD/ID	
Maine	OA/PD				PD/ID	ID	OA/PD/ID		ID				OA/PD	OA/PD/ID	
Maryland	OA/PD/ID	NA	NA	OA/PD	OA/PD/ ID/TBI	OA/PD/ID	OA/PD/ID/ TBI	OA/PD/ ID/TBI	ID	OA/PD/ ID/TBI	OA/PD/ID	NA	OA/PD/ID/ TBI	OA/PD/ID/ TBI	
Massachusetts	OA/PD/ID	OA/PD/ ID/TBI	OA/PD/ID	OA/PD	OA/PD/ ID/TBI	PD/ID	NA	OA/PD/ ID/TBI	NA	OA	OA/PD/TBI	NA	OA/PD/ID/ TBI	OA/PD/ID/ TBI	
Michigan	OA/PD	NA	OA/PD	NA	OA/PD/ ID/TBI	ID	OA/PD/ID/ TBI	OA/PD	ID	OA/PD	OA/PD	NA	OA/PD	OA/PD	
Minnesota	OA/PD/ ID/TBI	OA/PD/ ID/TBI	OA/PD/TBI	OA/PD/ ID/TBI	OA/PD/ ID/TBI	TBI	OA/PD/ID/ TBI	OA/PD/ ID/TBI	ID/PD/ TBI**	OA/PD/ ID/TBI	OA/PD/ ID/TBI		*	*	
Mississippi															
Missouri	OA/PD	OA/PD			ID	ID	OA/PD/ID*	ID	ID	OA	OA		ID	OA/PD/ID	
Montana	OA/PD/ ID/TBI	OA/PD/ ID/TBI	OA/PD/ ID/TBI	OA/PD/ ID/TBI	OA/PD/ ID/TBI	OA/PD/ ID/TBI	OA/PD/ID/ TBI	OA/PD/ ID/TBI	ID	OA/PD/ ID/TBI	OA/PD/ ID/TBI	OA/PD/ ID/TBI	OA/PD/ID/ TBI	OA/PD/ID/ TBI	

Personal Emergency Response Systems	Physical Therapy	Recreation Therapy	Residential Habilitation	Respite	Specialized Equipment and Supplies	Speech Therapy	Supported Employment	Supported Living	Transportation	Extended State Plan Waiver Benefit: Personal Care	Extended State Plan Waiver Benefit: Nursing	Extended State Plan Waiver Benefit: Home Health	Extended State Plan Waiver Benefit: Other	Comments
OA/PD/TBI	ID/PD/TBI	NA	ID	PD/TBI	PD/TBI	ID/PD/ TBI	ID/TBI	NA	ID	NA	ID/TBI/PD	NA	NA	Dual-eligible financial alignment demonstration for OA/ PD/TBI
OA/PD/ ID/TBI	ID	ID	ID/TBI	OA/PD/ID/ TBI	OA/PD/ ID/TBI		ID/TBI		OA/PD/ID/ TBI		OA/PD/TBI	OA/PD/TBI	OA/PD/TBI	
OA/PD/ ID/TBI	NA	NA	NA	OA/PD/ID/ TBI	PD/TBI	NA	ID/TBI	ID/TBI	OA/PD/ID/ TBI	OA/PD/ ID/TBI	OA/PD/ID	OA/PD/ID	OA/PD/ ID/TBI	Iowa also has the Consumer Choice Option to allow members to self direct services.
OA/PD/ ID/TBI	TBI	NA	ID/TBI	OA/PD/ID/ TBI	OA/PD/ ID/TBI	TBI	ID	ID	OA/PD/ID/ TBI	NA	ID	OA	NA	
OA/PD	OA/PD/ ID/TBI	NA	PD/ID/TBI	OA/PD/ID/ TBI	OA/PD/ ID/TBI	OA/PD/ ID/TBI	OA/PD/ ID/TBI	NA	PD/ID	OA/PD/ ID/TBI	NA	NA	PD/ID	Assistive Technology and Nutritional Supplements may be available through a service entitled "Goods and Services" which is available only under Participant Directed Services and must be part of the individual's approved plan of care and budget.
OA/PD/ID	OA/PD/ID		ID	OA/PD/ID	OA/PD/ID	OA/PD/ ID	ID	ID	OA/PD	NA	OA/PD/ID			Waivers include nursing but it is not necessarily an extended state plan benefit as it is defined differently. Louisiana provides Monitored In Home Caregiving (MIHC) under its 1915(c) waiver for OA/PD. MIHC consists of a contracted live-in caregiver who receives a per diem and oversight by a nurse and social work team.
OA/PD/ID	OA/PD		ID	OA/PD/ID	ID	OA/PD/ ID	ID	ID	OA/PD/ID					
OA/PD	OA/PD/ ID/TBI	NA	ID	OA/PD	OA/PD/ ID/TBI	ID	ID	ID	OA/PD/ID/ TBI					
OA/PD	OA/PD/ ID/TBI	NA	PD/ID/TBI	OA/PD/ID/ TBI	OA/PD/ ID/TBI	PD/ID/ TBI	PD/ID/TBI	PD/ID/ TBI	OA/PD/ID/ TBI	NA	NA	NA	ID - Day Hab	All waiver participants are case managed, but case management is not a waiver service. Rather, it is provided as TCM or administrative case management.
OA/PD/ ID/TBI	PD/ID/TBI	OA/PD	NA	OA/PD/ID/ TBI	OA/PD/ ID/TBI	OA/PD	OA/PD/ ID/TBI	OA/PD/ ID/TBI	OA/PD/ID/ TBI	NA	OA/PD/ ID/TBI	NA	NA	
OA/PD/ ID/TBI	*	NA	ID	OA/PD/ID/ TBI	OA/PD/TBI	*	PD/ID/TBI	NA	OA/PD/ID/ TBI	OA/PD/ ID/TBI	OA/PD/TBI	OA/PD/ID/ TBI	NA	*A number of services, including occupational, speech, and physical therapy as well as personal assistance services are provided through the state plan and not as specific waiver services, **For people with TBI or PD day hab services are referred to as prevocational services.
ID	ID		ID	OA/ID	OA/PD/ID	ID	ID	ID	OA/PD/ID	OA/PD*/ PD**/ID			PD**/ID nursing and specialized medical supplies	*OA included as this population may stay in the Independent Living Waiver if initial entry occurred prior to age 63. **PD here refers to medically fragile persons with disabilities through the Medically Fragile Adult Waiver.
OA/PD/ ID/TBI	OA/PD/ ID/TBI	OA/PD/ ID/TBI	OA/PD/ID/ TBI	OA/PD/ID/ TBI	OA/PD/ ID/TBI	OA/PD/ ID/TBI	OA/PD/ ID/TBI	OA/PD/ ID/TBI	OA/PD/ID/ TBI	OA/PD/ ID/TBI	OA/PD/ ID/TBI	OA/PD/ID/ TBI	OA/PD/ ID/TBI	

Table 9: Medicaid HCBS Services Available to Older Adults and/or People With Disabilities (Continued)

	Adult Day Health	Adult Day Social	Adult Foster Care	Assisted Living	Assistive Technology	Behavioral Supports	Case Management	Community Transition Support	Day Habilitation	Home- Delivered Meals	Homemaker	Nutritional Supplements	Occupational Therapy	Personal Assistance Services	
Nebraska	OA/PD	NA	NA	OA/PD/ TBI	OA/PD/ID		OA/PD/ID/ TBI	OA/PD	ID	OA/PD	NA	NA	NA	NA	
Nevada	NA	OA	NA	OA/PD	NA	ID	OA/PD/ID		ID	PD	OA/PD	NA	NA	NA	
New Hampshire	OA/PD/ ID/TBI	ID/TBI	OA/PD/ID	OA/PD/ ID/TBI	OA/PD/ ID/TBI	ID/TBI	OA/PD/ID/ TBI	OA/PD/TBI	ID/TBI	OA/PD	OA/PD			OA/PD/ID/ TBI	
New Jersey	OA/PD/ ID/TBI	OA/PD	OA/PD	OA/PD	OA/PD	OA/ID	OA/PD/ID/ TBI	OA/PD/ ID/TBI	ID/TBI	OA/PD	NA	OA/PD/TBI	PD/ID/TBI	PD/ID/TBI	
New Mexico	OA/PD	OA/PD/ ID/TBI	NA	OA/PD	OA/PD/ ID/TBI	OA/PD/ ID/TBI	ID	OA/PD/TBI	ID	NA	OA/PD/ ID/TBI	OA/PD/ ID/TBI	OA/PD/ID/ TBI	OA/PD/ID/ TBI	
New York	OA/PD/ ID/TBI	OA/PD/ ID/TBI		OA/PD/ TBI	OA/PD/ ID/TBI	OA/PD/ ID/TBI	OA/PD/ID/ TBI	OA/PD/ ID/TBI	OA/PD/ID/ TBI	OA/PD/ ID/TBI	OA/PD/ ID/TBI	OA/PD/ ID/TBI	OA/PD/ ID/TBI	OA/PD/ ID/TBI	
North Carolina	OA/PD	NA	NA	NA	OA/PD/ID	OA/PD/ID	OA/PD/ID	OA/PD/ID	ID	OA/PD/ID	OA/PD/ID	OA/PD/ID	OA/PD/ID	OA/PD/ID	
North Dakota	OA/PD/TBI	OA/PD/TBI	OA/PD/TBI	NA	OA/PD/TBI		OA/PD/TBI	OA/PD/TBI	NA	OA/PD/ TBI	OA/PD/TBI	NA	NA	NA	
Ohio	OA/PD	OA/PD/ID	ID	OA/PD	OA/PD/ID	NA	NA	OA	ID	OA/PD/ID	OA/ID	NA	NA	OA/PD/ID	
Oklahoma	ID	OA/PD/ID	NA	OA/PD	OA/PD/ID	OA/PD/ID	OA/PD/ID	OA/ID	OA/PD/ID	OA/PD/ID	OA/PD/ID	OA/PD/ID	OA/PD/ID	OA/PD/ID	
Oregon	OA/PD/ ID/TBI	OA/PD/ ID/TBI	OA/PD/ ID/TBI	OA/PD/ ID/TBI	OA/PD/ ID/TBI	OA/PD/ ID/TBI	OA/PD/ID/ TBI	OA/PD/ ID/TBI	OA/PD/ID/ TBI	OA/PD/ ID/TBI	OA/PD/ ID/TBI	ID	ID	OA/PD/ID/ TBI	
Pennsylvania	OA/PD/ ID/TBI	OA	NA	NA	OA/PD/ ID/TBI	ID/TBI	OA/PD/ID/ TBI	OA/PD/ ID/TBI	PD/ID/TBI	OA	NA	NA	OA/PD/ID/ TBI	OA/PD/ID/ TBI	
Rhode Island	OA/PD/ ID/TBI	n/a	OA/PD/ ID/TBI	OA/PD/ ID/TBI	OA/PD/ ID/TBI	NA	OA/TBI/PD	OA/PD/ ID/TBI	ID/TBI	OA/PD/ TBI	OA/PD/TBI	NA	NA	OA/PD/ID/ TBI	
South Carolina	OA/PD/ ID/TBI	NA	NA	OA/PD	ID/TBI	ID/TBI	OA/PD/ID/ TBI	NA	ID/TBI	OA/PD	OA/PD/ ID/TBI	OA/PD	TBI	OA/PD/ID/ TBI	
South Dakota	NA	OA/PD	NA	OA/PD	OA/PD/ID	NA	OA/PD/ID	NA	ID/NA	OA/PD	OA/PD/ID	OA/PD/ID	NA	ID	
Tennessee	NA	OA/PD	OA/PD/ID	OA/PD	OA/PD/ID	ID	OA/PD/ID	OA/PD/ID	OA/PD/ID	OA/PD	NA	NA	ID	OA/PD/ID	
Texas	OA/PD		OA/PD	OA/PD			PD	OA/PD		OA/PD	OA/PD	OA/PD	OA/PD	OA/PD	
Utah	OA	OA	NA	OA/PD/ TBI	OA/ID/TBI	ID/TBI	OA/PD/ID/ TBI	OA/ID/TBI	ID/TBI	OA	OA/ID/TBI	OA	TBI	OA/PD/ID	
Vermont	OA/PD/ ID/TBI	OA/PD/ ID/TBI	OA/PD/ ID/TBI	OA/PD/ ID/TBI	OA/PD/ ID/TBI	OA/PD/ ID/TBI	OA/PD/ID/ TBI	OA/PD/ ID/TBI	ID	NA	OA/PD	NA	NA	OA/PD/ID/ TBI	
Virginia	OA/PD	NA	PD	NA	PD	ID/PD	ID/PD	OA/PD/ID	NA	NA	NA	NA	NA	OA/PD/ID	
Washington	OA/PD	OA/PD	OA/PD/ID	OA/PD	OA/PD/ID	OA/PD/ID	OA/PD/ID	OA/PD/ID	ID	OA/PD	NA	NA	ID	OA/PD/ID	
West Virginia	NA	NA	NA	NA	OA/PD/ ID/TBI	ID	OA/PD/ID/ TBI	OA/PD/TBI	ID	NA	OA/PD/TBI	See Comments	ID	OA/PD/TBI	

Personal Emergency Response Systems	Physical Therapy	Recreation Therapy	Residential Habilitation	Respite	Specialized Equipment and Supplies	Speech Therapy	Supported Employment	Supported Living	Transportation	Extended State Plan Waiver Benefit: Personal Care	Extended State Plan Waiver Benefit: Nursing	Extended State Plan Waiver Benefit: Home Health	Extended State Plan Waiver Benefit: Other	Comments
OA/PD	NA	NA	ID	OA/PD/ID	OA/PD/ ID/TBI	NA	ID	ID	OA/PD	NA	OA/PD/ID	NA	NA	
OA/PD	NA	NA	ID	OA/PD	PD	NA	ID	ID	ID	PD	ID	NA	ID	
OA/PD/ ID/TBI			ID/TBI	OA/PD/ID/ TBI	OA/PD/ ID/TBI		ID/TBI	ID/TBI	OA/PD/ID/ TBI	NA	NA	NA	NA	
OA/PD/ID	PD/ID	PD	ID/NA	OA/PD/ID	OA/PD	PD/ID	ID		OA/PD/ID		PD	PD	NA	
OA/PD/ID	OA/PD/ ID/TBI	NA	ID	OA/PD/ID	OA/PD/ ID/TBI	OA/PD/ ID/TBI	OA/PD/ ID/TBI	ID	OA/PD/ID/ TBI		ID	ID		
OA/PD/ ID/TBI	OA/PD/ ID/TBI		OA/PD/ ID/TBI	OA/PD/ ID/TBI	OA/PD/ ID/TBI	OA/PD/ ID/TBI	PD/ID	TBI/ ID	OA/PD/ ID/TBI	OA/PD/ ID/TBI	OA/PD/ ID/TBI	OA/PD/ ID/TBI	OA/PD/ ID/TBI	
OA/PD/ID	OA/PD/ID		ID	OA/PD/ID	OA/PD/ID	OA/PD/ ID	ID		OA/PD/ID					
OA/PD/TBI	NA	NA	OA/PD/TBI	OA/PD/TBI	OA/PD/TBI	NA	OA/PD/ TBI	NA	OA/PD/TBI	NA	NA	NA	NA	
OA/PD/ID	NA	NA	NA	OA/PD/ID	OA/PD/ID	NA	ID	NA	OA/PD/ID	NA	OA/PD/ID	NA	NA	Individuals with TBI are included in other waivers and do not have a program specifically for this population.
OA/PD/ID	OA/PD/ID	OA/PD/ID	NA	OA/PD/ID	OA/PD/ID	OA/PD/ ID	ID	ID	OA/PD/ID	NA	NA	NA	NA	
OA/PD/ ID/TBI	ID	NA	ID	OA/PD/ID/ TBI	OA/PD/ ID/TBI	ID	ID	OA/PD/ ID/TBI	OA/PD/ID/ TBI	NA	NA	NA		
OA/PD/ ID/TBI	OA/PD/ ID/TBI	ID	ID/TBI	OA/PD/ID/ TBI	OA/PD/ ID/TBI	OA/PD/ ID/TBI	PD/ID/TBI	NA	OA/PD/ID/ TBI	OA/PD/ ID/TBI	OA/PD/ ID/TBI	OA/PD/ID/ TBI		
OA/PD/TBI	NA	NA	ID/TBI	NA	OA/PD/ ID/TBI	NA	ID	ID	NA	NA	NA	NA	NA	
OA/PD/ ID/TBI	TBI	NA	ID/TBI	OA/PD/ID/ TBI	OA/PD/ ID/TBI	TBI	ID/TBI	NA	NA	OA/PD/ ID/TBI	ID/TBI	NA	NA	
OA/PD/ID	NA	NA	ID	OA/PD/ID	OA/PD/ID	NA		ID	NA	OA/PD/ID	OA/PD	NA	NA	
OA/PD/ID	ID	NA	OA/PD/ID	OA/PD/ID	ID	ID	ID	OA/PD/ ID	ID	NA	ID	NA	ID	Homemaker services are covered as a component of Personal Care visits and Attendant Care. Benefits for ID differ by program (1915(c) vs. MLTSS) and by benefit plan.
OA/PD	OA/PD			OA/PD	OA/PD	OA/PD								
OA/PD/ ID/TBI	TBI	NA	ID/TBI	OA/ID/TBI	OA/PD/ ID/TBI	TBI	ID/TBI	ID/TBI	OA/ID/TBI	NA	OA/PD	OA	NA	
OA/PD	NA	NA	ID/TBI	OA/PD/ID/ TBI	OA/PD/ ID/TBI	NA	ID	ID	OA/PD/ID/ TBI	NA	NA	NA	NA	
OA	NA	NA	NA	OA/PD	PD	NA	PD/ID	ID	NA	NA	NA	NA	NA	
OA/PD	ID	NA	ID	ID	OA/PD/ID	ID	ID	ID	OA/PD/ID	NA	NA	NA	ID	TBI is included in OA/PD Waiver DD/ID has Extended State Plan waiver benefit for therapies.
See Comments	ID	NA	ID	ID	See Comments	ID	ID	NA	OA/PD/ID/ TBI	OA/PD/ ID/TBI	ID	OA/PD/ID/ TBI	ID (PT,OT, ST)	Members in 3 waivers who are self-directing and have budget authority may use Participant-Directed Goods and Services to purchase nutritional supplements, Personal assistance reponse systems and specialized equipment and supplies.

Table 9: Medicaid HCBS Services Available to Older Adults and/or People With Disabilities (Continued)

	Adult Day Health	Adult Day Social	Adult Foster Care	Assisted Living	Assistive Technology	Behavioral Supports	Case Management	Community Transition Support	Day Habilitation	Home- Delivered Meals	Homemaker	Nutritional Supplements	Occupational Therapy	Personal Assistance Services	
Wisconsin	OA/PD/ID	OA/PD/ID	NA	OA/PD/ID	OA/PD/ID		OA/PD/ID		OA/PD/ID	OA/PD/ID	OA/PD/ID		OA/PD/ID	OA/PD/ID	
Wyoming		OA/ID/ TBI	NA	OA/PD	OA/PD/ ID/TBI	ID/TBI	OA/PD/ ID/ TBI	ID/TBI	TBI	OA/PD	ID/TBI		OA/PD/ TBI/ID	OA/PD	

Personal Emergency Response Systems	Physical Therapy	Recreation Therapy	Residential Habilitation	Respite	Specialized Equipment and Supplies	Speech Therapy	Supported Employment	Supported Living	Transportation	Extended State Plan Waiver Benefit: Personal Care	Extended State Plan Waiver Benefit: Nursing	Extended State Plan Waiver Benefit: Home Health	Extended State Plan Waiver Benefit: Other	Comments
OA/PD/ID	OA/PD/ID			OA/PD/ID	OA/PD/ID	OA/PD/ ID	OA/PD/ID		OA/PD/ID					
OA/PD	OA/PD/ TBI/ID		ID/TBI	OA/PD/ TBI/ID	OA/PD/ TBI/ID	OA/PD/ TBI/ID	ID/TBI	ID/TBI	OA/PD/ID					Personal response systems are sometimes covered under the ID and TBI "Specialized Equipment" service or under "goods and services" for those self-directing.

Table 10: Operating Agencies by Target Populations

	Adult Foster Care Clients	Individuals with Dementia/ Alzheimer's Disease	Assisted Living Clients	Individuals with Autism	Individuals with Intellectual/ Developmental Disabilities	Older Adults	Older Adults and Adults with Physical Disabilities	Adults with Physical Disabilities	Individuals with Severe Emotional Disturbance	Individuals with Traumatic Brain Injury
Alabama	Department of Human Resources	Aging and Disability Agency (ADSS), Department of Mental Health	State Office of Ombudsman	Department of Mental Health	Department of Mental Health	Aging and Disability Agency (ADSS)	Aging and Disability Agency (ADSS), Department of Rehabilitative Service	Department of Rehabilitation Service	Department of Mental Health	Department of Rehabilitative Services
Alaska	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Aging and/ or Disability Agency	Not Applicable	Aging and/ or Disability Agency	Not Applicable	Not Applicable	Not Applicable
Arizona					Medicaid Agency	State Unit on Aging	Medicaid Agency and State Unit on Aging	State Unit on Aging		
Arkansas	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	I/DD Agency	I/DD Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Other (Behavioral Health Agency)	Aging and/or Disability Agency
California		Aging/ Medicaid Agency/Public Health	Medicaid Agency	I/DD Agency	I/DD Agency	Aging/ Medicaid Agency/ Social Services	Aging/ Medicaid Agency/Social Services	Aging/ Medicaid Agency/Social Services	Medicaid Agency/ Dept of State Hospitals	Department of Rehabilitation
Colorado	Aging and/ or Disability Agency	Medicaid Agency and State Unit on Aging	Medicaid Agency	Medicaid Agency	Medicaid Agency	Medicaid Agency and State Unit on Aging	Medicaid Agency	Medicaid Agency	Medicaid Agency and Aging and/ or Disability Agency	Medicaid Agency
Connecticut	Medicaid Agency	State Department on Aging	Medicaid Agency	I/DD Agency	I/DD Agency	State Department on Aging	Medicaid Agency	Medicaid Agency	Mental Health Agency	Medicaid Agency
Delaware	Aging and/ or Disability Agency	Aging and/ or Disability Agency; Medicaid Agency	Medicaid Agency	I/DD Agency	I/DD Agency	State Aging and/or Disability Agency; Medicaid Agency	State Aging and/or Disability Agency; Medicaid Agency	State Aging and/or Disability Agency; Medicaid Agency	Mental Health Agency	Medicaid Agency
District of Columbia	Not Applicable	Not Applicable	Not Applicable	Not Applicable	I/DD Agency	Medicaid Agency	Medicaid Agency	Medicaid Agency	Not Applicable	Not Applicable
Florida										
Georgia	Not Applicable	Aging and/ or Disability Agency	Aging and/ or Disability Agency	I/DD Agency	I/DD Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	I/DD Agency	Medicaid Agency
Hawaii	Medicaid Agency	Medicaid Agency	Medicaid Agency	Medicaid Agency	Medicaid Agency	Medicaid Agency	Medicaid Agency	Medicaid Agency	Medicaid Agency	Medicaid Agency
Idaho	Medicaid Agency	Medicaid Agency	Medicaid Agency	Medicaid Agency	Medicaid Agency	Medicaid Agency	Medicaid Agency	Medicaid Agency	Medicaid Agency	Medicaid Agency
Illinois			Medicaid Agency		Aging and/ or Disability Agency	Aging and/ or Disability Agency		Aging and/ or Disability Agency		Aging and/or Disability Agency
Indiana	Aging and/ or Disability Agency	Not Applicable	Aging and/ or Disability Agency	I/DD Agency	I/DD Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Other	Aging and/or Disability Agency
Iowa	Not Applicable	Medicaid Agency	Medicaid Agency	Department of Human Services office of Mental Health and Disability Services	Medicaid Agency; Department of Human Service office of Mental Health and Disability Services	Medicaid Agency; Department on Aging	Medicaid Agency	Medicaid Agency	Medicaid Agency; Department of Human Service office of Mental Health and Disability Services	Medicaid Agency
Kansas	Not Applicable	Not Applicable	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/or Disability Agency

Table 10: Operating Agencies by Target Populations (Continued)

	Adult Foster Care Clients	Individuals with Dementia/ Alzheimer's Disease	Assisted Living Clients	Individuals with Autism	Individuals with Intellectual/ Developmental Disabilities	Older Adults	Older Adults and Adults with Physical Disabilities	Adults with Physical Disabilities	Individuals with Severe Emotional Disturbance	Individuals with Traumatic Brain Injury
Kentucky	Other (Medicaid and Department for Community Based Services partnership)	Aging and / or Disability Agency	Aging and/ or Disability Agency	Other (Medicaid and Behavioral Health partnership)	Other (Medicaid and Behavioral Health partnership)	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Other (Medicaid and Behavioral Health partnership)	Aging and/or Disability Agency
Louisiana					I/DD Agency within Single State Medicaid Agency		Aging and Disability Agency within Single State Medicaid Agency			
Maine										
Maryland		Medicaid Agency	Medicaid Agency	Medicaid Agency	Medicaid Agency	Medicaid Agency	Medicaid Agency	Medicaid Agency		Medicaid Agency
Massachusetts	Medicaid Agency	Aging and/ or Disability Agency	Aging Agency	I/DD Agency	I/DD Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Mental Health Agency	Disability Agency
Michigan	Medicaid Agency	Medicaid Agency		Medicaid Agency	Medicaid Agency	Medicaid Agency	Medicaid Agency	Medicaid Agency	Medicaid Agency	Medicaid Agency
Minnesota	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Mental Health Agency	Aging and/or Disability Agency
Mississippi										
Missouri	I/DD Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency and I/ DD Agency	I/DD Agency	I/DD Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	I/DD Agency	Health and Senior Services Agency
Montana	Medicaid Agency	Medicaid Agency	Medicaid Agency	I/DD Agency/ Medicaid	I/DD Agency/ Medicaid	Medicaid Agency/ Aging and Disabilities	Medicaid Agency/Aging and Disabilities	Medicaid Agency/Aging and Disabilities	I/DD Agency/ State Mental Health Agency	Medicaid Agency
Nebraska			Medicaid Agency		I/DD Agency		Medicaid Agency	Medicaid Agency		Medicaid Agency
Nevada			Aging and/ or Disability Agency		Aging and/ or Disability Agency	Aging and/ or Disability Agency		Medicaid Agency		Not Applicable
New Hampshire	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Not Applicable	I/DD Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency		I/DD Agency
New Jersey	Medicaid Agency	Aging and/ or Disability Agency; Medicaid Agency	Medicaid Agency	I/DD Agency	I/DD Agency	Aging and/ or Disability Agency; Medicaid Agency	Aging and/ or Disability Agency; Medicaid Agency	Aging and/ or Disability Agency; Medicaid Agency	Medicaid Agency; Other (Mental Health Agency)	Aging and/ or Disability Agency; Medicaid Agency
New Mexico	Not Applicable	Medicaid Agency	Medicaid Agency	Medicaid Agency	Medicaid Agency	Medicaid Agency	Medicaid Agency	Medicaid Agency	Medicaid Agency	Medicaid Agency
New York		Medicaid Agency/Aging	Medicaid Agency	I/DD Agency	I/DD Agency	Aging/ Medicaid Agency/ Disability	Aging/ Medicaid Agency/ Disability	Aging/ Medicaid Agency/ Disability	Mental Health Agency/ I/ DD Agency	Medicaid Agency
North Carolina	Not Applicable	Not Applicable	Not Applicable	Not Applicable	I/DD Agency	Not Applicable	Medicaid Agency	Not Applicable	I/DD Agency	Not Applicable
North Dakota	Medicaid Agency	Medicaid Agency	Medicaid Agency	I/DD Agency	I/DD Agency	Medicaid Agency	Medicaid Agency	Medicaid Agency		Medicaid Agency
Ohio	Other	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	I/DD Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Other	Other
Oklahoma	Not Applicable	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Not Applicable	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Not Applicable	Not Applicable
Oregon	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	I/DD Agency	I/DD Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Medicaid Agency	Aging and/or Disability Agency

Table 10: Operating Agencies by Target Populations (Continued)

		1								
	Adult Foster Care Clients	Individuals with Dementia/ Alzheimer's Disease	Assisted Living Clients	Individuals with Autism	Individuals with Intellectual/ Developmental Disabilities	Older Adults	Older Adults and Adults with Physical Disabilities	Adults with Physical Disabilities	Individuals with Severe Emotional Disturbance	Individuals with Traumatic Brain Injury
D 1 1	1	1	[[1	[
Pennsylvania										
Rhode Island	Medicaid Agency and Disability Agency	Aging	Aging	I/DD	I/DD	All	Medicaid and Aging	Medicaid and Aging	I/DD	Medicaid Agency
South Carolina	Not Applicable	Not Applicable	Medicaid Agency	I/DD Agency	I/DD Agency	Medicaid Agency	Medicaid Agency	Medicaid Agency	Not Applicable	I/DD Agency
South Dakota	Not Applicable	Not Applicable	Aging and/ or Disability Agency	Not Applicable	Other	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Not Applicable	Other
Tennessee					I/DD Agency—1915 (c) waivers Medicaid Agency— MLTSS		Medicaid Agency			
Texas	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Utah	Not Applicable	Aging and or/ Medicaid Agency	Medicaid Agency	I/DD Agency	I/DD Agency	Aging, Disability and/or Medicaid Agency	Aging, I/DD Agency, and/ or Medicaid Agency	I/DD Agency	Not Applicable	I/DD Agency
Vermont	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Other (Mental Health Agency)	Aging and/or Disability Agency
Virginia	Dept. of Social Services	Aging and/ or Disability Agency; Medicaid Agency	Dept. of Social Services	I/DD Agency	I/DD Agency	Aging and/ or Disability Agency	Medicaid Agency	Medicaid Agency	I/DD Agency	Aging and/or Disability Agency
Washington	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	IDD/Agency	I/DD Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	I/DD Agency	Aging and/or Disability Agency or I/DD Agency
West Virginia					Medicaid Agency		Medicaid Agency			Medicaid Agency
Wisconsin		Medicaid Agency	Medicaid Agency	Medicaid Agency	Medicaid Agency	Medicaid Agency	Medicaid Agency	Medicaid Agency		Medicaid Agency
Wyoming			Medicaid Agency		I/DD Agency	Aging and/ or Disability Agency	Medicaid Agency	Medicaid Agency		I/DD Agency

State of the States in Aging and Disability: 2017 Survey of State Agencies 79

Table 11: State Agencies Providing Federally-Funded, Non-Medicaid Programs/Services for Older Adults

		lith Man.	Des Nor Men	"Prices	ility	- Contanto	, , , , , , ,	Gine Hp)	, /	ntel Foud	3	andement	De Agree	tion	"there	letuto)	opte with	leals	/
	24 24	Antindes Realty Health Adult Day Health 1	Adi .	dai. Amerine Services	Rennice Concerting	mers Support Profilem.	are Management	rond poman Adult Care	Commodis,	Program (CSPp)	Congregate Meals Chronic Di: Press	Penting, vene Sef. Handener, Diador, and Lauth Angements	UN CPREMANDE LINE	Fam.	uis Carginer Support	Gundignoip Cor Adults)	Diversity (nor People with	me Delivered Meads Ho.	-comemaker
Alabama	Department of Human Resources	Department of Mental Health	Department of Human Resources	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Department of Education	Aging and/ or Disability Agency	State Department of Education	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Not Provided	Aging and/ or Disability Agency, Department of Human Resources	Aging and/ or Disability Agency	Department of Human Resources	Department of Human Resources	Aging and/ or Disability Agency	Aging and/ or Disability Agency	
Alaska	Not Provided	Aging and/ or Disability Agency		Aging and/ or Disability Agency		Aging and/ or Disability Agency		Not Provided	Aging and/ or Disability Agency	Aging and/ or Disability Agency			Aging and/ or Disability Agency	Aging and/ or Disability Agency					
Arizona	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Not Provided	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Unknown	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Unknown	Unknown	Aging and/ or Disability Agency	Aging and/ or Disability Agency						
Arkansas	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency		Aging and/ or Disability Agency		Aging and/ or Disability Agency	Division of County Operations	Aging and/ or Disability Agency	Aging and/ or Disability Agency		Aging and/ or Disability Agency	Aging and/ or Disability Agency			Aging and/ or Disability Agency	Aging and/ or Disability Agency	
California	Aging and/ Public Health Agency	State Social Services	State Social Services	Aging/ Medicaid/ Rehabilita- tion Agency	Aging/ Medicaid/ Public Health Agency	Aging and/ or Disability Agency		Aging and/ or Disability Agency	Unknown	Aging and/ or Disability Agency	Aging and/ or Disability Agency		Aging and/ or Disability Agency	Aging and/ or Medicaid Agency			Aging and/ or Disability Agency	Aging and/ or Disability Agency	
Colorado	Aging and/ or Disability Agency (Department of Human Services)	Department of Public Health and Environment	Aging and/ or Disability Agency (Department of Human Services)	State does not provide	Aging and/ or Disability Agency (Department of Human Services)	Aging and/ or Disability Agency (Department of Human Services)		Aging and/ or Disability Agency (Department of Human Services)	Aging and/or Disability Agency (Department of Human Services)										
Connecticut	State Department on Aging	State Department on Aging	Department of Social Services	State Department on Aging	State Department on Aging	State Department on Aging/ Department of Social Services	State Department of Education	State Department on Aging	Department of Social Services	State Department on Aging	State Department on Aging	Unknown	State Department on Aging	State Department on Aging			State Department on Aging	State Department on Aging	
Delaware	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Umbrella HHS Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Other	Aging and/ or Disability Agency	Other	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Not Provided	Umbrella HHS Agency	Aging and/ or Disability Agency	Other	Other	Aging and/ or Disability Agency	Aging and/ or Disability Agency	
District of Columbia	Medicaid Agency	Medicaid Agency	Not Provided	Aging and/ or Disability Agency	Aging and/ or Disability Agency; Medicaid Agency	Aging and/ or Disability Agency; Medicaid Agency	Medicaid Agency	Medicaid Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency; Medicaid Agency	Medicaid Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency; Medicaid Agency	Medicaid Agency	Medicaid Agency	Aging and/ or Disability Agency	Medicaid Agency	
Florida	Aging and/ or Disability Agency	Aging and/ or Disability Agency; Medicaid Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency; Medicaid Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency; Medicaid Agency		Aging and/ or Disability Agency	Aging and/ or Disability Agency		Aging and/ or Disability Agency	Aging and/ or Disability Agency			Aging and/ or Disability Agency; Medicaid Agency	Aging and/ or Disability Agency; Medicaid Agency	
Georgia	Aging and/ or Disability Agency	Unknown	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Unknown	Aging and/ or Disability Agency	Unknown	Aging and/ or Disability Agency		Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	
Hawaii	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Medicaid Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency		Aging and/ or Disability Agency		Aging and/ or Disability Agency	Aging and/ or Disability Agency			Aging and/ or Disability Agency			Aging and/ or Disability Agency		
Idaho			Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Unknown	Aging and/ or Disability Agency	State Unit on Aging	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Unknown	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Unknown	Unknown	Aging and/ or Disability Agency	Aging and/ or Disability Agency	
Illinois	Not Provided	Not Provided	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Unknown	Aging and/ or Disability Agency	Aging and/ or Disability Agency			Aging and/ or Disability Agency	Medicaid Agency	
Indiana	Not Provided	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Not Provided	Aging and/ or Disability Agency	Unknown	Aging and/ or Disability Agency	Unknown	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Unknown	Not Provided	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	
Iowa	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Department of Human Services	Department on Aging	Not Provided	Aging and/ or Disability Agency	Department of Education	Aging and/ or Disability Agency	Department of Human Services	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Not Provided	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Not Provided	Not Provided	Aging and/ or Disability Agency	Aging and/ or Disability Agency	
Kansas	Aging and/ or Disability Agency	Aging and/ or Disability Agency		Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency		Aging and/ or Disability Agency		Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency			Aging and/ or Disability Agency	Aging and/ or Disability Agency	
Kentucky		Aging and/ or Disability Agency	Human and Community Services Programs	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Human and Community Services Programs	Aging and/ or Disability Agency	Human and Community Services Programs	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	

Voutional Constitution Notforce 5.	Aging and/					Rehabilita- tion (within t Depart- t ment of	n Labor	Other			Unknown	Not Provided	Department n of Labor		ID/DD agency	Iowa Workforce Develop- ment	
Vanmining Baced Home and Voice:	Aging and/ or Disability Agency		Aging and/ or Disability Agency	AR Rehab Services, Department of Career Education	State Depart- ment of Rehabilita- tion	Division of Vocational Rehabilita- tion (within Department of Labor and Employ- ment)	Dept of Rehabilitation Services	Other	Aging and/ or Disability Agency			Medicaid Agency	Vocational Rehabilitation	Aging and/ or Disability Agency	ID/DD agency	Iowa Vocational Rehab	Services
Peterman, Promin Lynn, Gunt	Aging and/ or Disability Agency	Not Provided	Aging and/ or Disability Agency		Aging and/ or Disability Agency	State does not provide	Department of Social Services	Not Provided	Aging and/ or Disability Agency		Unknown		Aging and/ or Disability Agency	Aging and/ or Disability Agency	Unknown	Iowa Department on Aging	
Program Program	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency		Department of Rehabilita- tion	Aging and/ or Disability Agency (Department of Human Services)	Department of Social Services	Not Provided	Not Provided		Unknown		Idaho State University	Aging and/ or Disability Agency	Not Provided	Iowa Department of Public Health	ricalui
Proprint Contract Assistance	Aging and/ or Disability Agency		Aging and/ or Disability Agency			Aging and/ or Disability Agency (Department of Human Services)	Department of Social Services	Other	Medicaid Agency		Unknown		Unknown	Aging and/ or Disability Agency	Unknown	Iowa Department of Human Services	
State Health , and Ship	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	AR Insurance Department	State Department on Aging	Division of Insurance	State Department on Aging	Other	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Idaho SHIBA	Aging and/ or Disability Agency	Department of Insurance	Iowa Insurance Division	
Senior De Manuer Marter	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency			State Department on Aging	Aging and/ or Disability Agency	Not Provided		Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Not Provided	Not Provided	Aging and/ or Disability Agency	
Value Community Service	Aging and/ or Disability Agency			Aging and/ or Disability Agency	State Dept of Food & Agriculture	Aging and/ or Disability Agency (Department of Human Services)	Department of Social Services	Not Provided	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency; Medicaid Agency		Unknown	Aging and/ or Disability Agency	State Department of Health	Iowa Department of Agriculture	Aging and/
Union Canters	Aging and/ or Disability Agency		Aging and/ or Disability Agency	Aging and/ or Disability Agency	State Department of Aging	Aging and/ or Disability Agency (Department of Human Services)	State Department on Aging	Aging and/ or Disability Agency	Not Provided	Aging and/ or Disability Agency	Aging and/ or Disability Agency		Aging and/ or Disability Agency	Aging and/ or Disability Agency	Department of Workforce Development	Aging and/ or Disability Agency	
lemie	Aging and/ or Disability Agency	Not Provided	Aging and/ or Disability Agency	Aging and/ or Disability Agency		Aging and/ or Disability Agency (Department of Human Services)	State Department on Aging	Other	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency		Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/
-olic Guandinahi	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency (Department of Human Services)	State Department on Aging	Aging and/ or Disability Agency	Aging and/ or Disability Agency; Medicaid Agency	Aging and/ or Disability Agency; Medicaid Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	
Purisonal Gree	Department of Human Resources		Unknown		County Social Services Agencies	Legislature created an "Office of Public Guardian- ship" pilot in 2017 within the Judicial Department		Other	Medicaid Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency		Idaho Health and Welfare			Office of Substitute Decision Maker, Iowa Department on Aging	on Aging
thungenation (1)	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency (Department of Human Services)	State Department on Aging	Aging and/ or Disability Agency	Medicaid Agency	Aging and/ or Disability Agency; Medicaid Agency	Aging and/ or Disability Agency		Medicaid Agency	Not Provided	Aging and/ or Disability Agency	Aging and/ or Disability Agency	
ance Promin Line Burne Energy	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency (Department of Human Services)	State Department on Aging	Other	Aging and/ or Disability Agency; Medicaid Agency	Aging and/ or Disability Agency; Medicaid Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Not Provided	Aging and/ or Disability Agency	
(17 Char Ombudman Low Inc.	Aging and/ or Disability Agency		Aging and/ or Disability Agency	Economic Development Commission	Dept of Community Development	Aging and/ or Disability Agency (Department of Human Services)	Department of Social Services	Other	Not Provided	Aging and/ or Disability Agency	Medicaid Agency		Idaho Health and Welfare		Unknown	Iowa Department of Human Rights	
In Hane Services	Aging and/ or Disability Agency		Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency (Department of Human Services)	State Department on Aging	Umbrella HHS Agency	Medicaid Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	
Long. Term	Aging and/ or Disability Agency	Not Provided			Not Provided	Not Provided	Not Provided	Umbrella HHS Agency	Medicaid Agency		Aging and/ or Disability Agency		Unknown	Aging and/ or Disability Agency	Not Provided	Aging and/ or Disability Agency	
Cintip Care	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	State Department on Aging	Aging and/ or Disability Agency (Department of Human Services)	State Department on Aging	Aging and/ or Disability Agency	Not Provided	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Unknown	Aging and/ or Disability Agency	
Jormanin and Referral	Aging and/ or Disability Agency		Aging and/ or Disability Agency			Aging and/ or Disability Agency (Department of Human Services)	State Department on Aging	Aging and/ or Disability Agency	Medicaid Agency		Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Unknown	Not Provided	
Inspendent Lining	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency (Department of Human Services)	State Department on Aging	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency; Not Provided	Aging and/ or Disability Agency; Centers for Independent Living	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	
 	d/ lity		and/ ability ncy			vivision of ocational ehabilita- on (within epartment Labor and Employ- ment)	Department of Rehabilitation Services	Other	Medicaid Agency				Centers for Independent Living	Aging and/ or Disability Agency	Unknown	ot Provided	

Table 11: State Agencies Providing Federally-Funded, Non-Medicaid Programs/Services for Older Adults

		alits Women	Dog Aat	ernices	bility	Promany.	ent	Came (Tep)	*	ental Food	als	Langement	tive Payee	mion	Support	Adults	People with	Meals	
	a. da.	Includes Health Day Health Adult Don Components	Adult - Day Social (Dass Not Adult)	un Provertie Services	Ronnie Diability Acheric Cmer	C. C. Ballon Proming	Give Manuellement	Food Program (CACI)	Commodity, c	Provin Coltplement Fund	Chronic Dies Meals	entin, vene St Management	Liden	Family	and Carefiner Support	Guardianotip (Br Adults)	Dianing for People with Harding and People with	ume Duinered Meads Ho.	10memaker
Louisiana	N/A	GOEA	GOEA	GOEA	N/A	GEOA	DCFS	GOEA	GEOA/ Office of Public Health/ Nutrition Services	GOEA	GOEA	N/A	GOEA	GOEA	GOEA	GOEA	GOEA	GOEA	
Maine																			
Maryland		Not Provided		Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency		Aging and/ or Disability Agency		Aging and/ or Disability Agency	Aging and/ or Disability Agency	Unknown	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency		Aging and/ or Disability Agency	Aging and/ or Disability Agency	
Massachusetts	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency; Medicaid Agency	Not Provided	Aging and/ or Disability Agency	Not Provided	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency		Aging and/ or Disability Agency	Aging and/ or Disability Agency	
Michigan	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Human Services	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency/ Public Health	Aging and/ or Disability Agency	Public Health	Aging and/ or Disability Agency	Aging and/ or Disability Agency		Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Unknown	Aging and/ or Disability Agency	Aging and/ or Disability Agency	
Minnesota	Not Provided	Not Provided	Not Provided	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Not Provided	Unknown	Aging and/ or Disability Agency	Unknown	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Unknown	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Not Provided	Not Provided	Aging and/ or Disability Agency	Aging and/ or Disability Agency	
Mississippi			Aging and/ or Disability Agency	Aging and/ or Disability Agency		Aging and/ or Disability Agency; Medicaid Agency	Aging and/ or Disability Agency	Not Provided		Aging and/ or Disability Agency	Aging and/ or Disability Agency		Aging and/ or Disability Agency	Aging and/ or Disability Agency	Not Provided	Not Provided	Aging and/ or Disability Agency	Aging and/ or Disability Agency	
Missouri	Not Provided	Not Provided	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Health and Senior Services Agency	Aging and/ or Disability Agency	Health and Senior Services Agency	Aging and/ or Disability Agency	Health and Senior Services Agency		Aging and/ or Disability Agency	Aging and/ or Disability Agency			Aging and/ or Disability Agency	Aging and/ or Disability Agency	
Montana	Medicaid Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency/ APS Program	Aging and/ or Disability Agency	Aging and/ or Disability	Medicaid Agency		Aging and/ or Disability Agency	Human and Community Services Programs	Aging and/ or Disability Agency	Public Health and Safety Division		Adult Protective Services/ Aging	Aging and/ or Disability Agency	Adult Protective Services	Adult Protective Services	Aging and/ or Disability Agency	Aging and/ or Disability Agency	
Nebraska	Medicaid Agency	Develop- mental Disabilities	Children and Family Services	Aging		Aging		Aging	Children and Family Services	Aging	Aging		Aging	Aging	Courts/ Office of Public Guardian	Courts/ Office of Public Guardian	Aging	Aging	
Nevada	Unknown	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Unknown	Aging and/ or Disability Agency	Unknown	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Unknown	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Unknown	Unknown	Aging and/ or Disability Agency	Aging and/ or Disability Agency	
New Hampshire	Aging and/ or Disability Agency; Not Provided	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency		Aging and/ or Disability Agency		Aging and/ or Disability Agency	Aging and/ or Disability Agency	Not Provided	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency		Aging and/ or Disability Agency	Aging and/ or Disability Agency	
New Jersey	Aging	Aging	County Welfare Agency, County Aging Agencies, Non Profit Agency	Aging	Aging	Aging	Unknown	Aging		Aging	Aging		Adult Protective Services	Aging	Office of the Public Guardian	Bureau of Guardianship Services Division of Develop- mental Disabilities	Aging	Aging	
New Mexico	Not Provided	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Medicaid Agency	Unknown	Aging and/ or Disability Agency	Unknown	Aging and/ or Disability Agency	Aging and/ or Disability Agency and Department of Health	Unknown	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Unknown	Unknown	Aging and/ or Disability Agency	Aging and/ or Disability Agency	
New York	Not Provided	Aging	Office of Temporary and Disability Assistance	Aging and/ or Disability Agency	Medicaid Agency	Aging and/ or Disability Agency	Department of Agriculture and Markets	Aging and/ or Disability Agency	Not Provided	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Unknown	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Office of Temporary and Disability Assistance	Unknown	Aging and/ or Disability Agency	Aging and/ or Disability Agency	
North Carolina	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Unknown	Aging and/ or Disability Agency	Unknown	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	
North Dakota	Medicaid Agency	Medicaid Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Medicaid Agency		Medicaid Agency		Aging and/ or Disability Agency		Unknown	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency		Aging and/ or Disability Agency	Medicaid Agency	
Ohio	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Department of Job and Family Services	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Department of Education	Aging and/ or Disability Agency	Department of Job and Family Services	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Opportuni- ties for Ohioans with Disabilities	Aging and/ or Disability Agency	Aging and/ or Disability Agency			Aging and/ or Disability Agency	Aging and/ or Disability Agency	

(Continued)

Invertment Act Program.																	
Workforce In.	N/A			Unknown			State Labor Agency		Labor	Unknown			Depart- ment of Workforce Solutions	Department of Labor	Unknown	01:	Ohio Department of Job and Fam- ily Services, Governor's Office of Workforce Transfor- mation
Immunity Baced Home and Vagar.	N/A		Aging and/ or Disability Agency	Unknown			Department on Elementary and Secondary Education/ Voc	Vocational Rehabilitation	Education Agency/ Vocational Rehabilita- tion	Unknown			Vocational Rehabilita- tion	Unknown	Aging and/ or Disability Agency		Opportuni- ties for Ohicans with Disabilities
Van Angeran Contract Contract	GOEA	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Unknown	Aging and/ or Disability Agency	Unknown	State VA Agency	Aging and/ or Disability Agency	Veterans	Not Provided	Aging and/ or Disability Agency	Aging	Aging and/ or Disability Agency	Local AAA	Area Agencies on Aging	Not Provided	Aging and/ or Disability Agency
Program (TELAD)		Not Provided	Aging and/ or Disability Agency	Not Provided	Aging and/ or Disability Agency	Medicaid Agency	Health and Senior Services Agency	Medicaid Agency	Public Health	Not Provided		Disability Agency	Medicaid Agency	Medicaid Agency	Division of Mental Health		The Ohio State University
Program (OHID) De dovinance	Department of Agriculture and Forestry			Aging and/ or Disability Agency			Health and Senior Services Agency		Children and Family Services	Unknown	Unknown		Unknown	Unknown	Division of Social Services		Department of Job and Family Services
Sine Heatin Paral (Mp)	GEOA	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	State Insurance Department/ Agency	Aging and/ or Disability Agency	Insurance	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Department of Insurance		Department of Insurance
Senior Series Marter	GEOA	Aging and/ or Disability Agency		Unknown	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Insurance	Aging and/ or Disability Agency	Aging and/ or Disability Agency		Aging and/ or Disability Agency	Private Not For Profit	Department of Insurance		Not Provided
Villyment Pronuming Service	GEPA/ Department of Agriculture & Forestry	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	State Human Services Agency			Aging and/ or Disability Agency	Aging/ Agriculture	Aging and/ or Disability Agency	Unknown	Department of Health; Women, Infant, and Children	Unknown	Agriculture and Markets/ SUA	Aging and/ or Disability Agency	Not Provided	Aging and/ or Disability Agency
Sinior Centers Emicro	GOEA	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	State Employment and Economic Development Agency		Aging and/ or Disability Agency	Dept of Labor	Aging	Aging and/ or Disability Agency		Department of Labor	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency
llephie	GOEA	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Not Provided	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging	Unknown	Not Provided	Aging	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency
^{noli} Guandianoli	GOEA	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency; Medicaid Agency	Aging and/ or Disability Agency	Medicaid Agency and Lifespan Respite	Medicaid/ Aging/ Children and Family Services	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency
terningl Gare	N/A	Aging and/ or Disability Agency		Unknown	Aging and/ or Disability Agency	Unknown			Courts/ Office of Public Guardian	Unknown	Aging and/ or Disability Agency		Unknown	Unknown	Aging and/ or Disability Agency		
Inanymanian	GOEA	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Not provided	Aging and/ or Disability Agency; Medicaid Agency	Aging and/ or Disability Agency	Medicaid Agency	Aging	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging	Medicaid Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Medicaid Agency	Aging and/ or Disability Agency
The House House House House	GOEA/ DOTD	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency; Medicaid Agency	Aging and/ or Disability Agency	Medicaid Agency	Aging	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency		Aging and/ or Disability Agency
and Care Ombidiment	GOEA/ Louisiana Housing Corporation			Aging and/ or Disability Agency			Department of Social Services	Human and Community Services	Children and Family Services	Unknown		Department of Community Aflàirs, Housing and Community Resources	Medicaid Agency	Office of Temporary and Disability Assistance	Division of Social Services		Aging and/ or Disability Agency
(In.H. Care Omludinen Long. Ler.	GOEA	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	DHHS	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Office of the Ombudsman for the Insti- tutionalized Elderly	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency
Long. Term	N/A	Not Provided	Not Provided	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Not Provided			Medicaid Agency	Unknown	Not Provided		Not Provided	Not Provided		Not Provided	Aging and/ or Disability Agency
Kindip Care Lena ,	GOEA	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency
Jornation and Robring	N/A	Unknown		Unknown	Aging and/ or Disability Agency	Unknown				Aging and/ or Disability Agency	Aging and/ or Disability Agency		Aging and/ or Disability Agency	Office of Children and Family Services	Aging and/ or Disability Agency	Not Provided	Aging and/ or Disability Agency
ingenden Living	GOEA	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency
	N/A	Aging and/ or Disability Agency		Aging and/ or Disability Agency		Unknown	Unknown	Medicaid Agency	Medicaid Agency	Aging and/ or Disability Agency			Not Applicable	State Education Department	Aging and/ or Disability Agency		Aging and/ or Disability Agency

Table 11:	State	Agen	cies P	rovic	ling F	eaera	my-F	unaeo	a, 190	n-Me				s/Sei	rvices	IOP C	Jaer	Adults	3
	0 42	Anclude Health Day Halls Actuel D. Day Halls Actuel D. Ompon.	Ader I Corral (Does Not	un Purcetin Services	Revenue Diability Asteri	Munor Lunding Lind	are Mangement	^{cond} Proman Adult Care Proman (CACIP)	Commanity,	Program (CSIP)	Chronic Die Meals	Conting and Hauth Mangement	ing Representation within	Figure Aline Prevention	anity Carentier Support	Gunding (Br Adulty)	Diverting Con People With	me Delivered Meads Ho.	memater
Oklahoma	Not Provided	Aging and/ or Disability Agency	Office of Adult Protective Services	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Unknown	Aging and/ or Disability Agency	Unknown	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Unknown	Aging and/ or Disability Agency						
Oregon			Aging and/ or Disability Agency	Aging and/ or Disability Agency	Not Provided	Aging and/ or Disability Agency	Not Provided	Not Provided	Not Provided	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Not Provided	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Not Provided	Not Provided	Aging and/ or Disability Agency	Aging and/ or Disability Agency	
Pennsylvania	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Medicaid Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Not Provided	Aging and/ or Disability Agency						
Rhode Island	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Unknown	Not Provided	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Unknown	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Unknown	Aging and/ or Disability Agency	Aging and/ or Disability Agency	
South Carolina		Not Provided		Aging and/ or Disability Agency	Aging and/ or Disability Agency	Not Provided		Unknown		Aging and/ or Disability Agency	Aging and/ or Disability Agency	Unknown	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Not Provided	Not Provided	Aging and/ or Disability Agency	Aging and/ or Disability Agency	
South Dakota	Not Provided	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Not Provided	Aging and/ or Disability Agency	Unknown	Not Provided	Unknown	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Unknown	Aging and/ or Disability Agency						
Tennessee	Unknown	Unknown		Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency		Aging and/ or Disability Agency		Aging and/ or Disability Agency	Aging and/ or Disability Agency		Aging and/ or Disability Agency	Aging and/ or Disability Agency			Aging and/ or Disability Agency	Aging and/ or Disability Agency	
Texas	Aging and/ or Disability Agency	Not Provided	Aging and/ or Disability Agency	Aging and/ or Disability Agency		Aging and/ or Disability Agency		Aging and/ or Disability Agency		Aging and/ or Disability Agency	Aging and/ or Disability Agency		Aging and/ or Disability Agency						
Utah	State Does Not Provide	State Does Not Provide	Aging and/ or Disability Agency	State Does Not Provide	Aging and/ or Disability Agency	Aging and/ or Disability Agency	State Does Not Provide	Aging and/ or Disability Agency	State Does Not Provide	Aging and/ or Disability Agency	Aging and/ or Disability Agency; Medicaid Agency	State Does Not Provide	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Office of Public Guardian	Office of Public Guardian	Aging and/ or Disability Agency	Aging and/ or Disability Agency	
Vermont				Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency		Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency; Unknown	Aging and/ or Disability Agency							
Virginia	Aging and Rehabilitative Agency	NA	NA	Aging and Rehabilitative Agency	Aging and Rehabilitative Agency	Aging and Rehabilitative Agency	NA	Aging and Rehabilitative Agency	NA	Aging and Rehabilitative Agency	Aging and Rehabilitative Agency	NA	Aging and Rehabilitative Agency	Aging and Rehabilitative Agency	NA	NA	Aging and Rehabilitative Agency	Aging and Rehabilitative Agency	
Washington	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Office of Superintendent of Public Instruction	Aging and/ or Disability Agency	State Agriculture Department	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Not Provided	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Not Provided	Not Provided	Aging and/ or Disability Agency	Not Provided	
West Virginia																			
Wisconsin	Not Provided	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Department of Public Instruction	Connections and Resources shared through Aging and/ or Disability Agency		Aging and/ or Disability Agency	Aging and/ or Disability Agency	Not Provided	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Not Provided	Not Provided	Aging and/ or Disability Agency	Not Provided	
Wyoming	Aging and/ or Disability Agency; Medicaid Agency	Aging and/ or Disability Agency; Medicaid Agency		Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency; Medicaid Agency		Aging and/ or Disability Agency; Medicaid Agency		Aging and/ or Disability Agency	Aging and/ or Disability Agency		Aging and/ or Disability Agency	Aging and/ or Disability Agency			Aging and/ or Disability Agency	Aging and/ or Disability Agency; Medicaid Agency	

Table 11: State Agencies Providing Federally-Funded, Non-Medicaid Programs/Services for Older Adults

(Continued)

	Inc.	Jormanian and Referral	Cinitip Care Lond 4	Long. Leven Delphient	(In: Home Ombudinen Long. Term. Services)	and Care Omination	Vante Pontin Hine Liter	Inniportation	Printed Care	"oli Guardiandip	leppie	Smin Conters Emin Conters	Nur Community Service	Senion Panmers Marter	Sate Heats,	Program Contraction of Assistance	Program (TELA)	Verning Conners	Voluminity Baced Home and Vocasi.	Hortfore Inventor As D
Unknown	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Not Provided	Aging and/ or Disability Agency	Department of Human Services	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Not Provided	Aging and/ or Disability Agency	Department of Human Services	Oklahoma Insurance Department	Oklahoma Insurance Department	Unknown	Not Provided	Not Provided	Aging and/ or Disability Agency	Not Provided
Aging and/ or Disability Agency	Aging and/ or Disability Agency	Not Provided	Aging and/ or Disability Agency	Not Provided	Aging and/ or Disability Agency	Not Provided	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Not Provided	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Not Provided	Not Provided	Not Provided	Not Provided	Not Provided	Not Provided
Aging and/ or Disability Agency	Aging and/ or Disability Agency		Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Medicaid Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Not Provided	Aging and/ or Disability Agency	Aging and/ or Disability Agency			Aging and/ or Disability Agency		
Unknown	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Department of Human Services	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Not Provided	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Dept of Labor	Unknown	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Unknown	Not Provided	Not Provided	Dept. of Re- habilitation Services	Dept of Labor
Unknown	Aging and/ or Disability Agency	Unknown	Aging and/ or Disability Agency	Not Provided	Aging and/ or Disability Agency		Aging and/ or Disability Agency	Aging and/ or Disability Agency	Not Provided	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency		Aging and/ or Disability Agency	Aging and/ or Disability Agency			Aging and/ or Disability Agency		
Unknown	Aging and/ or Disability Agency	Unknown	Aging and/ or Disability Agency	Unknown	Aging and/ or Disability Agency	Not Provided	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Unknown	Unknown	Unknown	Unknown	Aging and/ or Disability Agency	Not Provided	Unknown	Unknown		Aging and/ or Disability Agency
	Aging and/ or Disability Agency	Unknown	Aging and/ or Disability Agency	Not Provided	Aging and/ or Disability Agency		Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency				Aging and/ or Disability Agency			Aging and/ or Disability Agency		
Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency		Aging and/ or Disability Agency		Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency				Aging and/ or Disability Agency			Aging and/ or Disability Agency		
State Does Not Provide	Aging and/ or Disability Agency	State Does Not Provide	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	State Does Not Provide	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Office of Public Guardian	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	State Does Not Provide	Aging and/ or Disability Agency	Aging and/ or Disability Agency	State Does Not Provide	State Does Not Provide	Aging and/ or Disability Agency	State Office of Rehabilita- tion	State Does Not Provide
Aging and/ or Disability Agency	Aging and/ or Disability Agency	Other (DCF)	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	NA	NA	Aging and/ or Disability Agency (Local AAAs)	Aging and/ or Disability Agency	Aging and/ or Disability Agency				
NA	Aging and Rehabilitative Agency	NA	Aging and Rehabilitative Agency	Aging and Rehabilitative Agency	Aging and Rehabilitative Agency	NA	Aging and Rehabilitative Agency	Aging and Rehabilitative Agency	NA	Aging and Rehabilitative Agency	NA	Aging and Rehabilitative Agency	Aging and Rehabilitative Agency	NA	Aging and Rehabilitative Agency	NA	NA	NA	NA	Aging and Reha- bilitative Agency
Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Not Provided	Dept of Commerce	Economic Services Administration	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Not Provided	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	State Insurance Commissioner	State Insurance Commissioner	State Agriculture Department	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Social and/ or Health Services	Social and/ or Health Services
	Aging and/ or Disability Agency	Not Provided	Aging and/ or Disability Agency	Board on Aging and Long Term Care	Board on Aging and Long Term Care	Department of Adminis- tration	Aging and/ or Disability Agency	Connections and Resources shared through Aging and/ or Disability Agency	Not Provided	Aging and/ or Disability Agency	Private, Not For Profit	Aging and/ or Disability Agency	Aging and/ or Disability Agency, Medicaid Agency	Private Not For Profit	Board on Aging and Long Term Care; Aging and/or Disability Agency		Aging and/ or Disability Agency	AAA; Medicaid Agency	Department of Workforce Development	Depart- ment of Workforce Develop- ment
	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency		Aging and/ or Disability Agency, Medicaid Agency	Aging and/ or Disability Agency, Medicaid Agency		Aging and/ or Disability Agency, Medicaid Agency	Aging and/ or Disability Agency		Not Provided				Medicaid Agency	Not Provided		

Table 12:	State	Ager	icies]	Provie	ding]	Feder	ally-I	Funde	d, No	on-M				ns/S	ervice	es for	Indiv	viduals	
	0 As	Ancindes Health Day Health Adult D	Ad Control (Day North	dai.	Rountre Concility Achor Concerticy	"mers Support Promine	Conce Manufament	rout proma data Program (Cd Gree	Gune Communit,	Program (CSPP) Hand	Commission Meals	Penion and Reach Angement	Up Representative Party	Fan.	Guardine Support	Gundinnip (br Adults)	Diapij (Br. P.	ane Delivered Read. H.	.comemater.
Alabama	Department of Human Resources	Department of Mental Health	Department of Human Resources	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	State Department of Education	Aging and/ or Disability Agency	State Department of Education	Aging and/ or Disability Agency	Aging and/ or Disability Agency	State Does Not Provide	Aging and/ or Disability Agency, Department of Human Resources	Aging and/ or Disability Agency	Department of Human Resources	Department of Human Resources	Aging and/ or Disability Agency	Aging and/ or Disability Agency	
Alaska	State Does Not Provide	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency		Aging and/ or Disability Agency		Aging and/ or Disability Agency		State Does Not Provide	Aging and/ or Disability Agency	Aging and/ or Disability Agency			Aging and/ or Disability Agency	Aging and/ or Disability Agency	
Arizona	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency		State Does Not Provide		Aging and/ or Disability Agency	Aging and/ or Disability Agency			Aging and/ or Disability Agency			Aging and/ or Disability Agency	Aging and/ or Disability Agency	
Arkansas	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency		Aging and/ or Disability Agency		Aging and/ or Disability Agency	Division of County Operations	Aging and/ or Disability Agency	Aging and/ or Disability Agency		Aging and/ or Disability Agency	Aging and/ or Disability Agency			Aging and/ or Disability Agency	Aging and/ or Disability Agency	
California			State Social Services	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency		Aging and/ or Disability Agency		Aging and/ or Disability Agency	Aging and/ or Disability Agency		Aging and/ or Disability Agency	Aging and/ or Disability Agency			Aging and/ or Disability Agency	Aging and/ or Disability Agency	
Colorado	State Does Not Provide	State Does Not Provide	Aging and/ or Disability Agency (Department of Human Services)			State Does Not Provide			Aging and/ or Disability Agency (Department of Human Services)		Aging and/ or Disability Agency (Department of Human Services)	Aging and/ or Disability Agency (Department of Human Services)	Aging and/ or Disability Agency (Department of Human Services)						
Connecticut			DSS	State Department on Aging	State Department on Aging	State Department on Aging	Connecticut State Department of Education	State Department on Aging	DSS	State Department on Aging	State Department on Aging		State Department on Aging	State Department on Aging			State Department on Aging	State Department on Aging	
Delaware	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Umbrella HHS Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Other	Aging and/ or Disability Agency	Other	Aging and/ or Disability Agency	Aging and/ or Disability Agency	State Does Not Provide	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Other	Other	Aging and/ or Disability Agency	Aging and/ or Disability Agency	
District of Columbia	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Human Services	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Education- Superinten- dent	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency; Behavioral Health	Human Services	Aging and/ or Disability Agency	Human Services	Human Services	Aging and/ or Disability Agency	Aging and/ or Disability Agency	
Florida	Medicaid Agency	State Does Not Provide	State Does Not Provide	Aging and/ or Disability Agency	Medicaid Agency	Medicaid Agency	Medicaid Agency	Medicaid Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Medicaid Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Medicaid Agency	Medicaid Agency	Aging and/ or Disability Agency	State Does Not Provide	
Georgia		Aging and/ or Disability Agency; Medicaid Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency		Aging and/ or Disability Agency; Medicaid Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency; Medicaid Agency		Aging and/ or Disability Agency	Aging and/ or Disability Agency; Medicaid Agency		Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency		Aging and/ or Disability Agency; Medicaid Agency	Aging and/ or Disability Agency; Medicaid Agency	
Hawaii	Aging and/ or Disability Agency		Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency		Aging and/ or Disability Agency		Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	
Idaho																			
Illinois			Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency		Department of Education		Idaho Food Bank	State Does Not Provide	Aging and/ or Disability Agency		Aging and/ or Disability Agency	Aging and/ or Disability Agency	Idaho Health and Welfare	Idaho Health and Welfare	Aging and/ or Disability Agency; Medicaid Agency		
Indiana																			
Iowa	State Does Not Provide	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	State Does Not Provide	Aging and/ or Disability Agency		Aging and/ or Disability Agency		Aging and/ or Disability Agency	Aging and/ or Disability Agency			Aging and/ or Disability Agency			Aging and/ or Disability Agency	Aging and/ or Disability Agency	
Kansas	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Department of Human Services	Department on Aging	Not Provided	Aging and/ or Disability Agency	Department of Education	Aging and/ or Disability Agency	Department of Human Services	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Not Provided	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Not Provided	Not Provided	Aging and/ or Disability Agency	Aging and/ or Disability Agency	
Kentucky	Aging and/ or Disability Agency	Aging and/ or Disability Agency		Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency		Aging and/ or Disability Agency		Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency			Aging and/ or Disability Agency	Aging and/ or Disability Agency	
Louisiana		5,	Human Services	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency					Aging and/ or Disability Agency	Aging and/ or Disability Agency	State Does Not Provide		Aging and/ or Disability Agency	Aging and/ or Disability Agency			
Maine	N/A	GOEA			N/A	GOEA	DCFS	GOEA	GOEA/ Office of Public Health/ Nutrition	GOEA	GOEA	N/A	GOEA	GOEA			GOEA	GOEA	

Nutrition Services

with Physical Disabilities

			/	/	/	/	/	/	/	/	/	/	/	/	/	/		/		/	/
/	th.	uapenden Living	Jormanion and Referral	Kinuhip Gare Int A	Long Ter.	(In Home Care Ombination Long. Ter.	(I) Car Ontindinan Low Low Lacility)	Same Prontin Littles	Inuiportation	Connal Gare	ublic Guantiantip	Rephi	Smin. Conters	Austonian Annun Service	Sention Poline Starter	Sate Healing Party (Sup)	Program (Ottp)	Program (TEAD) Ind Avidance	Certain Bran Inny Grant	Community Based Hame and Vacous Based Service	Montfore Investor
		~		eet (191.	19	Am.						Ems	nd.	en. Reg	Sien	R.	THE .	49.0	ş. ~	Worky
	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Department of Human Resources	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency
		Aging and/ or Disability Agency		Aging and/ or Disability Agency	State Does Not Provide			Aging and/ or Disability Agency	Aging and/ or Disability Agency		Aging and/ or Disability Agency	Aging and/ or Disability Agency; State Does Not Provide			Aging and/ or Disability Agency	Aging and/ or Disability Agency		Aging and/ or Disability Agency	State Does Not Provide		
	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency		Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency		Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency		Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency		Aging and/ or Disability Agency
		Aging and/ or Disability Agency		Aging and/ or Disability Agency		Aging and/ or Disability Agency	Economic Development Commission	Aging and/ or Disability Agency	Aging and/ or Disability Agency		Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	AR Insurance Department				AR Rehab Services, Department of Career Education	
		Aging and/ or Disability Agency		Aging and/ or Disability Agency	State Does Not Provide	Aging and/ or Disability Agency		Aging and/ or Disability Agency	Aging and/ or Disability Agency		Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency			Aging and/ or Disability Agency			Aging and/ or Disability Agency	Aging and/ or Disability Agency	
	Division of Vocational Rehabilita- tion (within Department of Labor and Employ- ment)				State Does Not Provide	State Does Not Provide												Aging and/ or Disability Agency (Department of Human Services)	State Does Not Provide	Division of Vocational Rehabilita- tion (within Department of Labor and Employ- ment)	Division of Vocational Rehabilita- tion (within Depart- ment of Labor and Employ- ment)
	Department of Rehabilita- tion Services	State Department on Aging	State Department on Aging	State Department on Aging		State Department on Aging	Department of Social Services	State Department on Aging	State Department on Aging		State Department on Aging	State Department on Aging	State Department on Aging	Department of Social Services	State Department on Aging	State Department on Aging	Department of Social Services	Department of Social Services	State Department on Aging	Department of Rehabilita- tion Services	Labor
	Other	Aging and/ or Disability Agency	Other	Aging and/ or Disability Agency	Umbrella HHS Agency	Umbrella HHS Agency	Other	Other	Aging and/ or Disability Agency	Other	Aging and/ or Disability Agency	Other	Aging and/ or Disability Agency	State Does Not Provide	Aging and/ or Disability Agency	Other	Other	State Does Not Provide	State Does Not Provide	Other	Other
	State Does Not Provide	Aging and/ or Disability Agency	State Does Not Provide	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Environment	Aging and/ or Disability Agency	State Does Not Provide	Human Services	Aging & Disability Agency	Aging and/ or Disability Agency	State Does Not Provide	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Education- Superinten- dent	State Does Not Provide	Aging and/ or Disability Agency	Disability Agency	Aging and/ or Disability Agency
	State Does Not Provide	Aging and/ or Disability Agency	Medicaid Agency	State Does Not Provide	Medicaid Agency	Medicaid Agency	State Does Not Provide	Aging and/ or Disability Agency			Medicaid Agency	Aging and/ or Disability Agency	State Does Not Provide	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Medicaid Agency	State Does Not Provide	Aging and/ or Disability Agency	Aging and/ or Disability Agency; Medicaid Agency	Aging and/ or Disability Agency
		Aging and/ or Disability Agency		Aging and/ or Disability Agency		Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency; Medicaid Agency	Aging and/ or Disability Agency; Medicaid Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency; Medicaid Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency							
		Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Medicaid Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Medicaid Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency		Medicaid Agency			
	Centers for Independent Living	Aging and/ or Disability Agency; Medicaid Agency	Idaho Health and Welfare	Idaho Legal Aid	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Idaho Health and Welfare			Idaho Health and Welfare	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Unknown	Aging and/ or Disability Agency	Idaho SHIBA	Unknown	Idaho State University	Aging and/ or Disability Agency	Vocational Rehabilita- tion	State Labor Agency
		Aging and/ or Disability Agency				Aging and/ or Disability Agency		Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency		Aging and/ or Disability Agency		State Department of Health	State Does Not Provide	State Department of Insurance		State Does Not Provide	State Does Not Provide	ID/DD agency	ID/DD agency
	Not Provided	Aging and/ or Disability Agency	Not Provided	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Iowa Department of Human Rights	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Office of Substitute Decision Maker, Iowa Department on Aging	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Iowa Department of Agriculture	Aging and/ or Disability Agency	Iowa Insurance Division	Iowa Department of Human Services	Iowa Department of Public Health	Iowa Department on Aging	Iowa Vocational Rehab Services	Iowa Workforce Develop- ment
	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	State Does Not Provide	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	State Does Not Provide			Aging and/ or Disability Agency	Aging and/ or Disability Agency		Aging and/ or Disability Agency	State Does Not Provide	Aging and/ or Disability Agency	State Does Not Provide
		Aging and/ or Disability Agency			State Does Not Provide	Aging and/ or Disability Agency	Community Based Services			Aging and/ or Disability Agency		Aging and/ or Disability Agency	Aging and/ or Disability Agency		State Does Not Provide	Aging and/ or Disability Agency		Aging and/ or Disability Agency	State Does Not Provide	Education Agency	Education Agency
	N/A	GOEA	N/A	GOEA	N/A	GOEA	Louisiana Housing Corp	GOEA/ DOTD	GOEA	N/A	GOEA	GOEA	GOEA	Department of Agriculture & Forestry	N/A	Department of Insurance	Department of Agriculture & Forestry		AAA	Labor Workforce Commission	Labor Workforce Commis- sion

Table 12: State Agencies Providing Federally-Funded, Non-Medicaid Programs/Services for Individuals Cornic Diene Sti Manueller Community Supplement Aut Dry Sonial Day North Sugnition of Der Pape mits Diadily Representative Pare Aldriner Support Permus Find Program Aut day (helue Health Company) Guardianship (ber Auchs) Adult Pruscine Services Family Cartonier Support Home Delinered Meals Anin and Dischilich Elder Abue Plennion Gase Management Compression Meals Copie Homemaker. Aging and/ or Disability Agency Maryland Aging and/ or Disability Agency Massachusetts Aging and/ or Disability Agency Aging and/ or Disability Agency State Does Not Provide State Does Not Provide Aging and/ or Disability Agency Michigan Aging and/ or Disability Agency Minnesota Aging and/ or Disability Aging and/ or Disability Aging and/ or Disability Human Services Agency Agency Mississippi Aging and/ or Disability Agency State Does Not Provide State Does State Does Not Provide Not Provided Not Provid Aging and/ or Disability Agency Aging and/ or Disability Agency Missouri Department of Montana Health and Senior Services Agency Health and Senior Services Agency Health and Senio Services Agency of Elementar and Secondary Health and Senio Services Agency Health and Senior Services Agency Health and Senior Services Agency Health and Senior Services Agency Secondary Education/ Voc Rehab Agency APS or Aging and/ or Disability Agency Nebraska Aging and/ or Disability Agency Aging and/ or Disability Agency Aging and/ or Disabilit Agency Aging and/ or Disability Agency Aging and, or Disabilit Agency Nevada Aging Aging Aging New Aging and/ or Disability Agency Aging and/ or Disability Hampshire Agency Aging and/ or Disability Agency New Jersey State Does Not Provide State Does Not Provide State Does Not Provide New Mexico County Welfare Agency, County ADRC, Disability Disability Agency Disability Disability Disability Disability Agency Disability Disability Disability Disability Disability Agency Disability Disability Disability Disability Agency Disability Agency Disability Agency Agency Agency Agency Agenc Agency Agency Agency Agency Agency Agency Agency Non-Profit Agency Aging and/ or Disability Agency New York Aging and/ or Disability Aging and/ or Disability Aging and/ or Disability Agency State Does Not Provide Agency Agency Office of Children and Families North Aging and/ or Disability Medicaid Agency Medicaid Agency Carolina Agency North Dakota Aging and/ or Disability Agency Aging and/ or Disability Agency Agency Agency Agency Agency Aging and/ or Disability Ohio Aging and/ or Disability Agency Aging and/ or Disabilit Agency Aging and or Disabilit Agency Medicaio Agency Medicaid Agency Medicaid Agency Medicaid Agency Medicaid Agency Agency Oklahoma Opportuni-ties for Ohioans with Disabilities Aging and/ or Disability Agency Aging and, or Disabilit Agency Aging and/ or Disability Agency of Jobs and Family Services Aging and/ or Disability Agency Aging and, or Disabilit Agency Department of Education Office of Adult Protective Services Oregon Aging and/ or Disability Agency Aging and/ or Disabilit Agency Aging and/ or Disability Not Provided Unknown Unknow Unknow Agency Pennsylvania Aging and/ or Disability State Does Not Provide State Does Not Provid State Does Not Provide Agency **Rhode Island** Aging and/ or Disability Aging and/ or Disability Agency Aging and/ or Disability Agency Aging and/ or Disability Agency Medicaid Agency State Does Not Provide Medicaid State Does Not Provide State Does Not Provide State Does Not Provide State Does Not Provide Agency; Medicaid Agency Agenc South Aging and/ or Disability Agency Aging and/ or Disability

Department of Health

Aging

Agency

Aging

Carolina

N/A

with Physical Disabilities (Continued)

	Ing.	Johnanian and Referral	teinuitip Care	Long. Long. Development	(In.Home Care Only admin. Long. Terme Corvies)	(17 Care Ombuding	The Home Home Energy	thington and a	Levenal Give	notic Gundianolip	terniz	Senior Centers Emision	Nin Community Service	Serior 19 Damer Marter	Sate Health	Proprint Contraction of Assistance	Promin Call Asiance	Centres Denning Grant	Community Baced Alame and Variation Baced Service	Workforre American
			Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	(/													
Aging and/ or Disability Agency	Aging and/ or Disability Agency			State Does Not Provide	Aging and/ or Disability Agency			Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	State Does Not Provide	State Does Not Provide	State Does Not Provide	Aging and/ or Disability Agency	Aging and/ or Disability Agency		State Does Not Provide	Aging and/ or Disability Agency		
Aging and/ or Disability Agency	Aging and/ or Disability Agency				Aging and/ or Disability Agency		Aging and/ or Disability Agency	Aging and/ or Disability Agency		Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency		Aging and/ or Disability Agency		Aging and/ or Disability Agency		Aging and/ or Disability Agency	Aging and/ or Disability Agency
Aging and/ or Disability Agency	Aging and/ or Disability Agency			Aging and/ or Disability Agency	Aging and/ or Disability Agency						Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Unknown		Human Services	Unknown	Unknown	Unknown	Unknown
Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Community Action Partnerships	State Does Not Provide	State Does Not Provide	Aging and/ or Disability Agency	Aging and/ or Disability Agency	State Does Not Provide	State does not provide	State does not provide	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Office of Economic Opportunity DHS	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Department of Employment and Economic Development	Department of Employ- ment and Economic Develop- ment
 Department of Elementary and Secondary Education/ Voc Rehab Agency	Department of Elementary and Secondary Education / Voc Rehab Agency				Health and Senior Services Agency	State Social Service Agency	Department of Elementary and Secondary Education/ Voc Rehab Agency								State Insurance Department/ Agency		Health and Senior Services Agency		Department of Elementary and Secondary Education/ Voc Rehab Agency	State Labor Agency
	Aging and/ or Disability Agency		Aging and/ or Disability Agency		Aging and/ or Disability Agency	Human and Community Services	Aging and/ or Disability Agency			Aging and/ or Disability Agency	Aging and/ or Disability Agency	Dept of Labor	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency			Aging and/ or Disability Agency		
											Aging									
Aging and/ or Disability Agency	Aging and/ or Disability Agency			State Does Not Provide	Aging and/ or Disability Agency		Aging and/ or Disability Agency	Aging and/ or Disability Agency		Aging and/ or Disability Agency				Aging and/ or Disability Agency	Aging and/ or Disability Agency		State Does Not Provide	State Does Not Provide		
	Aging and/ or Disability Agency			State Does Not Provide	Aging and/ or Disability Agency		Aging and/ or Disability Agency	Aging and/ or Disability Agency		Aging and/ or Disability Agency	State Does Not Provide			Aging and/ or Disability Agency	Aging and/ or Disability Agency			Aging and/ or Disability Agency		
Disability Agency	Disability Agency	Disability Agency	Disability Agency					Disability Agency		Disability Agency					Disability Agency		Disability Agency	Aging	Disability Agency	
	Aging and/ or Disability Agency			State Does Not Provide	Aging and/ or Disability Agency									Aging and/ or Disability Agency	Aging and/ or Disability Agency		Medicaid Agency	State Does Not Provide		
			Aging and/ or Disability Agency	State Does Not Provide	Aging and/ or Disability Agency						State Does Not Provide	Aging and/ or Disability Agency	State Does Not Provide	Aging and/ or Disability Agency	Aging and/ or Disability Agency		Medicaid Agency	Aging and/ or Disability Agency		
Division of Vocational Rehabilita-	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency		Aging and/ or Disability Agency	Division of Social Services	Aging and/ or Disability Agency	Division of Vocational Rehabilita- tion	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency			Department of Insurance	Department of Insurance	Division of Social Services	Division of Mental Health	Area Agencies on Aging	Division of Vocational Rehabilita-	
tion	Aging and/ or Disability Agency		Aging and/ or Disability Agency	State Does Not Provide	Aging and/ or Disability Agency			tion Medicaid Agency		Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	State Does Not Provide					State Does Not Provide	tion	
Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency		Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency		Department of Insurance	Department of Jobs and Family Services	The Ohio State University	Aging and/ or Disability Agency		Ohio Department of Job and Fam- ily Services, Governor's Office of Workforce Transfor- mation
Unknown	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Not Provided	Aging and/ or Disability Agency	Department of Human Services	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Not Provided	Aging and/ or Disability Agency	Department of Human Services	Oklahoma Insurance Department	Oklahoma Insurance Department	Unknown	Not Provided	Not Provided	Aging and/ or Disability Agency	Not Provided
State Does Not Provide	State Does Not Provide	State Does Not Provide	State Does Not Provide	State Does Not Provide		State Does Not Provide	State Does Not Provide	State Does Not Provide	State Does Not Provide	State Does Not Provide	State Does Not Provide	State Does Not Provide	State Does Not Provide	State Does Not Provide	State Does Not Provide	State Does Not Provide	State Does Not Provide	State Does Not Provide	State Does Not Provide	State Does Not Provide
	Medicaid Agency				Aging and/ or Disability Agency	Medicaid Agency		Medicaid Agency												
				Aging and/ or Disability Agency	Aging and/ or Disability Agency				State Does Not Provide					Aging and/ or Disability Agency	Aging and/ or Disability Agency					

1000 12.	Cluce	8							~, _ ,					10/ 01			111011	Iciciciio	
	11 44	Includes Day Health Adules Health On Health Adult Do	din the Health Conta Des Not	un Antechine Services	Ronne Diability Alshei		are Mangement	Coul Program Adult Care Voltan (CA Care	Communit.	Promin (CSIP) Print Fond	Comment Meals	Pinion, veale Self Managements	it) Replecentative Pape	Fam.	ally Carehier Support	Gunding (br. 4duts)	Diverte Cor People With Ho.	mu Delinna Meas	.tomemaker.
South Dakota																			
Tennessee	State Does Not Provide	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	State Does Not Provide	Aging and/ or Disability Agency		State Does Not Provide	State Does Not Provide	Aging and/ or Disability Agency	Aging and/ or Disability Agency		Aging and/ or Disability Agency	Aging and/ or Disability Agency					
Texas				Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency		Aging and/ or Disability Agency		Aging and/ or Disability Agency	Aging and/ or Disability Agency		Aging and/ or Disability Agency	Aging and/ or Disability Agency			Aging and/ or Disability Agency	Aging and/ or Disability Agency	
Utah	Aging and/ or Disability Agency	State Does Not Provide		Aging and/ or Disability Agency						Aging and/ or Disability Agency				Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	
Vermont	State Does Not Provide	State Does Not Provide	Aging and/ or Disability Agency	State Does Not Provide	State Does Not Provide	Aging and/ or Disability Agency	State Does Not Provide	State Does Not Provide	State Does Not Provide	State Does Not Provide	Aging and/ or Disability Agency	State Does Not Provide	Aging and/ or Disability Agency	State Does Not Provide	Office of Public Guardian	Office of Public Guardian	State Does Not Provide	State Does Not Provide	
Virginia				Aging and/ or Disability Agency		Aging and/ or Disability Agency			Aging and/ or Disability Agency			Aging and/ or Disability Agency		Aging and/ or Disability Agency			Aging and/ or Disability Agency	Aging and/ or Disability Agency	
Washington	NA	NA	NA	Aging and Rehabilitative Agency	Aging and Rehabilitative Agency	Aging and Rehabilitative Agency	NA	Aging and Rehabilitative Agency	NA	NA	Aging and Rehabilitative Agency	NA	NA	Aging and Rehabilitative Agency	NA	NA	NA	NA	
West Virginia	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	State Does Not Provide	Office of Public Instruction	State Does Not Provide	State Agriculture Department	State Does Not Provide	Aging and/ or Disability Agency	State Does Not Provide	Aging and/ or Disability Agency	Aging and/ or Disability Agency	State Does Not Provide	State Does Not Provide	Aging and/ or Disability Agency	State Does Not Provide	
Wisconsin	State Does Not Provide	State Does Not Provide	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Department of Public Instruction	Connections and Resources shared through Aging and/ or Disability Agency	State Does Not Provide	Aging and/ or Disability Agency	Aging and/ or Disability Agency	State Does Not Provide	Aging and/ or Disability Agency	Aging and/ or Disability Agency	State Does Not Provide	State Does Not Provide	Aging and/ or Disability Agency	Aging and/ or Disability Agency	
Wyoming	Aging and/ or Disability Agency; Medicaid Agency	Aging and/ or Disability Agency; Medicaid Agency		Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency; Medicaid Agency		Aging and/ or Disability Agency; Medicaid Agency		Aging and/ or Disability Agency	Aging and/ or Disability Agency		Aging and/ or Disability Agency	Aging and/ or Disability Agency			Aging and/ or Disability Agency; Medicaid Agency	Aging and/ or Disability Agency	

Table 12: State Agencies Providing Federally-Funded, Non-Medicaid Programs/Services for Individuals

with Physical Disabilities (Continued)

Mulloud in.									
Workforce Incomment	State Does Not Provide			State Does Not Provide		Aging and Reha- bilitative Agency	Employ- ment Security Department	Depart- ment of Workforce Develop- ment	
Vanum, Preced Home and Vanis, Bacel Service	State Does Not Provide			State Office of Rehabilita- tion	Aging and/ or Disability Agency	Aging and Rehabilitative Agency	Department of Social & Health Services	Department of Workforce Development	
Vanin Ining Same		Aging and/ or Disability Agency	Aging and/ or Disability Agency	State Does Not Provide	Aging and/ or Disability Agency	NA	Aging and/ or Disability Agency	ААА	
Proman (ILLA) South Assistance				Aging and/ or Disability Agency		Aging and Rehabilitative Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Medicaid Agency
Roman (SHIP)				State Does Not Provide	State Does Not Provide	NA	State Agriculture Department		
Sate Health	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and Rehabilitative Agency	State Insurance Department/ Agency	Board on Aging and Long Term Care	
Entin Promer Marter				Aging and/ or Disability Agency		NA	State Insurance Department/ Agency	Private, Non- Profit	
Aleman Munity Service				State Does Not Provide		NA	NA	Aging and/ or Disability Agency, Medicaid Agency	
Sinin Canters	Aging and/ or Disability Agency			Aging and/ or Disability Agency		NA	NA	Aging and/ or Disability Agency	
tenie		Aging and/ or Disability Agency		Aging and/ or Disability Agency		NA	NA	Aging and/ or Disability Agency, Private and Not for Profit	Aging and/ or Disability Agency
alle Guardinati	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	State Does Not Provide	Aging and/ or Disability Agency	Aging and Rehabilitative Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency; Medicaid Agency
Proving Gare	Aging and/ or Disability Agency	Aging and/ or Disability Agency		Office of Public Guardian		NA	State Does Not Provide	State Does Not Provide	
transportation	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	State Does Not Provide		Aging and Rehabilitative Agency	Aging and/ or Disability Agency	Connections and Resources shared through Aging and/ or Disability Agency	Aging and/ or Disability Agency; Medicaid Agency
"one of the Home Home Energy	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	State Does Not Provide	Aging and/ or Disability Agency	Aging and Rehabilitative Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency; Medicaid Agency
(In Car Ombudding	State Does Not Provide			State Does Not Provide	Aging and/ or Disability Agency	Dept. of Social Services	Economic Services Administra- tion	Department of Adminis- tration	
(In: In Care Onbudding Long. Terrico Services)	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	NA	Dept of Commerce	Board on Aging	Aging and/ or Disability Agency; Medicaid Agency
Long. Ter.				Aging and/ or Disability Agency	Aging and/ or Disability Agency	NA	State Does Not Provide	Board on Aging	Aging and/ or Disability Agency; Medicaid Agency
Cindip Care	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	State Does Not Provide		NA	Office of Civil Legal Assistance	Aging and/ or Disability Agency	Aging and/ or Disability Agency
Jornation and Referral			Aging and/ or Disability Agency	State Does Not Provide	Aging and/ or Disability Agency	NA	Aging and/ or Disability Agency		Aging and/ or Disability Agency
information Living	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and Rehabilitative Agency	211	Aging and/ or Disability Agency	Aging and/ or Disability Agency
			Aging and/ or Disability Agency	State Does Not Provide	Aging and/ or Disability Agency	Aging and Rehabilitative Agency	Department of Social & Health Services		Medicaid Agency
/									

Table 13: Medicaid Funding Authority by Target Population

	Adult Foster Care Clients	Individuals with Dementia/ Alzheimer's Disease	Assisted Living Clients	Individuals with Autism	Individuals with Intellectual/ Developmental Disabilities	Older Adults	Older Adults and Adults with Physical Disabilities	Adults with Physical Disabilities	Individuals with Severe Emotional Disturbance	Individuals with Traumatic Brain Injury
Alabama					1915 (c)	1915 (c)	1915 (c)	1915 (c)		1915 (c)
Alaska	N/A	N/A	N/A	N/A	1915 (c)	N/A	1915 (c)	N/A	N/A	N/A
Arizona					1115 MLTSS		1115 MLTSS			
Arkansas	1915 (c)	1915 (c)	1915 (c)	1115	1915 (c)	1915 (c)	1915 (c)	1915 (c)	N/A	Can be covered Adults with Physical Disabilities 1915 (c)
California			1915 (c)		1915 (c)	1915 (c)	Medicaid State Plan Personal Care Services	Medicaid State Plan Personal Care Services		
Colorado	NA	1915(c)	1915 (c)	1915 (c)	1915 (c)	1915 (c)	1915 (c)	1915 (c)	1915 (c)	1915 (c)
Connecticut	1915 (c)	1915 (c)	1915(c)	1915 (c)	1915 (c)	1915 (c)	1915 (c)	1915 (c)	1915 (c)	1915 (c)
Delaware	N/A	MLTSS (regardless of authority)	MLTSS (regardless of authority)	1915 (c); 1915(i)	1915 (c), 1915(i)	MLTSS (regardless of authority)	MLTSS (regardless of authority)	MLTSS (regardless of authority)	1115 Waiver Amendment	MLTSS (re- gardless of authority)
District of Columbia	N/A	1915 (c)	1915 (c)	1915 (c)	1915 (c)	1915 (c)	1915 (c)	1915 (c)	1915 (c)	1915 (c)
Florida			1915 (c)							
Georgia	N/A	1915 (c)	1915 (c)	1915 (c)	1915 (c)	1915 (c)	1915 (c)	1915 (c)	1915 (c)	1915 (c)
Hawaii	1915 (c)	\$1115 Dem- onstration Program for LTSS other than MLTSS	\$1115 Dem- onstration Program for LTSS other than MLTSS	1915 (c)	1915 (c)	\$1115 Dem- onstration Program for LTSS other than MLTSS	\$1115 Demon- stration Program for LTSS other than MLTSS			
Idaho	1915 (c)	1915(c)	1915(c)	1915(c)	1915(c) , 1915(i)	1915(c)	1915(c)	1915(c)	N/A	1915(c)
Illinois	N/A	N/A	1915 (c)	N/A	1915©	1915 (c)	N/A	1915 (c)	N/A	1915 (c)
Indiana	1915 (c)		1915 (c)	1915 (c)	1915 (c)	1915 (c)	1915 (c)	1915 (c)	1915 (c)	1915 (c)
Iowa	N/A	1915 (c)	1915 (c)	N/A	1915 (c)	1915 (c)	1915 (c)	1915 (c)	1915(c)	1915 (c)
Kansas	N/A	N/A	MLTSS (regardless of authority)	MLTSS (regardless of authority)	1915 (c)	MLTSS (regardless of authority)	MLTSS (regardless of authority)	MLTSS (regardless of authority)	MLTSS (regardless of authority)	MLTSS (re- gardless of authority)
Kentucky	1915 (c)	1915 (c)	N/A	1915 (c)	1915 (c)	1915 (c)	1915 (c)	1915 (c)	Medicaid State Plan	1915 (c)
Louisiana	N/A	N/A	N/A	N/A	1915 (c)	N/A	1915 (c)	N/A		N/A
Maine		1915 (c)		1915 (c)	1915 (c)	1915 (c)	1915 (c)	1915 (c)		Medicaid State Plan Personal Care Ser- vices
Maryland		1915 (c)	1915 (c)	1915 (c)	1915 (c)	1915 (c)	1915 (c)	1915 (c)		1915 (c)
Massachusetts	State Plan	State Plan; 1915 (c)	1915 (c)	State Plan; 1915 (c); 1115 Waiver	State Plan; 1915 (c)	State Plan; 1915 (c)	State Plan; 1915 (c); 1115 Waiver	State Plan; 1915 (c); 1115 Waiver	State Plan; 1915 (c); 1115 Waiver	State Plan; 1915 (c)
Michigan	§1915 (c)	§1915 (c)	N/A	§1915(i)	§1915 (c)	§1915 (c)	§1915 (c)	§1915 (c)	§1915 (c)	§1915 (c)

Table 13: Medicaid Funding Authority by Target Population (Continued)

	Adult Foster Care Clients	Individuals with Dementia/ Alzheimer's Disease	Assisted Living Clients	Individuals with Autism	Individuals with Intellectual/ Developmental Disabilities	Older Adults	Older Adults and Adults with Physical Disabilities	Adults with Physical Disabilities	Individuals with Severe Emotional Disturbance	Individuals with Traumatic Brain Injury
Minnesota	1915 (c)	1915 (c); MLTSS (regardless of authority)	1915 (c); MLTSS (regardless of authority)	Medicaid State Plan EPSDT (beginning 7/1/15)	1915 (c)	1915(c); MLTSS (regardless of authority)	1915 (c)	1915 (c)	N/A	1915 (c)
Mississippi	N/A	N/A	1915(c)	N/A	1915(c)	1915(c)	1915(c)	(1915(c)	N/A	1915(c)
Missouri		1915 (c); Medicaid State Plan	1915(c); Medicaid State Plan	1915 (c)	1915 (c)	1915 (c); Medicaid State Plan	1915 (c); Medicaid State Plan	1915 (c); Medicaid State Plan		
Montana	1915 (c)	1915 (c); 1915(k); Medicaid State Plan	1915 (c); Medicaid State Plan	1915 (c); Medicaid State Plan	1915 (c); 1915(k); Medicaid State Plan	1915 (c); 1915(k); Medicaid State Plan	1915 (c); 1915(k); Medicaid State Plan	1915 (c); 1915(k); Medicaid State Plan	1915 (c); 1915(k); Medicaid State Plan	1915 (c); 1915(k); Medicaid State Plan
Nebraska	N/A	1915 (c)	1915 (c)	N/A	1915 (c)	1915 (c)	1915 (c)	1915 (c)	1915 (b)	1915 (c)
Nevada			1915 (c)		1915 (c)	1915 (c)		1915 (c)		
New Hamp- shire	1915 (c)	1915 (c)	1915 (c)	N/A	1915 (c)	1915 (c)	1915 (c)	1915 (c)	N/A	1915 (c)
New Jersey	1915 (c)	\$1115 Demonstra- tion Program that includes MLTSS	\$1115 Demonstra- tion Program that includes MLTSS	1915 (c) and \$1115 Demonstra- tion Program that includes MLTSS	1915 (c)	\$1115 Demonstra- tion Program that includes MLTSS	\$1115 Demonstra- tion Program that includes MLTSS	\$1115 Demonstra- tion Program that includes MLTSS	\$1115 Demonstra- tion Program that includes MLTSS	\$1115 Demon- stration Program that includes MLTSS
New Mexico	N/A	\$1115 Demonstra- tion Program that includes MLTSS	\$1115 Demonstra- tion Program that includes MLTSS	1915 (c)	1915 (c)	\$1115 Demonstra- tion Program that includes MLTSS	\$1115 Demonstra- tion Program that includes MLTSS	\$1115 Demonstra- tion Program that includes MLTSS	\$1115 Demonstra- tion Program that includes MLTSS	\$1115 Demon- stration Program that includes MLTSS
New York		State Plan	State Plan	1915(c)	1915(c)	State Plan	State Plan	1915c/1115	State Plan/1115	1915(c)
North Carolina	N/A	N/A	N/A	N/A	1915 (c)	N/A	1915 (c)	N/A	1915 (c)	N/A
North Dakota	1915 (c)	1915 (c)	Medicaid State Plan Personal Care Services	1915 (c)	1915 (c)	1915 (c)	1915 (c)	1915 (c)	N/A	1915 (c)
Ohio	1915(c)	1915 (c)	1915 (c)	N/A	1915 (c)	1915 (c)	1915 (c)	1915 (c)	1915(i)	NA
Oklahoma	N/A	N/A	1915 (c)	N/A	1915 (c)	1915 (c)	1915 (c)	1915 (c)	N/A	N/A
Oregon	State Plan §1915 (k)	State Plan §1915 (k)	State Plan §1915 (k)	State Plan §1915 (k)	State Plan §1915 (k)	State Plan §1915 (k)	State Plan §1915 (k)	State Plan §1915 (k)	State Plan §1915 (i)	State Plan §1915 (k)
Pennsylvania				\$1115 Dem- onstration Program for LTSS other than MLTSS	1915 (c)	1915 (c)		1915 (c)		1915 (c)
Rhode Island	§1115 Dem- onstration Program	\$1115 Dem- onstration Program	§1115 Dem- onstration Program	\$1115 Dem- onstration Program	§1115 Dem- onstration Program	\$1115 Dem- onstration Program	\$1115 Dem- onstration Program	§1115 Dem- onstration Program	\$1115 Dem- onstration Program	\$1115 Demon- stration Program
South Carolina	N/A	N/A	N/A	1915(c)	1915(c)	1915(c)	1915(c)	1915(c)	N/A	1915(c)
South Dakota	N/A	N/A	1915 (c)	N/A	1915 (c)	1915 (c)	1915 (c)	1915 (c)	N/A	N/A

Table 13: Medicaid Funding	Authority by Target	Population (Continued)
----------------------------	---------------------	-------------------------------

	Adult Foster Care Clients	Individuals with Dementia/ Alzheimer's Disease	Assisted Living Clients	Individuals with Autism	Individuals with Intellectual/ Developmental Disabilities	Older Adults	Older Adults and Adults with Physical Disabilities	Adults with Physical Disabilities	Individuals with Severe Emotional Disturbance	Individuals with Traumatic Brain Injury
Tennessee					1915(c) and MLTSS (regardless of authority)		MLTSS (regardless of authority)			
Texas	1915(c) 1115	1115	1915(c) 1115	1915(c) 1915(k)	1915(c) 1915(k)	1915 (c) 1115	1915 (c) 1115	1915(c) 1115 1915(k)	1915(i) 1915(c) 1915(k)	1915(c) 1915(k)
Utah	N/A	1915(c)	1915(c)	1915(c); Medicaid State Plan	1915(c)	1915 (c)	1915(c)	1915(c)	N/A	1915(c)
Vermont	\$1115 Dem- onstration Program for LTSS other than MLTSS	\$1115 Dem- onstration Program for LTSS other than MLTSS	\$1115 Dem- onstration Program for LTSS other than MLTSS	\$1115 Demonstration Program for LTSS other than MLTSS	\$1115 Demonstration Program for LTSS other than MLTSS	\$1115 Demonstration Program for LTSS other than MLTSS	\$1115 Demonstration Program for LTSS other than MLTSS	\$1115 Demonstration Program for LTSS other than MLTSS	\$1115 Demonstration Program for LTSS other than MLTSS	\$1115 Demonstration Program for LTSS other than MLTSS
Virginia	N/A	1915(c) AAL waiver exclu- sively beginning July 1, 2017 some services in CCCPlus waiver (B/C waiver)	Until 6/18/2017 1915(c) waiver to individuals with ALZ & dementia (AAL waiver)	1915(c) some services avail- able through family & individual services waiver (old DD)	1915 (c)	CCCPlus waiver (B/C waiver)	1915 (c)	1915 (c)	N/A	N/A
Washington	1915 (c), 1915(k)	N/A	1915 (c), 1915(k)	N/A	1915 (c), 1915(k)	§1115	1915 (c), 1915(k)	N/A	N/A	N/A
West Virginia					1915 (c)		1915(c)			1915(c)
Wisconsin		1915(c)	1915(c)	1915(c)	1915(c)	1915(c)	1915(c)	1915(c)		1915(c)
Wyoming			1915 (c)		1915 (c)	1915 (c)	1915(c)	1915(c)		1915(c)

APPENDIX B: State Responses to SOTS Survey

State	2017 NASUAD Aging & Disabilities Survey	2017 LTSS Survey	Submitted Edits to the State Tables
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	✓	✓	✓

State	2017 NASUAD Aging ඊ Disabilities Survey	2017 LTSS Survey	Submitted Edits to the State Tables
Nevada	✓	\checkmark	✓
New Hampshire	\checkmark	✓	
New Jersey	\checkmark	✓	✓
New Mexico	\checkmark	✓	✓
New York	\checkmark	✓	✓
North Carolina	\checkmark	\checkmark	
North Dakota	\checkmark	\checkmark	
Ohio	✓	\checkmark	✓
Oklahoma	✓	\checkmark	✓
Oregon	✓	\checkmark	
Pennsylvania	✓	\checkmark	
Rhode Island	✓	\checkmark	✓
South Carolina	✓	\checkmark	
South Dakota	✓	\checkmark	
Tennessee	✓	\checkmark	✓
Texas	✓	✓	✓
Utah	✓	\checkmark	✓
Vermont	✓	✓	✓
Virginia	✓	\checkmark	✓
Washington	✓	\checkmark	✓
West Virginia	✓	\checkmark	
Wisconsin	✓	\checkmark	✓
Wyoming	✓	✓	✓





National Association of States United for Aging and Disabilities 1201 15th Street NW, Suite 350 Washington, DC 20005 Phone: 202-898-2578 www.nasuad.org