

Improving the Balance:

The Evolution of Medicaid Expenditures for Long-Term Services and Supports (LTSS), FY 1981-2014

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Abstract

Since 1981, Medicaid long-term services and supports (LTSS) have undergone a profound transformation, from an almost exclusive emphasis on institutional services to the current reality in which home and community-based services (HCBS) account for the majority of LTSS spending. Using state Medicaid expenditure data from Federal fiscal years 1981 through 2014, this report documents the impressive changes to Medicaid LTSS delivery, including policy changes that drove this transformation and improvements in data reporting that helped to document it. A review of the program data by service type, for population subgroups, and for states with the highest percentage of LTSS expenditures for HCBS revealed that three factors were critical to Medicaid's trend towards HCBS: sustained growth in Section 1915(c) waivers and new HCBS programs, improved HCBS data reporting, and the stabilization of nursing facility spending since fiscal year 2002.

Acknowledgments

We are indebted to Brian Burwell at Truven Health for initiating the series of annual Medicaid LTSS expenditures reports that are the basis for this analysis. Many current and former CMS employees enabled Truven Health to obtain data for the annual reports, including John Klemm, Kay Lewandowski, Don Allen, Betsy Hanczaryk, and Chris Kessler. In addition, Dr. Effie George, Kay Lewandowski, Dianne Kayala, and Debbie Dombrowski at CMS and Paul Saucier at Truven Health provided feedback on the outline and content of this report.

Acronyms and Abbreviations

ACA: Patient Protection and Affordable Care Act

A/D: older people and people with physical disabilities (previously used for aging/disability)

ADA: Americans with Disabilities Act

CMS: Centers for Medicare & Medicaid Services

DD: developmental disabilities

DRA: Deficit Reduction Act

DSH: disproportionate share hospital

FY: fiscal year (FY 2014 spans October 2013 through September 2014)

GDP: Gross Domestic Product

HCBS: home and community-based services

ICF/IID: intermediate care facilities for individuals with intellectual disabilities

LTSS: long-term services and supports

MLTSS: managed long-term services and supports

MFP: Money Follows the Person

OBRA: Omnibus Budget Reconciliation Act

PACE: Program of All-Inclusive Care for the Elderly

PD: physical disabilities

SED: serious emotional disturbance

SMI: serious mental illness

TEFRA: Tax Equity and Fiscal Responsibility Act

1. Introduction

Over more than three decades, Medicaid long-term services and supports (LTSS) have transformed from assistance provided primarily in institutional settings to the current reality in which home and community-based services (HCBS) are the norm. Federal Fiscal Year (FY) 2013 was a milestone year, marking the first time Medicaid expenditures for HCBS exceeded those for institutional services. This crossover point was achieved 48 years after the 1965 establishment of Medicaid and 32 years after the establishment of Medicaid Section 1915(c) waivers, which allowed states to expand HCBS for people who would otherwise require institutional services. Surpassing the 50-percent threshold reflects dedicated efforts by policy makers and advocates who worked to alter the institutional bias of Medicaid LTSS. A review of this transformation provides an opportunity to inform future Medicaid policy development.

Using program data from FY 1981 through FY 2014, this report documents the impressive transformation of Medicaid LTSS. The report opens with a summary of LTSS policy and legal changes since Medicaid's inception, including those that created the Medicaid institutional bias in the 1960s and 1970s and changes that reduced this bias in subsequent decades. A brief summary of the source data follows, documenting steps to improve data quality and completeness over time, especially for HCBS. Subsequent sections present Medicaid LTSS expenditure trends by service, by target population group, and for the states with the highest percentage of spending for HCBS in FY 2014. These trends illustrate the role of changing policies, cost of care, and data reporting in the evolution of LTSS spending over the past three decades. This analysis concludes with a summary of key findings and lessons learned about the transformation of LTSS expenditures and their implications for Medicaid LTSS policy in the future. The methods used for this analysis are described in Appendix A. The data tables in Appendix B present expenditure data both nationally and by state for the 34-year period.

2. Medicaid LTSS Policy and Legislative History

Three Decades of Policy and Legislative Changes Have Supported the Expansion of HCBS

From the beginning of the Medicaid program in 1965, states were required to provide institutional services, namely nursing facility care, for people 21 or older. The HCBS benefits at that time, home health and private duty nursing, were optional for states, creating an institutional bias for LTSS in Medicaid.¹ During the years before the collection of the data in this report, some alterations to improve access to Medicaid HCBS had already been implemented. In 1970, home health became a mandatory benefit, although only for people requiring institutional level care.² In 1975, personal care became allowable at state option.³

More generally, however, Medicaid LTSS policy in the late 1960s and 1970s focused largely on creating standards and requirements for nursing facilities and other institutions to prevent abuse and neglect.⁴ In addition, states were provided new institutional service options: intermediate care facilities for individuals with intellectual disabilities (ICF/IID) in 1971 and psychiatric hospitals for children under age 21 in 1972.⁵ In 1980, Medicaid LTSS coverage and expenditures remained primarily for institutional services.

From 1981 onward, many statutory amendments and court decisions changed public policy related to Medicaid LTSS and Medicaid eligibility. The percentage of Medicaid LTSS expenditures for HCBS grew throughout this time, as shown in Figure 1 on the following page. In the early 1980s, HCBS represented less than 10 percent of approximately \$13 billion in expenditures for Medicaid LTSS. By the late 90s, HCBS was more than 25 percent of the \$70 billion spent on Medicaid LTSS. By FY 2014, 53 percent of the \$152 billion dollars spent nationally on Medicaid LTSS was for community-based supports.

¹ O’Keeffe, Janet, Paul Saucier, Beth Jackson, Robin Cooper, Ernest McKenney, Suzanne Crisp, and Charles Moseley. 2010. *Understanding Medicaid Home and Community Services: A Primer: 2010 Edition*. Washington, DC: US Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. Retrieved from <http://aspe.hhs.gov/pdf-report/understanding-medicare-home-and-community-services-primer-2010-edition>.

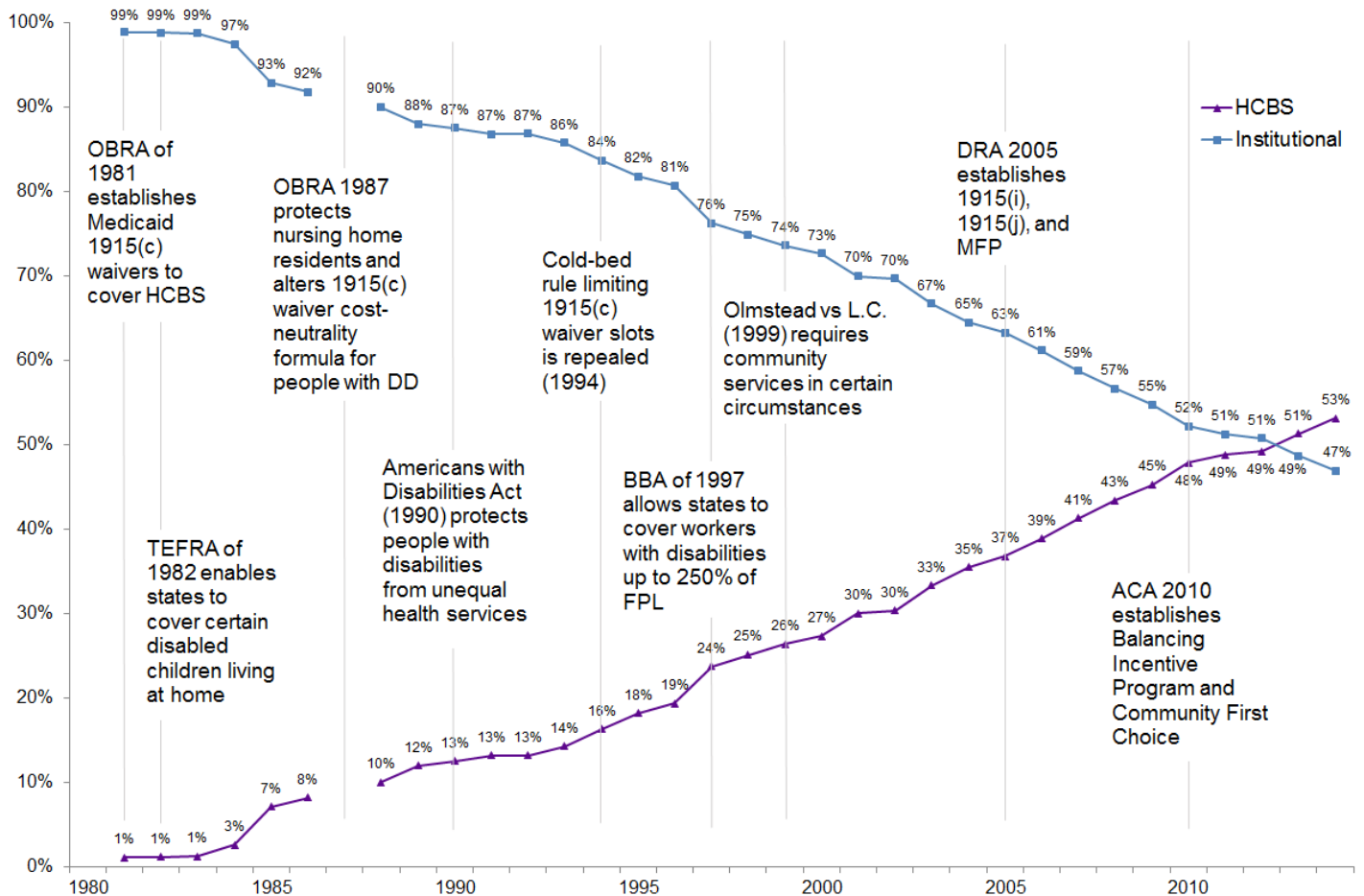
² Ibid.

³ Lutzky, Steve, Lisa Maria B. Alexih, Jennifer Duffy, and Christina Neill. 2000. *Review of the Medicaid 1915(c) Home and Community Based Services Waiver Program Literature and Program Data*. The Lewin Group for the Department of Health and Human Services Health Care Financing Administration. Retrieved from http://editsites.optum.com/~media/lewin/site_sections/publications/582.pdf.

⁴ For examples, see the “Moss Amendments” of 1968, 1974 SSA Amendments, and the Comprehensive OAA Amendments of 1978 in Kaiser Family Foundation. 2015. “Long-Term Care in the United States: A Timeline.” August 2015 Fact Sheet: The Henry J Kaiser Family Foundation. Retrieved from <http://kff.org/medicaid/timeline/long-term-care-in-the-united-states-a-timeline/>.

⁵ O’Keeffe et al. 2010. *Understanding Medicaid Home and Community Based Services* (see footnote 1). OBRA 1990 allowed this benefit to apply to other settings specified in regulations, which are known as psychiatric residential treatment facilities (CMS, 2013, April 10. “Psychiatric Residential Treatment Facility Providers” web page. Retrieved from <https://www.cms.gov/medicare/provider-enrollment-and-certification/certificationandcompliance/prtfs.html>.)

Figure 1. Medicaid HCBS and Institutional Expenditures as a Percentage of Total Medicaid LTSS Expenditures, FY 1981–2014



NOTE: ICF/IID data for FY 1987 were nearly double expenditures for FY 1986 and for FY 1988. The reason for the one-time reported increase in expenditures is not known, and data from this outlier year are excluded.

Below we highlight key events and changes in the 33-year timeline.

1981

The Omnibus Budget Reconciliation Act (OBRA) of 1981 first established Section 1915(c) waivers to cover HCBS for people who would otherwise require Medicaid-covered hospital, nursing facility, or ICF/IID services.

1982

The Tax Equity and Fiscal Responsibility Act (TEFRA) of 1982 gave states the option to extend Medicaid coverage to children with disabilities living at home who qualify for institutional services but are not otherwise eligible for Medicaid.⁶

⁶ O’Keeffe et al. 2010. *Understanding Medicaid Home and Community Based Services* (see footnote 1).

1987

The Nursing Home Reform Act—part of the OBRA of 1987—established more stringent quality requirements for nursing facility services⁷ and required states to screen people for mental illness and DD and consider community placement for these individuals.⁸ It also allowed states to link Section 1915(c) cost-neutrality requirements for people with DD to more expensive ICF/IID services, making it easier for states to use 1915(c) waivers to provide HCBS to such enrollees.⁹

1990

The Americans with Disabilities Act (ADA) of 1990 specified broad protections against discrimination based on disability, including discrimination in services covered by public programs such as Medicaid.

1994

The “cold bed” rule that required states to demonstrate a reduction in institutional capacity for each Section 1915(c) waiver enrollee was repealed by CMS (then called the Health Care Financing Administration), allowing broader waiver enrollment.¹⁰

1997

The Balanced Budget Act of 1997 established the Medicaid Buy-In program, which enabled states to cover working individuals with disabilities with incomes up to 250 percent of the Federal poverty level. A 2009 analysis found that HCBS represented a higher percentage of LTSS expenditures among Buy-In participants than the general Medicaid population.¹¹

⁷ Kaiser Family Foundation. 2015. “Long-Term Care in the United States” (see footnote 4).

⁸ Truven Health Analytics and Mission Analytics Group. 2014, August 28. *2014 PASRR National Report: A Review of Preadmission Screening and Resident Review (PASRR) Programs*. Report for the Centers for Medicare & Medicaid Services. Retrieved from <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/delivery-systems/institutional-care/downloads/2014-review-of-state-policies-and-procedures.pdf>.

⁹ Lutzky et al. 2000. *Review of the Medicaid 1915(c) Home and Community Based Services Waiver Program Literature and Program Data*. (see footnote 3).

¹⁰ Doty, Pamela. 2000, June. *Cost-Effectiveness of Home and Community-Based Long-Term Care Services*. U.S. Department of Health and Human Services (DHHS). Office of the Assistant Secretary for Planning and Evaluation. Retrieved from <https://aspe.hhs.gov/basic-report/cost-effectiveness-home-and-community-based-long-term-care-services>.

¹¹ Gimm, Gilbert, Kristin L. Andrews, Jody Schimmel, Henry T. Ireys, and Su Liu. 2009, October 29. *Analysis of Medical Expenditures and Service Use of Medicaid Buy-In Participants, 2002 – 2005*. Prepared for CMS by Mathematica Policy Research. Retrieved from http://www.mathematica-mpr.com/~media/publications/PDFs/disability/buy-in_medex_rpt.pdf. The Ticket to Work and Work Incentives Improvement Act of 1999 enabled states to offer the Buy-In option to workers with disabilities with incomes higher than 250 percent of the Federal poverty level.

1999

The *Olmstead versus L.C.* decision of 1999 clarified that unnecessary institutional isolation of a person with a disability is a form of discrimination under the 1990 ADA. As a result, states must provide alternatives when practicable.¹²

2005

The Deficit Reduction Act (DRA) of 2005 expanded states' options to provide HCBS in their state plan under Section 1915(i) of the Social Security Act¹³ and as self-directed personal assistant services under Section 1915(j) as an alternative to state plan personal care or Section 1915(c) waiver services.¹⁴ The DRA of 2005 also authorized the Money Follows the Person (MFP) demonstration to help Medicaid enrollees transition from institutional services to HCBS.¹⁵

2010

Finally, the Patient Protection and Affordable Care Act (ACA) of 2010 created (1) the Balancing Incentive Program, financial incentives through FY 2015 in the form of enhanced matching funds to states to increase the percentage of Medicaid LTSS spending for HCBS, the LTSS spending indicator in Figure 1;¹⁶ and (2) Community First Choice, Section 1915(k), a new optional state plan benefit that allows states to offer attendant services and supports and features enhanced matching funds.¹⁷

Each of the above changes enabled or encouraged states to expand Medicaid HCBS use, either by expanding state options for HCBS or expanding eligibility to people who were more likely to use HCBS than institutional care.

¹² Ryan, Jennifer, and Barbara Edwards. 2015, September 17. "Health Policy Brief: Rebalancing Medicaid Long-Term Services And Supports," *Health Affairs*. Retrieved from http://www.healthaffairs.org/healthpolicybriefs/brief.php?brief_id=144.

¹³ CMS "Home & Community-Based Services 1915(i)" web page. Retrieved from <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/home-and-community-based-services/home-and-community-based-services-1915-i.html>.

¹⁴ CMS "Self-Directed Personal Assistant Services 1915(j)" web page. Retrieved from <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Home-and-Community-Based-Services/Self-Directed-Personal-Assistant-Services-1915-j.html>.

¹⁵ CMS "Money Follows the Person (MFP)" web page. Retrieved from <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/balancing/money-follows-the-person.html>.

¹⁶ CMS "Balancing Incentive Program" web page. Retrieved from <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Balancing/Balancing-Incentive-Program.html>.

¹⁷ CMS "Community First Choice (CFC) 1915(k)" web page. Retrieved from <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/home-and-community-based-services/community-first-choice-1915-k.html>.

3. Data Collection Improvements

Data Collection Has Improved Over Time, Especially for HCBS

The LTSS expenditure data for FY 1981 through FY 2014 primarily come from CMS-64 expenditure reports that states submit to CMS quarterly to claim Federal Medicaid matching funds. They contain expenditures for specific state plan benefits (e.g., nursing facility, home health, personal care, Community First Choice) and for waiver programs. Data reporting has improved over time, particularly for HCBS. As a result, HCBS expenditures in earlier years were higher than reported and the true growth rate of HCBS is less steep than observed in the figures presented in this report. Three types of data improvements are described below. Additional details about the data, including methods used to construct population subgroups, improve data completeness, and inflation-adjust expenditures to 2014 dollars, are described in Appendix A.

First, reports for earlier years did not separately identify all Medicaid expenditures, especially for HCBS. For example, data for Section 1915(c) waivers were first reported in CMS-64 in FY 1984, three years after passage of Section 1915(c). Several state plan benefits also were added to the CMS-64 years after the benefit became available: personal care in FY 1985, case management in FY 1997, and rehabilitative services, private duty nursing, and Section 1915(i) in FY 2010.

Second, Truven Health's collection of data for prior period adjustments has improved over time. States may submit adjustments to their CMS-64 reports for prior reporting periods. The practice is common and usually results in expenditures being revised upwards. Truven Health began collecting prior period adjustment data for Section 1915(c) waiver data in FY 1995. Adjustments for other services were added over time, as identified in footnotes in the data tables in Appendix B, until all adjustments were included starting in FY 2009. Adjustments typically have had a greater impact on HCBS than on institutional services, so the years before prior period adjustments likely understate HCBS expenditures more than institutional expenditures.

Third, starting in FY 2008, Truven Health supplemented the CMS-64 data with state estimates of expenditures for managed care programs and Section 1115 Demonstrations not captured in the CMS-64. In addition, Money Follows the Person (MFP) Demonstration budget data collected from states by Mathematica Policy Research was included starting in FY 2008.¹⁸ The inclusion of these data has increased reported expenditures for HCBS: MFP expenditures are included among HCBS and managed care programs and Section 1115 Demonstrations have disproportionately high HCBS expenditures.

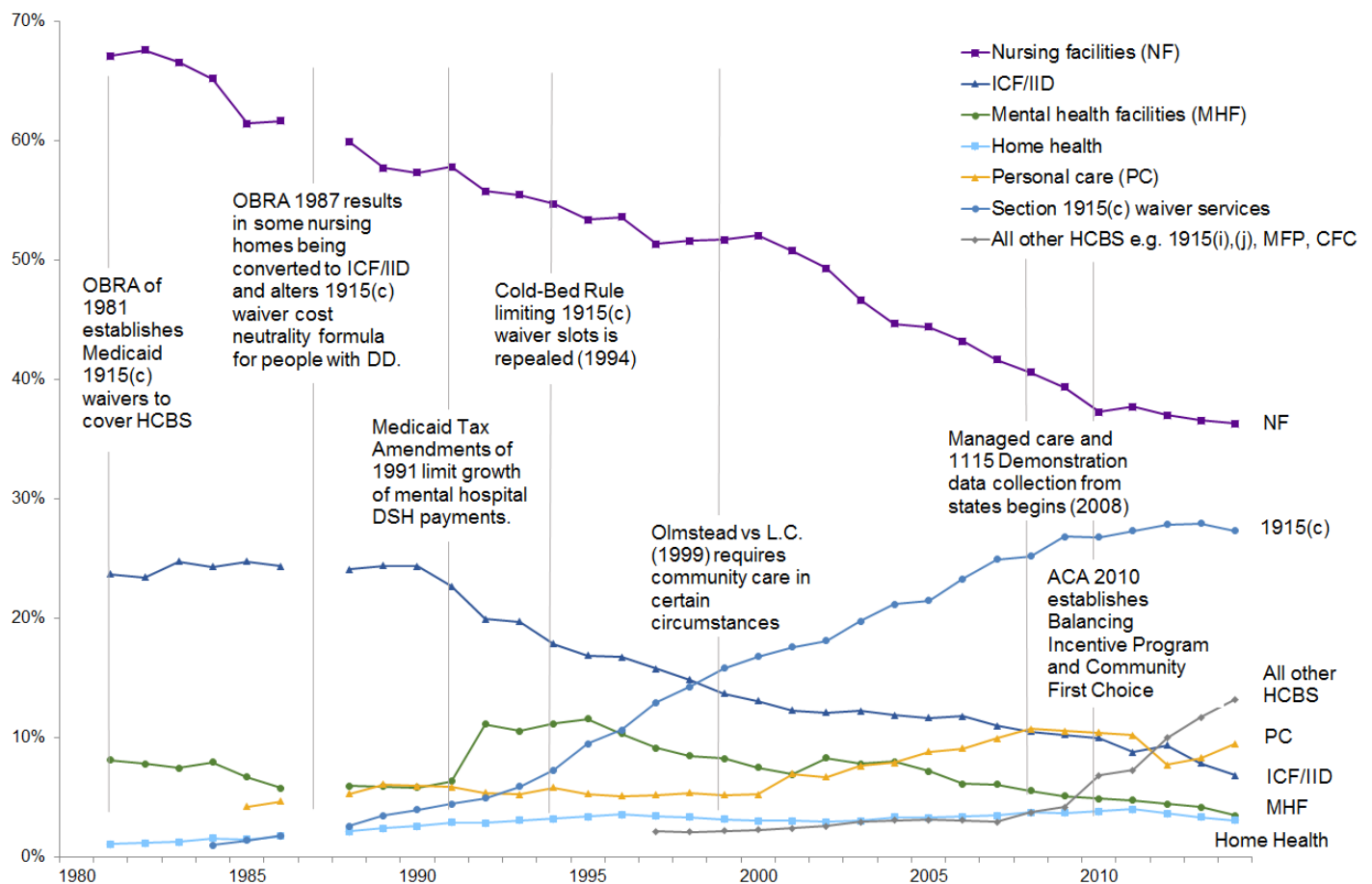
¹⁸ Eiken, Steve, Kate Sredl, Brian Burwell, and Paul Saucier. 2016. *Medicaid Expenditures for Long-Term Services and Supports (LTSS) in FY 2014: Managed LTSS Reached 15 Percent of LTSS Spending*. Prepared for CMS by Truven Health. Retrieved from <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/downloads/ltss-expenditures-2014.pdf>.

4. LTSS Service Trends

The Diminishing Role of Nursing Facilities and ICF/IID and the Growing Role of Section 1915(c) Waivers Explain a Majority of the Increased Percentage of LTSS for HCBS

Figure 2 shows how the percentage of Medicaid LTSS expenditures by detailed type of service has changed over time. The figure includes trends for three Medicaid institutional services (nursing facilities, ICF/IID, and mental health facilities) and four types of HCBS (home health, personal care, Section 1915(c) waivers, and all other HCBS combined). As percentages, these statistics reflect the role of each service in overall spending. The largest changes during this time period were the declining role of nursing facilities and ICF/IID and the growing role of Section 1915(c) waivers. This section describes reasons for these trends along with reasons for notable changes in the role of other services. Services are presented from the largest to the smallest change in the percentage of Medicaid LTSS spending since FY 1981.

Figure 2. Medicaid Service Expenditures as a Percentage of Total Medicaid LTSS Expenditures, by Type, FY



NOTE: ICF/IID data for FY 1987 were nearly double expenditures for FY 1986 and for FY 1988. The reason for the one-time reported increase in expenditures is not known, and data from this outlier year are excluded.

Nursing Facilities

Nursing facility spending as a percentage of Medicaid LTSS declined dramatically, from 67 percent of total expenditures in FY 1981 to 36 percent in FY 2014. Nursing facilities consistently accounted for a majority of institutional LTSS spending during our study period, and therefore, drove overall institutional LTSS spending trends.¹⁹ Nursing home utilization rates among older adults have declined since the mid-1980s for multiple reasons.²⁰ States increased the availability of HCBS options and implemented controls on facility supply such as certification of need requirements.²¹ Assisted living facilities began growing in popularity in the 1990s.²² In addition, the provision of post-acute care in nursing facilities, often covered by Medicare instead of Medicaid, has increased.²³

Section 1915(c) Waivers

The major Medicaid HCBS policy changes in the 1980s and 1990s described in Section 2 included the establishment of Section 1915(c) waivers and other changes that supported the expansion of these waivers such as the repeal of the cold-bed rule. Not surprisingly, Section 1915(c) waiver services became an increasing proportion of Medicaid LTSS spending. State plan services—including personal care and home health—accounted for a majority of HCBS spending growth in the 1980s. Section 1915(c) waivers grew more rapidly and surpassed state plan services in the 1990s.²⁴ Section 1915(c) waivers did not exist at the start of the study period (FY 1981). In FY 2014, waivers accounted for 27 percent of all Medicaid LTSS expenditures and 51 percent of HCBS expenditures.

Section 1915(c) waivers were attractive to states for several reasons. Unlike state plan benefits, states may limit the number of beneficiaries and the populations eligible for waivers, allowing states to more easily control expansions and their associated costs. States also may provide services not explicitly listed in the Medicaid

¹⁹ Nursing facility spending as a percentage of Medicaid institutional LTSS spending has ranged from 64 percent in FY 1992 to 77 percent in FY 2014 based on expenditures displayed in Appendix B: Tables 1A-1G.

²⁰ Wiener, Joshua M., Wayne L. Anderson, and David Brown. 2009. *Why Are Nursing Home Utilization Rates Declining?* Report for CMS. Baltimore, MD: RTI International. Retrieved from <http://www.nasuad.org/hcbs/article/why-are-nursing-home-utilization-rates-declining>. For more recent nursing facility utilization rates, see CMS. 2013. *Nursing Home Data Compendium 2013 Edition*. Retrieved from https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/downloads/nursinghomedatacompendium_508.pdf.

²¹ Ibid. (see footnote 20).

²² Carder Paula, Janet O'Keeffe, and Christine O'Keeffe. 2015. *Compendium of Residential Care and Assisted Living Regulations and Policy: 2015 Edition*. Report for the U.S. Department of Health and Human Services (DHHS), Office of the Assistant Secretary for Planning and Evaluation. RTI International. Retrieved from <https://aspe.hhs.gov/basic-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition>.

²³ Wiener et al. 2009. *Why Are Nursing Home Utilization Rates Declining?* (see footnote 20).

²⁴ More specifically, based on expenditures displayed in Appendix B: Tables 1A-1G, Section 1915(c) waiver expenditures exceeded state plan HCBS in FY 1995 when waivers accounted for 52 percent of the \$10.3 billion in Medicaid HCBS spending. By FY 1999, waivers accounted for 60 percent of the \$18.6 billion spent on Medicaid HCBS, a rate that stayed relatively stable (between 58 and 61 percent) through FY 2009 but has since declined with increased use of MLTSS and new state-plan HCBS programs.

state plan, addressing gaps in services people need to live independently in the community. At times, this flexibility also enabled states to use Section 1915(c) waivers to receive federal matching funds for some services previously funded with state dollars alone.²⁵

ICF/IID

The decline in share of spending on ICF/IID, from 24 percent of Medicaid LTSS in FY 1981 to 7 percent in FY 2014, reflects the larger effort to deinstitutionalize people with DD.²⁶ Medicaid coverage of ICF/IIDs began in 1971, when many states repurposed state psychiatric hospitals or portions of such hospitals as ICF/IID to receive Medicaid matching funds.²⁷ Closures of large state ICF/IID began soon afterward, peaking in the early 1990s, as a trend towards services in group homes under Section 1915(c) waivers expanded.²⁸ Although ICF/IID were closing, Figure 2 shows that spending on ICF/IID as a percentage of total Medicaid LTSS spending was fairly flat through FY 1990. This was in part due to the Nursing Home Reform Act (part of OBRA 1987), which resulted in some people with DD being transitioned from nursing facilities to ICF/IID and some nursing facilities being converted to ICF/IID.²⁹ After FY 1990, spending on ICF/IID as a percentage of total Medicaid LTSS spending decreased steadily.

All Other HCBS

During earlier years of data collection, FY 1981 through FY 1996, the only HCBS data available were for Section 1915(c) waivers, personal care, and home health. By FY 2014, other HCBS benefits³⁰ accounted for 13 percent of all Medicaid LTSS spending due to three factors.

The first factor contributing to the increase in reported spending on “All Other HCBS” was newly available data for services that previously were not included in the CMS-64. FY 1997 was the first year case management data were included. Data for MLTSS were unavailable for most states before FY 2008. Rehabilitative

²⁵ Larson, S.A., Hallas-Muchow, L., Aiken, F., Hewitt, A., Pettingell, S., Anderson, L.L., Moseley, C., Sowers, M., Fay, M.L., Smith, D., & Kardell, Y. 2014. *In-Home and Residential Long-Term Supports and Services for Persons with Intellectual or Developmental Disabilities: Status and trends through 2012*. Minneapolis: University of Minnesota, Research and Training Center on Community Living, Institute on Community Integration. Retrieved from http://rtc.umn.edu/risp/docs/RISP_FINAL_2012.pdf.

²⁶ ICF/IID spending as a percentage of Medicaid institutional LTSS spending declined from 24 percent in FY 1981 to 15 percent in FY 2014 based on expenditures displayed in Appendix B: Tables 1A-1G.

²⁷ Larson et al. 2014. *In-Home and Residential Long-Term Supports and Services* (see footnote 25).

²⁸ Ibid. (see Figure 6.1).

²⁹ Lakin, K.C., Larson, S.A., Salmi, P. & Scott, N. 2009. *Residential services for persons with developmental disabilities: Status and trends through 2008*. Minneapolis: University of Minnesota, Research and Training Center on Community Living, Institute on Community Integration. Retrieved from <http://rtc.umn.edu/risp/docs/risp2008.pdf>.

³⁰ The full list of services in “all other HCBS” includes Community First Choice, private duty nursing, 1915(i), 1915(j), MLTSS not reported in other service categories (including PACE), rehabilitative services, case management, health homes, and MFP demonstration services. Case management service expenditure reporting began in 1997, accounting for the increase in expenditures for “all other HCBS” in that year.

services and private duty nursing expenditures were not available until FY 2010, when the CMS-64 first required states to separately report spending for these benefits.

Second, more states are providing HCBS under Section 1115 Demonstrations or under other program authorities that allow managed care rather than through Section 1915(c) waivers. Arizona and Vermont have long used 1115 Demonstrations to provide HCBS and four states--Hawaii, Rhode Island, Tennessee, and Texas—replaced Section 1915(c) waivers with Section 1115 Demonstration programs between FY 2009 and FY 2013.³¹ During this time, Rhode Island and Vermont provided LTSS as part of 1115 Demonstrations instead of 1915(c) waivers but did not operate traditional managed care programs.³²

Finally, the third factor contributing to the rise in “All Other HCBS” in recent years is the growth in new HCBS programs authorized by the Deficit Reduction Act of 2005 and the ACA of 2010. Expenditures under Section 1915(i), Section 1915(j), Community First Choice (authorized by Section 1915(k)), Health Homes, and the Money Follows the Person Demonstration accounted for four percent of all Medicaid LTSS in FY 2014. The largest of these programs, Community First Choice, accounted for three percent of all Medicaid LTSS. Most expenditures for this benefit were offset by reductions in personal care spending, as states replaced the personal care benefit with Community First Choice for people eligible for the latter.³³

Mental Health Facilities

The role of mental health facilities illustrates the effect of changing Medicaid policies on the distribution of LTSS expenditures. Mental health facility expenditures as a percentage of total Medicaid LTSS declined during most of the study period, with the exception of FY 1991 through FY 1995, when they rose from six to 12 percent of LTSS. The increase in mental health facility expenditures during this time period was the result of Disproportionate Share Hospital (DSH) payments—supplementary payments made to hospitals serving a disproportionate share of low-income people.³⁴ Due to substantial growth in DSH payments in the early 1990s, the Medicaid Voluntary Contribution and Provider-Specific Tax Amendments of 1991 were implemented to limit DSH payments—to not exceed 12 percent of state Medicaid expenditures—and to freeze

³¹ Eiken, Steve, Brian Burwell, Lisa Gold, Kate Sredl, and Paul Saucier. 2015. *Medicaid Expenditures for Section 1915(c) Waiver Programs in FY 2013*. Prepared for CMS by Truven Health. Retrieved from <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/downloads/1915-expenditures-2013.pdf>.

³² In the accompanying tables, data for “HCBS – managed care authorities” refer to spending for services that are similar to Section 1915(c) waiver services but are offered outside of a Section 1915(c) waiver in an authority that allows managed care. Most of these programs are managed care programs, although Rhode Island and Vermont used Section 1115 demonstrations for HCBS without providing services through managed care organizations.

³³ Eiken et al. 2016. *Medicaid Expenditures for Long-Term Services and Supports (LTSS) in FY 2014: Managed LTSS Reached 15 Percent of LTSS Spending* (see footnote 18).

³⁴ Mitchell, Alison. 2013. *Medicaid Disproportionate Share Hospital Payments*. Report no. R42865. Washington DC: Congressional Research Service. Retrieved from <http://www.fas.org/sgp/crs/misc/R42865.pdf>.

DSH expenditures for states exceeding this limit. Subsequent legislation such as the OBRA of 1993 and the Balanced Budget Act of 1997 placed further restrictions on DSH payments.³⁵

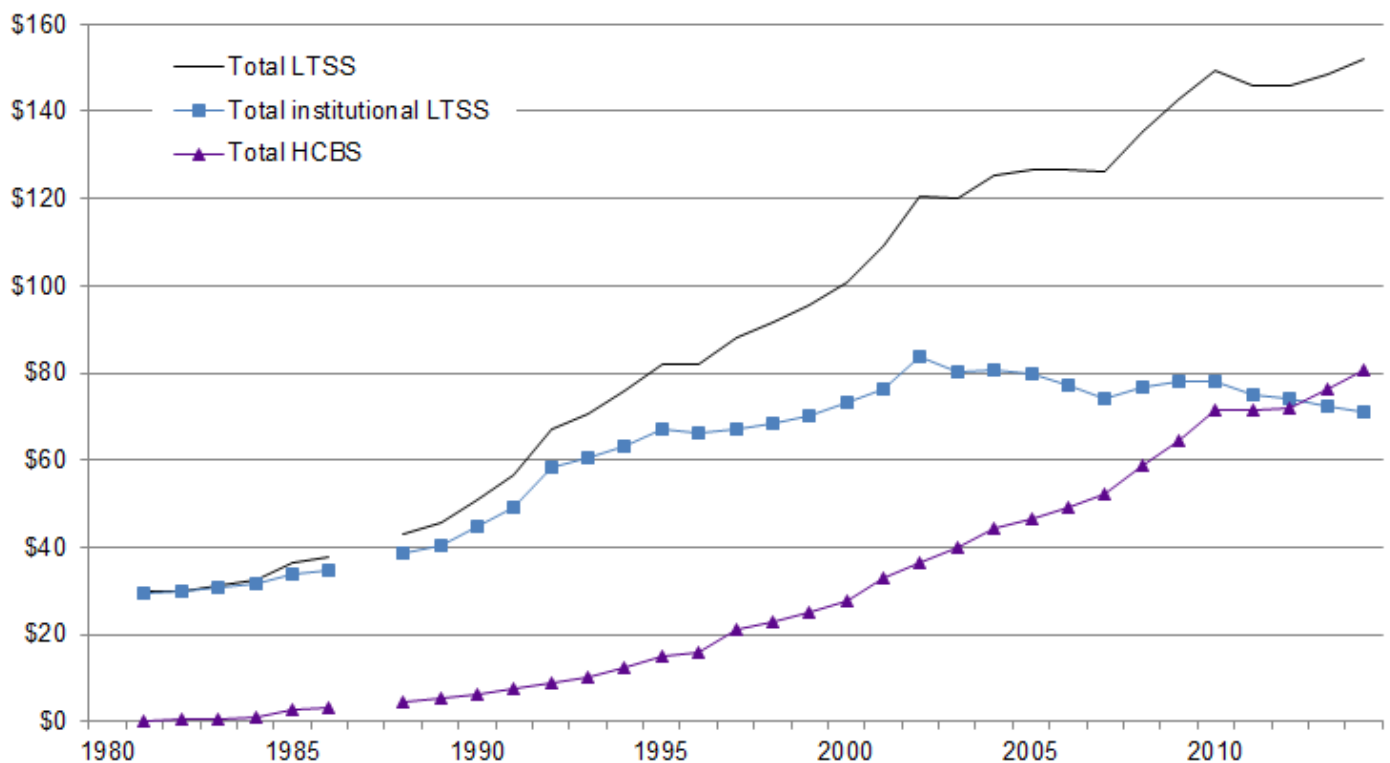
³⁵ These and subsequent changes to the DSH program are detailed in: Medicaid and CHIP Payment and Access Commission. 2016. *Report to the Congress on Medicaid Disproportionate Share Hospital Payments*. Washington, DC: MACPAC, Medicaid and CHIP Payment and Access Commission. Retrieved from <https://www.macpac.gov/wp-content/uploads/2016/01/Report-to-Congress-on-Medicaid-DSH.pdf>.

5. Trends in Inflation-Adjusted Expenditures by Service

Medicaid Institutional Expenditures Have Stabilized, While HCBS Expenditures Keep Growing

The growing role of HCBS in LTSS indicates that HCBS expenditures have risen at a faster rate than institutional expenditures. To better understand these trends over time, we examined Medicaid LTSS spending by service type, controlling for inflation. As shown in Figure 3, expenditures in inflation-adjusted 2014 dollars³⁶ for both HCBS and institutional LTSS spending increased for the first 20 years of the study period, but then the trends diverged. Spending for institutional services started to decline after FY 2002 while real HCBS expenditures continued to rise (although less steeply in recent years). The net effect is that total inflation-adjusted Medicaid LTSS spending has been relatively stable since FY 2010.

Figure 3. Total Medicaid HCBS and Institutional Expenditures (in Billions) in 2014 Dollars, FY 1981–2014

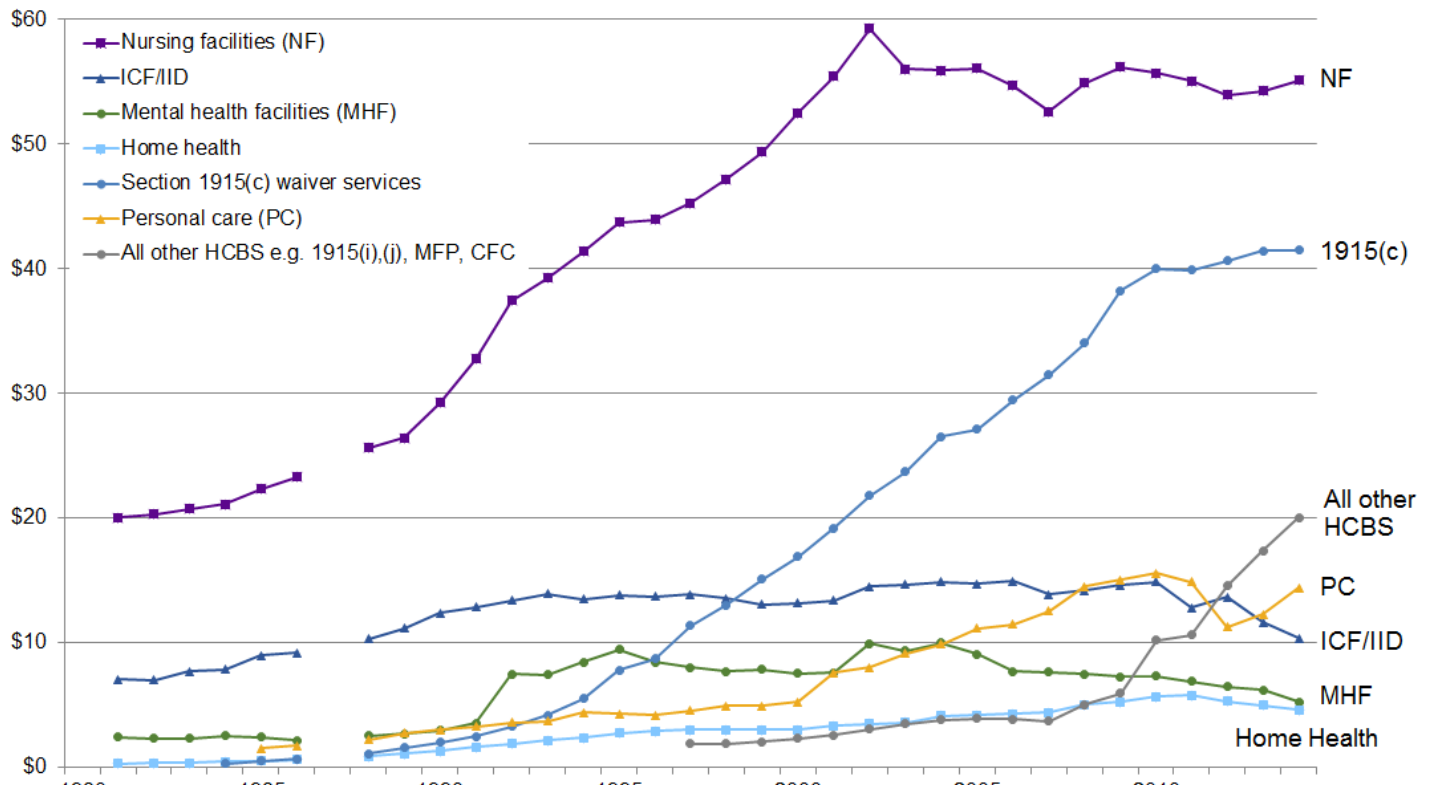


NOTE: ICF/IIID data for FY 1987 were nearly double expenditures for FY 1986 and for FY 1988. The reason for the one-time reported increase in expenditures is not known, and data from this outlier year are excluded.

³⁶ As noted in Appendix A: Data and Methods, expenditures were adjusted to 2014 dollars using the Gross Domestic Product price index, a broad index that illustrates the role of LTSS in national spending. Compared with the Consumer Price Index for All Urban Consumers (CPI-U), it is a conservative adjustment such that expenditures for years prior to 2014 are inflated less than they would be using the CPI-U index. Therefore, trends that show reduced spending in recent years in this report would show even more dramatic reductions of spending had the CPI-U been used instead.

Expenditures by type of service (Figure 4) suggest the decline in institutional expenditures since FY 2002 was driven by spending on nursing facility care. The FY 2002 peak in real nursing facility expenditures coincided with the peak in the number of Medicaid enrollees served in nursing facilities.³⁷ Trends for other types of services follow patterns similar to those discussed in Section 4, such as the steady increase in Section 1915(c) waiver expenditures.

Figure 4. Medicaid LTSS Expenditures (in Billions) in 2014 Dollars, by Type, FY 1981–2014 (Services Accounting for Less Than 4 Percent of LTSS Expenditures in All Years Are Combined)



NOTE: ICF/IID data for FY 1987 were nearly double expenditures for FY 1986 and for FY 1988. The reason for the one-time reported increase in expenditures is not known, and data from this outlier year are excluded.

Table 1 on the following page further illustrates changes in inflation-adjusted Medicaid LTSS expenditures over time by showing average annual growth rates in five-year intervals. For institutional LTSS, the growth rate peaked in the early 1990s at 8.5 percent per year and expenditures have declined since the early 2000s, consistent with the FY 2002 peak of institutional expenditures in Figure 3. For HCBS, growth rates were between 10 and 20 percent per year during most of the study period. Growth was particularly high in the early 1980s (68 percent) because reporting started during that time period for personal care and Section 1915(c)

³⁷ CMS. 2013. *Medicare and Medicaid Statistical Supplement. 2013 Edition*. Retrieved from <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MedicareMedicaidStatSupp/2013.html> (see Table 13.20).

waivers. HCBS growth rates have declined in more recent years, averaging only 3.1 percent in FY 2011 through FY 2014.

Table 1. Average Annual Rate of Growth in HCBS and Institutional Care Expenditures in 2014 Dollars, FY 1981–2014

| Type of LTSS | 1981-1985 | 1986-1990 | 1991-1995 | 1996-2000 | 2001-2005 | 2006-2010 | 2011-2014 |
|---------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Institutional | 3.4% | 5.7% | 8.5% | 1.8% | 1.7% | (0.5%) | (2.2%) |
| HCBS | 67.6% | 19.7% | 18.5% | 13.1% | 11.0% | 9.0% | 3.1% |
| Total LTSS | 5.1% | 7.0% | 10.0% | 4.2% | 4.6% | 3.4% | 0.4% |

6. Population Subgroup Service Trends

HCBS Exceeds 50 Percent for Medicaid Enrollees with Developmental Disabilities but not for Other Subgroups

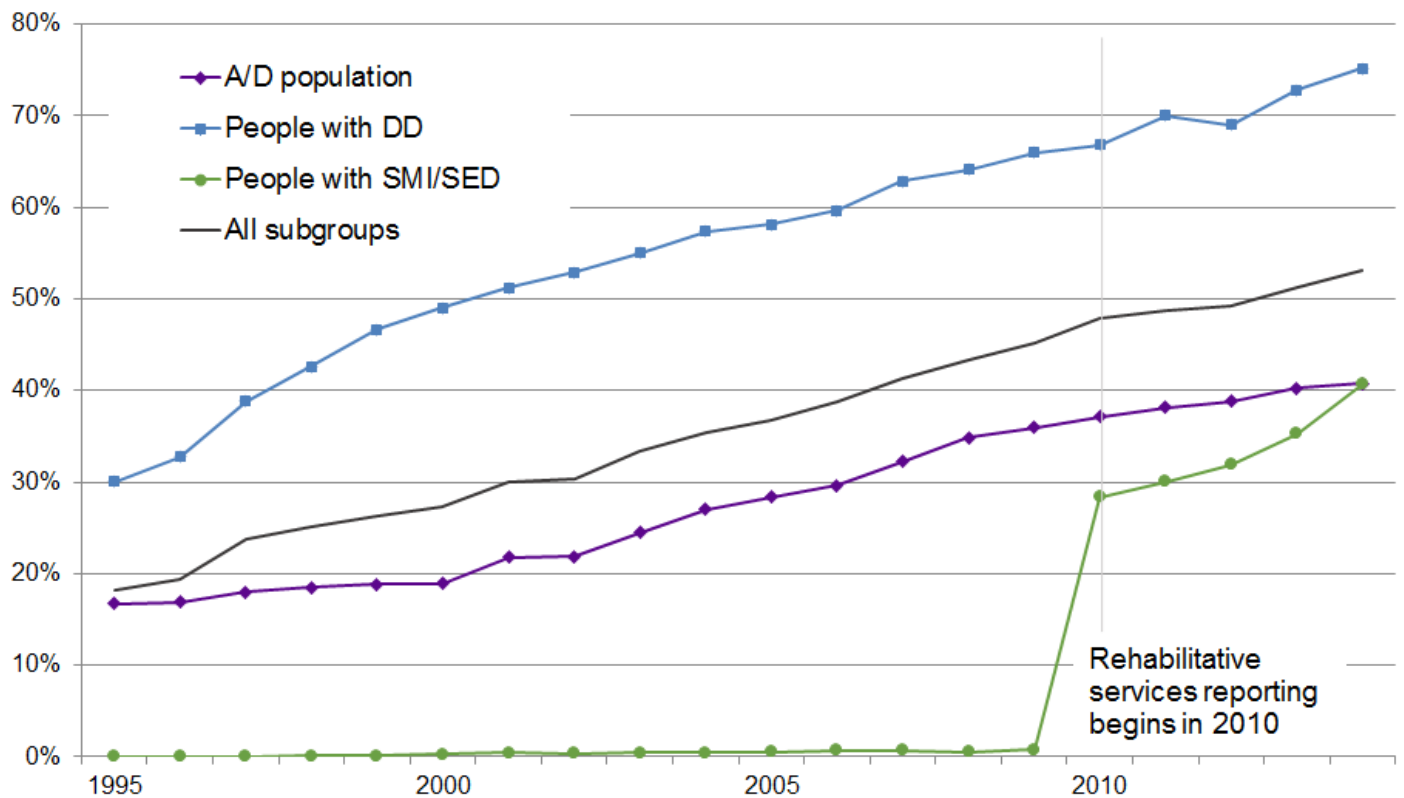
Reporting of Section 1915(c) waiver expenditures by target population began in Truven Health reports in FY 1995. Starting that year, with reasonable assumptions for other services, we can estimate HCBS as a percentage of LTSS expenditures for three subgroups: older people and people with physical disabilities (A/D), people with DD, and people with serious mental illness or serious emotional disturbance (SMI/SED). The key assumptions are (1) services such as state plan personal care, home health, private duty nursing, and nursing facility care are used primarily by older adults and people with physical disabilities, and (2) rehabilitative services (reported since FY 2010) are used primarily by people with SMI/SED. Expenditures for each subgroup are discussed in more detail on the following pages.

The summary data presented in this section should be viewed as estimates. There is some deviation from the assumed service use patterns described above. For example, some people with SMI/SED use nursing facility care. Also, some individuals can be included in multiple population groups. Finally, LTSS expenditures for multiple or unspecified subgroups are excluded from this analysis. Such expenditures represented less than five percent of LTSS spending each year; a majority was for case management.

HCBS as a percentage of total Medicaid LTSS spending increased for all three subgroups between FY 1995 and FY 2014 (Figure 5 on the following page). As evident in the figure, data for people with SMI/SED changed considerably in FY 2010 when rehabilitative services data became available. Figure 5 also illustrates that HCBS only exceeded 50 percent of LTSS spending for services targeting people with DD. For this subgroup, the 50-percent threshold was reached by FY 2001. In comparison, for older adults and people with physical disabilities, the percentage of LTSS expenditures allocated to HCBS was only 41 percent in FY 2014, although significant progress had also been made. Because the largest share of LTSS spending was for this population, the national average was dampened, not reaching the 50 percent mark until FY 2013.³⁸

³⁸ The share of Medicaid LTSS expenditures for older people and people with disabilities was 61 percent in FY 2014.

Figure 5. Medicaid HCBS Expenditures as a Percentage of Total Medicaid LTSS Expenditures, by Population Subgroup, FY 1995–2014



A contributing factor to this trend is the differing use of community residential services by population. Small residential settings expanded substantially for people with DD as states closed ICF/IID beginning in the 1970s and these services are common in Section 1915(c) waivers for people with DD.³⁹ Medicaid does not pay for room and board in community-based residential settings, but does pay for services in these settings. Similar residential services for older people and those with disabilities—for example, in assisted living facilities—are more recent and more common in the private market than in Medicaid.⁴⁰

³⁹ Lakin et al. 2009. *Residential services for persons with developmental disabilities* (see footnote 29).

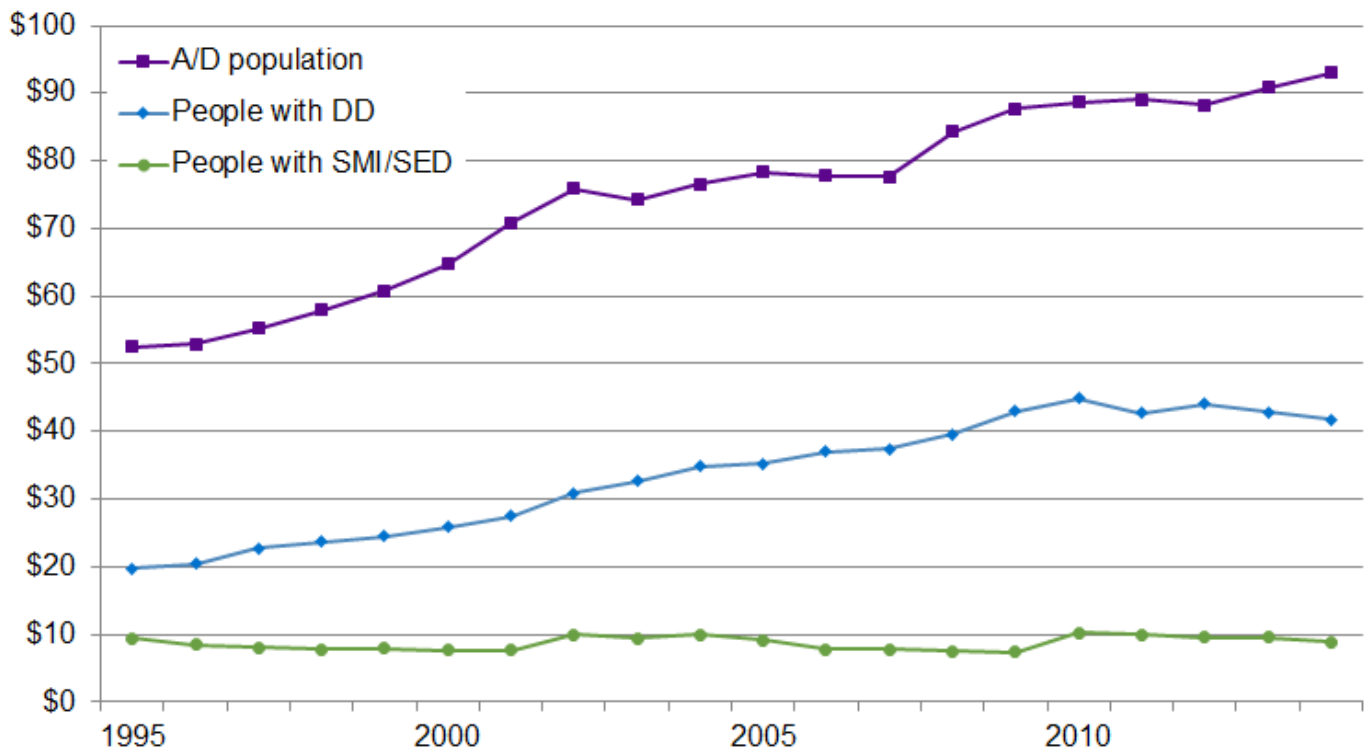
⁴⁰ Carder et al. 2015. *Compendium of Residential Care and Assisted Living Regulations and Policy* (see footnote 22).

7. Trends in Inflation-Adjusted Expenditures by Subgroup

Data for People with SMI/SED are Incomplete

The data in this report indicate Medicaid LTSS plays a limited role for people with SMI/SED with little growth in spending over time. Whereas inflation-adjusted LTSS expenditures for the A/D population and people with DD increased over the study period, real LTSS expenditures for people with SMI/SED were about the same in FY 1995 and FY 2014 (Figure 6).⁴¹ Inflation-adjusted LTSS spending for programs for people with SMI/SED totaled less than \$10.3 billion each year. However, these estimates best serve to illustrate the challenges of using historical data to understand Medicaid LTSS for people with SMI/SED.

Figure 6. Total Medicaid LTSS Expenditures (in Billions) in 2014 Dollars, by Population Subgroup, FY 1995-2014



One critical limitation of our SMI/SED expenditure estimates is missing rehabilitative services data. No data were available before FY 2010. Since that time, data only include fee-for-service expenditures, which were \$3.3 billion in FY 2014. According to another study that used state-reported data, rehabilitative services spending was an estimated \$10.1 billion in 2008 – this estimate is a nominal amount not adjusted for

⁴¹ These estimates include expenditures for mental health facilities (including DSH payments), Section 1915(c) waivers and Section 1915(i) programs for people with SMI or SED, and fee-for service rehabilitative services (included since FY 2010).

inflation.⁴² An estimated 79 percent of rehabilitative service expenditures were for people with SMI/SED in 2004.⁴³

Another factor contributing to incomplete data for people with SMI/SED is their use of other Medicaid LTSS, especially nursing facility care. Estimates from one study indicate that 6.8 percent of all nursing facility residents (including people not enrolled in Medicaid) have a mental illness.⁴⁴ Another study found that rates of mental illness in nursing facilities vary depending on how mental illness is defined (from 2.7 percent to 27.4) and across states.⁴⁵ OBRA of 1987 mandated a Pre-Admission Screening and Annual Resident Review (PASRR), in part to identify people with mental illness and screen them from admittance unless they need nursing home level of care.⁴⁶ As a result, patterns of nursing facility expenditures among people with SMI/SED have likely varied over our study period.

Improving data collection systems to more accurately measure LTSS among people with SMI/SED will be critical to identify and address any LTSS service gaps within Medicaid. The stagnant SMI/SED LTSS expenditures in this report are consistent with the movement against institutionalization of people with SMI/SED.⁴⁷ The closure of state psychiatric hospitals and reduction in available psychiatric beds is ongoing.⁴⁸ More complete Medicaid data could help address an important policy question: whether people with SMI/SED displaced or not admitted to psychiatric hospitals or nursing facilities are able to find appropriate alternative supports.

⁴² The Lewin Group 2009, September 30. *Mandated Report to Congress: Analysis of Impacts and Issues Relating to Four Medicaid Regulations* Prepared for U.S. Congress under contract to CMS.

⁴³ Crowley, Jeffrey S. and Molly O'Malley. 2007, August. *Medicaid's Rehabilitation Services Option: Overview and Current Policy Issues*. Kaiser Commission on Medicaid and the Uninsured. Retrieved from <https://kaiserfamilyfoundation.files.wordpress.com/2013/01/7682.pdf>.

⁴⁴ Bagchi AD, JM Verdier, SE Simon. 2009, July. "How Many Nursing Home Residents Live with a Mental Illness?" *Psychiatric Services*, 60(7):958-64. Retrieved from <http://ps.psychiatryonline.org/doi/full/10.1176/ps.2009.60.7.958>.

⁴⁵ Grabowski, David C., Kelly A. Aschbrenner, Zhanlian Feng, and Vincent Mor. 2009, May-June. "Mental Illness in Nursing Homes: Variations Across States." *Health Affairs*, 28(3): 689–700. Retrieved from <http://content.healthaffairs.org/content/28/3/689.full>.

⁴⁶ Ibid.

⁴⁷ Fisher, W. H., Geller, J. L., & Pandiani, J. A. 2009, May-June. "The Changing Role of The State Psychiatric Hospital: Eliminating state hospitals remains a goal despite the enduring importance of the services they provide." *Health Affairs*, 28(3), 676-684. Retrieved from <http://content.healthaffairs.org/content/28/3/676.full>.

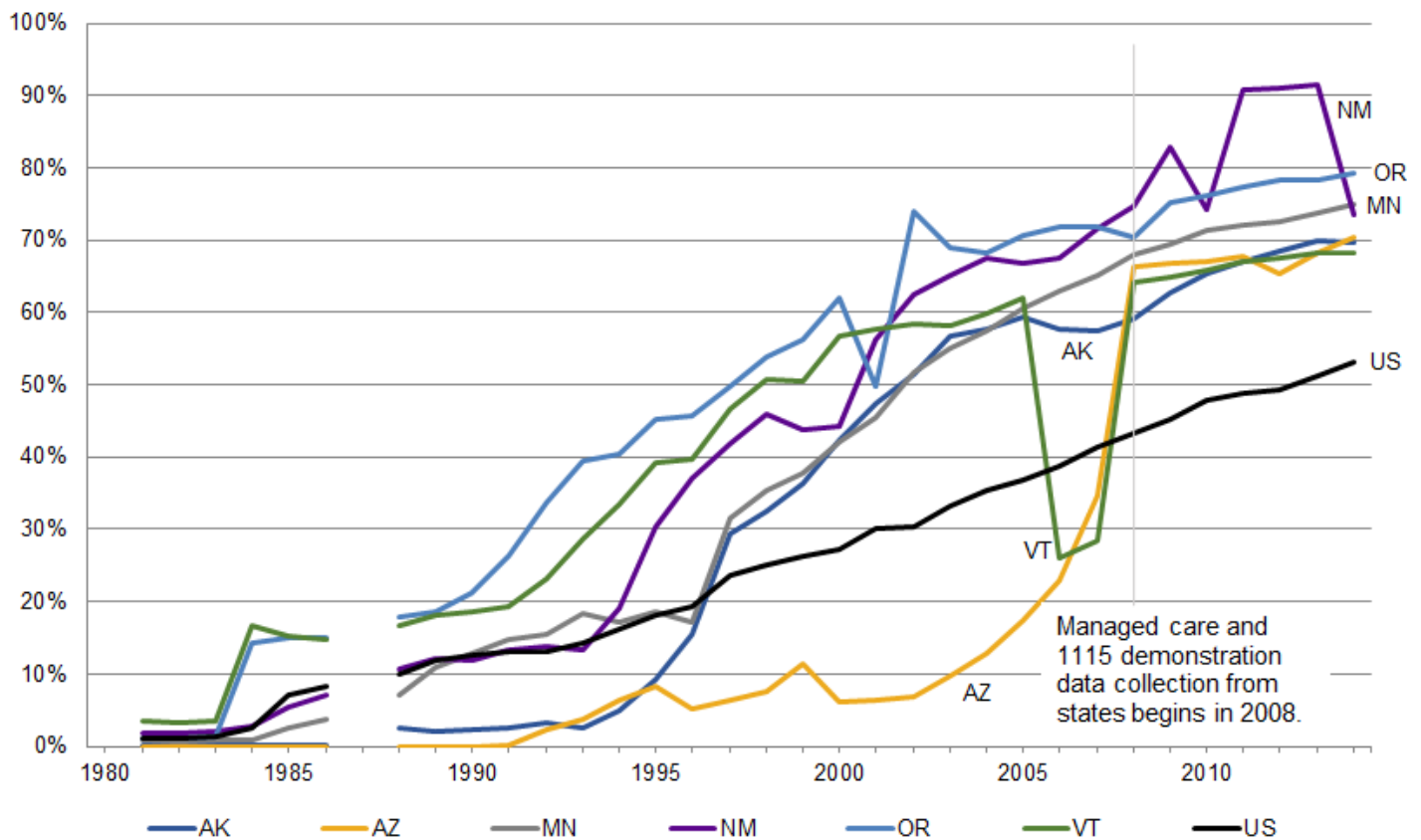
⁴⁸ Substance Abuse and Mental Health Services Administration. 2013. *Behavioral Health, United States, 2012*. HHS Publication No. (SMA) 13-4797. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from <http://media.samhsa.gov/data/2012BehavioralHealthUS/2012-BHUS.pdf>.

8. LTSS Service Trends for Top 6 States

States Have Taken Different Historical Paths in Expanding Medicaid HCBS

Historically, states have had flexibility in the optional services covered in their Medicaid programs. Even greater flexibility is available in Section 1915(c) waivers, which account for the largest portion of HCBS. States can limit the number of eligible individuals and choose the services covered in these waivers. Not surprisingly, HCBS as a percentage of Medicaid LTSS expenditures differs substantially across states. In Figure 7, we present the trend for the six states with the highest percentage of HCBS in FY 2014. The discussion on the following pages illustrates the various ways these states achieved relatively high HCBS spending in their LTSS programs by FY 2014. One of these states, Arizona, has long provided LTSS primarily through managed care and most data were missing for this state before FY 2008. When referring to trends in the 1980s and 1990s, we focus on the top five states other than Arizona—New Mexico, Oregon, Minnesota, Alaska, and Vermont.

Figure 7. Medicaid HCBS Expenditures as a Percentage of Total Medicaid LTSS Expenditures, FY 1981–2014, Top Six States in 2014



NOTE: ICF/IID data for FY 1987 were nearly double expenditures for FY 1986 and for FY 1988. The reason for the one-time reported increase in expenditures is not known, and data from this outlier year are excluded.

States varied in the timing of their HCBS expansions, but each of the top states in FY 2014 started early. Oregon and Vermont reported larger-than-average HCBS expenditures starting in FY 1984, the year Section 1915(c) waiver reporting began in the CMS-64. Alaska, Minnesota, and New Mexico substantially expanded their HCBS programs in the 1990s.

States also varied in the composition of their HCBS spending. Some top states focused on expanding Section 1915(c) waivers while others more extensively used state plan personal care and home health. In FY 2014, state plan personal care and home health accounted for a substantial portion of HCBS expenditures in New Mexico (47 percent), Alaska (30 percent) and Minnesota (25 percent) but a much smaller share in Vermont (13 percent), Oregon (4 percent), and Arizona (less than 1 percent).

Most of the top states in FY 2014 had stable or declining inflation-adjusted institutional care spending since the early 1990s. The exception is Alaska, where expenditures for institutional care continued to increase, albeit slowly. Nursing facility expenditures did not rise as steeply in the 1990s in the top states as they did nationally. In addition, ICF/IID expenditures decreased in the 1990s, while they increased nationally.

Each of the top six states in FY 2014 allocated more of their LTSS dollars to HCBS than the national average for the two largest population groups in national LTSS expenditures: older adults and people with physical disabilities (A/D) and people with DD. In contrast, only Oregon and Vermont allocated more of their LTSS dollars to HCBS than the national average for services targeted to people with SMI/SED in FY 2014. As described in the previous section, data for people with SMI/SED are incomplete.

Finally, data for Arizona, New Mexico, and Vermont represented in Figure 7 illustrate the challenges of using historical LTSS data and the care with which national measures should be interpreted. Arizona has primarily covered services through managed care throughout the history of its Medicaid program. Because MLTSS data were unavailable before FY 2008, earlier data cannot be used to examine trends for Arizona. Similarly, FY 2011 through FY 2013 MLTSS data were missing from New Mexico for older adults and people with physical disabilities. Vermont data for FY 2006 and FY 2007 did not include 1115 Demonstration expenditures for people with DD. The accompanying tables list other data anomalies to consider when using these data.

9. Conclusion

New HCBS Programs and Demographic Changes are Likely to Drive Future Trends

The evolution of reported Medicaid LTSS expenditures from FY1981 through FY 2014, highlighted by reaching the 50-percent HCBS threshold in FY 2013, is a story of transforming policies, changes in use and cost of services, and improved data collection and reporting. These three factors contributed to a dramatic increase in the percentage of reported LTSS expenditures allocated to HCBS.

Medicaid policies related to LTSS changed throughout the study period, although apparent effects on expenditure outcomes often lagged. Since 1981, Congress has established new options and incentives for states to provide HCBS. The ADA of 1990, and the associated Olmstead decision of 1999, pressed states legally to provide HCBS. Medicaid LTSS transformed slowly and national growth in HCBS spending is best shown over several years rather than one year at a time.

Underlying the growth of HCBS as a share of LTSS spending are (1) higher growth of expenditures for HCBS than for institutional care, and (2) the decline of inflation-adjusted institutional spending starting in FY 2002. HCBS spending growth was driven by Section 1915(c) waivers, especially in the 1990s, and broader growth across waivers and other types of HCBS in recent years. Institutional spending was driven by growth in nursing facility expenditures through the 1980s and 1990s, which stabilized after FY 2002. Spending on ICF/IID care has stayed comparatively stable over the 32 year period, in part due to the closing of many ICF/IID and transitions of people with DD into smaller group homes or residences. As a result, HCBS as a share of LTSS spending is highest for people with DD. The 50-percent threshold is yet to be reached for older people and people with physical disabilities or for people with SMI/SED. For the first time since available data were collected in FY 1981, inflation-adjusted total LTSS spending has been stable since FY 2010.

Three anticipated changes in LTSS will affect future trends. First, the ACA of 2010 gave states new options and incentives for rebalancing their LTSS systems towards HCBS. The overall effect of these changes on HCBS and institutional expenditures is only starting to appear in the data. Second, many states are expanding their MLTSS programs.⁴⁹ In FY 2014, 15 percent of reported LTSS expenditures were for services provided through managed care organizations, up from 10 percent in FY 2013. Monitoring the growth and transformation of MLTSS and other new programs will be critical for understanding overall LTSS trends.

⁴⁹ Saucier, Paul, Jessica Kasten, Brian Burwell, and Lisa Gold. 2012, July. *The Growth of Managed Long-Term Services and Supports (MLTSS) Programs: A 2012 Update*. Truven Health Analytics. Retrieved from https://www.medicaid.gov/medicaid-chip-program-information/by-topics/delivery-systems/downloads/mltssp_white_paper_combined.pdf.

Third, the number of LTSS users in the United States will increase as the population ages, which is likely to alter future Medicaid LTSS expenditure trends.⁵⁰ The reduction of inflation-adjusted nursing facility spending after FY 2002 played a key role in growth of HCBS as a share of LTSS spending. How states manage increasing numbers of older adults needing LTSS in the coming decades will have a substantial impact on the future evolution of LTSS.

⁵⁰ Hagen, Stuart. 2013. *Rising Demand for Long-Term Services and Supports for Elderly People*. Washington, DC: Congressional Budget Office. Retrieved from http://www.nasuad.org/sites/nasuad/files/hcbs/files/223/11116/CBO_LTSS_2013.pdf.

Appendix A: Data and Methods

The Medicaid LTSS expenditure data for FY 1981 through FY 2014 presented in this report were compiled by Truven Health from (1) CMS-64 expenditure reports provided by CMS, (2) state estimates of expenditures for managed care programs and for certain Section 1115 Demonstrations collected by Truven Health since FY 2008, and (3) Money Follows the Person (MFP) Demonstration budget data collected by Mathematica Policy Research. This appendix contains details about the construction of population subgroups, data limitations, and expenditure adjustments in these compiled data.

Population Subgroups

For most services, Truven Health categorized populations based on a common understanding in the field of LTSS that certain benefits were more likely to be used by certain populations such as older people and people with physical disabilities (A/D, previously used for aging/disability), people with intellectual or developmental disabilities (DD), or people with serious mental illness or serious emotional disturbance (SMI/SED). For example, nursing facilities, personal care, and home health were primarily used by older adults and people with physical disabilities. For some services, such as case management and the Money Follows the Person demonstration, multiple populations are possible and available data do not distinguish among these populations.

For a few benefits, the CMS-64 provides additional information that enables population classification. Starting with FY 1995 data, Truven Health obtained waiver-specific information for CMS-64 expenditures, enabling a breakdown of Section 1915(c) waiver expenditures based on the waiver's target population. Similarly, the CMS-64 provides data for each Section 1915(i) program since its reporting first began in FY 2010, and populations are assigned based on each program's population. Finally, the CMS-64 requires more detailed data for rehabilitative services. States must indicate spending by type of rehabilitative service, e.g., mental health services or substance use disorder services. In 2013, Truven Health analyzed these data and found most spending for rehabilitative services was for mental health services. As a result, rehabilitative services are categorized as supports targeting people with serious mental illness or serious emotional disturbance.

Data Limitations

The compiled data presented in this report have several limitations that affect the interpretation of Medicaid LTSS expenditure trends. First, reports for some years did not include all Medicaid expenditures, especially for HCBS. Some HCBS programs were not reported separately in the CMS-64 until recent years. For example, the CMS-64 started tracking rehabilitative services and private duty nursing in FY 2010. Both services are long-standing state options. Also, when new benefits were established, historically there have been delays in CMS-64 data collection specifically for that benefit. For example, the first year of CMS-64 data for Section 1915(c) waivers was 1984, three years after passage of Section 1915(c). There have been more

new HCBS benefits than institutional benefits, so the completeness of HCBS data has generally lagged that of institutional care.

Second, the collection of data for prior period adjustments has improved over time. States may submit adjustments to their CMS-64 reports for prior reporting periods. The practice is common and usually results in expenditures being revised upwards. Truven Health began collecting prior period adjustment data for FY 1995 Section 1915(c) waiver data. Adjustments for other services were added over time, as identified in footnotes in the data tables. Adjustments for all services were included for FY 2009 and subsequent years. These adjustments typically have had a greater impact on HCBS than on institutional services, which means the years before prior period adjustments likely understate HCBS expenditures more than institutional expenditures.

Third, data for most services provided through managed care organizations were not included until FY 2008, the first year Truven Health asked for spending estimates from states with MLTSS programs or Section 1115 Demonstrations that include LTSS expenditures not captured on the CMS-64. Requests for state-reported data have focused on five types of services that historically have comprised most LTSS expenditures: nursing facility, ICF/IID, personal care, home health, and Section 1915(c) waiver services (or equivalent services provided without a 1915(c) waiver). In the accompanying tables, state-reported expenditures are added to fee-for-service expenditures obtained from the CMS-64. For example, nursing facility data in the tables include both CMS-64 data and state estimates for additional nursing facility expenditures. The rows of data labeled “HCBS –managed care authorities” refer to spending for services offered outside of a Section 1915(c) waiver, but similar to Section 1915(c) waiver services. These data include Section 1115 Demonstrations in Rhode Island and Vermont that are not managed care programs, but use the demonstration authority for other types of program flexibility. Due to limited resources, Truven Health has not collected data for other managed care services, such as rehabilitative services. Several states reported very low percentages of HCBS services for people with SMI/SED, including nine states with zero percent of expenditures for HCBS in FY 2014. These states may provide HCBS to these populations within managed care programs.

A final limitation to consider is that the definitions of LTSS services such as personal care and rehabilitative services, among others, have evolved over time or can differ across states, allowing flexible provision of Medicaid services but making generalizations and analyses of subgroups or services challenging. A

taxonomy of Medicaid HCBS services⁵¹ and efforts to develop historical data based on this taxonomy⁵² only began in the last decade.

Expenditure Adjustments

In our presentation of total expenditures, we used the price index for U.S. Gross Domestic Product (GDP) estimates to adjust historical LTSS expenditures to 2014 dollars.⁵³ We used this broad adjustment measure to capture how national resources devoted to various LTSS services have changed over the decades. We use the GDP index rather than the Consumer Price Index for All Urban Consumers (CPI-U) because the CPI-U measures inflation as experienced by consumers, whereas the data presented here reflect broader governmental LTSS expenditures and not only consumer out-of-pocket costs. We were unable to find indices that appropriately adjusted expenditures for each service type, so we do not correct for differential price growth across services.

The GDP index is a more conservative adjustment than the CPI-U, so expenditures for years prior to FY 2014 are inflated somewhat less than they would be using the CPI-U. For example, nominal reported LTSS expenditures in FY 1981 were \$13.4 billion. Using the GDP index, the equivalent amount in 2014 dollars was \$29.87 billion. Using the CPI-U, this amount would have been \$34.83 billion.

⁵¹ Taxonomy category and service definitions are available in downloadable zip files for MAX 2010 and later years at CMS. "Medicaid Analytic eXtract (MAX) General Information" website last updated May 11, 2016, <https://www.cms.gov/research-statistics-data-and-systems/computer-data-and-systems/medicaiddatasourcesgeninfo/maxgeneralinformation.html>. See also Eiken, Steve. 2012. "HCBS Taxonomy Development." NASUAD HCBS Conference. Retrieved from http://www.nasud.org/documentation/hcbs_2012/HCBS%202012%20Presentations1/HCBS%202012%20Presentations1/Thursday/1130/Potomac%202012HCBS%20TaxonomyConfSlides.pdf.

⁵² Peebles, Victoria, and Alex Bohl. 2014. "The HCBS Taxonomy: A New Language for Classifying Home and Community-Based Services." *Medicare & Medicaid Research Review* 4(3). Retrieved from https://www.cms.gov/mmrr/Downloads/MMRR2014_004_03_b01.pdf.

⁵³ Bureau of Economic Analysis. 2016, April 28. Interactive Tables: GDP and the National Income and Product Account (NIPA) Historical Tables. Gross Domestic Product, Table 1.1.4. Price Indexes for Gross Domestic Product, Annual data from 1969 to 2015. Series A191RG3. Retrieved from the Section 1 series at <http://www.bea.gov/national/nipaweb/DownSS2.asp>.

Appendix B: Data Tables

List of Attached Data Tables

Tables 1A-1G: Long Term Services and Support Expenditures for the United States: FY 1981-2014

1A: 1981-1985

1B: 1986-1990

1C: 1991-1995

1D: 1996-2000

1E: 2001-2005

1F: 2006-2010

1G: 2011-2014

Tables 2A-2G through 52A-52G: Long Term Services and Support Expenditures by State and the District of Columbia, FY 1981-2014, in Alphabetical Order by Jurisdiction

A: 1981-1985

B: 1986-1990

C: 1991-1995

D: 1996-2000

E: 2001-2005

F: 2006-2010

G: 2011-2014

Tables 53A-53G: Inflation-Adjusted Long Term Service and Support Expenditures for the United States: FY 1981-2014 (in 2014 Dollars)

53A: 1981-1985

53B: 1986-1990

53C: 1991-1995

53D: 1996-2000

53E: 2001-2005

53F: 2006-2010

53G: 2011-2014

Table 1A. Long Term Services and Support Expenditures for the United States, 1981 – 1985

| Service Type | FY 1981 | FY 1982 | Percent Change 81-82 | FY 1983 | Percent Change 82-83 | FY 1984 | Percent Change 83-84 | FY 1985 | Percent Change 84-85 |
|---|-------------------------|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$8,972,127,628 | \$9,662,695,642 | 7.7 | \$10,247,175,426 | 6.0 | \$10,811,552,599 | 5.5 | \$11,803,618,774 | 9.2 |
| Personal care | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$810,246,589 | n/a |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$147,200,253 | \$167,706,208 | 13.9 | \$195,109,652 | 16.3 | \$257,880,278 | 32.2 | \$286,310,484 | 11.0 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$3,167,435,653 | \$3,350,725,664 | 5.8 | \$3,810,658,577 | 13.7 | \$4,031,058,908 | 5.8 | \$4,751,915,827 | 17.9 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS- managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$1,086,428,859 | \$1,118,366,929 | 2.9 | \$1,148,936,250 | 2.7 | \$1,321,513,619 | 15.0 | \$1,291,112,273 | -2.3 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | n/a | n/a | n/a | n/a | n/a | \$168,327,211 | n/a | \$270,897,517 | 60.9 |
| HCBS- managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$13,373,192,393 | \$14,299,494,443 | 6.9 | \$15,401,879,905 | 7.7 | \$16,590,332,615 | 7.7 | \$19,214,101,464 | 15.8 |
| Total Institutional LTSS | \$13,225,992,140 | \$14,131,788,235 | 6.8 | \$15,206,770,253 | 7.6 | \$16,164,125,126 | 6.3 | \$17,846,646,874 | 10.4 |
| Total HCBS | \$147,200,253 | \$167,706,208 | 13.9 | \$195,109,652 | 16.3 | \$426,207,489 | 118.4 | \$1,367,454,590 | 220.8 |
| Total Medicaid (all services) | \$28,513,993,339 | \$30,309,426,546 | 6.3 | \$33,316,758,062 | 9.9 | \$35,537,689,305 | 6.7 | \$39,262,484,154 | 10.5 |

| Percentages | FY 1981 | FY 1982 | FY 1983 | FY 1984 | FY 1985 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 46.9% | 47.2% | 46.2% | 46.7% | 48.9% |
| Percentage of LTSS that is HCBS | 1.1% | 1.2% | 1.3% | 2.6% | 7.1% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data.

Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 1B. Long Term Services and Support Expenditures for the United States, 1986 – 1990

| Service Type | FY 1986 | Percent Change 85-86 | FY 1987 | Percent Change 86-87 | FY 1988 | Percent Change 87-88 | FY 1989 | Percent Change 88-89 | FY 1990 | Percent Change 89-90 |
|---|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$12,538,876,720 | 6.2 | \$13,565,502,341 | 8.2 | \$14,644,284,247 | 8.0 | \$15,668,111,320 | 7.0 | \$17,985,880,904 | 14.8 |
| Personal care | \$946,749,624 | 16.8 | \$1,178,030,963 | 24.4 | \$1,290,094,319 | 9.5 | \$1,656,997,597 | 28.4 | \$1,864,564,915 | 12.5 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$357,926,329 | 25.0 | \$439,634,397 | 22.8 | \$523,800,992 | 19.1 | \$656,527,948 | 25.3 | \$813,496,585 | 23.9 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$4,954,401,695 | 4.3 | \$9,586,395,121 | 93.5 | \$5,887,947,479 | -38.6 | \$6,628,207,659 | 12.6 | \$7,639,156,811 | 15.3 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS- managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$1,174,624,526 | -9.0 | \$1,205,500,118 | 2.6 | \$1,458,789,889 | 21.0 | \$1,599,961,151 | 9.7 | \$1,829,017,200 | 14.3 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | \$364,768,606 | 34.7 | \$451,061,130 | 23.7 | \$634,611,803 | 40.7 | \$943,299,513 | 48.6 | \$1,246,721,569 | 32.2 |
| HCBS- managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$20,337,347,500 | 5.8 | \$26,426,124,070 | 29.9 | \$24,439,528,729 | -7.5 | \$27,153,105,188 | 11.1 | \$31,378,837,984 | 15.6 |
| Total Institutional LTSS | \$18,667,902,941 | 4.6 | \$24,357,397,580 | 30.5 | \$21,991,021,615 | -9.7 | \$23,896,280,130 | 8.7 | \$27,454,054,915 | 14.9 |
| Total HCBS | \$1,669,444,559 | 22.1 | \$2,068,726,490 | 23.9 | \$2,448,507,114 | 18.4 | \$3,256,825,058 | 33.0 | \$3,924,783,069 | 20.5 |
| Total Medicaid (all services) | \$42,381,277,492 | 7.9 | \$46,852,048,923 | 10.5 | \$51,504,559,930 | 9.9 | \$58,480,553,389 | 13.5 | \$69,632,676,459 | 19.1 |

| Percentages | FY 1986 | FY 1987 | FY 1988 | FY 1989 | FY 1990 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 48.0% | 56.4% | 47.5% | 46.4% | 45.1% |
| Percentage of LTSS that is HCBS | 8.2% | 7.8% | 10.0% | 12.0% | 12.5% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data.

Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997. ICF/IID 1987 data were greater than 1986 and 1988 data for an unknown reason.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 1C. Long Term Services and Support Expenditures for the United States, 1991 – 1995

| Service Type | FY 1991 | Percent Change 90-91 | FY 1992 | Percent Change 91-92 | FY 1993 | Percent Change 92-93 | FY 1994 | Percent Change 93-94 | FY 1995 | Percent Change 94-95 |
|---|-------------------------|----------------------|--------------------------|----------------------|--------------------------|----------------------|--------------------------|----------------------|--------------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$36,462,150,214 | n/a |
| Nursing facilities | \$20,823,413,824 | 15.8 | \$24,358,395,559 | 17.0 | \$26,117,195,359 | 7.2 | \$28,125,804,975 | 7.7 | \$30,354,138,234 | 7.9 |
| Personal care | \$2,109,662,058 | 13.1 | \$2,349,443,437 | 11.4 | \$2,470,055,750 | 5.1 | \$2,995,987,822 | 21.3 | \$3,009,622,574 | 0.5 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$1,170,506,171 | n/a |
| Home health | \$1,041,199,013 | 28.0 | \$1,258,594,884 | 20.9 | \$1,445,426,793 | 14.8 | \$1,643,475,064 | 13.7 | \$1,927,883,235 | 17.3 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$13,734,564,692 | n/a |
| ICF/IID - public | \$8,170,385,857 | 7.0 | \$8,706,396,499 | 6.6 | \$9,293,215,884 | 6.7 | \$9,172,063,809 | -1.3 | \$9,608,453,702 | 4.8 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$4,126,120,752 | n/a |
| HCBS- managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$6,574,664,374 | n/a |
| Mental health facilities | \$2,281,891,971 | 24.8 | \$4,864,210,361 | 113.2 | \$2,230,051,528 | -54.2 | \$2,408,230,640 | 8.0 | \$2,688,134,051 | 11.6 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | \$2,746,404,988 | n/a | \$3,329,653,111 | 21.2 | \$3,883,257,613 | 16.6 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$3,272,710 | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$111,991,521 | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified/other | \$1,606,904,181 | 28.9 | \$2,152,786,165 | 34.0 | \$2,794,105,187 | 29.8 | \$3,754,159,080 | 34.4 | \$111,991,521 | n/a |
| HCBS- managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$36,033,456,904 | 14.8 | \$43,689,826,905 | 21.2 | \$47,096,455,489 | 7.8 | \$51,429,374,501 | 9.2 | \$56,883,380,563 | 10.6 |
| Total Institutional LTSS | \$31,275,691,652 | 13.9 | \$37,929,002,419 | 21.3 | \$40,386,867,759 | 6.5 | \$43,035,752,535 | 6.6 | \$46,533,983,600 | 8.1 |
| Total HCBS | \$4,757,765,252 | 21.2 | \$5,760,824,486 | 21.1 | \$6,709,587,730 | 16.5 | \$8,393,621,966 | 25.1 | \$10,349,396,963 | 23.3 |
| Total Medicaid (all services) | \$88,211,138,849 | 26.7 | \$114,159,640,588 | 29.4 | \$126,405,106,730 | 10.7 | \$136,639,351,298 | 8.1 | \$151,449,002,238 | 10.8 |

| Percentages | FY 1991 | FY 1992 | FY 1993 | FY 1994 | FY 1995 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 40.8% | 38.3% | 37.3% | 37.6% | 37.6% |
| Percentage of LTSS that is HCBS | 13.2% | 13.2% | 14.2% | 16.3% | 18.2% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | 16.8% |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | 30.0% |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data.

Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included except for 1915(c) waivers for 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 1D. Long Term Services and Support Expenditures for the United States, 1996 – 2000

| Service Type | FY 1996 | Percent Change 95-96 | FY 1997 | Percent Change 96-97 | FY 1998 | Percent Change 97-98 | FY 1999 | Percent Change 98-99 | FY 2000 | Percent Change 99-00 |
|---|--------------------------|----------------------|--------------------------|----------------------|--------------------------|----------------------|--------------------------|----------------------|--------------------------|----------------------|
| Total-Older People, People with PD | \$37,348,207,355 | 2.4 | \$39,679,990,788 | 6.2 | \$42,085,975,813 | 6.1 | \$44,837,351,971 | 6.5 | \$48,828,158,845 | 8.9 |
| Nursing facilities | \$31,033,409,263 | 2.2 | \$32,532,666,791 | 4.8 | \$34,290,796,607 | 5.4 | \$36,390,372,664 | 6.1 | \$39,582,996,026 | 8.8 |
| Personal care | \$2,965,740,481 | -1.5 | \$3,298,782,928 | 11.2 | \$3,585,927,375 | 8.7 | \$3,651,500,464 | 1.8 | \$3,973,319,338 | 8.8 |
| 1915(c) waivers - AD | \$1,281,655,782 | 9.5 | \$1,658,978,807 | 29.4 | \$1,990,816,273 | 20.0 | \$2,547,068,356 | 27.9 | \$2,965,632,024 | 16.4 |
| Home health | \$2,067,401,829 | 7.2 | \$2,189,562,262 | 5.9 | \$2,218,435,558 | 1.3 | \$2,246,476,118 | 1.3 | \$2,301,099,904 | 2.4 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | \$1,934,369 | n/a | \$5,111,553 | 164.2 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$14,422,379,762 | 5.0 | \$16,340,059,215 | 13.3 | \$17,178,733,166 | 5.1 | \$18,063,537,357 | 5.2 | \$19,536,566,685 | 8.2 |
| ICF/IID - public | \$9,699,240,468 | 0.9 | \$6,245,693,339 | -35.6 | \$6,019,642,138 | -3.6 | \$5,818,058,585 | -3.3 | \$5,976,113,977 | 2.7 |
| ICF/IID - private | n/a | n/a | \$3,750,530,620 | n/a | \$3,833,271,790 | 2.2 | \$3,816,343,518 | -0.4 | \$3,978,926,652 | 4.3 |
| 1915(c) waivers - DD | \$4,723,149,255 | 14.5 | \$6,343,835,256 | 34.3 | \$7,325,819,238 | 15.5 | \$8,429,135,254 | 15.1 | \$9,581,526,056 | 13.7 |
| HCBS- managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$5,973,083,643 | -9.1 | \$5,796,220,179 | -3.0 | \$5,628,757,233 | -2.9 | \$5,826,506,922 | 3.5 | \$5,729,684,536 | -1.7 |
| Mental health facilities | \$2,736,285,258 | 1.8 | \$2,398,419,240 | -12.3 | \$2,314,147,920 | -3.5 | \$2,408,204,993 | 4.1 | \$2,581,583,072 | 7.2 |
| Mental health facilities-DSH | \$3,234,233,058 | -16.7 | \$3,393,618,669 | 4.9 | \$3,308,154,025 | -2.5 | \$3,409,236,633 | 3.1 | \$3,132,273,941 | -8.1 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$2,565,327 | -21.6 | \$4,182,270 | 63.0 | \$6,455,288 | 54.3 | \$9,065,296 | 40.4 | \$15,827,523 | 74.6 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$155,373,884 | 38.7 | \$1,562,298,568 | 905.5 | \$1,564,899,213 | 0.2 | \$1,697,312,554 | 8.5 | \$1,935,806,995 | 14.1 |
| Case management | n/a | n/a | \$1,375,718,065 | n/a | \$1,399,985,870 | 1.8 | \$1,531,797,797 | 9.4 | \$1,743,644,311 | 13.8 |
| 1915(c) waivers - other | \$155,373,884 | 38.7 | \$186,580,503 | 20.1 | \$164,913,343 | -11.6 | \$165,514,757 | 0.4 | \$192,162,684 | 16.1 |
| HCBS- managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$57,899,054,605 | 1.8 | \$63,378,568,750 | 9.5 | \$66,458,365,425 | 4.9 | \$70,424,708,804 | 6.0 | \$76,030,217,061 | 8.0 |
| Total Institutional LTSS | \$46,703,168,047 | 0.4 | \$48,320,928,659 | 3.5 | \$49,766,012,480 | 3.0 | \$51,842,216,393 | 4.2 | \$55,251,893,668 | 6.6 |
| Total HCBS | \$11,195,886,558 | 8.2 | \$15,057,640,091 | 34.5 | \$16,692,352,945 | 10.9 | \$18,582,492,411 | 11.3 | \$20,778,323,393 | 11.8 |
| Total Medicaid (all services) | \$154,157,006,459 | 1.8 | \$160,256,207,317 | 4.0 | \$167,669,435,026 | 4.6 | \$180,125,505,395 | 7.4 | \$194,346,549,637 | 7.9 |

| Percentages | FY 1996 | FY 1997 | FY 1998 | FY 1999 | FY 2000 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 37.6% | 39.5% | 39.6% | 39.1% | 39.1% |
| Percentage of LTSS that is HCBS | 19.3% | 23.8% | 25.1% | 26.4% | 27.3% |
| Percentage of LTSS that is HCBS - AD | 16.9% | 18.0% | 18.5% | 18.8% | 18.9% |
| Percentage of LTSS that is HCBS - DD | 32.7% | 38.8% | 42.6% | 46.7% | 49.0% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.1% | 0.1% | 0.2% | 0.3% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data.

Prior period adjustments are not included except for 1915(c) waivers. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 1E. Long Term Services and Support Expenditures for the United States, 2001 – 2005

| Service Type | FY 2001 | Percent Change 00-01 | FY 2002 | Percent Change 01-02 | FY 2003 | Percent Change 02-03 | FY 2004 | Percent Change 03-04 | FY 2005 | Percent Change 04-05 |
|---|--------------------------|----------------------|--------------------------|----------------------|--------------------------|----------------------|--------------------------|----------------------|--------------------------|----------------------|
| Total-Older People, People with PD | \$54,641,553,958 | 11.9 | \$59,374,012,325 | 8.7 | \$59,210,570,800 | -0.3 | \$62,811,390,473 | 6.1 | \$66,301,039,972 | 5.6 |
| Nursing facilities | \$42,727,564,562 | 7.9 | \$46,382,717,384 | 8.6 | \$44,696,511,452 | -3.6 | \$45,842,139,481 | 2.6 | \$47,481,182,259 | 3.6 |
| Personal care | \$5,872,274,102 | 47.8 | \$6,296,062,437 | 7.2 | \$7,295,887,820 | 15.9 | \$8,111,913,935 | 11.2 | \$9,453,781,103 | 16.5 |
| 1915(c) waivers - AD | \$3,454,824,422 | 16.5 | \$3,907,734,946 | 13.1 | \$4,264,593,699 | 9.1 | \$4,994,654,368 | 17.1 | \$5,265,525,540 | 5.4 |
| Home health | \$2,572,839,770 | 11.8 | \$2,764,849,512 | 7.5 | \$2,894,079,329 | 4.7 | \$3,419,579,357 | 18.2 | \$3,555,812,715 | 4.0 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | \$14,051,102 | 174.9 | \$22,648,046 | 61.2 | \$59,498,500 | 162.7 | \$368,238,192 | 518.9 | \$480,539,396 | 30.5 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$71,822,579 | n/a | \$60,734,954 | -15.4 |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$3,042,561 | n/a | \$3,464,005 | 13.9 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$21,237,833,620 | 8.7 | \$24,192,985,425 | 13.9 | \$26,041,656,224 | 7.6 | \$28,606,615,522 | 9.8 | \$29,790,603,642 | 4.1 |
| ICF/IID - public | \$6,187,735,742 | 3.5 | \$6,990,684,175 | 13.0 | \$7,237,579,309 | 3.5 | \$7,685,229,677 | 6.2 | \$7,932,826,409 | 3.2 |
| ICF/IID - private | \$4,163,315,498 | 4.6 | \$4,392,598,300 | 5.5 | \$4,476,864,345 | 1.9 | \$4,518,796,836 | 0.9 | \$4,550,465,526 | 0.7 |
| 1915(c) waivers - DD | \$10,886,782,380 | 13.6 | \$12,809,702,950 | 17.7 | \$14,327,212,570 | 11.8 | \$16,402,589,009 | 14.5 | \$17,307,311,707 | 5.5 |
| HCBS- managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$5,872,323,909 | 2.5 | \$7,827,575,128 | 33.3 | \$7,520,620,137 | -3.9 | \$8,232,889,055 | 9.5 | \$7,756,057,202 | -5.8 |
| Mental health facilities | \$2,522,814,868 | -2.3 | \$4,378,283,256 | 73.5 | \$4,579,845,653 | 4.6 | \$4,878,733,533 | 6.5 | \$4,345,995,271 | -10.9 |
| Mental health facilities-DSH | \$3,324,360,320 | 6.1 | \$3,416,949,605 | 2.8 | \$2,904,694,213 | -15.0 | \$3,316,620,523 | 14.2 | \$3,369,710,316 | 1.6 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$25,148,721 | 58.9 | \$32,342,267 | 28.6 | \$36,080,271 | 11.6 | \$37,534,999 | 4.0 | \$40,351,615 | 7.5 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$2,452,559,641 | 26.7 | \$2,725,927,369 | 11.1 | \$3,047,158,134 | 11.8 | \$3,039,054,629 | -0.3 | \$3,160,612,801 | 4.0 |
| Case management | \$2,012,372,083 | 15.4 | \$2,404,741,302 | 19.5 | \$2,756,252,368 | 14.6 | \$2,719,899,583 | -1.3 | \$2,801,953,853 | 3.0 |
| 1915(c) waivers - other | \$440,187,558 | 129.1 | \$321,967,712 | -26.9 | \$291,722,862 | -9.4 | \$319,155,046 | 9.4 | \$358,658,948 | 12.4 |
| HCBS- managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$84,204,271,128 | 10.8 | \$94,121,281,892 | 11.8 | \$95,820,822,391 | 1.8 | \$102,689,949,679 | 7.2 | \$107,008,313,617 | 4.2 |
| Total Institutional LTSS | \$58,925,790,990 | 6.6 | \$65,561,232,720 | 11.3 | \$63,895,494,972 | -2.5 | \$66,241,520,050 | 3.7 | \$67,680,179,781 | 2.2 |
| Total HCBS | \$25,278,480,138 | 21.7 | \$28,560,049,172 | 13.0 | \$31,925,327,419 | 11.8 | \$36,448,429,629 | 14.2 | \$39,328,133,836 | 7.9 |
| Total Medicaid (all services) | \$214,585,884,403 | 10.4 | \$243,496,862,837 | 13.5 | \$263,628,562,486 | 8.3 | \$285,709,863,542 | 8.4 | \$304,625,343,638 | 6.6 |

| Percentages | FY 2001 | FY 2002 | FY 2003 | FY 2004 | FY 2005 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 39.2% | 38.7% | 36.3% | 35.9% | 35.1% |
| Percentage of LTSS that is HCBS | 30.0% | 30.3% | 33.3% | 35.5% | 36.8% |
| Percentage of LTSS that is HCBS - AD | 21.8% | 21.9% | 24.5% | 27.0% | 28.4% |
| Percentage of LTSS that is HCBS - DD | 51.3% | 52.9% | 55.0% | 57.3% | 58.1% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.4% | 0.4% | 0.5% | 0.5% | 0.5% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments were included starting in 1995 for Section 1915(c) waivers, in 2002 for nursing facilities, personal care, ICF/IID, and mental health facilities (including DSH); and in 2004 for PACE. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 1F. Long Term Services and Support Expenditures for the United States, 2006 – 2010

| Service Type | FY 2006 | Percent Change 05-06 | FY 2007 | Percent Change 06-07 | FY 2008 | Percent Change 07-08 | FY 2009 | Percent Change 08-09 | FY 2010 | Percent Change 09-10 |
|---|--------------------------|----------------------|--------------------------|----------------------|--------------------------|----------------------|--------------------------|----------------------|--------------------------|----------------------|
| Total-Older People, People with PD | \$67,798,944,977 | 2.3 | \$69,542,125,207 | 2.6 | \$76,966,991,385 | 10.7 | \$80,752,028,436 | 4.9 | \$82,559,519,214 | 2.2 |
| Nursing facilities | \$47,700,817,331 | 0.5 | \$47,111,896,211 | -1.2 | \$50,117,184,956 | 6.4 | \$51,703,248,879 | 3.2 | \$51,876,179,023 | 0.3 |
| Personal care | \$10,030,676,484 | 6.1 | \$11,230,879,877 | 12.0 | \$13,261,831,938 | 18.1 | \$13,868,056,010 | 4.6 | \$14,502,451,030 | 4.6 |
| 1915(c) waivers - AD | \$5,764,031,018 | 9.5 | \$6,639,131,054 | 15.2 | \$8,005,936,056 | 20.6 | \$9,144,573,149 | 14.2 | \$8,847,566,266 | -3.2 |
| Home health | \$3,743,788,344 | 5.3 | \$3,960,476,971 | 5.8 | \$4,599,572,911 | 16.1 | \$4,869,397,389 | 5.9 | \$5,304,950,392 | 8.9 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | \$33,740,283 | n/a | \$42,608,088 | 26.3 | \$349,343,204 | 719.9 | \$424,303,039 | 21.5 | \$536,136,837 | 26.4 |
| PACE | \$453,083,005 | -5.7 | \$492,663,314 | 8.7 | \$604,033,349 | 22.6 | \$687,625,798 | 13.8 | \$780,408,220 | 13.5 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$632,014,571 | n/a |
| HCBS - 1915(j) | \$68,615,386 | 13.0 | \$60,321,292 | -12.1 | \$27,865,661 | -53.8 | \$54,824,172 | 96.7 | \$55,766,245 | 1.7 |
| Personal care - 1915(j) | \$4,193,126 | 21.0 | \$4,148,400 | -1.1 | \$1,223,310 | -70.5 | \$0 | -100.0 | \$21,906,808 | 100.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$2,139,822 | n/a |
| Total-People with DD | \$32,303,142,312 | 8.4 | \$33,529,358,441 | 3.8 | \$36,204,045,968 | 8.0 | \$39,599,904,065 | 9.4 | \$41,846,630,948 | 5.7 |
| ICF/IID - public | \$8,134,134,811 | 2.5 | \$7,845,201,097 | -3.6 | \$8,059,914,165 | 2.7 | \$8,528,588,466 | 5.8 | \$8,799,224,135 | 3.2 |
| ICF/IID - private | \$4,899,606,963 | 7.7 | \$4,604,670,551 | -6.0 | \$4,937,225,304 | 7.2 | \$4,947,450,203 | 0.2 | \$5,092,120,235 | 2.9 |
| 1915(c) waivers - DD | \$19,269,400,538 | 11.3 | \$21,079,486,793 | 9.4 | \$22,443,330,481 | 6.5 | \$25,319,134,957 | 12.8 | \$26,630,705,518 | 5.2 |
| HCBS- managed care authorities - DD | \$0 | n/a | \$0 | 0.0 | \$763,576,018 | 100.0 | \$804,730,439 | 5.4 | \$1,023,536,878 | 27.2 |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$301,044,182 | n/a |
| Total-People with SMI or SED | \$6,800,701,970 | -12.3 | \$6,941,372,600 | 2.1 | \$6,877,001,813 | -0.9 | \$6,768,847,344 | -1.6 | \$9,548,792,248 | 41.1 |
| Mental health facilities | \$3,464,790,758 | -20.3 | \$3,678,900,068 | 6.2 | \$3,481,393,067 | -5.4 | \$3,382,453,814 | -2.8 | \$3,680,274,488 | 8.8 |
| Mental health facilities-DSH | \$3,285,254,725 | -2.5 | \$3,211,262,797 | -2.3 | \$3,359,326,305 | 4.6 | \$3,333,962,921 | -0.8 | \$3,158,769,415 | -5.3 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$2,625,717,212 | n/a |
| 1915(c) waivers - SMI or SED | \$50,656,487 | 25.5 | \$51,209,735 | 1.1 | \$36,282,441 | -29.1 | \$52,430,609 | 44.5 | \$79,359,323 | 51.4 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$4,671,810 | n/a |
| Total-Other/Multiple Populations | \$3,222,788,409 | 2.0 | \$3,141,144,696 | -2.5 | \$3,471,795,434 | 10.5 | \$4,208,828,385 | 21.2 | \$5,225,756,299 | 24.2 |
| Case management | \$2,837,000,201 | 1.3 | \$2,717,513,639 | -4.2 | \$2,842,285,871 | 4.6 | \$3,217,153,673 | 13.2 | \$3,322,785,297 | 3.3 |
| 1915(c) waivers - other | \$632,846,833 | 76.4 | \$423,631,057 | -33.1 | \$611,127,603 | 44.3 | \$698,378,392 | 14.3 | \$1,695,295,169 | 142.7 |
| HCBS- managed care authorities - other | \$0 | n/a | \$0 | 0.0 | \$7,418,621 | 100.0 | \$207,222,782 | 2693.3 | \$11,164,041 | -94.6 |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | \$10,963,339 | n/a | \$86,073,538 | 685.1 | \$196,511,792 | 128.3 |
| Total LTSS | \$110,372,636,293 | 3.1 | \$113,154,000,944 | 2.5 | \$123,519,834,600 | 9.2 | \$131,329,608,230 | 6.3 | \$139,180,698,709 | 6.0 |
| Total Institutional LTSS | \$67,484,604,588 | -0.3 | \$66,451,930,724 | -1.5 | \$69,955,043,797 | 5.3 | \$71,895,704,283 | 2.8 | \$72,606,567,296 | 1.0 |
| Total HCBS | \$42,888,031,705 | 9.1 | \$46,702,070,220 | 8.9 | \$53,564,790,803 | 14.7 | \$59,433,903,947 | 11.0 | \$66,574,131,413 | 12.0 |
| Total Medicaid (all services) | \$302,473,466,131 | -0.7 | \$317,371,844,178 | 4.9 | \$337,076,776,987 | 6.2 | \$370,670,092,249 | 10.0 | \$391,717,104,078 | 5.7 |

| Percentages | FY 2006 | FY 2007 | FY 2008 | FY 2009 | FY 2010 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 36.5% | 35.7% | 36.6% | 35.4% | 35.5% |
| Percentage of LTSS that is HCBS | 38.9% | 41.3% | 43.4% | 45.3% | 47.8% |
| Percentage of LTSS that is HCBS - AD | 29.6% | 32.3% | 34.9% | 36.0% | 37.2% |
| Percentage of LTSS that is HCBS - DD | 59.7% | 62.9% | 64.1% | 66.0% | 66.8% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.7% | 0.7% | 0.5% | 0.8% | 28.4% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data. Starting in 2008, managed care data are included for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data.

Prior period adjustments are not included for several categories of service until 2009. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

For data before 2009, prior period adjustments were included for the following categories of service: nursing home, personal care, Section 1915(c) waivers, PACE, ICF/IID, and mental health facilities (including DSH).

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 1G. Long Term Services and Support Expenditures for the United States, 2011 – 2014

| Service Type | FY 2011 | Percent Change 10-11 | FY 2012 | Percent Change 11-12 | FY 2013 | Percent Change 12-13 | FY 2014 | Percent Change 13-14 |
|---|--------------------------|----------------------|--------------------------|----------------------|--------------------------|----------------------|--------------------------|----------------------|
| Total-Older People, People with PD | \$84,696,475,082 | 2.6 | \$85,458,899,792 | 0.9 | \$89,347,832,419 | 4.6 | \$93,056,715,452 | 4.2 |
| Nursing facilities | \$52,353,757,791 | 0.9 | \$52,258,676,152 | -0.2 | \$53,381,807,567 | 2.1 | \$55,154,595,336 | 3.3 |
| Personal care | \$14,178,552,568 | -2.2 | \$10,932,490,545 | -22.9 | \$12,106,752,125 | 10.7 | \$14,449,816,913 | 19.4 |
| 1915(c) waivers - AD | \$9,808,322,655 | 10.9 | \$10,005,923,217 | 2.0 | \$10,696,043,972 | 6.9 | \$10,399,245,665 | -2.8 |
| Home health | \$5,536,920,655 | 4.4 | \$5,155,406,565 | -6.9 | \$4,903,217,462 | -4.9 | \$4,648,952,625 | -5.2 |
| Community first choice | n/a | n/a | \$4,236,540,960 | n/a | \$4,634,907,535 | 9.4 | \$4,398,699,653 | -5.1 |
| HCBS - managed care authorities - AD | \$709,293,326 | 32.3 | \$907,415,824 | 27.9 | \$1,496,340,981 | 64.9 | \$1,476,955,467 | -1.3 |
| PACE | \$907,213,101 | 16.2 | \$1,057,723,686 | 16.6 | \$1,178,420,244 | 11.4 | \$1,359,210,167 | 15.3 |
| Private duty nursing | \$781,561,099 | 23.7 | \$705,011,348 | -9.8 | \$768,478,676 | 9.0 | \$807,203,965 | 5.0 |
| HCBS - 1915(j) | \$71,787,839 | 28.7 | \$64,109,198 | -10.7 | \$60,933,260 | -5.0 | \$257,438,410 | 322.5 |
| Personal care - 1915(j) | \$346,268,010 | 1480.6 | \$132,757,009 | -61.7 | \$118,561,234 | -10.7 | \$102,428,628 | -13.6 |
| HCBS - 1915(i) - AD | \$2,798,038 | 30.8 | \$2,845,288 | 1.7 | \$2,369,363 | -16.7 | \$2,168,623 | -8.5 |
| Total-People with DD | \$40,676,842,927 | -2.8 | \$42,636,884,838 | 4.8 | \$42,190,994,623 | -1.0 | \$41,763,206,029 | -1.0 |
| ICF/IID - public | \$6,773,533,648 | -23.0 | \$7,881,281,887 | 16.4 | \$6,071,971,126 | -23.0 | \$5,260,525,765 | -13.4 |
| ICF/IID - private | \$5,411,014,432 | 6.3 | \$5,346,890,544 | -1.2 | \$5,393,436,369 | 0.9 | \$5,098,477,649 | -5.5 |
| 1915(c) waivers - DD | \$27,193,681,885 | 2.1 | \$28,364,194,751 | 4.3 | \$29,113,786,345 | 2.6 | \$29,946,240,806 | 2.9 |
| HCBS- managed care authorities - DD | \$1,059,722,428 | 3.5 | \$1,033,329,921 | -2.5 | \$1,089,932,419 | 5.5 | \$1,183,217,030 | 8.6 |
| HCBS - 1915(i) - DD | \$238,890,534 | -20.6 | \$11,187,735 | -95.3 | \$521,868,364 | 4564.6 | \$274,744,779 | -47.4 |
| Total-People with SMI or SED | \$9,417,666,642 | -1.4 | \$9,197,786,634 | -2.3 | \$9,445,769,675 | 2.7 | \$8,866,857,652 | -6.1 |
| Mental health facilities | \$3,540,974,565 | -3.8 | \$3,308,807,763 | -6.6 | \$3,203,367,886 | -3.2 | \$2,712,315,492 | -15.3 |
| Mental health facilities-DSH | \$3,049,885,976 | -3.4 | \$2,956,985,854 | -3.0 | \$2,913,319,974 | -1.5 | \$2,544,173,791 | -12.7 |
| Rehabilitative services | \$2,703,963,228 | 3.0 | \$2,759,403,649 | 2.1 | \$3,088,874,551 | 11.9 | \$3,300,202,454 | 6.8 |
| 1915(c) waivers - SMI or SED | \$118,866,207 | 49.8 | \$144,835,015 | 21.8 | \$148,050,208 | 2.2 | \$210,858,308 | 42.4 |
| HCBS - 1915(i) - SMI or SED | \$3,976,666 | -14.9 | \$27,754,353 | 597.9 | \$92,157,056 | 232.0 | \$99,307,607 | 7.8 |
| Total-Other/Multiple Populations | \$4,081,103,187 | -21.9 | \$3,996,431,954 | -2.1 | \$5,014,685,610 | 25.5 | \$8,183,335,401 | 63.2 |
| Case management | \$2,954,532,107 | -11.1 | \$2,764,558,451 | -6.4 | \$2,510,009,616 | -9.2 | \$2,706,911,749 | 7.8 |
| 1915(c) waivers - other | \$806,923,384 | -52.4 | \$828,581,068 | 2.7 | \$816,787,305 | -1.4 | \$940,355,525 | 15.1 |
| HCBS- managed care authorities - other | \$31,097,694 | 178.6 | \$7,782,256 | -75.0 | \$781,097,461 | 9936.9 | \$3,215,641,627 | 311.7 |
| Health homes | n/a | n/a | \$114,687,207 | n/a | \$394,366,943 | 243.9 | \$448,068,786 | 13.6 |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | \$137,925,154 | n/a | \$450,112,388 | 226.3 |
| MFP demonstration | \$288,550,002 | 46.8 | \$280,822,972 | -2.7 | \$374,499,131 | 33.4 | \$422,245,326 | 12.7 |
| Total LTSS | \$138,872,087,838 | -0.2 | \$141,290,003,218 | 1.7 | \$145,999,282,327 | 3.3 | \$151,870,114,534 | 4.0 |
| Total Institutional LTSS | \$71,129,166,412 | -2.0 | \$71,752,642,200 | 0.9 | \$71,101,828,076 | -0.9 | \$71,220,200,421 | 0.2 |
| Total HCBS | \$67,742,921,426 | 1.8 | \$69,537,361,018 | 2.6 | \$74,897,454,251 | 7.7 | \$80,649,914,113 | 7.7 |
| Total Medicaid (all services) | \$414,502,908,401 | 5.8 | \$420,030,246,804 | 1.3 | \$435,881,245,849 | 3.8 | \$471,006,721,436 | 8.1 |

| Percentages | FY 2011 | FY 2012 | FY 2013 | FY 2014 |
|--|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 33.5% | 33.6% | 33.5% | 32.2% |
| Percentage of LTSS that is HCBS | 48.8% | 49.2% | 51.3% | 53.1% |
| Percentage of LTSS that is HCBS - AD | 38.2% | 38.8% | 40.3% | 40.7% |
| Percentage of LTSS that is HCBS - DD | 70.0% | 69.0% | 72.8% | 75.2% |
| Percentage of LTSS that is HCBS - SMI or SED | 30.0% | 31.9% | 35.2% | 40.7% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Managed care data are included only for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 2A. Long Term Services and Support Expenditures for Alabama, 1981 – 1985

| Service Type | FY 1981 | FY 1982 | Percent Change 81-82 | FY 1983 | Percent Change 82-83 | FY 1984 | Percent Change 83-84 | FY 1985 | Percent Change 84-85 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$113,123,486 | \$109,830,936 | -2.9 | \$108,460,775 | -1.2 | \$124,647,963 | 14.9 | \$155,330,271 | 24.6 |
| Personal care | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$1,575,443 | \$2,042,632 | 29.7 | \$2,532,909 | 24.0 | \$4,024,313 | 58.9 | \$4,374,621 | 8.7 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$17,408,890 | \$31,075,591 | 78.5 | \$50,103,609 | 61.2 | \$41,320,820 | -17.5 | \$60,939,817 | 47.5 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$1,144,738 | \$1,033,738 | -9.7 | \$1,059,753 | 2.5 | \$1,029,946 | -2.8 | \$2,384,192 | 131.5 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | n/a | n/a | n/a | n/a | n/a | \$4,119,943 | n/a | \$8,481,084 | 105.9 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$133,252,557 | \$143,982,897 | 8.1 | \$162,157,046 | 12.6 | \$175,142,985 | 8.0 | \$231,509,985 | 32.2 |
| Total Institutional LTSS | \$131,677,114 | \$141,940,265 | 7.8 | \$159,624,137 | 12.5 | \$166,998,729 | 4.6 | \$218,654,280 | 30.9 |
| Total HCBS | \$1,575,443 | \$2,042,632 | 29.7 | \$2,532,909 | 24.0 | \$8,144,256 | 221.5 | \$12,855,705 | 57.8 |
| Total Medicaid (all services) | \$298,330,035 | \$320,899,573 | 7.6 | \$346,379,552 | 7.9 | \$369,153,049 | 6.6 | \$482,173,712 | 30.6 |

| Percentages | FY 1981 | FY 1982 | FY 1983 | FY 1984 | FY 1985 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 44.7% | 44.9% | 46.8% | 47.4% | 48.0% |
| Percentage of LTSS that is HCBS | 1.2% | 1.4% | 1.6% | 4.7% | 5.6% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data.

Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 2B. Long Term Services and Support Expenditures for Alabama, 1986 - 1990

| Service Type | FY 1986 | Percent Change 85-86 | FY 1987 | Percent Change 86-87 | FY 1988 | Percent Change 87-88 | FY 1989 | Percent Change 88-89 | FY 1990 | Percent Change 89-90 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$133,819,066 | -13.8 | \$145,192,670 | 8.5 | \$154,129,923 | 6.2 | \$151,427,583 | -1.8 | \$168,055,816 | 11.0 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$5,278,736 | 20.7 | \$5,691,994 | 7.8 | \$7,658,472 | 34.5 | \$8,873,431 | 15.9 | \$14,020,572 | 58.0 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$49,427,886 | -18.9 | \$87,691,368 | 77.4 | \$54,013,748 | -38.4 | \$58,157,693 | 7.7 | \$64,202,164 | 10.4 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS- managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$2,476,895 | 3.9 | \$2,733,565 | 10.4 | \$2,932,586 | 7.3 | \$3,498,325 | 19.3 | \$6,055,631 | 73.1 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | \$26,685,108 | 214.6 | \$21,197,251 | -20.6 | \$24,793,322 | 17.0 | \$29,643,636 | 19.6 | \$29,784,802 | 0.5 |
| HCBS- managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$217,687,691 | -6.0 | \$262,506,848 | 20.6 | \$243,528,051 | -7.2 | \$251,600,668 | 3.3 | \$282,118,985 | 12.1 |
| Total Institutional LTSS | \$185,723,847 | -15.1 | \$235,617,603 | 26.9 | \$211,076,257 | -10.4 | \$213,083,601 | 1.0 | \$238,313,611 | 11.8 |
| Total HCBS | \$31,963,844 | 148.6 | \$26,889,245 | -15.9 | \$32,451,794 | 20.7 | \$38,517,067 | 18.7 | \$43,805,374 | 13.7 |
| Total Medicaid (all services) | \$431,186,468 | -10.6 | \$423,944,901 | -1.7 | \$471,733,713 | 11.3 | \$542,875,548 | 15.1 | \$803,688,162 | 48.0 |

| Percentages | FY 1986 | FY 1987 | FY 1988 | FY 1989 | FY 1990 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 50.5% | 61.9% | 51.6% | 46.3% | 35.1% |
| Percentage of LTSS that is HCBS | 14.7% | 10.2% | 13.3% | 15.3% | 15.5% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997. ICF/IID 1987 data were greater than 1986 and 1988 data for an unknown reason.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 2C. Long Term Services and Support Expenditures for Alabama, 1991 – 1995

| Service Type | FY 1991 | Percent Change 90-91 | FY 1992 | Percent Change 91-92 | FY 1993 | Percent Change 92-93 | FY 1994 | Percent Change 93-94 | FY 1995 | Percent Change 94-95 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$478,124,865 | n/a |
| Nursing facilities | \$227,699,313 | 35.5 | \$309,724,043 | 36.0 | \$331,442,910 | 7.0 | \$382,810,856 | 15.5 | \$427,843,785 | 11.8 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$29,681,617 | n/a |
| Home health | \$12,147,120 | -13.4 | \$14,265,770 | 17.4 | \$17,704,921 | 24.1 | \$18,482,359 | 4.4 | \$20,599,463 | 11.5 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$116,985,443 | n/a |
| ICF/IID - public | \$72,740,041 | 13.3 | \$80,701,331 | 10.9 | \$79,030,041 | -2.1 | \$79,259,148 | 0.3 | \$78,719,987 | -0.7 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$38,265,456 | n/a |
| HCBS- managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$22,728,500 | n/a |
| Mental health facilities | \$12,681,036 | 109.4 | \$20,990,756 | 65.5 | \$20,292,194 | -3.3 | \$18,872,554 | -7.0 | \$18,276,730 | -3.2 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | \$109,473 | n/a | \$268,466,050 | 245134.9 | \$4,451,770 | -98.3 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified/other | \$34,355,432 | 15.3 | \$38,921,455 | 13.3 | \$43,694,441 | 12.3 | \$45,416,628 | 3.9 | \$0 | n/a |
| HCBS- managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$359,622,942 | 27.5 | \$464,603,355 | 29.2 | \$492,273,980 | 6.0 | \$813,307,595 | 65.2 | \$617,838,808 | -24.0 |
| Total Institutional LTSS | \$313,120,390 | 31.4 | \$411,416,130 | 31.4 | \$430,874,618 | 4.7 | \$749,408,608 | 73.9 | \$529,292,272 | -29.4 |
| Total HCBS | \$46,502,552 | 6.2 | \$53,187,225 | 14.4 | \$61,399,362 | 15.4 | \$63,898,987 | 4.1 | \$88,546,536 | 38.6 |
| Total Medicaid (all services) | \$1,055,500,591 | 31.3 | \$1,500,360,344 | 42.1 | \$1,637,241,543 | 9.1 | \$1,769,043,401 | 8.1 | \$1,954,163,066 | 10.5 |

| Percentages | FY 1991 | FY 1992 | FY 1993 | FY 1994 | FY 1995 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 34.1% | 31.0% | 30.1% | 46.0% | 31.6% |
| Percentage of LTSS that is HCBS | 12.9% | 11.4% | 12.5% | 7.9% | 14.3% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | 10.5% |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | 32.7% |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included except for 1915(c) waivers for 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 2D. Long Term Services and Support Expenditures for Alabama, 1996 – 2000

| Service Type | FY 1996 | Percent Change 95-96 | FY 1997 | Percent Change 96-97 | FY 1998 | Percent Change 97-98 | FY 1999 | Percent Change 98-99 | FY 2000 | Percent Change 99-00 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$511,626,337 | 7.0 | \$574,408,752 | 12.3 | \$596,672,705 | 3.9 | \$648,577,396 | 8.7 | \$746,093,102 | 15.0 |
| Nursing facilities | \$446,192,637 | 4.3 | \$523,572,127 | 17.3 | \$532,413,554 | 1.7 | \$572,228,373 | 7.5 | \$664,283,096 | 16.1 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | \$43,880,684 | 47.8 | \$28,857,346 | -34.2 | \$41,367,423 | 43.4 | \$47,512,359 | 14.9 | \$49,604,272 | 4.4 |
| Home health | \$21,553,016 | 4.6 | \$21,979,279 | 2.0 | \$22,891,728 | 4.2 | \$28,836,664 | 26.0 | \$32,205,734 | 11.7 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$124,935,331 | 6.8 | \$133,243,443 | 6.6 | \$137,171,950 | 2.9 | \$147,696,832 | 7.7 | \$159,696,363 | 8.1 |
| ICF/IID - public | \$68,010,973 | -13.6 | \$57,267,227 | -15.8 | \$55,681,503 | -2.8 | \$58,044,970 | 4.2 | \$62,889,356 | 8.3 |
| ICF/IID - private | n/a | n/a | \$1,038,372 | n/a | \$982,336 | -5.4 | \$1,080,151 | 10.0 | \$1,056,843 | -2.2 |
| 1915(c) waivers - DD | \$56,924,358 | 48.8 | \$74,937,844 | 31.6 | \$80,508,111 | 7.4 | \$88,571,711 | 10.0 | \$95,750,164 | 8.1 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$68,711,618 | 202.3 | \$51,653,816 | -24.8 | \$30,671,233 | -40.6 | \$33,601,419 | 9.6 | \$36,740,394 | 9.3 |
| Mental health facilities | \$20,530,750 | 12.3 | \$22,565,432 | 9.9 | \$26,219,464 | 16.2 | \$30,299,799 | 15.6 | \$33,438,774 | 10.4 |
| Mental health facilities-DSH | \$48,180,868 | 982.3 | \$29,088,384 | -39.6 | \$4,451,769 | -84.7 | \$3,301,620 | -25.8 | \$3,301,620 | 0.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$0 | 0.0 | \$28,480,131 | 100.0 | \$26,186,573 | -8.1 | \$25,891,274 | -1.1 | \$34,573,526 | 33.5 |
| Case management | n/a | n/a | \$28,480,131 | n/a | \$26,186,573 | -8.1 | \$25,891,274 | -1.1 | \$34,573,526 | 33.5 |
| 1915(c) waivers - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$705,273,286 | 14.2 | \$787,786,142 | 11.7 | \$790,702,461 | 0.4 | \$855,766,921 | 8.2 | \$977,103,385 | 14.2 |
| Total Institutional LTSS | \$582,915,228 | 10.1 | \$633,531,542 | 8.7 | \$619,748,626 | -2.2 | \$664,954,913 | 7.3 | \$764,969,689 | 15.0 |
| Total HCBS | \$122,358,058 | 38.2 | \$154,254,600 | 26.1 | \$170,953,835 | 10.8 | \$190,812,008 | 11.6 | \$212,133,696 | 11.2 |
| Total Medicaid (all services) | \$2,038,419,446 | 4.3 | \$2,201,307,097 | 8.0 | \$2,330,246,184 | 5.9 | \$2,426,546,629 | 4.1 | \$2,700,848,933 | 11.3 |

| Percentages | FY 1996 | FY 1997 | FY 1998 | FY 1999 | FY 2000 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 34.6% | 35.8% | 33.9% | 35.3% | 36.2% |
| Percentage of LTSS that is HCBS | 17.3% | 19.6% | 21.6% | 22.3% | 21.7% |
| Percentage of LTSS that is HCBS - AD | 12.8% | 8.9% | 10.8% | 11.8% | 11.0% |
| Percentage of LTSS that is HCBS - DD | 45.6% | 56.2% | 58.7% | 60.0% | 60.0% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included except for 1915(c) waivers. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 2E. Long Term Services and Support Expenditures for Alabama, 2001 – 2005

| Service Type | FY 2001 | Percent Change 00-01 | FY 2002 | Percent Change 01-02 | FY 2003 | Percent Change 02-03 | FY 2004 | Percent Change 03-04 | FY 2005 | Percent Change 04-05 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$759,935,607 | 1.9 | \$787,420,896 | 3.6 | \$867,752,059 | 10.2 | \$868,897,880 | 0.1 | \$948,641,105 | 9.2 |
| Nursing facilities | \$673,594,563 | 1.4 | \$692,705,327 | 2.8 | \$767,239,946 | 10.8 | \$766,521,089 | -0.1 | \$838,003,192 | 9.3 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | \$47,651,794 | -3.9 | \$52,848,588 | 10.9 | \$61,216,466 | 15.8 | \$65,857,243 | 7.6 | \$66,256,500 | 0.6 |
| Home health | \$38,689,250 | 20.1 | \$41,866,981 | 8.2 | \$39,295,647 | -6.1 | \$36,519,548 | -7.1 | \$44,381,413 | 21.5 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$166,286,988 | 4.1 | \$186,930,451 | 12.4 | \$202,842,863 | 8.5 | \$210,706,085 | 3.9 | \$222,277,202 | 5.5 |
| ICF/IID - public | \$60,663,863 | -3.5 | \$59,465,901 | -2.0 | \$53,367,720 | -10.3 | \$35,407,545 | -33.7 | \$25,803,771 | -27.1 |
| ICF/IID - private | \$1,050,525 | -0.6 | \$1,050,572 | 0.0 | -\$1,009,279 | -196.1 | -\$1,009,692 | 0.0 | \$1,444,290 | -243.0 |
| 1915(c) waivers - DD | \$104,572,600 | 9.2 | \$126,413,978 | 20.9 | \$150,484,422 | 19.0 | \$176,308,232 | 17.2 | \$195,029,141 | 10.6 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$38,441,074 | 4.6 | \$38,750,133 | 0.8 | \$36,394,316 | -6.1 | \$45,865,347 | 26.0 | \$49,742,828 | 8.5 |
| Mental health facilities | \$35,139,454 | 5.1 | \$35,448,513 | 0.9 | \$33,092,696 | -6.6 | \$42,563,727 | 28.6 | \$46,441,208 | 9.1 |
| Mental health facilities-DSH | \$3,301,620 | 0.0 | \$3,301,620 | 0.0 | \$3,301,620 | 0.0 | \$3,301,620 | 0.0 | \$3,301,620 | 0.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$38,551,882 | 11.5 | \$44,206,573 | 14.7 | \$50,846,859 | 15.0 | \$48,715,064 | -4.2 | \$52,068,506 | 6.9 |
| Case management | \$38,551,882 | 11.5 | \$44,206,573 | 14.7 | \$50,846,859 | 15.0 | \$48,715,064 | -4.2 | \$52,068,506 | 6.9 |
| 1915(c) waivers - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$1,003,215,551 | 2.7 | \$1,057,308,053 | 5.4 | \$1,157,836,097 | 9.5 | \$1,174,184,376 | 1.4 | \$1,272,729,641 | 8.4 |
| Total Institutional LTSS | \$773,750,025 | 1.1 | \$791,971,933 | 2.4 | \$855,992,703 | 8.1 | \$846,784,289 | -1.1 | \$914,994,081 | 8.1 |
| Total HCBS | \$229,465,526 | 8.2 | \$265,336,120 | 15.6 | \$301,843,394 | 13.8 | \$327,400,087 | 8.5 | \$357,735,560 | 9.3 |
| Total Medicaid (all services) | \$2,887,514,793 | 6.9 | \$3,122,790,544 | 8.1 | \$3,519,374,683 | 12.7 | \$3,670,481,994 | 4.3 | \$3,990,798,910 | 8.7 |

| Percentages | FY 2001 | FY 2002 | FY 2003 | FY 2004 | FY 2005 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 34.7% | 33.9% | 32.9% | 32.0% | 31.9% |
| Percentage of LTSS that is HCBS | 22.9% | 25.1% | 26.1% | 27.9% | 28.1% |
| Percentage of LTSS that is HCBS - AD | 11.4% | 12.0% | 11.6% | 11.8% | 11.7% |
| Percentage of LTSS that is HCBS - DD | 62.9% | 67.6% | 74.2% | 83.7% | 87.7% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments were included starting in 1995 for Section 1915(c) waivers, in 2002 for nursing facilities, personal care, ICF/IID, and mental health facilities (including DSH); and in 2004 for PACE. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 2F. Long Term Services and Support Expenditures for Alabama, 2006 – 2010

| Service Type | FY 2006 | Percent Change 05-06 | FY 2007 | Percent Change 06-07 | FY 2008 | Percent Change 07-08 | FY 2009 | Percent Change 08-09 | FY 2010 | Percent Change 09-10 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$944,339,152 | -0.5 | \$1,003,741,071 | 6.3 | \$993,552,436 | -1.0 | \$1,102,900,095 | 11.0 | \$1,048,479,037 | -4.9 |
| Nursing facilities | \$837,819,954 | 0.0 | \$869,818,740 | 3.8 | \$835,392,040 | -4.0 | \$938,110,423 | 12.3 | \$875,270,827 | -6.7 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | \$60,139,632 | -9.2 | \$84,598,783 | 40.7 | \$104,649,587 | 23.7 | \$103,801,349 | -0.8 | \$108,351,689 | 4.4 |
| Home health | \$46,379,566 | 4.5 | \$49,323,548 | 6.3 | \$53,510,809 | 8.5 | \$60,988,323 | 14.0 | \$63,430,027 | 4.0 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$1,426,494 | n/a |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with DD | \$195,783,291 | -11.9 | \$258,062,861 | 31.8 | \$297,533,791 | 15.3 | \$311,411,908 | 4.7 | \$310,598,042 | -0.3 |
| ICF/IID - public | \$24,315,317 | -5.8 | \$29,618,555 | 21.8 | \$33,870,779 | 14.4 | \$35,451,718 | 4.7 | \$32,223,593 | -9.1 |
| ICF/IID - private | \$1,571,167 | 8.8 | \$1,903,674 | 21.2 | \$2,309,159 | 21.3 | \$2,489,221 | 7.8 | \$2,635,507 | 5.9 |
| 1915(c) waivers - DD | \$169,896,807 | -12.9 | \$226,540,632 | 33.3 | \$261,353,853 | 15.4 | \$273,470,969 | 4.6 | \$275,738,942 | 0.8 |
| HCBS - managed care authorities - DD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with SMI or SED | \$51,582,426 | 3.7 | \$54,563,649 | 5.8 | \$62,653,492 | 14.8 | \$64,248,620 | 2.5 | \$78,849,915 | 22.7 |
| Mental health facilities | \$48,280,806 | 4.0 | \$53,738,244 | 11.3 | \$59,902,142 | 11.5 | \$60,947,000 | 1.7 | \$60,482,347 | -0.8 |
| Mental health facilities-DSH | \$3,301,620 | 0.0 | \$825,405 | -75.0 | \$2,751,350 | 233.3 | \$3,301,620 | 20.0 | \$3,301,620 | 0.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$15,065,948 | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-Other/Multiple Populations | \$51,796,739 | -0.5 | \$47,823,549 | -7.7 | \$42,867,270 | -10.4 | \$55,802,482 | 30.2 | \$53,595,016 | -4.0 |
| Case management | \$51,796,739 | -0.5 | \$47,797,514 | -7.7 | \$42,714,706 | -10.6 | \$55,256,547 | 29.4 | \$52,473,942 | -5.0 |
| 1915(c) waivers - other | \$54,784,362 | 100.0 | \$26,035 | -100.0 | \$152,564 | 486.0 | \$545,935 | 257.8 | \$1,121,074 | 105.3 |
| HCBS - managed care authorities - other | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| Total LTSS | \$1,298,285,970 | 2.0 | \$1,364,191,130 | 5.1 | \$1,396,606,989 | 2.4 | \$1,534,363,105 | 9.9 | \$1,491,522,010 | -2.8 |
| Total Institutional LTSS | \$915,288,864 | 0.0 | \$955,904,618 | 4.4 | \$934,225,470 | -2.3 | \$1,040,299,982 | 11.4 | \$973,913,894 | -6.4 |
| Total HCBS | \$382,997,106 | 7.1 | \$408,286,512 | 6.6 | \$462,381,519 | 13.2 | \$494,063,123 | 6.9 | \$517,608,116 | 4.8 |
| Total Medicaid (all services) | \$3,859,837,770 | -3.3 | \$3,962,324,075 | 2.7 | \$4,066,240,776 | 2.6 | \$4,417,333,582 | 8.6 | \$5,027,306,633 | 13.8 |

| Percentages | FY 2006 | FY 2007 | FY 2008 | FY 2009 | FY 2010 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 33.6% | 34.4% | 34.3% | 34.7% | 29.7% |
| Percentage of LTSS that is HCBS | 29.5% | 29.9% | 33.1% | 32.2% | 34.7% |
| Percentage of LTSS that is HCBS - AD | 11.3% | 13.3% | 15.9% | 14.9% | 16.5% |
| Percentage of LTSS that is HCBS - DD | 86.8% | 87.8% | 87.8% | 87.8% | 88.8% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 19.1% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data. Starting in 2008, managed care data are included for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included for several categories of service until 2009. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

For data before 2009, prior period adjustments were included for the following categories of service: nursing home, personal care, Section 1915(c) waivers, PACE, ICF/IID, and mental health facilities (including DSH).

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Alabama reported some FY 2006 1915(c) waiver expenditures under an 1115 waiver for Hurricane Katrina evacuees. These expenditures are included in the table as expenditures for other populations.

Table 2G. Long Term Services and Support Expenditures for Alabama. 2011 – 2014

| Service Type | FY 2011 | Percent Change 10-11 | FY 2012 | Percent Change 11-12 | FY 2013 | Percent Change 12-13 | FY 2014 | Percent Change 13-14 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$1,083,440,117 | 3.3 | \$1,084,893,948 | 0.1 | \$1,064,886,957 | -1.8 | \$1,075,303,365 | 1.0 |
| Nursing facilities | \$901,897,515 | 3.0 | \$920,037,327 | 2.0 | \$902,847,111 | -1.9 | \$928,652,271 | 2.9 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | \$114,051,420 | 5.3 | \$97,849,822 | -14.2 | \$86,101,100 | -12.0 | \$71,956,123 | -16.4 |
| Home health | \$61,477,962 | -3.1 | \$60,268,125 | -2.0 | \$66,224,791 | 9.9 | \$63,671,257 | -3.9 |
| Community first choice | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$0 | 0.0 | \$1,032,300 | 100.0 | \$4,125,113 | 299.6 | \$6,119,891 | 48.4 |
| Private duty nursing | \$6,013,220 | 321.5 | \$5,706,374 | -5.1 | \$5,588,842 | -2.1 | \$4,903,823 | -12.3 |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with DD | \$318,468,012 | 2.5 | \$295,752,004 | -7.1 | \$306,323,017 | 3.6 | \$324,626,134 | 6.0 |
| ICF/IID - public | \$30,071,582 | -6.7 | \$8,073,583 | -73.2 | -\$39,330 | -100.5 | \$0 | -100.0 |
| ICF/IID - private | \$2,591,570 | -1.7 | \$2,512,793 | -3.0 | \$1,833,679 | -27.0 | \$1,582,232 | -13.7 |
| 1915(c) waivers - DD | \$285,804,860 | 3.7 | \$285,165,628 | -0.2 | \$304,528,668 | 6.8 | \$323,043,902 | 6.1 |
| HCBS - managed care authorities - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with SMI or SED | \$240,968,715 | 205.6 | \$241,581,439 | 0.3 | \$233,229,104 | -3.5 | \$239,696,041 | 2.8 |
| Mental health facilities | \$69,287,642 | 14.6 | \$65,570,182 | -5.4 | \$67,490,496 | 2.9 | \$72,053,260 | 6.8 |
| Mental health facilities-DSH | \$3,301,620 | 0.0 | \$3,301,620 | 0.0 | \$0 | -100.0 | \$155,073 | 100.0 |
| Rehabilitative services | \$168,379,453 | 1017.6 | \$172,709,637 | 2.6 | \$165,738,608 | -4.0 | \$167,487,708 | 1.1 |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-Other/Multiple Populations | \$60,011,644 | 12.0 | \$68,671,915 | 14.4 | \$76,103,797 | 10.8 | \$74,413,583 | -2.2 |
| Case management | \$59,102,773 | 12.6 | \$63,407,224 | 7.3 | \$56,237,529 | -11.3 | \$50,859,599 | -9.6 |
| 1915(c) waivers - other | \$908,871 | -18.9 | \$867,326 | -4.6 | \$601,557 | -30.6 | \$512,804 | -14.8 |
| HCBS - managed care authorities - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | \$4,397,365 | n/a | \$19,264,711 | 338.1 | \$23,041,180 | 19.6 |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| MFP demonstration | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total LTSS | \$1,702,888,488 | 14.2 | \$1,690,899,306 | -0.7 | \$1,680,542,875 | -0.6 | \$1,714,039,123 | 2.0 |
| Total Institutional LTSS | \$1,007,149,929 | 3.4 | \$999,495,505 | -0.8 | \$972,131,956 | -2.7 | \$1,002,442,836 | 3.1 |
| Total HCBS | \$695,738,559 | 34.4 | \$691,403,801 | -0.6 | \$708,410,919 | 2.5 | \$711,596,287 | 0.4 |
| Total Medicaid (all services) | \$4,848,913,986 | -3.5 | \$4,894,500,814 | 0.9 | \$5,032,511,314 | 2.8 | \$5,231,384,980 | 4.0 |

| Percentages | FY 2011 | FY 2012 | FY 2013 | FY 2014 |
|--|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 35.1% | 34.6% | 33.4% | 32.8% |
| Percentage of LTSS that is HCBS | 40.9% | 40.9% | 42.2% | 41.5% |
| Percentage of LTSS that is HCBS - AD | 16.8% | 15.2% | 15.2% | 13.6% |
| Percentage of LTSS that is HCBS - DD | 89.7% | 96.4% | 99.4% | 99.5% |
| Percentage of LTSS that is HCBS - SMI or SED | 69.9% | 71.5% | 71.1% | 69.9% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Managed care data are included only for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care.

Institutional MLTSS – unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 3A. Long Term Services and Support Expenditures for Alaska, 1981 – 1985

| Service Type | FY 1981 | FY 1982 | Percent Change 81-82 | FY 1983 | Percent Change 82-83 | FY 1984 | Percent Change 83-84 | FY 1985 | Percent Change 84-85 |
|---|---------------------|---------------------|----------------------|---------------------|----------------------|---------------------|----------------------|---------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$14,599,182 | \$14,342,806 | -1.8 | \$18,423,484 | 28.5 | \$17,140,281 | -7.0 | \$17,549,760 | 2.4 |
| Personal care | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$16,980 | \$4,768 | -71.9 | \$10,046 | 110.7 | \$40,175 | 299.9 | \$48,434 | 20.6 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$6,336,148 | \$6,830,128 | 7.8 | \$7,263,024 | 6.3 | \$7,150,928 | -1.5 | \$10,147,278 | 41.9 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$2,292,164 | \$1,126,374 | -50.9 | \$1,874,232 | 66.4 | \$1,338,352 | -28.6 | \$1,412,638 | 5.6 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$23,244,474 | \$22,304,076 | -4.0 | \$27,570,786 | 23.6 | \$25,669,736 | -6.9 | \$29,158,110 | 13.6 |
| Total Institutional LTSS | \$23,227,494 | \$22,299,308 | -4.0 | \$27,560,740 | 23.6 | \$25,629,561 | -7.0 | \$29,109,676 | 13.6 |
| Total HCBS | \$16,980 | \$4,768 | -71.9 | \$10,046 | 110.7 | \$40,175 | 299.9 | \$48,434 | 20.6 |
| Total Medicaid (all services) | \$46,328,848 | \$46,639,868 | 0.7 | \$53,934,756 | 15.6 | \$59,393,816 | 10.1 | \$67,019,119 | 12.8 |

| Percentages | FY 1981 | FY 1982 | FY 1983 | FY 1984 | FY 1985 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 50.2% | 47.8% | 51.1% | 43.2% | 43.5% |
| Percentage of LTSS that is HCBS | 0.1% | 0.0% | 0.0% | 0.2% | 0.2% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data.

Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 3B. Long Term Services and Support Expenditures for Alaska, 1986 – 1990

| Service Type | FY 1986 | Percent Change 85-86 | FY 1987 | Percent Change 86-87 | FY 1988 | Percent Change 87-88 | FY 1989 | Percent Change 88-89 | FY 1990 | Percent Change 89-90 |
|---|---------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$21,421,969 | 22.1 | \$24,584,500 | 14.8 | \$24,909,085 | 1.3 | \$32,035,147 | 28.6 | \$34,754,047 | 8.5 |
| Personal care | \$0 | 0.0 | \$311,122 | 100.0 | \$704,998 | 126.6 | \$848,547 | 20.4 | \$933,359 | 10.0 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$63,019 | 30.1 | \$133,661 | 112.1 | \$175,493 | 31.3 | \$123,996 | -29.3 | \$180,443 | 45.5 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$10,108,323 | -0.4 | \$21,697,062 | 114.6 | \$9,037,943 | -58.3 | \$11,339,343 | 25.5 | \$10,337,041 | -8.8 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$233,264 | -83.5 | \$1,188,044 | 409.3 | \$868,887 | -26.9 | \$917,188 | 5.6 | \$781,302 | -14.8 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$31,826,575 | 9.2 | \$47,914,389 | 50.5 | \$35,696,406 | -25.5 | \$45,264,221 | 26.8 | \$46,986,192 | 3.8 |
| Total Institutional LTSS | \$31,763,556 | 9.1 | \$47,469,606 | 49.4 | \$34,815,915 | -26.7 | \$44,291,678 | 27.2 | \$45,872,390 | 3.6 |
| Total HCBS | \$63,019 | 30.1 | \$444,783 | 605.8 | \$880,491 | 98.0 | \$972,543 | 10.5 | \$1,113,802 | 14.5 |
| Total Medicaid (all services) | \$82,536,173 | 23.2 | \$101,681,104 | 23.2 | \$105,317,006 | 3.6 | \$131,475,763 | 24.8 | \$153,054,119 | 16.4 |

| Percentages | FY 1986 | FY 1987 | FY 1988 | FY 1989 | FY 1990 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 38.6% | 47.1% | 33.9% | 34.4% | 30.7% |
| Percentage of LTSS that is HCBS | 0.2% | 0.9% | 2.5% | 2.1% | 2.4% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997. ICF/IID 1987 data were greater than 1986 and 1988 data for an unknown reason.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 3C. Long Term Services and Support Expenditures for Alaska, 1991 – 1995

| Service Type | FY 1991 | Percent Change 90-91 | FY 1992 | Percent Change 91-92 | FY 1993 | Percent Change 92-93 | FY 1994 | Percent Change 93-94 | FY 1995 | Percent Change 94-95 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$55,877,426 | n/a |
| Nursing facilities | \$37,401,128 | 7.6 | \$39,520,463 | 5.7 | \$42,259,050 | 6.9 | \$50,637,088 | 19.8 | \$50,353,298 | -0.6 |
| Personal care | \$986,018 | 5.6 | \$1,230,649 | 24.8 | \$2,636,840 | 114.3 | \$2,707,958 | 2.7 | \$3,366,146 | 24.3 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$1,399,658 | n/a |
| Home health | \$302,059 | 67.4 | \$533,212 | 76.5 | \$456,193 | -14.4 | \$577,535 | 26.6 | \$758,324 | 31.3 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$12,019,615 | n/a |
| ICF/IID - public | \$9,922,753 | -4.0 | \$10,383,643 | 4.6 | \$10,362,069 | -0.2 | \$11,589,274 | 11.8 | \$9,205,182 | -20.6 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$2,814,433 | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$28,999,157 | n/a |
| Mental health facilities | \$741,974 | -5.0 | \$791,348 | 6.7 | \$5,703,025 | 620.7 | \$10,106,111 | 77.2 | \$11,387,392 | 12.7 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | \$55,262,912 | n/a | \$11,952,600 | -78.4 | \$17,611,765 | 47.3 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$688,991 | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified/other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$1,069,700 | 100.0 | \$688,991 | n/a |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$49,353,932 | 5.0 | \$52,459,315 | 6.3 | \$116,680,089 | 122.4 | \$88,640,266 | -24.0 | \$97,585,189 | 10.1 |
| Total Institutional LTSS | \$48,065,855 | 4.8 | \$50,695,454 | 5.5 | \$113,587,056 | 124.1 | \$84,285,073 | -25.8 | \$88,557,637 | 5.1 |
| Total HCBS | \$1,288,077 | 15.6 | \$1,763,861 | 36.9 | \$3,093,033 | 75.4 | \$4,355,193 | 40.8 | \$9,027,552 | 107.3 |
| Total Medicaid (all services) | \$182,024,669 | 18.9 | \$201,750,960 | 10.8 | \$295,383,607 | 46.4 | \$287,885,075 | -2.5 | \$303,480,229 | 5.4 |

| Percentages | FY 1991 | FY 1992 | FY 1993 | FY 1994 | FY 1995 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 27.1% | 26.0% | 39.5% | 30.8% | 32.2% |
| Percentage of LTSS that is HCBS | 2.6% | 3.4% | 2.7% | 4.9% | 9.3% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | 9.9% |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | 23.4% |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data.

Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included except for 1915(c) waivers for 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 3D. Long Term Services and Support Expenditures for Alaska, 1996 – 2000

| Service Type | FY 1996 | Percent Change 95-96 | FY 1997 | Percent Change 96-97 | FY 1998 | Percent Change 97-98 | FY 1999 | Percent Change 98-99 | FY 2000 | Percent Change 99-00 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | \$56,292,575 | 0.7 | \$56,821,078 | 0.9 | \$63,336,422 | 11.5 | \$75,056,777 | 18.5 | \$84,402,661 | 12.5 |
| Nursing facilities | \$48,465,280 | -3.7 | \$45,599,882 | -5.9 | \$49,286,944 | 8.1 | \$56,166,183 | 14.0 | \$60,094,531 | 7.0 |
| Personal care | \$3,818,430 | 13.4 | \$3,711,314 | -2.8 | \$4,246,146 | 14.4 | \$5,722,825 | 34.8 | \$5,336,275 | -6.8 |
| 1915(c) waivers - AD | \$3,084,039 | 120.3 | \$6,305,556 | 104.5 | \$8,647,576 | 37.1 | \$12,484,466 | 44.4 | \$18,294,136 | 46.5 |
| Home health | \$924,826 | 22.0 | \$1,204,326 | 30.2 | \$1,155,756 | -4.0 | \$683,303 | -40.9 | \$677,719 | -0.8 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$12,308,976 | 2.4 | \$18,507,086 | 50.4 | \$19,389,548 | 4.8 | \$23,829,874 | 22.9 | \$32,434,353 | 36.1 |
| ICF/IID - public | \$6,891,278 | -25.1 | \$2,032,452 | -70.5 | \$267,539 | -86.8 | \$0 | -100.0 | \$0 | 0.0 |
| ICF/IID - private | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - DD | \$5,417,698 | 92.5 | \$16,474,634 | 204.1 | \$19,122,009 | 16.1 | \$23,829,874 | 24.6 | \$32,434,353 | 36.1 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$23,620,236 | -18.5 | \$22,438,672 | -5.0 | \$23,029,850 | 2.6 | \$22,249,968 | -3.4 | \$21,711,186 | -2.4 |
| Mental health facilities | \$9,273,674 | -18.6 | \$6,953,474 | -25.0 | \$7,670,666 | 10.3 | \$8,045,063 | 4.9 | \$7,928,569 | -1.4 |
| Mental health facilities-DSH | \$14,346,562 | -18.5 | \$15,485,198 | 7.9 | \$15,359,184 | -0.8 | \$14,204,905 | -7.5 | \$13,782,617 | -3.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$1,236,615 | 79.5 | \$1,625,526 | 31.4 | \$1,888,142 | 16.2 | \$2,072,411 | 9.8 | \$3,349,040 | 61.6 |
| Case management | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - other | \$1,236,615 | 79.5 | \$1,625,526 | 31.4 | \$1,888,142 | 16.2 | \$2,072,411 | 9.8 | \$3,349,040 | 61.6 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$93,458,402 | -4.2 | \$99,392,362 | 6.3 | \$107,643,962 | 8.3 | \$123,209,030 | 14.5 | \$141,897,240 | 15.2 |
| Total Institutional LTSS | \$78,976,794 | -10.8 | \$70,071,006 | -11.3 | \$72,584,333 | 3.6 | \$78,416,151 | 8.0 | \$81,805,717 | 4.3 |
| Total HCBS | \$14,481,608 | 60.4 | \$29,321,356 | 102.5 | \$35,059,629 | 19.6 | \$44,792,879 | 27.8 | \$60,091,523 | 34.2 |
| Total Medicaid (all services) | \$331,307,447 | 9.2 | \$364,110,087 | 9.9 | \$369,889,579 | 1.6 | \$407,574,922 | 10.2 | \$476,873,162 | 17.0 |

| Percentages | FY 1996 | FY 1997 | FY 1998 | FY 1999 | FY 2000 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 28.2% | 27.3% | 29.1% | 30.2% | 29.8% |
| Percentage of LTSS that is HCBS | 15.5% | 29.5% | 32.6% | 36.4% | 42.3% |
| Percentage of LTSS that is HCBS - AD | 13.9% | 19.7% | 22.2% | 25.2% | 28.8% |
| Percentage of LTSS that is HCBS - DD | 44.0% | 89.0% | 98.6% | 100.0% | 100.0% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included except for 1915(c) waivers. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 3E. Long Term Services and Support Expenditures for Alaska, 2001 – 2005

| Service Type | FY 2001 | Percent Change 00-01 | FY 2002 | Percent Change 01-02 | FY 2003 | Percent Change 02-03 | FY 2004 | Percent Change 03-04 | FY 2005 | Percent Change 04-05 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | \$105,392,813 | 24.9 | \$139,239,746 | 32.1 | \$184,341,629 | 32.4 | \$218,009,691 | 18.3 | \$246,217,020 | 12.9 |
| Nursing facilities | \$71,610,356 | 19.2 | \$87,175,840 | 21.7 | \$99,323,466 | 13.9 | \$107,157,842 | 7.9 | \$119,071,602 | 11.1 |
| Personal care | \$8,496,600 | 59.2 | \$19,796,692 | 133.0 | \$44,325,255 | 123.9 | \$69,817,279 | 57.5 | \$82,207,937 | 17.7 |
| 1915(c) waivers - AD | \$24,615,548 | 34.6 | \$31,607,266 | 28.4 | \$39,933,046 | 26.3 | \$40,394,774 | 1.2 | \$44,000,994 | 8.9 |
| Home health | \$670,309 | -1.1 | \$659,948 | -1.5 | \$759,862 | 15.1 | \$639,796 | -15.8 | \$936,487 | 46.4 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$44,671,283 | 37.7 | \$52,517,049 | 17.6 | \$61,237,980 | 16.6 | \$56,880,732 | -7.1 | \$65,682,213 | 15.5 |
| ICF/IID - public | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| ICF/IID - private | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - DD | \$44,671,283 | 37.7 | \$52,517,049 | 17.6 | \$61,237,980 | 16.6 | \$56,880,732 | -7.1 | \$65,682,213 | 15.5 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$22,943,051 | 5.7 | \$18,513,568 | -19.3 | \$19,413,992 | 4.9 | \$21,419,439 | 10.3 | \$18,650,046 | -12.9 |
| Mental health facilities | \$14,004,466 | 76.6 | \$11,142,692 | -20.4 | \$14,240,575 | 27.8 | \$15,430,609 | 8.4 | \$11,605,276 | -24.8 |
| Mental health facilities-DSH | \$8,938,585 | -35.1 | \$7,370,876 | -17.5 | \$5,173,417 | -29.8 | \$5,988,830 | 15.8 | \$7,044,770 | 17.6 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$6,304,054 | 88.2 | \$7,211,983 | 14.4 | \$8,990,340 | 24.7 | \$7,930,998 | -11.8 | \$9,000,824 | 13.5 |
| Case management | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$14,540 | 100.0 |
| 1915(c) waivers - other | \$6,304,054 | 88.2 | \$7,211,983 | 14.4 | \$8,990,340 | 24.7 | \$7,930,998 | -11.8 | \$8,986,284 | 13.3 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$179,311,201 | 26.4 | \$217,482,346 | 21.3 | \$273,983,941 | 26.0 | \$304,240,860 | 11.0 | \$339,550,103 | 11.6 |
| Total Institutional LTSS | \$94,553,407 | 15.6 | \$105,689,408 | 11.8 | \$118,737,458 | 12.3 | \$128,577,281 | 8.3 | \$137,721,648 | 7.1 |
| Total HCBS | \$84,757,794 | 41.0 | \$111,792,938 | 31.9 | \$155,246,483 | 38.9 | \$175,663,579 | 13.2 | \$201,828,455 | 14.9 |
| Total Medicaid (all services) | \$580,767,655 | 21.8 | \$700,319,012 | 20.6 | \$835,640,682 | 19.3 | \$889,891,698 | 6.5 | \$936,543,651 | 5.2 |

| Percentages | FY 2001 | FY 2002 | FY 2003 | FY 2004 | FY 2005 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 30.9% | 31.1% | 32.8% | 34.2% | 36.3% |
| Percentage of LTSS that is HCBS | 47.3% | 51.4% | 56.7% | 57.7% | 59.4% |
| Percentage of LTSS that is HCBS - AD | 32.1% | 37.4% | 46.1% | 50.8% | 51.6% |
| Percentage of LTSS that is HCBS - DD | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments were included starting in 1995 for Section 1915(c) waivers, in 2002 for nursing facilities, personal care, ICF/IID, and mental health facilities (including DSH); and in 2004 for PACE. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 3F. Long Term Services and Support Expenditures for Alaska, 2006 – 2010

| Service Type | FY 2006 | Percent Change 05-06 | FY 2007 | Percent Change 06-07 | FY 2008 | Percent Change 07-08 | FY 2009 | Percent Change 08-09 | FY 2010 | Percent Change 09-10 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$254,812,661 | 3.5 | \$255,151,715 | 0.1 | \$201,588,245 | -21.0 | \$267,993,978 | 32.9 | \$287,139,043 | 7.1 |
| Nursing facilities | \$123,440,431 | 3.7 | \$126,037,922 | 2.1 | \$73,558,912 | -41.6 | \$118,708,635 | 61.4 | \$117,630,712 | -0.9 |
| Personal care | \$83,218,553 | 1.2 | \$75,274,716 | -9.5 | \$71,969,852 | -4.4 | \$82,321,722 | 14.4 | \$97,334,833 | 18.2 |
| 1915(c) waivers - AD | \$47,405,189 | 7.7 | \$53,226,132 | 12.3 | \$55,453,128 | 4.2 | \$66,349,038 | 19.6 | \$71,635,705 | 8.0 |
| Home health | \$748,488 | -20.1 | \$612,945 | -18.1 | \$606,353 | -1.1 | \$614,583 | 1.4 | \$537,793 | -12.5 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with DD | \$69,240,098 | 5.4 | \$72,540,503 | 4.8 | \$120,866,285 | 66.6 | \$93,586,612 | -22.6 | \$104,659,801 | 11.8 |
| ICF/IID - public | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| ICF/IID - private | \$0 | 0.0 | \$161,277 | 100.0 | \$45,622,073 | 28188.0 | \$1,393,098 | -96.9 | \$1,595,524 | 14.5 |
| 1915(c) waivers - DD | \$69,240,098 | 5.4 | \$72,379,226 | 4.5 | \$75,244,212 | 4.0 | \$92,193,514 | 22.5 | \$103,064,277 | 11.8 |
| HCBS - managed care authorities - DD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with SMI or SED | \$29,723,981 | 59.4 | \$29,471,495 | -0.8 | \$28,271,111 | -4.1 | \$30,251,224 | 7.0 | \$30,521,916 | 0.9 |
| Mental health facilities | \$21,552,048 | 85.7 | \$19,992,053 | -7.2 | \$16,206,372 | -18.9 | \$16,893,542 | 4.2 | \$17,036,577 | 0.8 |
| Mental health facilities-DSH | \$8,171,933 | 16.0 | \$9,479,442 | 16.0 | \$12,064,739 | 27.3 | \$13,357,682 | 10.7 | \$13,485,339 | 1.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-Other/Multiple Populations | \$8,918,070 | -0.9 | \$9,284,405 | 4.1 | \$9,005,861 | -3.0 | \$10,590,922 | 17.6 | \$11,531,601 | 8.9 |
| Case management | \$56,239 | 286.8 | \$0 | -100.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - other | \$8,861,831 | -1.4 | \$9,284,405 | 4.8 | \$9,005,861 | -3.0 | \$10,590,922 | 17.6 | \$11,531,601 | 8.9 |
| HCBS - managed care authorities - other | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| Total LTSS | \$362,694,810 | 6.8 | \$366,448,118 | 1.0 | \$359,731,502 | -1.8 | \$402,422,736 | 11.9 | \$433,852,361 | 7.8 |
| Total Institutional LTSS | \$153,164,412 | 11.2 | \$155,670,694 | 1.6 | \$147,452,096 | -5.3 | \$150,352,957 | 2.0 | \$149,748,152 | -0.4 |
| Total HCBS | \$209,530,398 | 3.8 | \$210,777,424 | 0.6 | \$212,279,406 | 0.7 | \$252,069,779 | 18.7 | \$284,104,209 | 12.7 |
| Total Medicaid (all services) | \$936,789,500 | 0.0 | \$955,587,851 | 2.0 | \$961,268,757 | 0.6 | \$1,074,086,024 | 11.7 | \$1,207,018,180 | 12.4 |

| Percentages | FY 2006 | FY 2007 | FY 2008 | FY 2009 | FY 2010 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 38.7% | 38.3% | 37.4% | 37.5% | 35.9% |
| Percentage of LTSS that is HCBS | 57.8% | 57.5% | 59.0% | 62.6% | 65.5% |
| Percentage of LTSS that is HCBS - AD | 51.6% | 50.6% | 63.5% | 55.7% | 59.0% |
| Percentage of LTSS that is HCBS - DD | 100.0% | 99.8% | 62.3% | 98.5% | 98.5% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data. Starting in 2008, managed care data are included for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities. "n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included for several categories of service until 2009. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

For data before 2009, prior period adjustments were included for the following categories of service: nursing home, personal care, Section 1915(c) waivers, PACE, ICF/IID, and mental health facilities (including DSH).

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Alaska 2008 nursing facility spending was more than \$40 million lower than 2007 and 2009 expenditures, while ICF/IID data indicated the opposite pattern. Some nursing facility expenditures may have been reported as ICF/IID.

Table 3G. Long Term Services and Support Expenditures for Alaska, 2011 – 2014

| Service Type | FY 2011 | Percent Change 10-11 | FY 2012 | Percent Change 11-12 | FY 2013 | Percent Change 12-13 | FY 2014 | Percent Change 13-14 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$313,412,106 | 9.1 | \$345,643,836 | 10.3 | \$344,610,782 | -0.3 | \$290,557,602 | -15.7 |
| Nursing facilities | \$122,205,064 | 3.9 | \$131,035,355 | 7.2 | \$127,192,662 | -2.9 | \$109,723,296 | -13.7 |
| Personal care | \$110,132,163 | 13.1 | \$122,039,244 | 10.8 | \$122,059,019 | 0.0 | \$98,418,610 | -19.4 |
| 1915(c) waivers - AD | \$80,374,558 | 12.2 | \$91,899,234 | 14.3 | \$94,582,475 | 2.9 | \$81,743,600 | -13.6 |
| Home health | \$700,321 | 30.2 | \$670,003 | -4.3 | \$776,626 | 15.9 | \$672,096 | -13.5 |
| Community first choice | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Private duty nursing | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with DD | \$117,059,786 | 11.8 | \$133,202,114 | 13.8 | \$148,783,913 | 11.7 | \$140,945,737 | -5.3 |
| ICF/IID - public | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| ICF/IID - private | \$2,653,248 | 66.3 | \$2,509,407 | -5.4 | \$3,191,791 | 27.2 | \$3,057,110 | -4.2 |
| 1915(c) waivers - DD | \$114,406,538 | 11.0 | \$130,692,707 | 14.2 | \$145,592,122 | 11.4 | \$137,888,627 | -5.3 |
| HCBS - managed care authorities - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with SMI or SED | \$31,271,747 | 2.5 | \$31,168,495 | -0.3 | \$30,949,212 | -0.7 | \$30,204,902 | -2.4 |
| Mental health facilities | \$18,698,756 | 9.8 | \$17,400,719 | -6.9 | \$16,823,473 | -3.3 | \$15,867,276 | -5.7 |
| Mental health facilities-DSH | \$12,572,991 | -6.8 | \$13,767,776 | 9.5 | \$14,125,739 | 2.6 | \$14,337,626 | 1.5 |
| Rehabilitative services | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-Other/Multiple Populations | \$11,482,184 | -0.4 | \$12,198,031 | 6.2 | \$11,113,719 | -8.9 | \$9,699,668 | -12.7 |
| Case management | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - other | \$11,482,184 | -0.4 | \$12,198,031 | 6.2 | \$11,113,719 | -8.9 | \$9,699,668 | -12.7 |
| HCBS - managed care authorities - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| MFP demonstration | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total LTSS | \$473,225,823 | 9.1 | \$522,212,476 | 10.4 | \$535,457,626 | 2.5 | \$471,407,909 | -12.0 |
| Total Institutional LTSS | \$156,130,059 | 4.3 | \$164,713,257 | 5.5 | \$161,333,665 | -2.1 | \$142,985,308 | -11.4 |
| Total HCBS | \$317,095,764 | 11.6 | \$357,499,219 | 12.7 | \$374,123,961 | 4.7 | \$328,422,601 | -12.2 |
| Total Medicaid (all services) | \$1,302,654,839 | 7.9 | \$1,351,560,858 | 3.8 | \$1,347,693,942 | -0.3 | \$1,297,718,324 | -3.7 |

| Percentages | FY 2011 | FY 2012 | FY 2013 | FY 2014 |
|--|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 36.3% | 38.6% | 39.7% | 36.3% |
| Percentage of LTSS that is HCBS | 67.0% | 68.5% | 69.9% | 69.7% |
| Percentage of LTSS that is HCBS - AD | 61.0% | 62.1% | 63.1% | 62.2% |
| Percentage of LTSS that is HCBS - DD | 97.7% | 98.1% | 97.9% | 97.8% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Managed care data are included only for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 4A. Long Term Services and Support Expenditures for Arizona, 1981 – 1985

| Service Type | FY 1981 | FY 1982 | Percent Change 81-82 | FY 1983 | Percent Change 82-83 | FY 1984 | Percent Change 83-84 | FY 1985 | Percent Change 84-85 |
|---|------------|------------|----------------------|---------------------|----------------------|---------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$2,422,510 | 100.0 |
| Personal care | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$2,422,510 | 100.0 |
| Total Institutional LTSS | \$0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$2,422,510 | 100.0 |
| Total HCBS | \$0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total Medicaid (all services) | \$0 | \$0 | 0.0 | \$90,371,490 | 100.0 | \$91,358,085 | 1.1 | \$100,623,273 | 10.1 |

| Percentages | FY 1981 | FY 1982 | FY 1983 | FY 1984 | FY 1985 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 0.0% | 0.0% | 0.0% | 0.0% | 2.4% |
| Percentage of LTSS that is HCBS | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data.

Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 4B. Long Term Services and Support Expenditures for Arizona, 1986 – 1990

| Service Type | FY 1986 | Percent Change 85-86 | FY 1987 | Percent Change 86-87 | FY 1988 | Percent Change 87-88 | FY 1989 | Percent Change 88-89 | FY 1990 | Percent Change 89-90 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$4,619,325 | 90.7 | \$6,510,319 | 40.9 | \$8,480,475 | 30.3 | \$59,334,237 | 599.7 | \$51,364,387 | -13.4 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$26,543,223 | 100.0 | \$33,624,070 | 26.7 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$4,619,325 | 90.7 | \$6,510,319 | 40.9 | \$8,480,475 | 30.3 | \$85,877,460 | 912.6 | \$84,988,457 | -1.0 |
| Total Institutional LTSS | \$4,619,325 | 90.7 | \$6,510,319 | 40.9 | \$8,480,475 | 30.3 | \$85,877,460 | 912.6 | \$84,988,457 | -1.0 |
| Total HCBS | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total Medicaid (all services) | \$109,147,723 | 8.5 | \$128,033,906 | 17.3 | \$170,343,207 | 33.0 | \$367,575,924 | 115.8 | \$553,276,189 | 50.5 |

| Percentages | FY 1986 | FY 1987 | FY 1988 | FY 1989 | FY 1990 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 4.2% | 5.1% | 5.0% | 23.4% | 15.4% |
| Percentage of LTSS that is HCBS | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data. Arizona data from 1989 through 2007 do not include expenditures for a managed care program that includes most of the state's LTSS expenditures.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997. ICF/IID 1987 data were greater than 1986 and 1988 data for an unknown reason.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 4C. Long Term Services and Support Expenditures for Arizona, 1991 – 1995

| Service Type | FY 1991 | Percent Change 90-91 | FY 1992 | Percent Change 91-92 | FY 1993 | Percent Change 92-93 | FY 1994 | Percent Change 93-94 | FY 1995 | Percent Change 94-95 |
|---|----------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$15,055,693 | n/a |
| Nursing facilities | \$9,397,791 | -81.7 | \$14,053,800 | 49.5 | \$10,913,266 | -22.3 | \$12,691,593 | 16.3 | \$13,789,344 | 8.6 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$66,362 | 100.0 | \$82,663 | 24.6 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Home health | \$31,577 | 100.0 | \$617,373 | 1855.1 | \$602,650 | -2.4 | \$812,621 | 34.8 | \$1,183,686 | 45.7 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$2,804 | n/a |
| ICF/IID - public | \$4,870,618 | -85.5 | \$0 | -100.0 | \$0 | 0.0 | \$108,449 | 100.0 | \$2,804 | -97.4 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$88,666 | n/a |
| Mental health facilities | \$544,755 | 100.0 | \$11,066,726 | 1931.5 | \$4,508,266 | -59.3 | \$106,716 | -97.6 | \$88,666 | -16.9 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified/other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | n/a |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$14,844,741 | -82.5 | \$25,737,899 | 73.4 | \$16,024,182 | -37.7 | \$13,785,741 | -14.0 | \$15,147,163 | 9.9 |
| Total Institutional LTSS | \$14,813,164 | -82.6 | \$25,120,526 | 69.6 | \$15,421,532 | -38.6 | \$12,906,758 | -16.3 | \$13,880,814 | 7.5 |
| Total HCBS | \$31,577 | 100.0 | \$617,373 | 1855.1 | \$602,650 | -2.4 | \$878,983 | 45.9 | \$1,266,349 | 44.1 |
| Total Medicaid (all services) | \$724,201,256 | 30.9 | \$1,137,568,259 | 57.1 | \$1,365,046,039 | 20.0 | \$1,571,279,927 | 15.1 | \$1,600,766,616 | 1.9 |

| Percentages | FY 1991 | FY 1992 | FY 1993 | FY 1994 | FY 1995 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 2.0% | 2.3% | 1.2% | 0.9% | 0.9% |
| Percentage of LTSS that is HCBS | 0.2% | 2.4% | 3.8% | 6.4% | 8.4% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | 8.4% |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | 0.0% |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data. Arizona data from 1989 through 2007 do not include expenditures for a managed care program that includes most of the state's LTSS expenditures.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included except for 1915(c) waivers for 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 4D. Long Term Services and Support Expenditures for Arizona, 1996 – 2000

| Service Type | FY 1996 | Percent Change 95-96 | FY 1997 | Percent Change 96-97 | FY 1998 | Percent Change 97-98 | FY 1999 | Percent Change 98-99 | FY 2000 | Percent Change 99-00 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$12,273,765 | -18.5 | \$17,622,703 | 43.6 | \$17,392,908 | -1.3 | \$16,877,101 | -3.0 | \$18,046,468 | 6.9 |
| Nursing facilities | \$11,635,944 | -15.6 | \$16,479,936 | 41.6 | \$16,058,239 | -2.6 | \$14,935,601 | -7.0 | \$15,503,428 | 3.8 |
| Personal care | \$82,290 | -0.5 | \$159,419 | 93.7 | \$266,642 | 67.3 | \$911,800 | 242.0 | \$1,775,039 | 94.7 |
| 1915(c) waivers - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Home health | \$555,531 | -53.1 | \$983,348 | 77.0 | \$1,068,027 | 8.6 | \$1,029,700 | -3.6 | \$768,001 | -25.4 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$167 | -94.0 | \$0 | -100.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| ICF/IID - public | \$167 | -94.0 | \$0 | -100.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| ICF/IID - private | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS- managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$97,193 | 9.6 | \$9,640 | -90.1 | \$20,966 | 117.5 | \$20,081 | -4.2 | \$23,869,481 | 118766.0 |
| Mental health facilities | \$97,193 | 9.6 | \$9,640 | -90.1 | \$20,966 | 117.5 | \$20,081 | -4.2 | \$37,581 | 87.1 |
| Mental health facilities-DSH | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$23,831,900 | 100.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Case management | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS- managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$12,371,125 | -18.3 | \$17,632,343 | 42.5 | \$17,413,874 | -1.2 | \$16,897,182 | -3.0 | \$41,915,949 | 148.1 |
| Total Institutional LTSS | \$11,733,304 | -15.5 | \$16,489,576 | 40.5 | \$16,079,205 | -2.5 | \$14,955,682 | -7.0 | \$39,372,909 | 163.3 |
| Total HCBS | \$637,821 | -49.6 | \$1,142,767 | 79.2 | \$1,334,669 | 16.8 | \$1,941,500 | 45.5 | \$2,543,040 | 31.0 |
| Total Medicaid (all services) | \$1,668,366,111 | 4.2 | \$1,740,017,249 | 4.3 | \$1,858,154,913 | 6.8 | \$1,977,585,436 | 6.4 | \$2,211,324,849 | 11.8 |

| Percentages | FY 1996 | FY 1997 | FY 1998 | FY 1999 | FY 2000 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 0.7% | 1.0% | 0.9% | 0.9% | 1.9% |
| Percentage of LTSS that is HCBS | 5.2% | 6.5% | 7.7% | 11.5% | 6.1% |
| Percentage of LTSS that is HCBS - AD | 5.2% | 6.5% | 7.7% | 11.5% | 14.1% |
| Percentage of LTSS that is HCBS - DD | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data. Arizona data from 1989 through 2007 do not include expenditures for a managed care program that includes most of the state's LTSS expenditures.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included except for 1915(c) waivers. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j). All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 4E. Long Term Services and Support Expenditures for Arizona, 2001 – 2005

| Service Type | FY 2001 | Percent Change 00-01 | FY 2002 | Percent Change 01-02 | FY 2003 | Percent Change 02-03 | FY 2004 | Percent Change 03-04 | FY 2005 | Percent Change 04-05 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$15,057,394 | -16.6 | \$22,342,704 | 48.4 | \$27,442,712 | 22.8 | \$31,023,064 | 13.0 | \$35,401,367 | 14.1 |
| Nursing facilities | \$12,280,706 | -20.8 | \$18,767,972 | 52.8 | \$22,311,811 | 18.9 | \$23,252,267 | 4.2 | \$24,090,705 | 3.6 |
| Personal care | \$2,236,409 | 26.0 | \$2,872,098 | 28.4 | \$4,180,211 | 45.5 | \$6,904,646 | 65.2 | \$10,572,710 | 53.1 |
| 1915(c) waivers - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Home health | \$540,279 | -29.7 | \$702,634 | 30.1 | \$950,690 | 35.3 | \$866,151 | -8.9 | \$737,952 | -14.8 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| ICF/IID - public | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| ICF/IID - private | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$28,716,357 | 20.3 | \$29,067,232 | 1.2 | \$25,097,513 | -13.7 | \$29,635,012 | 18.1 | \$29,901,385 | 0.9 |
| Mental health facilities | \$241,457 | 542.5 | \$592,332 | 145.3 | \$536,610 | -9.4 | \$1,160,112 | 116.2 | \$1,426,485 | 23.0 |
| Mental health facilities-DSH | \$28,474,900 | 19.5 | \$28,474,900 | 0.0 | \$24,560,903 | -13.7 | \$28,474,900 | 15.9 | \$28,474,900 | 0.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Case management | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$43,773,751 | 4.4 | \$51,409,936 | 17.4 | \$52,540,225 | 2.2 | \$60,658,076 | 15.5 | \$65,302,752 | 7.7 |
| Total Institutional LTSS | \$40,997,063 | 4.1 | \$47,835,204 | 16.7 | \$47,409,324 | -0.9 | \$52,887,279 | 11.6 | \$53,992,090 | 2.1 |
| Total HCBS | \$2,776,688 | 9.2 | \$3,574,732 | 28.7 | \$5,130,901 | 43.5 | \$7,770,797 | 51.5 | \$11,310,662 | 45.6 |
| Total Medicaid (all services) | \$2,641,018,769 | 19.4 | \$3,535,300,001 | 33.9 | \$4,174,713,700 | 18.1 | \$4,871,247,521 | 16.7 | \$5,704,697,697 | 17.1 |

| Percentages | FY 2001 | FY 2002 | FY 2003 | FY 2004 | FY 2005 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 1.7% | 1.5% | 1.3% | 1.2% | 1.1% |
| Percentage of LTSS that is HCBS | 6.3% | 7.0% | 9.8% | 12.8% | 17.3% |
| Percentage of LTSS that is HCBS - AD | 18.4% | 16.0% | 18.7% | 25.0% | 31.9% |
| Percentage of LTSS that is HCBS - DD | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data. Arizona data from 1989 through 2007 do not include expenditures for a managed care program that includes most of the state's LTSS expenditures.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments were included starting in 1995 for Section 1915(c) waivers, in 2002 for nursing facilities, personal care, ICF/IID, and mental health facilities (including DSH); and in 2004 for PACE. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 4F. Long Term Services and Support Expenditures for Arizona, 2006 – 2010

| Service Type | FY 2006 | Percent Change 05-06 | FY 2007 | Percent Change 06-07 | FY 2008 | Percent Change 07-08 | FY 2009 | Percent Change 08-09 | FY 2010 | Percent Change 09-10 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$42,285,726 | 19.4 | \$36,171,561 | -14.5 | \$730,049,730 | 1918.3 | \$793,731,782 | 8.7 | \$797,089,848 | 0.4 |
| Nursing facilities | \$25,631,258 | 6.4 | \$12,995,050 | -49.3 | \$424,022,382 | 3163.0 | \$447,162,227 | 5.5 | \$443,685,422 | -0.8 |
| Personal care | \$15,789,614 | 49.3 | \$22,418,000 | 42.0 | \$8,393,568 | -62.6 | \$7,806,712 | -7.0 | \$6,897,078 | -11.7 |
| 1915(c) waivers - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Home health | \$864,854 | 17.2 | \$758,511 | -12.3 | \$810,541 | 6.9 | \$1,114,500 | 37.5 | \$970,442 | -12.9 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | \$0 | n/a | \$0 | 0.0 | \$296,823,239 | 100.0 | \$337,648,343 | 13.8 | \$345,536,886 | 2.3 |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$20 | n/a |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with DD | \$0 | 0.0 | \$0 | 0.0 | \$668,291,762 | 100.0 | \$704,339,671 | 5.4 | \$685,632,038 | -2.7 |
| ICF/IID - public | \$0 | 0.0 | \$0 | 0.0 | \$28,242,824 | 100.0 | \$28,383,904 | 0.5 | \$26,114,705 | -8.0 |
| ICF/IID - private | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - DD | \$0 | n/a | \$0 | 0.0 | \$640,048,938 | 100.0 | \$675,955,767 | 5.6 | \$659,517,333 | -2.4 |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with SMI or SED | \$30,225,898 | 1.1 | \$30,666,638 | 1.5 | \$30,050,264 | -2.0 | \$29,914,666 | -0.5 | \$34,010,221 | 13.7 |
| Mental health facilities | \$1,750,998 | 22.7 | \$2,191,738 | 25.2 | \$1,575,364 | -28.1 | \$1,439,766 | -8.6 | \$1,658,916 | 15.2 |
| Mental health facilities-DSH | \$28,474,900 | 0.0 | \$28,474,900 | 0.0 | \$28,474,900 | 0.0 | \$28,474,900 | 0.0 | \$27,502,389 | -3.4 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$4,848,916 | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-Other/Multiple Populations | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Case management | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - other | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| Total LTSS | \$72,511,624 | 11.0 | \$66,838,199 | -7.8 | \$1,428,391,756 | 2037.1 | \$1,527,986,119 | 7.0 | \$1,516,732,107 | -0.7 |
| Total Institutional LTSS | \$55,857,156 | 3.5 | \$43,661,688 | -21.8 | \$482,315,470 | 1004.7 | \$505,460,797 | 4.8 | \$498,961,432 | -1.3 |
| Total HCBS | \$16,654,468 | 47.2 | \$23,176,511 | 39.2 | \$946,076,286 | 3982.0 | \$1,022,525,322 | 8.1 | \$1,017,770,675 | -0.5 |
| Total Medicaid (all services) | \$6,174,965,104 | 8.2 | \$6,628,923,084 | 7.4 | \$7,575,117,182 | 14.3 | \$8,367,959,519 | 10.5 | \$9,288,314,996 | 11.0 |

| Percentages | FY 2006 | FY 2007 | FY 2008 | FY 2009 | FY 2010 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 1.2% | 1.0% | 18.9% | 18.3% | 16.3% |
| Percentage of LTSS that is HCBS | 23.0% | 34.7% | 66.2% | 66.9% | 67.1% |
| Percentage of LTSS that is HCBS - AD | 39.4% | 64.1% | 41.9% | 43.7% | 44.3% |
| Percentage of LTSS that is HCBS - DD | 0.0% | 0.0% | 95.8% | 96.0% | 96.2% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 14.3% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data. Starting in 2008, managed care data are included for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities. "n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included for several categories of service until 2009. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

For data before 2009, prior period adjustments were included for the following categories of service: nursing home, personal care, Section 1915(c) waivers, PACE, ICF/IID, and mental health facilities (including DSH).

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Arizona data from 1989 through 2007 do not include expenditures for a managed care program that includes most of the state's LTSS expenditures.

Table 4G. Long Term Services and Support Expenditures for Arizona, 2011 – 2014

| Service Type | FY 2011 | Percent Change 10-11 | FY 2012 | Percent Change 11-12 | FY 2013 | Percent Change 12-13 | FY 2014 | Percent Change 13-14 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$794,137,636 | -0.4 | \$853,719,369 | 7.5 | \$792,469,606 | -7.2 | \$787,074,227 | -0.7 |
| Nursing facilities | \$438,093,179 | -1.3 | \$497,497,992 | 13.6 | \$440,883,030 | -11.4 | \$425,111,656 | -3.6 |
| Personal care | \$6,079,651 | -11.9 | \$5,205,225 | -14.4 | \$5,216,440 | 0.2 | \$4,420,166 | -15.3 |
| 1915(c) waivers - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Home health | \$909,684 | -6.3 | \$818,432 | -10.0 | \$666,703 | -18.5 | \$735,373 | 10.3 |
| Community first choice | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - AD | \$349,055,122 | 1.0 | \$350,197,720 | 0.3 | \$345,703,433 | -1.3 | \$356,807,032 | 3.2 |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Private duty nursing | \$0 | -100.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with DD | \$715,945,350 | 4.4 | \$708,984,946 | -1.0 | \$743,964,029 | 4.9 | \$813,253,901 | 9.3 |
| ICF/IID - public | \$28,946,902 | 10.8 | \$26,844,760 | -7.3 | \$26,949,532 | 0.4 | \$29,758,592 | 10.4 |
| ICF/IID - private | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS- managed care authorities - DD | \$686,998,448 | 4.2 | \$682,140,186 | -0.7 | \$717,014,497 | 5.1 | \$783,495,309 | 9.3 |
| HCBS - 1915(i) - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with SMI or SED | \$35,410,673 | 4.1 | \$36,250,589 | 2.4 | \$36,895,825 | 1.8 | \$37,951,050 | 2.9 |
| Mental health facilities | \$1,741,362 | 5.0 | \$1,824,966 | 4.8 | \$2,235,619 | 22.5 | \$2,066,446 | -7.6 |
| Mental health facilities-DSH | \$28,014,144 | 1.9 | \$27,502,389 | -1.8 | \$28,474,900 | 3.5 | \$28,474,900 | 0.0 |
| Rehabilitative services | \$5,655,167 | 16.6 | \$6,923,234 | 22.4 | \$6,185,306 | -10.7 | \$7,409,704 | 19.8 |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-Other/Multiple Populations | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$1 | 100.0 |
| Case management | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS- managed care authorities - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$1 | 100.0 |
| Health homes | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| MFP demonstration | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total LTSS | \$1,545,493,659 | 1.9 | \$1,598,954,904 | 3.5 | \$1,573,329,460 | -1.6 | \$1,638,279,179 | 4.1 |
| Total Institutional LTSS | \$496,795,587 | -0.4 | \$553,670,107 | 11.4 | \$498,543,081 | -10.0 | \$485,411,594 | -2.6 |
| Total HCBS | \$1,048,698,072 | 3.0 | \$1,045,284,797 | -0.3 | \$1,074,786,379 | 2.8 | \$1,152,867,585 | 7.3 |
| Total Medicaid (all services) | \$9,196,286,325 | -1.0 | \$8,228,957,086 | -10.5 | \$8,627,713,861 | 4.8 | \$9,040,342,851 | 4.8 |

| Percentages | FY 2011 | FY 2012 | FY 2013 | FY 2014 |
|--|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 16.8% | 19.4% | 18.2% | 18.1% |
| Percentage of LTSS that is HCBS | 67.9% | 65.4% | 68.3% | 70.4% |
| Percentage of LTSS that is HCBS - AD | 44.8% | 41.7% | 44.4% | 46.0% |
| Percentage of LTSS that is HCBS - DD | 96.0% | 96.2% | 96.4% | 96.3% |
| Percentage of LTSS that is HCBS - SMI or SED | 16.0% | 19.1% | 16.8% | 19.5% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Managed care data are included only for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Table 5A. Long Term Services and Support Expenditures for Arkansas, 1981 – 1985

| Service Type | FY 1981 | FY 1982 | Percent Change 81-82 | FY 1983 | Percent Change 82-83 | FY 1984 | Percent Change 83-84 | FY 1985 | Percent Change 84-85 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$111,542,104 | \$116,931,127 | 4.8 | \$122,444,853 | 4.7 | \$131,042,454 | 7.0 | \$139,232,478 | 6.2 |
| Personal care | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$10,256,607 | n/a |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$670,537 | \$1,129,281 | 68.4 | \$1,852,410 | 64.0 | \$2,667,401 | 44.0 | \$3,443,383 | 29.1 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$36,724,500 | \$34,603,287 | -5.8 | \$40,604,630 | 17.3 | \$42,930,368 | 5.7 | \$47,135,299 | 9.8 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$56,812 | \$56,404 | -0.7 | \$95,446 | 69.2 | \$44,661 | -53.2 | \$101,739 | 127.8 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | n/a | n/a | n/a | n/a | n/a | \$18,082 | n/a | \$0 | -100.0 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$148,993,953 | \$152,720,099 | 2.5 | \$164,997,339 | 8.0 | \$176,702,966 | 7.1 | \$200,169,506 | 13.3 |
| Total Institutional LTSS | \$148,323,416 | \$151,590,818 | 2.2 | \$163,144,929 | 7.6 | \$174,017,483 | 6.7 | \$186,469,516 | 7.2 |
| Total HCBS | \$670,537 | \$1,129,281 | 68.4 | \$1,852,410 | 64.0 | \$2,685,483 | 45.0 | \$13,699,990 | 410.1 |
| Total Medicaid (all services) | \$281,504,848 | \$274,332,140 | -2.5 | \$326,433,751 | 19.0 | \$349,805,172 | 7.2 | \$382,080,065 | 9.2 |

| Percentages | FY 1981 | FY 1982 | FY 1983 | FY 1984 | FY 1985 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 52.9% | 55.7% | 50.5% | 50.5% | 52.4% |
| Percentage of LTSS that is HCBS | 0.5% | 0.7% | 1.1% | 1.5% | 6.8% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data.

Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 5B. Long Term Services and Support Expenditures for Arkansas, 1986 — 1990

| Service Type | FY 1986 | Percent Change 85-86 | FY 1987 | Percent Change 86-87 | FY 1988 | Percent Change 87-88 | FY 1989 | Percent Change 88-89 | FY 1990 | Percent Change 89-90 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$130,547,150 | -6.2 | \$132,142,416 | 1.2 | \$140,238,537 | 6.1 | \$152,111,548 | 8.5 | \$179,213,751 | 17.8 |
| Personal care | \$10,661,336 | 3.9 | \$11,234,690 | 5.4 | \$16,370,640 | 45.7 | \$19,183,608 | 17.2 | \$22,323,503 | 16.4 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$5,602,583 | 62.7 | \$5,731,297 | 2.3 | \$5,891,241 | 2.8 | \$6,780,390 | 15.1 | \$4,403,354 | -35.1 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$52,573,099 | 11.5 | \$85,288,334 | 62.2 | \$51,086,511 | -40.1 | \$63,265,809 | 23.8 | \$73,495,659 | 16.2 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$13,527,213 | 13196.0 | \$13,812,765 | 2.1 | \$12,695,772 | -8.1 | \$13,549,694 | 6.7 | \$16,422,489 | 21.2 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$475,201 | 100.0 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$212,911,381 | 6.4 | \$248,209,502 | 16.6 | \$226,282,701 | -8.8 | \$254,891,049 | 12.6 | \$296,333,957 | 16.3 |
| Total Institutional LTSS | \$196,647,462 | 5.5 | \$231,243,515 | 17.6 | \$204,020,820 | -11.8 | \$228,927,051 | 12.2 | \$269,131,899 | 17.6 |
| Total HCBS | \$16,263,919 | 18.7 | \$16,965,987 | 4.3 | \$22,261,881 | 31.2 | \$25,963,998 | 16.6 | \$27,202,058 | 4.8 |
| Total Medicaid (all services) | \$418,076,656 | 9.4 | \$413,485,397 | -1.1 | \$435,042,181 | 5.2 | \$521,905,008 | 20.0 | \$618,178,982 | 18.4 |

| Percentages | FY 1986 | FY 1987 | FY 1988 | FY 1989 | FY 1990 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 50.9% | 60.0% | 52.0% | 48.8% | 47.9% |
| Percentage of LTSS that is HCBS | 7.6% | 6.8% | 9.8% | 10.2% | 9.2% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997. ICF/IID 1987 data were greater than 1986 and 1988 data for an unknown reason.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 5C. Long Term Services and Support Expenditures for Arkansas, 1991 – 1995

| Service Type | FY 1991 | Percent Change 90-91 | FY 1992 | Percent Change 91-92 | FY 1993 | Percent Change 92-93 | FY 1994 | Percent Change 93-94 | FY 1995 | Percent Change 94-95 |
|---|----------------------|----------------------|----------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$367,632,096 | n/a |
| Nursing facilities | \$201,249,182 | 12.3 | \$234,522,651 | 16.5 | \$251,891,174 | 7.4 | \$272,540,273 | 8.2 | \$284,704,021 | 4.5 |
| Personal care | \$26,424,208 | 18.4 | \$42,406,722 | 60.5 | \$49,332,340 | 16.3 | \$52,394,178 | 6.2 | \$57,133,233 | 9.0 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$14,139,802 | n/a |
| Home health | \$3,515,790 | -20.2 | \$6,131,414 | 74.4 | \$5,877,189 | -4.1 | \$6,770,413 | 15.2 | \$11,655,040 | 72.1 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$115,924,366 | n/a |
| ICF/IID - public | \$81,745,970 | 11.2 | \$88,047,375 | 7.7 | \$89,553,111 | 1.7 | \$94,186,907 | 5.2 | \$103,458,655 | 9.8 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$12,465,711 | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$49,594,365 | n/a |
| Mental health facilities | \$15,733,992 | -4.2 | \$26,731,420 | 69.9 | \$45,857,890 | 71.6 | \$51,490,792 | 12.3 | \$49,594,365 | -3.7 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | \$1,988 | n/a | \$0 | -100.0 | \$0 | 0.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified/other | \$2,260,686 | 375.7 | \$6,382,741 | 182.3 | \$15,487,201 | 142.6 | \$19,438,127 | 25.5 | \$0 | n/a |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$330,929,828 | 11.7 | \$404,222,323 | 22.1 | \$458,000,893 | 13.3 | \$496,820,690 | 8.5 | \$533,150,827 | 7.3 |
| Total Institutional LTSS | \$298,729,144 | 11.0 | \$349,301,446 | 16.9 | \$387,304,163 | 10.9 | \$418,217,972 | 8.0 | \$437,757,041 | 4.7 |
| Total HCBS | \$32,200,684 | 18.4 | \$54,920,877 | 70.6 | \$70,696,730 | 28.7 | \$78,602,718 | 11.2 | \$95,393,786 | 21.4 |
| Total Medicaid (all services) | \$731,871,010 | 18.4 | \$931,337,613 | 27.3 | \$1,031,148,230 | 10.7 | \$1,074,162,979 | 4.2 | \$1,205,401,173 | 12.2 |

| Percentages | FY 1991 | FY 1992 | FY 1993 | FY 1994 | FY 1995 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 45.2% | 43.4% | 44.4% | 46.3% | 44.2% |
| Percentage of LTSS that is HCBS | 9.7% | 13.6% | 15.4% | 15.8% | 17.9% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | 22.6% |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | 10.8% |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data.

Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included except for 1915(c) waivers for 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 5D. Long Term Services and Support Expenditures for Arkansas, 1996 – 2000

| Service Type | FY 1996 | Percent Change 95-96 | FY 1997 | Percent Change 96-97 | FY 1998 | Percent Change 97-98 | FY 1999 | Percent Change 98-99 | FY 2000 | Percent Change 99-00 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$388,926,324 | 5.8 | \$404,156,701 | 3.9 | \$412,765,573 | 2.1 | \$413,620,718 | 0.2 | \$433,698,230 | 4.9 |
| Nursing facilities | \$295,433,722 | 3.8 | \$303,964,239 | 2.9 | \$304,538,523 | 0.2 | \$292,546,358 | -3.9 | \$303,569,539 | 3.8 |
| Personal care | \$58,100,213 | 1.7 | \$59,811,623 | 2.9 | \$63,244,424 | 5.7 | \$61,223,116 | -3.2 | \$61,005,862 | -0.4 |
| 1915(c) waivers - AD | \$21,967,671 | 55.4 | \$22,431,512 | 2.1 | \$24,994,020 | 11.4 | \$36,712,236 | 46.9 | \$46,571,381 | 26.9 |
| Home health | \$13,424,718 | 15.2 | \$17,949,327 | 33.7 | \$19,988,606 | 11.4 | \$23,139,008 | 15.8 | \$22,551,448 | -2.5 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$118,080,222 | 1.9 | \$118,924,880 | 0.7 | \$129,069,114 | 8.5 | \$143,998,077 | 11.6 | \$156,664,303 | 8.8 |
| ICF/IID - public | \$105,334,764 | 1.8 | \$93,290,855 | -11.4 | \$96,033,750 | 2.9 | \$102,002,090 | 6.2 | \$105,303,237 | 3.2 |
| ICF/IID - private | n/a | n/a | \$12,658,676 | n/a | \$13,141,324 | 3.8 | \$14,540,201 | 10.6 | \$15,936,368 | 9.6 |
| 1915(c) waivers - DD | \$12,745,458 | 2.2 | \$12,975,349 | 1.8 | \$19,894,040 | 53.3 | \$27,455,786 | 38.0 | \$35,424,698 | 29.0 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$47,703,342 | -3.8 | \$47,027,173 | -1.4 | \$48,655,671 | 3.5 | \$50,908,737 | 4.6 | \$41,635,244 | -18.2 |
| Mental health facilities | \$47,703,342 | -3.8 | \$47,027,173 | -1.4 | \$48,189,078 | 2.5 | \$50,649,237 | 5.1 | \$41,145,990 | -18.8 |
| Mental health facilities-DSH | \$0 | 0.0 | \$0 | 0.0 | \$466,593 | 100.0 | \$259,500 | -44.4 | \$489,254 | 88.5 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$0 | 0.0 | \$9,772,836 | 100.0 | \$4,929,075 | -49.6 | \$23,206,262 | 370.8 | \$17,048,955 | -26.5 |
| Case management | n/a | n/a | \$9,772,836 | n/a | \$4,929,075 | -49.6 | \$23,206,262 | 370.8 | \$17,048,955 | -26.5 |
| 1915(c) waivers - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$554,709,888 | 4.0 | \$579,881,590 | 4.5 | \$595,419,433 | 2.7 | \$631,733,794 | 6.1 | \$649,046,732 | 2.7 |
| Total Institutional LTSS | \$448,471,828 | 2.4 | \$456,940,943 | 1.9 | \$462,369,268 | 1.2 | \$459,997,386 | -0.5 | \$466,444,388 | 1.4 |
| Total HCBS | \$106,238,060 | 11.4 | \$122,940,647 | 15.7 | \$133,050,165 | 8.2 | \$171,736,408 | 29.1 | \$182,602,344 | 6.3 |
| Total Medicaid (all services) | \$1,248,092,767 | 3.5 | \$1,313,630,245 | 5.3 | \$1,416,302,176 | 7.8 | \$1,472,148,589 | 3.9 | \$1,578,907,318 | 7.3 |

| Percentages | FY 1996 | FY 1997 | FY 1998 | FY 1999 | FY 2000 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 44.4% | 44.1% | 42.0% | 42.9% | 41.1% |
| Percentage of LTSS that is HCBS | 19.2% | 21.2% | 22.3% | 27.2% | 28.1% |
| Percentage of LTSS that is HCBS - AD | 24.0% | 24.8% | 26.2% | 29.3% | 30.0% |
| Percentage of LTSS that is HCBS - DD | 10.8% | 10.9% | 15.4% | 19.1% | 22.6% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included except for 1915(c) waivers. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 5E. Long Term Services and Support Expenditures for Arkansas, 2001 – 2005

| Service Type | FY 2001 | Percent Change 00-01 | FY 2002 | Percent Change 01-02 | FY 2003 | Percent Change 02-03 | FY 2004 | Percent Change 03-04 | FY 2005 | Percent Change 04-05 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$503,857,615 | 16.2 | \$619,652,424 | 23.0 | \$667,338,910 | 7.7 | \$684,287,873 | 2.5 | \$667,168,978 | -2.5 |
| Nursing facilities | \$369,594,570 | 21.7 | \$497,241,240 | 34.5 | \$540,119,890 | 8.6 | \$540,193,697 | 0.0 | \$491,751,667 | -9.0 |
| Personal care | \$61,880,874 | 1.4 | \$57,584,143 | -6.9 | \$57,082,125 | -0.9 | \$60,139,312 | 5.4 | \$67,237,684 | 11.8 |
| 1915(c) waivers - AD | \$49,304,382 | 5.9 | \$40,342,103 | -18.2 | \$45,242,654 | 12.1 | \$44,304,767 | -2.1 | \$61,738,419 | 39.3 |
| Home health | \$23,077,789 | 2.3 | \$24,484,938 | 6.1 | \$24,894,241 | 1.7 | \$37,063,038 | 48.9 | \$43,483,996 | 17.3 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$2,587,059 | n/a | \$2,957,212 | 14.3 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$143,360,049 | -8.5 | \$84,289,410 | -41.2 | \$80,299,399 | -4.7 | \$142,476,474 | 77.4 | \$228,297,661 | 60.2 |
| ICF/IID - public | \$80,042,206 | -24.0 | \$11,545,192 | -85.6 | \$0 | -100.0 | \$53,392,101 | 100.0 | \$123,603,713 | 131.5 |
| ICF/IID - private | \$16,213,193 | 1.7 | \$17,413,104 | 7.4 | \$17,643,095 | 1.3 | \$17,929,302 | 1.6 | \$17,304,874 | -3.5 |
| 1915(c) waivers - DD | \$47,104,650 | 33.0 | \$55,331,114 | 17.5 | \$62,656,304 | 13.2 | \$71,155,071 | 13.6 | \$87,389,074 | 22.8 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$68,487,765 | 64.5 | \$89,083,737 | 30.1 | \$111,748,025 | 25.4 | \$118,020,782 | 5.6 | \$125,546,947 | 6.4 |
| Mental health facilities | \$67,624,833 | 64.4 | \$88,264,386 | 30.5 | \$110,928,674 | 25.7 | \$117,201,432 | 5.7 | \$124,727,597 | 6.4 |
| Mental health facilities-DSH | \$862,932 | 76.4 | \$819,351 | -5.1 | \$819,351 | 0.0 | \$819,350 | 0.0 | \$819,350 | 0.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$16,670,370 | -2.2 | \$23,033,710 | 38.2 | \$10,763,597 | -53.3 | \$4,625,468 | -57.0 | \$15,695,445 | 239.3 |
| Case management | \$16,670,370 | -2.2 | \$23,033,710 | 38.2 | \$10,763,597 | -53.3 | \$4,625,468 | -57.0 | \$15,695,445 | 239.3 |
| 1915(c) waivers - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$732,375,799 | 12.8 | \$816,059,281 | 11.4 | \$870,149,931 | 6.6 | \$949,410,597 | 9.1 | \$1,036,709,031 | 9.2 |
| Total Institutional LTSS | \$534,337,734 | 14.6 | \$615,283,273 | 15.1 | \$669,511,010 | 8.8 | \$729,535,882 | 9.0 | \$758,207,201 | 3.9 |
| Total HCBS | \$198,038,065 | 8.5 | \$200,776,008 | 1.4 | \$200,638,921 | -0.1 | \$219,874,715 | 9.6 | \$278,501,830 | 26.7 |
| Total Medicaid (all services) | \$1,837,854,871 | 16.4 | \$2,249,507,493 | 22.4 | \$2,380,043,902 | 5.8 | \$2,600,341,069 | 9.3 | \$2,887,087,460 | 11.0 |

| Percentages | FY 2001 | FY 2002 | FY 2003 | FY 2004 | FY 2005 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 39.8% | 36.3% | 36.6% | 36.5% | 35.9% |
| Percentage of LTSS that is HCBS | 27.0% | 24.6% | 23.1% | 23.2% | 26.9% |
| Percentage of LTSS that is HCBS - AD | 26.6% | 19.8% | 19.1% | 21.1% | 26.3% |
| Percentage of LTSS that is HCBS - DD | 32.9% | 65.6% | 78.0% | 49.9% | 38.3% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments were included starting in 1995 for Section 1915(c) waivers, in 2002 for nursing facilities, personal care, ICF/IID, and mental health facilities (including DSH); and in 2004 for PACE. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 5F. Long Term Services and Support Expenditures for Arkansas, 2006 – 2010

| Service Type | FY 2006 | Percent Change 05-06 | FY 2007 | Percent Change 06-07 | FY 2008 | Percent Change 07-08 | FY 2009 | Percent Change 08-09 | FY 2010 | Percent Change 09-10 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$704,793,332 | 5.6 | \$730,493,188 | 3.6 | \$768,731,291 | 5.2 | \$806,726,676 | 4.9 | \$897,199,977 | 11.2 |
| Nursing facilities | \$521,796,180 | 6.1 | \$541,154,163 | 3.7 | \$562,495,199 | 3.9 | \$572,633,770 | 1.8 | \$615,035,471 | 7.4 |
| Personal care | \$64,680,024 | -3.8 | \$68,287,052 | 5.6 | \$69,696,998 | 2.1 | \$79,004,416 | 13.4 | \$80,583,212 | 2.0 |
| 1915(c) waivers - AD | \$65,693,252 | 6.4 | \$69,144,694 | 5.3 | \$83,666,041 | 21.0 | \$101,258,562 | 21.0 | \$117,220,226 | 15.8 |
| Home health | \$48,856,979 | 12.4 | \$47,758,879 | -2.2 | \$51,646,289 | 8.1 | \$53,166,636 | 2.9 | \$59,499,455 | 11.9 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$3,454 | 100.0 | \$663,292 | 19103.6 | \$1,396,539 | 110.5 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$6,256,415 | n/a |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$3,766,897 | 27.4 | \$4,148,400 | 10.1 | \$1,223,310 | -70.5 | \$0 | -100.0 | \$17,208,659 | 100.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with DD | \$228,938,993 | 0.3 | \$253,470,567 | 10.7 | \$262,600,683 | 3.6 | \$275,436,752 | 4.9 | \$306,165,703 | 11.2 |
| ICF/IID - public | \$116,521,718 | -5.7 | \$128,155,921 | 10.0 | \$128,480,339 | 0.3 | \$124,401,264 | -3.2 | \$136,723,173 | 9.9 |
| ICF/IID - private | \$17,830,555 | 3.0 | \$18,803,976 | 5.5 | \$19,379,697 | 3.1 | \$19,990,270 | 3.2 | \$22,272,830 | 11.4 |
| 1915(c) waivers - DD | \$94,586,720 | 8.2 | \$106,510,670 | 12.6 | \$114,740,647 | 7.7 | \$131,045,218 | 14.2 | \$147,169,700 | 12.3 |
| HCBS - managed care authorities - DD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with SMI or SED | \$139,858,700 | 11.4 | \$136,404,781 | -2.5 | \$135,044,111 | -1.0 | \$142,810,938 | 5.8 | \$353,819,669 | 147.8 |
| Mental health facilities | \$139,039,350 | 11.5 | \$136,404,781 | -1.9 | \$135,044,111 | -1.0 | \$142,810,938 | 5.8 | \$149,021,008 | 4.3 |
| Mental health facilities-DSH | \$819,350 | 0.0 | \$0 | -100.0 | \$0 | 0.0 | \$0 | 0.0 | \$819,350 | 100.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$203,979,311 | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-Other/Multiple Populations | \$10,597,437 | -32.5 | \$5,007,762 | -52.7 | \$3,064,715 | -38.8 | \$4,250,238 | 38.7 | \$3,689,966 | -13.2 |
| Case management | \$10,597,437 | -32.5 | \$5,007,762 | -52.7 | \$3,056,746 | -39.0 | \$3,287,295 | 7.5 | \$2,491,152 | -24.2 |
| 1915(c) waivers - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - other | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | \$7,969 | n/a | \$962,943 | 11983.6 | \$1,198,814 | 24.5 |
| Total LTSS | \$1,084,188,462 | 4.6 | \$1,125,376,298 | 3.8 | \$1,169,440,800 | 3.9 | \$1,229,224,604 | 5.1 | \$1,560,875,315 | 27.0 |
| Total Institutional LTSS | \$796,007,153 | 5.0 | \$824,518,841 | 3.6 | \$845,399,346 | 2.5 | \$859,836,242 | 1.7 | \$923,871,832 | 7.4 |
| Total HCBS | \$288,181,309 | 3.5 | \$300,857,457 | 4.4 | \$324,041,454 | 7.7 | \$369,388,362 | 14.0 | \$637,003,483 | 72.4 |
| Total Medicaid (all services) | \$2,935,904,647 | 1.7 | \$3,144,439,557 | 7.1 | \$3,339,020,233 | 6.2 | \$3,503,437,146 | 4.9 | \$3,932,847,188 | 12.3 |

| Percentages | FY 2006 | FY 2007 | FY 2008 | FY 2009 | FY 2010 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 36.9% | 35.8% | 35.0% | 35.1% | 39.7% |
| Percentage of LTSS that is HCBS | 26.6% | 26.7% | 27.7% | 30.1% | 40.8% |
| Percentage of LTSS that is HCBS - AD | 25.9% | 25.9% | 26.8% | 29.0% | 31.5% |
| Percentage of LTSS that is HCBS - DD | 41.3% | 42.0% | 43.7% | 47.6% | 48.1% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 57.7% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data. Starting in 2008, managed care data are included for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities. "n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included for several categories of service until 2009. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

For data before 2009, prior period adjustments were included for the following categories of service: nursing home, personal care, Section 1915(c) waivers, PACE, ICF/IID, and mental health facilities (including DSH).

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 5G. Long Term Services and Support Expenditures for Arkansas, 2011 – 2014

| Service Type | FY 2011 | Percent Change 10-11 | FY 2012 | Percent Change 11-12 | FY 2013 | Percent Change 12-13 | FY 2014 | Percent Change 13-14 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$919,843,496 | 2.5 | \$973,089,699 | 5.8 | \$956,983,418 | -1.7 | \$985,757,901 | 3.0 |
| Nursing facilities | \$627,215,924 | 2.0 | \$664,352,720 | 5.9 | \$641,411,420 | -3.5 | \$667,627,098 | 4.1 |
| Personal care | \$78,160,498 | -3.0 | \$86,074,621 | 10.1 | \$90,422,878 | 5.1 | \$96,232,444 | 6.4 |
| 1915(c) waivers - AD | \$116,606,472 | -0.5 | \$118,122,767 | 1.3 | \$116,814,352 | -1.1 | \$114,445,222 | -2.0 |
| Home health | \$60,693,997 | 2.0 | \$63,741,896 | 5.0 | \$65,970,173 | 3.5 | \$64,887,542 | -1.6 |
| Community first choice | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$2,257,815 | 61.7 | \$3,889,642 | 72.3 | \$5,405,993 | 39.0 | \$6,355,149 | 17.6 |
| Private duty nursing | \$8,761,214 | 40.0 | \$9,501,732 | 8.5 | \$9,156,451 | -3.6 | \$9,617,937 | 5.0 |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$26,147,576 | 51.9 | \$27,406,321 | 4.8 | \$27,802,151 | 1.4 | \$26,592,509 | -4.4 |
| HCBS - 1915(i) - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with DD | \$313,731,361 | 2.5 | \$339,782,035 | 8.3 | \$340,981,989 | 0.4 | \$364,698,004 | 7.0 |
| ICF/IID - public | \$134,347,581 | -1.7 | \$145,157,278 | 8.0 | \$139,178,913 | -4.1 | \$152,769,374 | 9.8 |
| ICF/IID - private | \$22,408,499 | 0.6 | \$23,382,876 | 4.3 | \$24,012,904 | 2.7 | \$24,708,062 | 2.9 |
| 1915(c) waivers - DD | \$156,975,281 | 6.7 | \$171,241,881 | 9.1 | \$177,790,172 | 3.8 | \$187,220,568 | 5.3 |
| HCBS - managed care authorities - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with SMI or SED | \$450,595,434 | 27.4 | \$469,575,210 | 4.2 | \$551,813,962 | 17.5 | \$632,288,492 | 14.6 |
| Mental health facilities | \$154,117,038 | 3.4 | \$155,839,376 | 1.1 | \$159,102,680 | 2.1 | \$152,751,654 | -4.0 |
| Mental health facilities-DSH | \$819,350 | 0.0 | \$819,350 | 0.0 | \$819,350 | 0.0 | \$0 | -100.0 |
| Rehabilitative services | \$295,659,046 | 44.9 | \$312,916,484 | 5.8 | \$391,891,932 | 25.2 | \$479,536,838 | 22.4 |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-Other/Multiple Populations | \$6,454,560 | 74.9 | \$9,575,463 | 48.4 | \$10,459,497 | 9.2 | \$9,435,465 | -9.8 |
| Case management | \$2,545,130 | 2.2 | \$2,522,319 | -0.9 | \$3,445,998 | 36.6 | \$3,749,582 | 8.8 |
| 1915(c) waivers - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| MFP demonstration | \$3,909,430 | 226.1 | \$7,053,144 | 80.4 | \$7,013,499 | -0.6 | \$5,685,883 | -18.9 |
| Total LTSS | \$1,690,624,851 | 8.3 | \$1,792,022,407 | 6.0 | \$1,860,238,866 | 3.8 | \$1,992,179,862 | 7.1 |
| Total Institutional LTSS | \$938,908,392 | 1.6 | \$989,551,600 | 5.4 | \$964,525,267 | -2.5 | \$997,856,188 | 3.5 |
| Total HCBS | \$751,716,459 | 18.0 | \$802,470,807 | 6.8 | \$895,713,599 | 11.6 | \$994,323,674 | 11.0 |
| Total Medicaid (all services) | \$4,013,477,507 | 2.1 | \$4,190,698,367 | 4.4 | \$4,203,259,187 | 0.3 | \$4,855,856,517 | 15.5 |

| Percentages | FY 2011 | FY 2012 | FY 2013 | FY 2014 |
|--|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 42.1% | 42.8% | 44.3% | 41.0% |
| Percentage of LTSS that is HCBS | 44.5% | 44.8% | 48.2% | 49.9% |
| Percentage of LTSS that is HCBS - AD | 31.8% | 31.7% | 33.0% | 32.3% |
| Percentage of LTSS that is HCBS - DD | 50.0% | 50.4% | 52.1% | 51.3% |
| Percentage of LTSS that is HCBS - SMI or SED | 65.6% | 66.6% | 71.0% | 75.8% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Managed care data are included only for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Table 6A. Long Term Services and Support Expenditures for California, 1981 – 1985

| Service Type | FY 1981 | FY 1982 | Percent Change 81-82 | FY 1983 | Percent Change 82-83 | FY 1984 | Percent Change 83-84 | FY 1985 | Percent Change 84-85 |
|---|------------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$819,083,802 | \$929,529,080 | 13.5 | \$893,848,302 | -3.8 | \$835,550,192 | -6.5 | \$885,854,705 | 6.0 |
| Personal care | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$3,656,170 | \$5,156,404 | 41.0 | \$6,362,198 | 23.4 | \$3,099,183 | -51.3 | \$5,381,116 | 73.6 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$211,464,988 | \$87,543,910 | -58.6 | \$148,755,032 | 69.9 | \$191,358,816 | 28.6 | \$275,616,117 | 44.0 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$78,825,010 | \$13,204,216 | -83.2 | \$0 | -100.0 | \$0 | 0.0 | \$0 | 0.0 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | n/a | n/a | n/a | n/a | n/a | \$5,670,026 | n/a | \$7,428,939 | 31.0 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$1,113,029,970 | \$1,035,433,610 | -7.0 | \$1,048,965,532 | 1.3 | \$1,035,678,217 | -1.3 | \$1,174,280,877 | 13.4 |
| Total Institutional LTSS | \$1,109,373,800 | \$1,030,277,206 | -7.1 | \$1,042,603,334 | 1.2 | \$1,026,909,008 | -1.5 | \$1,161,470,822 | 13.1 |
| Total HCBS | \$3,656,170 | \$5,156,404 | 41.0 | \$6,362,198 | 23.4 | \$8,769,209 | 37.8 | \$12,810,055 | 46.1 |
| Total Medicaid (all services) | \$3,746,402,564 | \$3,809,669,650 | 1.7 | \$3,855,657,300 | 1.2 | \$3,612,456,616 | -6.3 | \$4,190,759,111 | 16.0 |

| Percentages | FY 1981 | FY 1982 | FY 1983 | FY 1984 | FY 1985 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 29.7% | 27.2% | 27.2% | 28.7% | 28.0% |
| Percentage of LTSS that is HCBS | 0.3% | 0.5% | 0.6% | 0.8% | 1.1% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data. Data from 1985 through 2012 and for 2014 do not include expenditures for a small managed care program for older adults and people with physical disabilities.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data.

Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 6B. Long Term Services and Support Expenditures for California, 1986 – 1990

| Service Type | FY 1986 | Percent Change 85-86 | FY 1987 | Percent Change 86-87 | FY 1988 | Percent Change 87-88 | FY 1989 | Percent Change 88-89 | FY 1990 | Percent Change 89-90 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$1,029,025,410 | 16.2 | \$1,058,526,636 | 2.9 | \$1,169,392,951 | 10.5 | \$1,082,039,696 | -7.5 | \$1,340,105,355 | 23.8 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$7,285,954 | 35.4 | \$8,559,275 | 17.5 | \$9,869,290 | 15.3 | \$11,650,607 | 18.0 | \$13,420,299 | 15.2 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$301,352,034 | 9.3 | \$553,999,778 | 83.8 | \$269,637,723 | -51.3 | \$373,079,895 | 38.4 | \$387,393,572 | 3.8 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$2,442,167 | 100.0 | \$4,018,610 | 64.6 | \$4,074,078 | 1.4 | \$6,234,480 | 53.0 | \$1,507,198 | -75.8 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | \$7,645,092 | 2.9 | \$9,888,109 | 29.3 | \$14,463,865 | 46.3 | \$19,164,948 | 32.5 | \$35,223,879 | 83.8 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$1,347,750,657 | 14.8 | \$1,634,992,408 | 21.3 | \$1,467,437,907 | -10.2 | \$1,492,169,626 | 1.7 | \$1,777,650,303 | 19.1 |
| Total Institutional LTSS | \$1,332,819,611 | 14.8 | \$1,616,545,024 | 21.3 | \$1,443,104,752 | -10.7 | \$1,461,354,071 | 1.3 | \$1,729,006,125 | 18.3 |
| Total HCBS | \$14,931,046 | 16.6 | \$18,447,384 | 23.6 | \$24,333,155 | 31.9 | \$30,815,555 | 26.6 | \$48,644,178 | 57.9 |
| Total Medicaid (all services) | \$4,565,927,107 | 9.0 | \$4,986,874,648 | 9.2 | \$5,454,712,742 | 9.4 | \$5,946,846,843 | 9.0 | \$7,047,427,007 | 18.5 |

| Percentages | FY 1986 | FY 1987 | FY 1988 | FY 1989 | FY 1990 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 29.5% | 32.8% | 26.9% | 25.1% | 25.2% |
| Percentage of LTSS that is HCBS | 1.1% | 1.1% | 1.7% | 2.1% | 2.7% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data. Data from 1985 through 2012 and for 2014 do not include expenditures for a small managed care program for older adults and people with physical disabilities.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997. ICF/IID 1987 data were greater than 1986 and 1988 data for an unknown reason.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 6C. Long Term Services and Support Expenditures for California, 1991 – 1995

| Service Type | FY 1991 | Percent Change 90-91 | FY 1992 | Percent Change 91-92 | FY 1993 | Percent Change 92-93 | FY 1994 | Percent Change 93-94 | FY 1995 | Percent Change 94-95 |
|---|------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$2,270,551,583 | n/a |
| Nursing facilities | \$1,563,189,954 | 16.6 | \$1,722,606,067 | 10.2 | \$1,878,478,976 | 9.0 | \$1,949,491,303 | 3.8 | \$2,063,902,731 | 5.9 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$199,065,340 | 100.0 | \$140,663,669 | -29.3 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$38,953,562 | n/a |
| Home health | \$12,901,468 | -3.9 | \$15,807,074 | 22.5 | \$18,693,115 | 18.3 | \$22,376,281 | 19.7 | \$27,031,621 | 20.8 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$755,307,697 | n/a |
| ICF/IID - public | \$295,394,283 | -23.7 | \$316,071,576 | 7.0 | \$356,304,904 | 12.7 | \$365,970,455 | 2.7 | \$430,321,847 | 17.6 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$324,985,850 | n/a |
| HCBS- managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$294,867,281 | n/a |
| Mental health facilities | \$234,799 | -84.4 | \$1,411,176 | 501.0 | \$242,989 | -82.8 | \$67,593,373 | 27717.5 | \$294,867,281 | 336.2 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$11,159,266 | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified/other | \$36,190,783 | 2.7 | \$33,482,304 | -7.5 | \$41,871,628 | 25.1 | \$165,112,095 | 294.3 | \$11,159,266 | n/a |
| HCBS- managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$1,907,911,287 | 7.3 | \$2,089,378,197 | 9.5 | \$2,295,591,612 | 9.9 | \$2,769,608,847 | 20.6 | \$3,331,885,827 | 20.3 |
| Total Institutional LTSS | \$1,858,819,036 | 7.5 | \$2,040,088,819 | 9.8 | \$2,235,026,869 | 9.6 | \$2,383,055,131 | 6.6 | \$2,789,091,859 | 17.0 |
| Total HCBS | \$49,092,251 | 0.9 | \$49,289,378 | 0.4 | \$60,564,743 | 22.9 | \$386,553,716 | 538.2 | \$542,793,968 | 40.4 |
| Total Medicaid (all services) | \$8,084,693,287 | 14.7 | \$10,992,356,224 | 36.0 | \$13,538,038,074 | 23.2 | \$13,503,081,047 | -0.3 | \$15,115,834,112 | 11.9 |

| Percentages | FY 1991 | FY 1992 | FY 1993 | FY 1994 | FY 1995 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 23.6% | 19.0% | 17.0% | 20.5% | 22.0% |
| Percentage of LTSS that is HCBS | 2.6% | 2.4% | 2.6% | 14.0% | 16.3% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | 9.1% |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | 43.0% |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data. Data from 1985 through 2012 and for 2014 do not include expenditures for a small managed care program for older adults and people with physical disabilities.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included except for 1915(c) waivers for 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 6D. Long Term Services and Support Expenditures for California, 1996 – 2000

| Service Type | FY 1996 | Percent Change 95-96 | FY 1997 | Percent Change 96-97 | FY 1998 | Percent Change 97-98 | FY 1999 | Percent Change 98-99 | FY 2000 | Percent Change 99-00 |
|---|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|
| Total-Older People, People with PD | \$2,267,454,745 | -0.1 | \$2,462,200,069 | 8.6 | \$2,532,296,881 | 2.8 | \$2,649,592,169 | 4.6 | \$2,856,245,829 | 7.8 |
| Nursing facilities | \$2,059,056,845 | -0.2 | \$2,090,008,536 | 1.5 | \$2,076,948,598 | -0.6 | \$2,161,978,390 | 4.1 | \$2,209,422,047 | 2.2 |
| Personal care | \$125,523,240 | -10.8 | \$271,129,577 | 116.0 | \$324,379,099 | 19.6 | \$302,258,720 | -6.8 | \$434,227,000 | 43.7 |
| 1915(c) waivers - AD | \$49,564,343 | 27.2 | \$46,815,732 | -5.5 | \$48,405,930 | 3.4 | \$63,864,908 | 31.9 | \$84,094,498 | 31.7 |
| Home health | \$33,310,317 | 23.2 | \$54,246,224 | 62.9 | \$82,563,254 | 52.2 | \$121,490,151 | 47.1 | \$128,502,284 | 5.8 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$779,289,228 | 3.2 | \$845,645,797 | 8.5 | \$830,207,946 | -1.8 | \$905,982,181 | 9.1 | \$943,589,971 | 4.2 |
| ICF/IID - public | \$471,048,580 | 9.5 | \$132,183,588 | -71.9 | \$132,254,302 | 0.1 | \$156,566,788 | 18.4 | \$118,032,763 | -24.6 |
| ICF/IID - private | n/a | n/a | \$248,471,910 | n/a | \$258,897,607 | 4.2 | \$257,068,436 | -0.7 | \$269,180,578 | 4.7 |
| 1915(c) waivers - DD | \$308,240,648 | -5.2 | \$464,990,299 | 50.9 | \$439,056,037 | -5.6 | \$492,346,957 | 12.1 | \$556,376,630 | 13.0 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$302,071,302 | 2.4 | \$311,243,184 | 3.0 | \$150,372,378 | -51.7 | \$315,845,787 | 110.0 | \$435,661,706 | 37.9 |
| Mental health facilities | \$302,071,302 | 2.4 | \$311,243,184 | 3.0 | \$150,372,378 | -51.7 | \$315,845,787 | 110.0 | \$435,661,706 | 37.9 |
| Mental health facilities-DSH | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$14,404,352 | 29.1 | \$16,935,387 | 17.6 | \$20,169,949 | 19.1 | \$19,343,027 | -4.1 | \$31,880,307 | 64.8 |
| Case management | n/a | n/a | \$7,322,973 | n/a | \$7,812,922 | 6.7 | \$6,719,845 | -14.0 | \$19,468,393 | 189.7 |
| 1915(c) waivers - other | \$14,404,352 | 29.1 | \$9,612,414 | -33.3 | \$12,357,027 | 28.6 | \$12,623,182 | 2.2 | \$12,411,914 | -1.7 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$3,363,219,627 | 0.9 | \$3,636,024,437 | 8.1 | \$3,533,047,154 | -2.8 | \$3,890,763,164 | 10.1 | \$4,267,377,813 | 9.7 |
| Total Institutional LTSS | \$2,832,176,727 | 1.5 | \$2,781,907,218 | -1.8 | \$2,618,472,885 | -5.9 | \$2,891,459,401 | 10.4 | \$3,032,297,094 | 4.9 |
| Total HCBS | \$531,042,900 | -2.2 | \$854,117,219 | 60.8 | \$914,574,269 | 7.1 | \$999,303,763 | 9.3 | \$1,235,080,719 | 23.6 |
| Total Medicaid (all services) | \$15,207,224,125 | 0.6 | \$16,240,099,854 | 6.8 | \$16,249,760,554 | 0.1 | \$18,322,124,499 | 12.8 | \$18,721,537,018 | 2.2 |

| Percentages | FY 1996 | FY 1997 | FY 1998 | FY 1999 | FY 2000 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 22.1% | 22.4% | 21.7% | 21.2% | 22.8% |
| Percentage of LTSS that is HCBS | 15.8% | 23.5% | 25.9% | 25.7% | 28.9% |
| Percentage of LTSS that is HCBS - AD | 9.2% | 15.1% | 18.0% | 18.4% | 22.6% |
| Percentage of LTSS that is HCBS - DD | 39.6% | 55.0% | 52.9% | 54.3% | 59.0% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data. Data from 1985 through 2012 and for 2014 do not include expenditures for a small managed care program for older adults and people with physical disabilities.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included except for 1915(c) waivers. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j). All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 6E. Long Term Services and Support Expenditures for California, 2001 – 2005

| Service Type | FY 2001 | Percent Change 00-01 | FY 2002 | Percent Change 01-02 | FY 2003 | Percent Change 02-03 | FY 2004 | Percent Change 03-04 | FY 2005 | Percent Change 04-05 |
|---|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|
| Total-Older People, People with PD | \$4,667,650,053 | 63.4 | \$4,875,436,379 | 4.5 | \$5,312,582,343 | 9.0 | \$5,972,031,580 | 12.4 | \$6,732,783,769 | 12.7 |
| Nursing facilities | \$2,598,349,861 | 17.6 | \$2,877,947,890 | 10.8 | \$2,944,706,280 | 2.3 | \$3,083,576,655 | 4.7 | \$3,099,880,820 | 0.5 |
| Personal care | \$1,832,183,783 | 321.9 | \$1,757,787,948 | -4.1 | \$2,109,995,052 | 20.0 | \$2,562,984,338 | 21.5 | \$3,296,206,219 | 28.6 |
| 1915(c) waivers - AD | \$90,882,451 | 8.1 | \$93,577,464 | 3.0 | \$96,633,137 | 3.3 | \$97,478,764 | 0.9 | \$102,822,963 | 5.5 |
| Home health | \$146,233,958 | 13.8 | \$146,123,077 | -0.1 | \$155,722,921 | 6.6 | \$162,634,152 | 4.4 | \$160,087,976 | -1.6 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$5,524,953 | 100.0 | \$65,357,671 | 1083.0 | \$73,785,791 | 12.9 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$1,137,545,192 | 20.6 | \$1,553,506,438 | 36.6 | \$1,518,847,599 | -2.2 | \$2,017,411,964 | 32.8 | \$2,045,214,589 | 1.4 |
| ICF/IID - public | \$99,599,670 | -15.6 | \$336,907,921 | 238.3 | \$388,139,535 | 15.2 | \$450,365,172 | 16.0 | \$418,962,457 | -7.0 |
| ICF/IID - private | \$320,125,504 | 18.9 | \$327,046,217 | 2.2 | \$328,784,084 | 0.5 | \$374,556,975 | 13.9 | \$368,106,249 | -1.7 |
| 1915(c) waivers - DD | \$717,820,018 | 29.0 | \$889,552,300 | 23.9 | \$801,923,980 | -9.9 | \$1,192,489,817 | 48.7 | \$1,258,145,883 | 5.5 |
| HCBS- managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$166,543,047 | -61.8 | \$1,824,199,619 | 995.3 | \$1,728,842,374 | -5.2 | \$1,898,799,092 | 9.8 | \$1,567,457,227 | -17.5 |
| Mental health facilities | \$166,543,047 | -61.8 | \$1,824,199,619 | 995.3 | \$1,728,771,059 | -5.2 | \$1,898,799,092 | 9.8 | \$1,567,457,227 | -17.5 |
| Mental health facilities-DSH | \$0 | 0.0 | \$0 | 0.0 | \$71,315 | 100.0 | \$0 | -100.0 | \$0 | 0.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$13,777,158 | -56.8 | \$14,393,864 | 4.5 | \$59,808,183 | 315.5 | \$145,537,723 | 143.3 | \$200,676,462 | 37.9 |
| Case management | -\$19,283 | -100.1 | -\$24,695 | 28.1 | \$43,243,552 | -175210.6 | \$129,123,962 | 198.6 | \$184,480,089 | 42.9 |
| 1915(c) waivers - other | \$13,796,441 | 11.2 | \$14,418,559 | 4.5 | \$16,564,631 | 14.9 | \$16,413,761 | -0.9 | \$16,196,373 | -1.3 |
| HCBS- managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$5,985,515,450 | 40.3 | \$8,267,536,300 | 38.1 | \$8,620,080,499 | 4.3 | \$10,033,780,359 | 16.4 | \$10,546,132,047 | 5.1 |
| Total Institutional LTSS | \$3,184,618,082 | 5.0 | \$5,366,101,647 | 68.5 | \$5,390,472,273 | 0.5 | \$5,807,297,894 | 7.7 | \$5,454,406,753 | -6.1 |
| Total HCBS | \$2,800,897,368 | 126.8 | \$2,901,434,653 | 3.6 | \$3,229,608,226 | 11.3 | \$4,226,482,465 | 30.9 | \$5,091,725,294 | 20.5 |
| Total Medicaid (all services) | \$20,513,230,494 | 9.6 | \$23,523,465,860 | 14.7 | \$28,979,989,267 | 23.2 | \$30,245,922,753 | 4.4 | \$32,529,627,531 | 7.6 |

| Percentages | FY 2001 | FY 2002 | FY 2003 | FY 2004 | FY 2005 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 29.2% | 35.1% | 29.7% | 33.2% | 32.4% |
| Percentage of LTSS that is HCBS | 46.8% | 35.1% | 37.5% | 42.1% | 48.3% |
| Percentage of LTSS that is HCBS - AD | 44.3% | 41.0% | 44.6% | 48.4% | 54.0% |
| Percentage of LTSS that is HCBS - DD | 63.1% | 57.3% | 52.8% | 59.1% | 61.5% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data. Data from 1985 through 2012 and for 2014 do not include expenditures for a small managed care program for older adults and people with physical disabilities.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments were included starting in 1995 for Section 1915(c) waivers, in 2002 for nursing facilities, personal care, ICF/IID, and mental health facilities (including DSH); and in 2004 for PACE. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 6F. Long Term Services and Support Expenditures for California, 2006 – 2010

| Service Type | FY 2006 | Percent Change 05-06 | FY 2007 | Percent Change 06-07 | FY 2008 | Percent Change 07-08 | FY 2009 | Percent Change 08-09 | FY 2010 | Percent Change 09-10 |
|---|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|
| Total-Older People, People with PD | \$7,831,913,290 | 16.3 | \$8,276,820,987 | 5.7 | \$9,423,766,149 | 13.9 | \$10,002,909,507 | 6.1 | \$9,760,182,408 | -2.4 |
| Nursing facilities | \$3,848,210,841 | 24.1 | \$3,821,371,932 | -0.7 | \$4,325,458,814 | 13.2 | \$4,495,940,610 | 3.9 | \$4,282,605,363 | -4.7 |
| Personal care | \$3,627,186,118 | 10.0 | \$4,078,112,147 | 12.4 | \$4,670,863,006 | 14.5 | \$5,063,601,465 | 8.4 | \$5,041,421,141 | -0.4 |
| 1915(c) waivers - AD | \$101,563,406 | -1.2 | \$117,422,820 | 15.6 | \$137,590,346 | 17.2 | \$148,610,901 | 8.0 | \$142,476,743 | -4.1 |
| Home health | \$165,934,861 | 3.7 | \$159,918,219 | -3.6 | \$171,649,828 | 7.3 | \$178,841,634 | 4.2 | \$188,394,267 | 5.3 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$89,018,064 | 20.6 | \$99,995,869 | 12.3 | \$118,204,155 | 18.2 | \$115,914,897 | -1.9 | \$102,754,129 | -11.4 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$2,530,765 | 100.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with DD | \$2,164,010,081 | 5.8 | \$2,388,508,046 | 10.4 | \$2,647,324,643 | 10.8 | \$2,736,592,499 | 3.4 | \$3,084,405,839 | 12.7 |
| ICF/IID - public | \$399,128,190 | -4.7 | \$413,369,796 | 3.6 | \$485,458,822 | 17.4 | \$398,539,030 | -17.9 | \$383,555,599 | -3.8 |
| ICF/IID - private | \$417,506,924 | 13.4 | \$411,619,768 | -1.4 | \$433,918,428 | 5.4 | \$482,553,139 | 11.2 | \$442,664,115 | -8.3 |
| 1915(c) waivers - DD | \$1,347,374,967 | 7.1 | \$1,563,518,482 | 16.0 | \$1,727,947,393 | 10.5 | \$1,855,500,330 | 7.4 | \$1,957,141,943 | 5.5 |
| HCBS - managed care authorities - DD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$301,044,182 | n/a |
| Total-People with SMI or SED | \$293,244,153 | -81.3 | \$266,055,482 | -9.3 | \$265,643,931 | -0.2 | \$258,525,358 | -2.7 | \$540,928,469 | 109.2 |
| Mental health facilities | \$293,244,153 | -81.3 | \$266,055,482 | -9.3 | \$265,643,931 | -0.2 | \$258,363,636 | -2.7 | \$538,932,359 | 108.6 |
| Mental health facilities-DSH | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$161,722 | 100.0 | \$152,436 | -5.7 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$1,843,674 | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-Other/Multiple Populations | \$183,409,597 | -8.6 | \$195,735,478 | 6.7 | \$406,096,206 | 107.5 | \$597,673,601 | 47.2 | \$558,721,792 | -6.5 |
| Case management | \$168,759,406 | -8.5 | \$183,075,004 | 8.5 | \$393,673,375 | 115.0 | \$584,609,990 | 48.5 | \$540,877,961 | -7.5 |
| 1915(c) waivers - other | \$14,650,191 | -9.5 | \$12,660,474 | -13.6 | \$12,422,831 | -1.9 | \$12,025,699 | -3.2 | \$12,227,142 | 1.7 |
| HCBS - managed care authorities - other | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | \$0 | n/a | \$1,037,912 | 100.0 | \$5,616,689 | 441.2 |
| Total LTSS | \$10,472,577,121 | -0.7 | \$11,127,119,993 | 6.3 | \$12,742,830,929 | 14.5 | \$13,595,700,965 | 6.7 | \$13,944,238,508 | 2.6 |
| Total Institutional LTSS | \$4,958,090,108 | -9.1 | \$4,912,416,978 | -0.9 | \$5,510,479,995 | 12.2 | \$5,635,558,137 | 2.3 | \$5,647,909,872 | 0.2 |
| Total HCBS | \$5,514,487,013 | 8.3 | \$6,214,703,015 | 12.7 | \$7,232,350,934 | 16.4 | \$7,960,142,828 | 10.1 | \$8,296,328,636 | 4.2 |
| Total Medicaid (all services) | \$32,642,939,863 | 0.3 | \$34,177,545,360 | 4.7 | \$36,388,868,355 | 6.5 | \$42,096,632,897 | 15.7 | \$43,819,716,496 | 4.1 |

| Percentages | FY 2006 | FY 2007 | FY 2008 | FY 2009 | FY 2010 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 32.1% | 32.6% | 35.0% | 32.3% | 31.8% |
| Percentage of LTSS that is HCBS | 52.7% | 55.9% | 56.8% | 58.6% | 59.5% |
| Percentage of LTSS that is HCBS - AD | 50.9% | 53.8% | 54.1% | 55.1% | 56.1% |
| Percentage of LTSS that is HCBS - DD | 62.3% | 65.5% | 65.3% | 67.8% | 73.2% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.3% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data. Data from 1985 through 2012 and for 2014 do not include expenditures for a small managed care program for older adults and people with physical disabilities.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data.

Prior period adjustments are not included for several categories of service until 2009. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

For data before 2009, prior period adjustments were included for the following categories of service: nursing home, personal care, Section 1915(c) waivers, PACE, ICF/IID, and mental health facilities (including DSH).

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 6G. Long Term Services and Support Expenditures for California, 2011 – 2014

| Service Type | FY 2011 | Percent Change 10-11 | FY 2012 | Percent Change 11-12 | FY 2013 | Percent Change 12-13 | FY 2014 | Percent Change 13-14 |
|---|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|
| Total-Older People, People with PD | \$10,061,267,791 | 3.1 | \$9,957,440,419 | -1.0 | \$10,535,748,645 | 5.8 | \$10,582,904,430 | 0.4 |
| Nursing facilities | \$4,423,209,596 | 3.3 | \$4,281,181,722 | -3.2 | \$4,514,737,152 | 5.5 | \$4,416,373,131 | -2.2 |
| Personal care | \$4,755,315,576 | -5.7 | \$801,232,095 | -83.2 | \$796,841,396 | -0.5 | \$2,379,776,571 | 198.7 |
| 1915(c) waivers - AD | \$182,308,283 | 28.0 | \$173,012,126 | -5.1 | \$206,678,888 | 19.5 | \$213,673,138 | 3.4 |
| Home health | \$227,249,947 | 20.6 | \$213,897,447 | -5.9 | \$223,015,000 | 4.3 | \$231,918,323 | 4.0 |
| Community first choice | n/a | n/a | \$4,236,540,960 | n/a | \$4,558,133,262 | 7.6 | \$3,119,858,158 | -31.6 |
| HCBS - managed care authorities - AD | \$0 | 0.0 | \$0 | 0.0 | \$14,939,958 | 100.0 | \$0 | -100.0 |
| PACE | \$156,156,104 | 52.0 | \$170,769,438 | 9.4 | \$174,969,173 | 2.5 | \$191,309,130 | 9.3 |
| Private duty nursing | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$317,028,285 | 12427.0 | \$80,806,631 | -74.5 | \$46,433,816 | -42.5 | \$29,995,979 | -35.4 |
| HCBS - 1915(i) - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with DD | \$2,985,521,914 | -3.2 | \$2,961,915,519 | -0.8 | \$3,634,362,547 | 22.7 | \$3,708,072,182 | 2.0 |
| ICF/IID - public | \$404,002,006 | 5.3 | \$440,226,561 | 9.0 | \$385,506,104 | -12.4 | \$275,223,574 | -28.6 |
| ICF/IID - private | \$374,750,931 | -15.3 | \$381,613,318 | 1.8 | \$405,747,062 | 6.3 | \$424,692,423 | 4.7 |
| 1915(c) waivers - DD | \$1,967,878,443 | 0.5 | \$2,128,887,905 | 8.2 | \$2,321,241,017 | 9.0 | \$2,733,411,406 | 17.8 |
| HCBS - managed care authorities - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | \$238,890,534 | -20.6 | \$11,187,735 | -95.3 | \$521,868,364 | 4564.6 | \$274,744,779 | -47.4 |
| Total-People with SMI or SED | \$484,110,091 | -10.5 | \$388,372,135 | -19.8 | \$343,416,729 | -11.6 | \$408,307,014 | 18.9 |
| Mental health facilities | \$473,157,383 | -12.2 | \$377,283,447 | -20.3 | \$333,874,417 | -11.5 | \$348,337,306 | 4.3 |
| Mental health facilities-DSH | \$221,099 | 45.0 | \$127,396 | -42.4 | \$169,694 | 33.2 | \$486,769 | 186.9 |
| Rehabilitative services | \$10,731,609 | 482.1 | \$10,961,292 | 2.1 | \$9,372,618 | -14.5 | \$59,482,939 | 534.6 |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-Other/Multiple Populations | \$597,791,447 | 7.0 | \$550,927,854 | -7.8 | \$596,341,347 | 8.2 | \$635,364,120 | 6.5 |
| Case management | \$574,676,616 | 6.2 | \$523,014,908 | -9.0 | \$550,928,294 | 5.3 | \$587,566,833 | 6.7 |
| 1915(c) waivers - other | \$13,025,599 | 6.5 | \$12,553,941 | -3.6 | \$12,307,988 | -2.0 | \$19,718,481 | 60.2 |
| HCBS - managed care authorities - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| MFP demonstration | \$10,089,232 | 79.6 | \$15,359,005 | 52.2 | \$33,105,065 | 115.5 | \$28,078,806 | -15.2 |
| Total LTSS | \$14,128,691,243 | 1.3 | \$13,858,655,927 | -1.9 | \$15,109,869,268 | 9.0 | \$15,334,647,746 | 1.5 |
| Total Institutional LTSS | \$5,675,341,015 | 0.5 | \$5,480,432,444 | -3.4 | \$5,640,034,429 | 2.9 | \$5,465,113,203 | -3.1 |
| Total HCBS | \$8,453,350,228 | 1.9 | \$8,378,223,483 | -0.9 | \$9,469,834,839 | 13.0 | \$9,869,534,543 | 4.2 |
| Total Medicaid (all services) | \$56,876,031,016 | 29.8 | \$53,622,505,612 | -5.7 | \$58,925,508,206 | 9.9 | \$61,968,785,865 | 5.2 |

| Percentages | FY 2011 | FY 2012 | FY 2013 | FY 2014 |
|--|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 24.8% | 25.8% | 25.6% | 24.8% |
| Percentage of LTSS that is HCBS | 59.8% | 60.5% | 62.7% | 64.4% |
| Percentage of LTSS that is HCBS - AD | 56.0% | 57.0% | 57.2% | 58.3% |
| Percentage of LTSS that is HCBS - DD | 73.9% | 72.3% | 78.2% | 81.1% |
| Percentage of LTSS that is HCBS - SMI or SED | 2.2% | 2.8% | 2.7% | 14.6% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Managed care data are included only for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities.

Data from 1985 through 2012 and for 2014 do not include expenditures for a small managed care program for older adults and people with physical disabilities.

California's 2013 HCBS - managed care authorities data include expenditures for state plan personal care and home health expenditures. The state provided a single estimate for all non-institutional HCBS.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Table 7A. Long Term Services and Support Expenditures for Colorado, 1981 – 1985

| Service Type | FY 1981 | FY 1982 | Percent Change 81-82 | FY 1983 | Percent Change 82-83 | FY 1984 | Percent Change 83-84 | FY 1985 | Percent Change 84-85 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$87,882,901 | \$125,343,191 | 42.6 | \$105,391,218 | -15.9 | \$107,230,103 | 1.7 | \$89,803,305 | -16.3 |
| Personal care | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$1,103,160 | \$2,437,068 | 120.9 | \$3,166,618 | 29.9 | \$3,087,911 | -2.5 | \$3,209,837 | 3.9 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$28,556,533 | -\$1,194,225 | -104.2 | \$34,061,622 | -2952.2 | \$34,466,914 | 1.2 | \$59,994,979 | 74.1 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$5,087,342 | \$6,244,811 | 22.8 | \$7,039,363 | 12.7 | \$10,374,034 | 47.4 | \$10,847,691 | 4.6 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | n/a | n/a | n/a | n/a | n/a | \$9,290,749 | n/a | \$18,471,802 | 98.8 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$122,629,936 | \$132,830,845 | 8.3 | \$149,658,821 | 12.7 | \$164,449,711 | 9.9 | \$182,327,614 | 10.9 |
| Total Institutional LTSS | \$121,526,776 | \$130,393,777 | 7.3 | \$146,492,203 | 12.3 | \$152,071,051 | 3.8 | \$160,645,975 | 5.6 |
| Total HCBS | \$1,103,160 | \$2,437,068 | 120.9 | \$3,166,618 | 29.9 | \$12,378,660 | 290.9 | \$21,681,639 | 75.2 |
| Total Medicaid (all services) | \$218,878,612 | \$241,076,052 | 10.1 | \$266,372,324 | 10.5 | \$308,369,372 | 15.8 | \$315,428,648 | 2.3 |

| Percentages | FY 1981 | FY 1982 | FY 1983 | FY 1984 |
|--|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 56.0% | 55.1% | 56.2% | 53.3% |
| Percentage of LTSS that is HCBS | 0.9% | 1.8% | 2.1% | 7.5% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data.

Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 7B. Long Term Services and Support Expenditures for Colorado, 1986 – 1990

| Service Type | FY 1986 | Percent Change 85-86 | FY 1987 | Percent Change 86-87 | FY 1988 | Percent Change 87-88 | FY 1989 | Percent Change 88-89 | FY 1990 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$104,268,807 | 16.1 | \$129,832,348 | 24.5 | \$142,253,090 | 9.6 | \$146,323,522 | 2.9 | \$158,042,571 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$2,607,133 | -18.8 | \$3,335,511 | 27.9 | \$3,824,361 | 14.7 | \$4,463,986 | 16.7 | \$4,509,728 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$35,692,394 | -40.5 | \$84,892,324 | 137.8 | \$43,403,360 | -48.9 | \$46,924,113 | 8.1 | \$52,182,972 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$8,553,678 | -21.1 | \$14,185,844 | 65.8 | \$13,861,577 | -2.3 | \$13,801,535 | -0.4 | \$13,644,385 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | \$31,234,355 | 69.1 | \$41,091,617 | 31.6 | \$47,267,932 | 15.0 | \$55,624,350 | 17.7 | \$53,366,855 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$182,356,367 | 0.0 | \$273,337,644 | 49.9 | \$250,610,320 | -8.3 | \$267,137,506 | 6.6 | \$281,746,511 |
| Total Institutional LTSS | \$148,514,879 | -7.6 | \$228,910,516 | 54.1 | \$199,518,027 | -12.8 | \$207,049,170 | 3.8 | \$223,869,928 |
| Total HCBS | \$33,841,488 | 56.1 | \$44,427,128 | 31.3 | \$51,092,293 | 15.0 | \$60,088,336 | 17.6 | \$57,876,583 |
| Total Medicaid (all services) | \$318,202,757 | 0.9 | \$421,132,103 | 32.3 | \$462,819,092 | 9.9 | \$492,113,233 | 6.3 | \$540,532,834 |

| Percentages | FY 1986 | FY 1987 | FY 1988 | FY 1989 | FY 1990 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 57.3% | 64.9% | 54.1% | 54.3% | 52.1% |
| Percentage of LTSS that is HCBS | 18.6% | 16.3% | 20.4% | 22.5% | 20.5% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997. ICF/IID 1987 data were greater than 1986 and 1988 data for an unknown reason.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 7C. Long Term Services and Support Expenditures for Colorado, 1991 – 1995

| Service Type | FY 1991 | Percent Change 90-91 | FY 1992 | Percent Change 91-92 | FY 1993 | Percent Change 92-93 | FY 1994 | Percent Change 93-94 | FY 1995 | Percent Change 94-95 |
|---|----------------------|----------------------|----------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$321,655,307 | n/a |
| Nursing facilities | \$181,741,697 | 15.0 | \$223,027,396 | 22.7 | \$220,142,537 | -1.3 | \$238,950,561 | 8.5 | \$277,514,174 | 16.1 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$29,001,968 | n/a |
| Home health | \$7,265,390 | 61.1 | \$9,053,119 | 24.6 | \$10,588,773 | 17.0 | \$12,478,804 | 17.8 | \$15,139,165 | 21.3 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$138,543,637 | n/a |
| ICF/IID - public | \$55,897,885 | 7.1 | \$55,494,909 | -0.7 | \$50,704,123 | -8.6 | \$38,872,894 | -23.3 | \$30,659,927 | -21.1 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$107,883,710 | n/a |
| HCBS- managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$27,381,419 | n/a |
| Mental health facilities | \$18,761,509 | 37.5 | \$20,808,808 | 10.9 | \$22,021,801 | 5.8 | \$20,177,837 | -8.4 | \$26,757,831 | 32.6 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | \$921,590 | n/a | \$442,105 | -52.0 | \$623,588 | 41.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$587,971 | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified/other | \$60,663,322 | 13.7 | \$71,009,244 | 17.1 | \$81,366,632 | 14.6 | \$112,281,814 | 38.0 | \$587,971 | n/a |
| HCBS- managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$324,329,803 | 15.1 | \$379,393,476 | 17.0 | \$385,745,456 | 1.7 | \$423,204,015 | 9.7 | \$488,168,334 | 15.4 |
| Total Institutional LTSS | \$256,401,091 | 14.5 | \$299,331,113 | 16.7 | \$293,790,051 | -1.9 | \$298,443,397 | 1.6 | \$335,555,520 | 12.4 |
| Total HCBS | \$67,928,712 | 17.4 | \$80,062,363 | 17.9 | \$91,955,405 | 14.9 | \$124,760,618 | 35.7 | \$152,612,814 | 22.3 |
| Total Medicaid (all services) | \$746,871,856 | 38.2 | \$992,732,715 | 32.9 | \$1,091,709,075 | 10.0 | \$1,119,422,487 | 2.5 | \$1,525,246,857 | 36.3 |

| Percentages | FY 1991 | FY 1992 | FY 1993 | FY 1994 | FY 1995 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 43.4% | 38.2% | 35.3% | 37.8% | 32.0% |
| Percentage of LTSS that is HCBS | 20.9% | 21.1% | 23.8% | 29.5% | 31.3% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | 13.7% |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | 77.9% |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included except for 1915(c) waivers for 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 7D. Long Term Services and Support Expenditures for Colorado, 1996 – 2000

| Service Type | FY 1996 | Percent Change 95-96 | FY 1997 | Percent Change 96-97 | FY 1998 | Percent Change 97-98 | FY 1999 | Percent Change 98-99 | FY 2000 | Percent Change 99-00 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$364,006,636 | 13.2 | \$403,283,171 | 10.8 | \$440,312,619 | 9.2 | \$473,639,140 | 7.6 | \$497,532,357 | 5.0 |
| Nursing facilities | \$304,910,730 | 9.9 | \$322,960,089 | 5.9 | \$337,047,005 | 4.4 | \$348,901,448 | 3.5 | \$363,600,353 | 4.2 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | \$38,507,621 | 32.8 | \$39,962,178 | 3.8 | \$51,541,991 | 29.0 | \$61,604,950 | 19.5 | \$67,251,691 | 9.2 |
| Home health | \$20,588,285 | 36.0 | \$40,360,904 | 96.0 | \$51,723,623 | 28.2 | \$63,132,742 | 22.1 | \$66,680,313 | 5.6 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$150,961,911 | 9.0 | \$164,266,373 | 8.8 | \$179,731,925 | 9.4 | \$218,800,521 | 21.7 | \$233,138,719 | 6.6 |
| ICF/IID - public | \$24,164,734 | -21.2 | \$20,408,367 | -15.5 | \$20,881,184 | 2.3 | \$20,162,269 | -3.4 | \$17,687,963 | -12.3 |
| ICF/IID - private | n/a | n/a | \$3,166,452 | n/a | \$1,370,482 | -56.7 | \$2,085,304 | 52.2 | \$297,744 | -85.7 |
| 1915(c) waivers - DD | \$126,797,177 | 17.5 | \$140,691,554 | 11.0 | \$157,480,259 | 11.9 | \$196,552,948 | 24.8 | \$215,153,012 | 9.5 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$7,110,148 | -74.0 | \$9,482,926 | 33.4 | \$8,011,359 | -15.5 | \$5,810,337 | -27.5 | \$9,790,783 | 68.5 |
| Mental health facilities | \$6,952,293 | -74.0 | \$7,625,878 | 9.7 | \$5,310,683 | -30.4 | \$2,289,288 | -56.9 | \$3,029,630 | 32.3 |
| Mental health facilities-DSH | \$157,855 | -74.7 | \$250,596 | 58.8 | \$98,737 | -60.6 | \$19,068 | -80.7 | \$37,352 | 95.9 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$1,606,452 | 100.0 | \$2,601,939 | 62.0 | \$3,501,981 | 34.6 | \$6,723,801 | 92.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$694,542 | 18.1 | \$2,901,796 | 317.8 | \$3,511,687 | 21.0 | \$12,652,546 | 260.3 | \$12,765,884 | 0.9 |
| Case management | n/a | n/a | \$1,698,545 | n/a | \$1,311,212 | -22.8 | \$9,018,164 | 587.8 | \$7,889,321 | -12.5 |
| 1915(c) waivers - other | \$694,542 | 18.1 | \$1,203,251 | 73.2 | \$2,200,475 | 82.9 | \$3,634,382 | 65.2 | \$4,876,563 | 34.2 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$522,773,237 | 7.1 | \$579,934,266 | 10.9 | \$631,567,590 | 8.9 | \$710,902,544 | 12.6 | \$753,227,743 | 6.0 |
| Total Institutional LTSS | \$336,185,612 | 0.2 | \$354,411,382 | 5.4 | \$364,708,091 | 2.9 | \$373,457,377 | 2.4 | \$384,653,042 | 3.0 |
| Total HCBS | \$186,587,625 | 22.3 | \$225,522,884 | 20.9 | \$266,859,499 | 18.3 | \$337,445,167 | 26.5 | \$368,574,701 | 9.2 |
| Total Medicaid (all services) | \$1,373,045,417 | -10.0 | \$1,523,356,381 | 10.9 | \$1,590,219,441 | 4.4 | \$1,840,149,845 | 15.7 | \$1,962,593,173 | 6.7 |

| Percentages | FY 1996 | FY 1997 | FY 1998 | FY 1999 | FY 2000 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 38.1% | 38.1% | 39.7% | 38.6% | 38.4% |
| Percentage of LTSS that is HCBS | 35.7% | 38.9% | 42.3% | 47.5% | 48.9% |
| Percentage of LTSS that is HCBS - AD | 16.2% | 19.9% | 23.5% | 26.3% | 26.9% |
| Percentage of LTSS that is HCBS - DD | 84.0% | 85.6% | 87.6% | 89.8% | 92.3% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 16.9% | 32.5% | 60.3% | 68.7% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included except for 1915(c) waivers. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 7E. Long Term Services and Support Expenditures for Colorado, 2001 – 2005

| Service Type | FY 2001 | Percent Change 00-01 | FY 2002 | Percent Change 01-02 | FY 2003 | Percent Change 02-03 | FY 2004 | Percent Change 03-04 | FY 2005 | Percent Change 04-05 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$507,683,133 | 2.0 | \$568,329,261 | 11.9 | \$584,991,951 | 2.9 | \$637,114,542 | 8.9 | \$690,620,123 | 8.4 |
| Nursing facilities | \$359,611,927 | -1.1 | \$397,804,244 | 10.6 | \$408,948,770 | 2.8 | \$426,466,913 | 4.3 | \$451,175,002 | 5.8 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | \$75,048,120 | 11.6 | \$90,163,143 | 20.1 | \$95,406,859 | 5.8 | \$95,394,724 | 0.0 | \$104,863,109 | 9.9 |
| Home health | \$73,023,086 | 9.5 | \$80,361,874 | 10.0 | \$80,636,322 | 0.3 | \$83,671,752 | 3.8 | \$92,314,379 | 10.3 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$28,427,554 | 100.0 | \$36,987,821 | 30.1 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$3,153,599 | n/a | \$5,279,812 | 67.4 |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$244,636,637 | 4.9 | \$262,951,812 | 7.5 | \$271,207,349 | 3.1 | \$290,543,807 | 7.1 | \$289,321,769 | -0.4 |
| ICF/IID - public | \$14,995,164 | -15.2 | \$17,994,222 | 20.0 | \$31,306,179 | 74.0 | \$43,616,440 | 39.3 | \$57,340,393 | 31.5 |
| ICF/IID - private | \$1,038,934 | 248.9 | \$1,208,219 | 16.3 | \$1,118,733 | -7.4 | \$1,197,853 | 7.1 | \$1,402,507 | 17.1 |
| 1915(c) waivers - DD | \$228,602,539 | 6.3 | \$243,749,371 | 6.6 | \$238,782,437 | -2.0 | \$245,729,514 | 2.9 | \$230,578,869 | -6.2 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$12,376,077 | 26.4 | \$16,351,979 | 32.1 | \$18,973,102 | 16.0 | \$17,540,283 | -7.6 | \$14,974,073 | -14.6 |
| Mental health facilities | \$2,328,518 | -23.1 | \$3,157,509 | 35.6 | \$5,060,476 | 60.3 | \$4,676,572 | -7.6 | \$4,130,093 | -11.7 |
| Mental health facilities-DSH | \$23,144 | -38.0 | \$5,810 | -74.9 | \$0 | -100.0 | \$0 | 0.0 | \$0 | 0.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$10,024,415 | 49.1 | \$13,188,660 | 31.6 | \$13,912,626 | 5.5 | \$12,863,711 | -7.5 | \$10,843,980 | -15.7 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$14,390,686 | 12.7 | \$17,015,979 | 18.2 | \$20,307,712 | 19.3 | \$24,542,341 | 20.9 | \$28,754,780 | 17.2 |
| Case management | \$8,498,422 | 7.7 | \$9,289,170 | 9.3 | \$11,167,973 | 20.2 | \$15,531,058 | 39.1 | \$19,667,406 | 26.6 |
| 1915(c) waivers - other | \$5,892,264 | 20.8 | \$7,726,809 | 31.1 | \$9,139,739 | 18.3 | \$9,011,283 | -1.4 | \$9,087,374 | 0.8 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$779,086,533 | 3.4 | \$864,649,031 | 11.0 | \$895,480,114 | 3.6 | \$969,740,973 | 8.3 | \$1,023,670,745 | 5.6 |
| Total Institutional LTSS | \$377,997,687 | -1.7 | \$420,170,004 | 11.2 | \$446,434,158 | 6.3 | \$475,957,778 | 6.6 | \$514,047,995 | 8.0 |
| Total HCBS | \$401,088,846 | 8.8 | \$444,479,027 | 10.8 | \$449,045,956 | 1.0 | \$493,783,195 | 10.0 | \$509,622,750 | 3.2 |
| Total Medicaid (all services) | \$2,153,318,576 | 9.7 | \$2,326,434,147 | 8.0 | \$2,541,079,558 | 9.2 | \$2,684,791,687 | 5.7 | \$2,813,579,024 | 4.8 |

| Percentages | FY 2001 | FY 2002 | FY 2003 | FY 2004 | FY 2005 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 36.2% | 37.2% | 35.2% | 36.1% | 36.4% |
| Percentage of LTSS that is HCBS | 51.5% | 51.4% | 50.1% | 50.9% | 49.8% |
| Percentage of LTSS that is HCBS - AD | 29.2% | 30.0% | 30.1% | 33.1% | 34.7% |
| Percentage of LTSS that is HCBS - DD | 93.4% | 92.7% | 88.0% | 84.6% | 79.7% |
| Percentage of LTSS that is HCBS - SMI or SED | 81.0% | 80.7% | 73.3% | 73.3% | 72.4% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments were included starting in 1995 for Section 1915(c) waivers, in 2002 for nursing facilities, personal care, ICF/IID, and mental health facilities (including DSH); and in 2004 for PACE. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 7F. Long Term Services and Support Expenditures for Colorado, 2006 – 2010

| Service Type | FY 2006 | Percent Change 05-06 | FY 2007 | Percent Change 06-07 | FY 2008 | Percent Change 07-08 | FY 2009 | Percent Change 08-09 | FY 2010 | Percent Change 09-10 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$748,131,953 | 8.3 | \$816,329,366 | 9.1 | \$869,492,896 | 6.5 | \$975,528,463 | 12.2 | \$1,033,599,832 | 6.0 |
| Nursing facilities | \$471,276,680 | 4.5 | \$495,541,958 | 5.1 | \$501,243,727 | 1.2 | \$551,917,413 | 10.1 | \$576,580,808 | 4.5 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | \$116,185,784 | 10.8 | \$131,924,970 | 13.5 | \$152,665,392 | 15.7 | \$181,516,427 | 18.9 | \$192,133,820 | 5.8 |
| Home health | \$112,199,383 | 21.5 | \$132,503,287 | 18.1 | \$153,889,189 | 16.1 | \$175,325,918 | 13.9 | \$190,145,104 | 8.5 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$41,312,935 | 11.7 | \$44,194,785 | 7.0 | \$51,497,877 | 16.5 | \$63,225,483 | 22.8 | \$71,889,624 | 13.7 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - 1915(j) | \$7,157,171 | 35.6 | \$12,164,366 | 70.0 | \$10,196,711 | -16.2 | \$3,543,222 | -65.3 | \$710,654 | -79.9 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$2,139,822 | n/a |
| Total-People with DD | \$287,452,988 | -0.6 | \$297,924,918 | 3.6 | \$323,583,001 | 8.6 | \$361,100,939 | 11.6 | \$379,981,103 | 5.2 |
| ICF/IID - public | \$46,224,688 | -19.4 | \$20,320,968 | -56.0 | \$20,038,068 | -1.4 | \$20,848,138 | 4.0 | \$26,072,960 | 25.1 |
| ICF/IID - private | \$1,528,104 | 9.0 | \$2,326,016 | 52.2 | \$2,251,010 | -3.2 | \$2,312,210 | 2.7 | \$1,544,503 | -33.2 |
| 1915(c) waivers - DD | \$239,700,196 | 4.0 | \$275,277,934 | 14.8 | \$301,293,923 | 9.5 | \$337,940,591 | 12.2 | \$352,363,640 | 4.3 |
| HCBS - managed care authorities - DD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with SMI or SED | \$17,461,142 | 16.6 | \$18,398,753 | 5.4 | \$23,223,520 | 26.2 | \$27,287,839 | 17.5 | \$27,585,585 | 1.1 |
| Mental health facilities | \$4,055,447 | -1.8 | \$4,170,020 | 2.8 | \$3,386,037 | -18.8 | \$3,898,823 | 15.1 | \$4,304,537 | 10.4 |
| Mental health facilities-DSH | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| 1915(c) waivers - SMI or SED | \$13,405,695 | 23.6 | \$14,228,733 | 6.1 | \$19,837,483 | 39.4 | \$23,389,016 | 17.9 | \$23,281,048 | -0.5 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-Other/Multiple Populations | \$36,129,688 | 25.6 | \$33,967,202 | -6.0 | \$34,426,577 | 1.4 | \$31,078,649 | -9.7 | \$33,530,173 | 7.9 |
| Case management | \$26,871,385 | 36.6 | \$23,150,992 | -13.8 | \$23,047,933 | -0.4 | \$18,272,365 | -20.7 | \$21,400,093 | 17.1 |
| 1915(c) waivers - other | \$9,258,303 | 1.9 | \$10,816,210 | 16.8 | \$11,378,644 | 5.2 | \$12,806,284 | 12.5 | \$12,130,080 | -5.3 |
| HCBS - managed care authorities - other | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| Total LTSS | \$1,089,175,771 | 6.4 | \$1,166,620,239 | 7.1 | \$1,250,725,994 | 7.2 | \$1,394,995,890 | 11.5 | \$1,474,696,693 | 5.7 |
| Total Institutional LTSS | \$523,084,919 | 1.8 | \$522,358,962 | -0.1 | \$526,918,842 | 0.9 | \$578,976,584 | 9.9 | \$608,502,808 | 5.1 |
| Total HCBS | \$566,090,852 | 11.1 | \$644,261,277 | 13.8 | \$723,807,152 | 12.3 | \$816,019,306 | 12.7 | \$866,193,885 | 6.1 |
| Total Medicaid (all services) | \$2,886,856,574 | 2.6 | \$2,946,355,083 | 2.1 | \$3,209,386,807 | 8.9 | \$3,579,135,805 | 11.5 | \$4,027,718,884 | 12.5 |

| Percentages | FY 2006 | FY 2007 | FY 2008 | FY 2009 | FY 2010 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 37.7% | 39.6% | 39.0% | 39.0% | 36.6% |
| Percentage of LTSS that is HCBS | 52.0% | 55.2% | 57.9% | 58.5% | 58.7% |
| Percentage of LTSS that is HCBS - AD | 37.0% | 39.3% | 42.4% | 43.4% | 44.2% |
| Percentage of LTSS that is HCBS - DD | 83.4% | 92.4% | 93.1% | 93.6% | 92.7% |
| Percentage of LTSS that is HCBS - SMI or SED | 76.8% | 77.3% | 85.4% | 85.7% | 84.4% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data. Starting in 2008, managed care data are included for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities. "n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included for several categories of service until 2009. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

For data before 2009, prior period adjustments were included for the following categories of service: nursing home, personal care, Section 1915(c) waivers, PACE, ICF/IID, and mental health facilities (including DSH).

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 7G. Long Term Services and Support Expenditures for Colorado, 2011 – 2014

| Service Type | FY 2011 | Percent Change 10-11 | FY 2012 | Percent Change 11-12 | FY 2013 | Percent Change 12-13 | FY 2014 | Percent Change 13-14 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$1,070,544,565 | 3.6 | \$1,150,216,702 | 7.4 | \$1,221,688,902 | 6.2 | \$1,423,498,120 | 16.5 |
| Nursing facilities | \$580,338,244 | 0.7 | \$626,250,918 | 7.9 | \$642,859,776 | 2.7 | \$655,280,636 | 1.9 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | \$207,987,973 | 8.3 | \$222,848,052 | 7.1 | \$250,451,428 | 12.4 | \$288,419,592 | 15.2 |
| Home health | \$200,833,048 | 5.6 | \$205,762,906 | 2.5 | \$227,952,164 | 10.8 | \$373,846,124 | 64.0 |
| Community first choice | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$78,587,262 | 9.3 | \$92,509,538 | 17.7 | \$98,056,171 | 6.0 | \$103,783,145 | 5.8 |
| Private duty nursing | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(j) | \$0 | -100.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | \$2,798,038 | 30.8 | \$2,845,288 | 1.7 | \$2,369,363 | -16.7 | \$2,168,623 | -8.5 |
| Total-People with DD | \$381,236,947 | 0.3 | \$376,937,816 | -1.1 | \$385,048,226 | 2.2 | \$405,950,671 | 5.4 |
| ICF/IID - public | \$39,004,536 | 49.6 | \$36,486,258 | -6.5 | \$40,865,551 | 12.0 | \$40,356,317 | -1.2 |
| ICF/IID - private | \$1,280,436 | -17.1 | \$2,650,846 | 107.0 | \$5,635,497 | 112.6 | \$3,337,049 | -40.8 |
| 1915(c) waivers - DD | \$340,951,975 | -3.2 | \$337,800,712 | -0.9 | \$338,547,178 | 0.2 | \$362,257,305 | 7.0 |
| HCBS - managed care authorities - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with SMI or SED | \$30,299,065 | 9.8 | \$29,968,188 | -1.1 | \$35,411,139 | 18.2 | \$37,202,596 | 5.1 |
| Mental health facilities | \$5,695,748 | 32.3 | \$3,759,354 | -34.0 | \$6,245,580 | 66.1 | \$5,023,582 | -19.6 |
| Mental health facilities-DSH | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Rehabilitative services | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - SMI or SED | \$24,603,317 | 5.7 | \$26,208,834 | 6.5 | \$29,165,559 | 11.3 | \$32,179,014 | 10.3 |
| HCBS - 1915(i) - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-Other/Multiple Populations | \$35,125,475 | 4.8 | \$33,484,417 | -4.7 | \$34,301,951 | 2.4 | \$37,676,820 | 9.8 |
| Case management | \$21,568,643 | 0.8 | \$20,526,333 | -4.8 | \$20,505,502 | -0.1 | \$22,140,940 | 8.0 |
| 1915(c) waivers - other | \$13,556,832 | 11.8 | \$12,958,084 | -4.4 | \$13,752,953 | 6.1 | \$14,774,195 | 7.4 |
| HCBS - managed care authorities - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| MFP demonstration | \$0 | 0.0 | \$0 | 0.0 | \$43,496 | 100.0 | \$761,685 | 1651.2 |
| Total LTSS | \$1,517,206,052 | 2.9 | \$1,590,607,123 | 4.8 | \$1,676,450,218 | 5.4 | \$1,904,328,207 | 13.6 |
| Total Institutional LTSS | \$626,318,964 | 2.9 | \$669,147,376 | 6.8 | \$695,606,404 | 4.0 | \$703,997,584 | 1.2 |
| Total HCBS | \$890,887,088 | 2.9 | \$921,459,747 | 3.4 | \$980,843,814 | 6.4 | \$1,200,330,623 | 22.4 |
| Total Medicaid (all services) | \$4,370,373,602 | 8.5 | \$4,690,987,433 | 7.3 | \$5,107,064,701 | 8.9 | \$5,987,566,396 | 17.2 |

| Percentages | FY 2011 | FY 2012 | FY 2013 | FY 2014 |
|--|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 34.7% | 33.9% | 32.8% | 31.8% |
| Percentage of LTSS that is HCBS | 58.7% | 57.9% | 58.5% | 63.0% |
| Percentage of LTSS that is HCBS - AD | 45.8% | 45.6% | 47.4% | 54.0% |
| Percentage of LTSS that is HCBS - DD | 89.4% | 89.6% | 87.9% | 89.2% |
| Percentage of LTSS that is HCBS - SMI or SED | 81.2% | 87.5% | 82.4% | 86.5% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Managed care data are included only for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care.

Institutional MLTSS – unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 8A. Long Term Services and Support Expenditures for Connecticut, 1981 – 1985

| Service Type | FY 1981 | FY 1982 | Percent Change 81-82 | FY 1983 | Percent Change 82-83 | FY 1984 | Percent Change 83-84 | FY 1985 | Percent Change 84-85 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$178,919,638 | \$207,193,258 | 15.8 | \$235,488,986 | 13.7 | \$248,119,594 | 5.4 | \$279,171,455 | 12.5 |
| Personal care | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$51,750 | \$4,615,522 | 8818.9 | \$4,741,438 | 2.7 | \$6,028,502 | 27.1 | \$8,449,736 | 40.2 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$35,399,078 | \$41,722,212 | 17.9 | \$44,612,172 | 6.9 | \$52,018,196 | 16.6 | \$61,239,031 | 17.7 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$8,634,496 | \$10,714,920 | 24.1 | \$16,996,686 | 58.6 | \$23,531,115 | 38.4 | \$26,627,070 | 13.2 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | n/a | n/a | n/a | n/a | n/a | \$327,236 | n/a | \$761,035 | 132.6 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$223,004,962 | \$264,245,912 | 18.5 | \$301,839,282 | 14.2 | \$330,024,643 | 9.3 | \$376,248,327 | 14.0 |
| Total Institutional LTSS | \$222,953,212 | \$259,630,390 | 16.5 | \$297,097,844 | 14.4 | \$323,668,905 | 8.9 | \$367,037,556 | 13.4 |
| Total HCBS | \$51,750 | \$4,615,522 | 8818.9 | \$4,741,438 | 2.7 | \$6,355,738 | 34.0 | \$9,210,771 | 44.9 |
| Total Medicaid (all services) | \$381,012,330 | \$442,919,614 | 16.2 | \$508,673,186 | 14.8 | \$568,481,501 | 11.8 | \$619,614,426 | 9.0 |

| Percentages | FY 1981 | FY 1982 | FY 1983 | FY 1984 | FY 1985 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 58.5% | 59.7% | 59.3% | 58.1% | 60.7% |
| Percentage of LTSS that is HCBS | 0.0% | 1.7% | 1.6% | 1.9% | 2.4% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data.

Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 8B. Long Term Services and Support Expenditures for Connecticut, 1986 – 1990

| Service Type | FY 1986 | Percent Change 85-86 | FY 1987 | Percent Change 86-87 | FY 1988 | Percent Change 87-88 | FY 1989 | Percent Change 88-89 | FY 1990 | Percent Change 89-90 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$312,819,777 | 12.1 | \$360,313,470 | 15.2 | \$403,843,557 | 12.1 | \$473,779,594 | 17.3 | \$549,514,057 | 16.0 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$11,135,874 | 31.8 | \$14,059,119 | 26.3 | \$17,835,446 | 26.9 | \$27,073,464 | 51.8 | \$35,351,280 | 30.6 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$79,704,788 | 30.2 | \$171,062,244 | 114.6 | \$109,463,764 | -36.0 | \$142,375,254 | 30.1 | \$166,082,829 | 16.7 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$28,161,967 | 5.8 | \$32,599,603 | 15.8 | \$25,969,971 | -20.3 | \$30,522,587 | 17.5 | \$33,116,686 | 8.5 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | \$1,128,370 | 48.3 | \$1,502,873 | 33.2 | \$7,269,003 | 383.7 | \$35,747,472 | 391.8 | \$70,177,374 | 96.3 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$432,950,776 | 15.1 | \$579,537,309 | 33.9 | \$564,381,741 | -2.6 | \$709,498,371 | 25.7 | \$854,242,226 | 20.4 |
| Total Institutional LTSS | \$420,686,532 | 14.6 | \$563,975,317 | 34.1 | \$539,277,292 | -4.4 | \$646,677,435 | 19.9 | \$748,713,572 | 15.8 |
| Total HCBS | \$12,264,244 | 33.2 | \$15,561,992 | 26.9 | \$25,104,449 | 61.3 | \$62,820,936 | 150.2 | \$105,528,654 | 68.0 |
| Total Medicaid (all services) | \$688,353,351 | 11.1 | \$769,384,987 | 11.8 | \$840,859,826 | 9.3 | \$1,052,417,605 | 25.2 | \$1,238,521,859 | 17.7 |

| Percentages | FY 1986 | FY 1987 | FY 1988 | FY 1989 | FY 1990 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 62.9% | 75.3% | 67.1% | 67.4% | 69.0% |
| Percentage of LTSS that is HCBS | 2.8% | 2.7% | 4.4% | 8.9% | 12.4% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997. ICF/IID 1987 data were greater than 1986 and 1988 data for an unknown reason.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 8C. Long Term Services and Support Expenditures for Connecticut, 1991 – 1995

| Service Type | FY 1991 | Percent Change 90-91 | FY 1992 | Percent Change 91-92 | FY 1993 | Percent Change 92-93 | FY 1994 | Percent Change 93-94 | FY 1995 | Percent Change 94-95 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$922,851,569 | n/a |
| Nursing facilities | \$643,245,643 | 17.1 | \$690,214,057 | 7.3 | \$727,091,828 | 5.3 | \$767,791,224 | 5.6 | \$813,679,362 | 6.0 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$33,129,828 | n/a |
| Home health | \$46,813,688 | 32.4 | \$52,340,335 | 11.8 | \$57,946,394 | 10.7 | \$62,220,408 | 7.4 | \$76,042,379 | 22.2 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$430,383,414 | n/a |
| ICF/IID - public | \$210,282,848 | 26.6 | \$192,888,207 | -8.3 | \$181,959,971 | -5.7 | \$179,704,129 | -1.2 | \$186,971,281 | 4.0 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$243,421,895 | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$187,668,888 | n/a |
| Mental health facilities | \$41,166,042 | 24.3 | \$164,763,735 | 300.2 | \$36,721,965 | -77.7 | \$31,800,666 | -13.4 | \$40,668,888 | 27.9 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | \$148,043,204 | n/a | \$121,300,000 | -18.1 | \$147,000,000 | 21.2 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified/other | \$88,440,215 | 26.0 | \$131,012,988 | 48.1 | \$161,905,693 | 23.6 | \$162,702,378 | 0.5 | \$0 | n/a |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$1,029,948,436 | 20.6 | \$1,231,219,322 | 19.5 | \$1,313,669,055 | 6.7 | \$1,325,518,805 | 0.9 | \$1,540,913,633 | 16.2 |
| Total Institutional LTSS | \$894,694,533 | 19.5 | \$1,047,865,999 | 17.1 | \$1,093,816,968 | 4.4 | \$1,100,596,019 | 0.6 | \$1,188,319,531 | 8.0 |
| Total HCBS | \$135,253,903 | 28.2 | \$183,353,323 | 35.6 | \$219,852,087 | 19.9 | \$224,922,786 | 2.3 | \$352,594,102 | 56.8 |
| Total Medicaid (all services) | \$1,516,514,878 | 22.4 | \$2,112,539,247 | 39.3 | \$2,274,592,089 | 7.7 | \$2,423,837,601 | 6.6 | \$2,838,158,063 | 17.1 |

| Percentages | FY 1991 | FY 1992 | FY 1993 | FY 1994 | FY 1995 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 67.9% | 58.3% | 57.8% | 54.7% | 54.3% |
| Percentage of LTSS that is HCBS | 13.1% | 14.9% | 16.7% | 17.0% | 22.9% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | 11.8% |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | 56.6% |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data.

Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included except for 1915(c) waivers for 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 8D. Long Term Services and Support Expenditures for Connecticut, 1996 – 2000

| Service Type | FY 1996 | Percent Change 95-96 | FY 1997 | Percent Change 96-97 | FY 1998 | Percent Change 97-98 | FY 1999 | Percent Change 98-99 | FY 2000 | Percent Change 99-00 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$959,644,340 | 4.0 | \$993,768,784 | 3.6 | \$1,014,368,266 | 2.1 | \$1,093,283,592 | 7.8 | \$1,184,407,603 | 8.3 |
| Nursing facilities | \$838,937,359 | 3.1 | \$858,343,851 | 2.3 | \$854,539,736 | -0.4 | \$915,662,584 | 7.2 | \$984,576,482 | 7.5 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | \$35,532,393 | 7.3 | \$40,437,749 | 13.8 | \$48,100,547 | 18.9 | \$56,805,284 | 18.1 | \$65,239,376 | 14.8 |
| Home health | \$85,174,588 | 12.0 | \$94,987,184 | 11.5 | \$111,727,983 | 17.6 | \$120,815,724 | 8.1 | \$134,591,745 | 11.4 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$361,203,779 | -16.1 | \$419,932,604 | 16.3 | \$454,101,467 | 8.1 | \$565,903,623 | 24.6 | \$588,952,127 | 4.1 |
| ICF/IID - public | \$180,935,584 | -3.2 | \$140,760,232 | -22.2 | \$158,298,409 | 12.5 | \$159,817,880 | 1.0 | \$185,969,455 | 16.4 |
| ICF/IID - private | n/a | n/a | \$47,430,042 | n/a | \$45,912,813 | -3.2 | \$46,630,997 | 1.6 | \$44,655,155 | -4.2 |
| 1915(c) waivers - DD | \$180,278,156 | -25.9 | \$231,742,330 | 28.5 | \$249,890,245 | 7.8 | \$359,454,746 | 43.8 | \$358,327,517 | -0.3 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$188,638,925 | 0.5 | \$181,389,681 | -3.8 | \$128,676,653 | -29.1 | \$122,048,774 | -5.2 | \$94,254,200 | -22.8 |
| Mental health facilities | \$27,241,548 | -33.0 | \$19,458,146 | -28.6 | \$25,409,149 | 30.6 | \$21,879,296 | -13.9 | \$9,574,848 | -56.2 |
| Mental health facilities-DSH | \$161,397,377 | 9.8 | \$161,931,535 | 0.3 | \$103,267,504 | -36.2 | \$100,169,478 | -3.0 | \$84,679,352 | -15.5 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$0 | 0.0 | \$9,062,037 | 100.0 | \$11,862,306 | 30.9 | \$14,193,046 | 19.6 | \$18,902,350 | 33.2 |
| Case management | n/a | n/a | \$9,062,037 | n/a | \$11,862,306 | 30.9 | \$13,598,817 | 14.6 | \$16,154,718 | 18.8 |
| 1915(c) waivers - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$594,229 | 100.0 | \$2,747,632 | 362.4 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$1,509,497,005 | -2.0 | \$1,604,153,106 | 6.3 | \$1,609,008,692 | 0.3 | \$1,795,429,035 | 11.6 | \$1,886,516,280 | 5.1 |
| Total Institutional LTSS | \$1,208,511,868 | 1.7 | \$1,227,923,806 | 1.6 | \$1,187,427,611 | -3.3 | \$1,244,160,235 | 4.8 | \$1,309,455,292 | 5.2 |
| Total HCBS | \$300,985,137 | -14.6 | \$376,229,300 | 25.0 | \$421,581,081 | 12.1 | \$551,268,800 | 30.8 | \$577,060,988 | 4.7 |
| Total Medicaid (all services) | \$2,746,508,977 | -3.2 | \$2,932,104,706 | 6.8 | \$2,895,410,898 | -1.3 | \$3,106,833,711 | 7.3 | \$3,266,060,130 | 5.1 |

| Percentages | FY 1996 | FY 1997 | FY 1998 | FY 1999 | FY 2000 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 55.0% | 54.7% | 55.6% | 57.8% | 57.8% |
| Percentage of LTSS that is HCBS | 19.9% | 23.5% | 26.2% | 30.7% | 30.6% |
| Percentage of LTSS that is HCBS - AD | 12.6% | 13.6% | 15.8% | 16.2% | 16.9% |
| Percentage of LTSS that is HCBS - DD | 49.9% | 55.2% | 55.0% | 63.5% | 60.8% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included except for 1915(c) waivers. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 8E. Long Term Services and Support Expenditures for Connecticut, 2001 – 2005

| Service Type | FY 2001 | Percent Change 00-01 | FY 2002 | Percent Change 01-02 | FY 2003 | Percent Change 02-03 | FY 2004 | Percent Change 03-04 | FY 2005 | Percent Change 04-05 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$1,247,243,186 | 5.3 | \$1,253,808,383 | 0.5 | \$1,264,699,691 | 0.9 | \$1,299,365,724 | 2.7 | \$1,338,579,328 | 3.0 |
| Nursing facilities | \$1,024,297,567 | 4.0 | \$1,026,331,957 | 0.2 | \$997,830,090 | -2.8 | \$1,015,579,338 | 1.8 | \$1,050,418,002 | 3.4 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | \$68,395,678 | 4.8 | \$57,449,149 | -16.0 | \$88,127,803 | 53.4 | \$100,882,550 | 14.5 | \$104,119,855 | 3.2 |
| Home health | \$154,549,941 | 14.8 | \$170,027,277 | 10.0 | \$178,741,798 | 5.1 | \$182,891,189 | 2.3 | \$184,041,471 | 0.6 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$12,647 | 100.0 | \$0 | -100.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$589,345,175 | 0.1 | \$542,339,826 | -8.0 | \$592,302,416 | 9.2 | \$715,823,587 | 20.9 | \$648,577,978 | -9.4 |
| ICF/IID - public | \$184,126,142 | -1.0 | \$164,527,654 | -10.6 | \$197,666,720 | 20.1 | \$205,051,047 | 3.7 | \$166,888,597 | -18.6 |
| ICF/IID - private | \$46,363,018 | 3.8 | \$48,927,821 | 5.5 | \$49,244,376 | 0.6 | \$49,531,458 | 0.6 | \$52,801,476 | 6.6 |
| 1915(c) waivers - DD | \$358,856,015 | 0.1 | \$328,884,351 | -8.4 | \$345,391,320 | 5.0 | \$461,241,082 | 33.5 | \$428,887,905 | -7.0 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$105,675,053 | 12.1 | \$98,396,022 | -6.9 | \$89,525,675 | -9.0 | \$105,850,283 | 18.2 | \$107,765,643 | 1.8 |
| Mental health facilities | \$9,499,186 | -0.8 | \$8,474,170 | -10.8 | \$5,672,463 | -33.1 | \$8,580,556 | 51.3 | \$10,495,916 | 22.3 |
| Mental health facilities-DSH | \$96,175,867 | 13.6 | \$89,921,852 | -6.5 | \$83,853,212 | -6.7 | \$97,269,727 | 16.0 | \$97,269,727 | 0.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$21,802,159 | 15.3 | \$115,558,775 | 430.0 | \$38,064,864 | -67.1 | \$47,954,588 | 26.0 | \$50,447,276 | 5.2 |
| Case management | \$16,767,302 | 3.8 | \$17,009,298 | 1.4 | \$25,817,007 | 51.8 | \$33,978,394 | 31.6 | \$30,493,511 | -10.3 |
| 1915(c) waivers - other | \$5,034,857 | 83.2 | \$98,549,477 | 1857.3 | \$12,247,857 | -87.6 | \$13,976,194 | 14.1 | \$19,953,765 | 42.8 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$1,964,065,573 | 4.1 | \$2,010,103,006 | 2.3 | \$1,984,592,646 | -1.3 | \$2,168,994,182 | 9.3 | \$2,145,370,225 | -1.1 |
| Total Institutional LTSS | \$1,360,461,780 | 3.9 | \$1,338,183,454 | -1.6 | \$1,334,266,861 | -0.3 | \$1,376,012,126 | 3.1 | \$1,377,873,718 | 0.1 |
| Total HCBS | \$603,603,793 | 4.6 | \$671,919,552 | 11.3 | \$650,325,785 | -3.2 | \$792,982,056 | 21.9 | \$767,496,507 | -3.2 |
| Total Medicaid (all services) | \$3,386,611,586 | 3.7 | \$3,577,380,550 | 5.6 | \$3,693,205,444 | 3.2 | \$4,003,944,053 | 8.4 | \$4,132,550,350 | 3.2 |

| Percentages | FY 2001 | FY 2002 | FY 2003 | FY 2004 | FY 2005 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 58.0% | 56.2% | 53.7% | 54.2% | 51.9% |
| Percentage of LTSS that is HCBS | 30.7% | 33.4% | 32.8% | 36.6% | 35.8% |
| Percentage of LTSS that is HCBS - AD | 17.9% | 18.1% | 21.1% | 21.8% | 21.5% |
| Percentage of LTSS that is HCBS - DD | 60.9% | 60.6% | 58.3% | 64.4% | 66.1% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments were included starting in 1995 for Section 1915(c) waivers, in 2002 for nursing facilities, personal care, ICF/IID, and mental health facilities (including DSH); and in 2004 for PACE. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Connecticut reported total 1915(c) waiver expenditures but not spending by population, for one quarter in 2002. Population-specific 1915(c) waiver expenditures are lower for 2002 as a result.

Table 8F. Long Term Services and Support Expenditures for Connecticut, 2006 – 2010

| Service Type | FY 2006 | Percent Change 05-06 | FY 2007 | Percent Change 06-07 | FY 2008 | Percent Change 07-08 | FY 2009 | Percent Change 08-09 | FY 2010 | Percent Change 09-10 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$1,530,440,905 | 14.3 | \$1,554,653,268 | 1.6 | \$1,613,538,965 | 3.8 | \$1,639,199,514 | 1.6 | \$1,651,774,880 | 0.8 |
| Nursing facilities | \$1,225,260,842 | 16.6 | \$1,232,775,829 | 0.6 | \$1,242,115,976 | 0.8 | \$1,239,830,985 | -0.2 | \$1,254,145,490 | 1.2 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | \$111,642,717 | 7.2 | \$122,335,121 | 9.6 | \$132,189,236 | 8.1 | \$152,718,430 | 15.5 | \$159,671,183 | 4.6 |
| Home health | \$193,537,346 | 5.2 | \$199,542,318 | 3.1 | \$239,233,753 | 19.9 | \$246,650,099 | 3.1 | \$237,958,207 | -3.5 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with DD | \$712,245,195 | 9.8 | \$700,773,734 | -1.6 | \$720,575,163 | 2.8 | \$1,607,150,039 | 123.0 | \$1,079,371,427 | -32.8 |
| ICF/IID - public | \$231,026,203 | 38.4 | \$181,714,167 | -21.3 | \$175,084,170 | -3.6 | \$463,678,922 | 164.8 | \$228,774,009 | -50.7 |
| ICF/IID - private | \$57,280,529 | 8.5 | \$58,450,808 | 2.0 | \$61,991,743 | 6.1 | \$60,600,893 | -2.2 | \$63,444,569 | 4.7 |
| 1915(c) waivers - DD | \$423,938,463 | -1.2 | \$460,608,759 | 8.6 | \$483,499,250 | 5.0 | \$1,082,870,224 | 124.0 | \$787,152,849 | -27.3 |
| HCBS - managed care authorities - DD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with SMI or SED | \$125,537,295 | 16.5 | \$146,628,026 | 16.8 | \$145,127,131 | -1.0 | \$163,459,175 | 12.6 | \$174,555,578 | 6.8 |
| Mental health facilities | \$28,267,568 | 169.3 | \$49,358,299 | 74.6 | \$47,857,404 | -3.0 | \$59,370,841 | 24.1 | \$68,830,367 | 15.9 |
| Mental health facilities-DSH | \$97,269,727 | 0.0 | \$97,269,727 | 0.0 | \$97,269,727 | 0.0 | \$104,088,334 | 7.0 | \$105,573,726 | 1.4 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$151,485 | 100.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-Other/Multiple Populations | \$55,866,385 | 10.7 | \$58,324,033 | 4.4 | \$63,411,745 | 8.7 | \$84,251,167 | 32.9 | \$75,549,357 | -10.3 |
| Case management | \$30,610,013 | 0.4 | \$29,941,487 | -2.2 | \$30,578,494 | 2.1 | \$47,131,062 | 54.1 | \$32,533,645 | -31.0 |
| 1915(c) waivers - other | \$25,256,372 | 26.6 | \$28,382,546 | 12.4 | \$32,833,251 | 15.7 | \$35,352,384 | 7.7 | \$37,719,441 | 6.7 |
| HCBS - managed care authorities - other | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | \$0 | n/a | \$1,767,721 | 100.0 | \$5,296,271 | 199.6 |
| Total LTSS | \$2,424,089,780 | 13.0 | \$2,460,379,061 | 1.5 | \$2,542,653,004 | 3.3 | \$3,494,059,895 | 37.4 | \$2,981,251,242 | -14.7 |
| Total Institutional LTSS | \$1,639,104,869 | 19.0 | \$1,619,568,830 | -1.2 | \$1,624,319,020 | 0.3 | \$1,927,569,975 | 18.7 | \$1,720,768,161 | -10.7 |
| Total HCBS | \$784,984,911 | 2.3 | \$840,810,231 | 7.1 | \$918,333,984 | 9.2 | \$1,566,489,920 | 70.6 | \$1,260,483,081 | -19.5 |
| Total Medicaid (all services) | \$4,216,551,644 | 2.0 | \$4,327,152,522 | 2.6 | \$4,649,956,771 | 7.5 | \$5,971,990,894 | 28.4 | \$5,757,658,472 | -3.6 |

| Percentages | FY 2006 | FY 2007 | FY 2008 | FY 2009 | FY 2010 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 57.5% | 56.9% | 54.7% | 58.5% | 51.8% |
| Percentage of LTSS that is HCBS | 32.4% | 34.2% | 36.1% | 44.8% | 42.3% |
| Percentage of LTSS that is HCBS - AD | 19.9% | 20.7% | 23.0% | 24.4% | 24.1% |
| Percentage of LTSS that is HCBS - DD | 59.5% | 65.7% | 67.1% | 67.4% | 72.9% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.1% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data. Starting in 2008, managed care data are included for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities. "n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included for several categories of service until 2009. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

For data before 2009, prior period adjustments were included for the following categories of service: nursing home, personal care, Section 1915(c) waivers, PACE, ICF/IID, and mental health facilities (including DSH).

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 8G. Long Term Services and Support Expenditures for Connecticut, 2011 – 2014

| Service Type | FY 2011 | Percent Change 10-11 | FY 2012 | Percent Change 11-12 | FY 2013 | Percent Change 12-13 | FY 2014 | Percent Change 13-14 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$1,629,611,649 | -1.3 | \$1,694,929,889 | 4.0 | \$1,733,481,136 | 2.3 | \$1,746,477,394 | 0.7 |
| Nursing facilities | \$1,217,700,131 | -2.9 | \$1,257,493,079 | 3.3 | \$1,250,852,152 | -0.5 | \$1,217,758,746 | -2.6 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | \$169,570,201 | 6.2 | \$184,344,862 | 8.7 | \$226,648,008 | 22.9 | \$261,356,037 | 15.3 |
| Home health | \$242,341,317 | 1.8 | \$253,091,948 | 4.4 | \$255,980,976 | 1.1 | \$267,362,611 | 4.4 |
| Community first choice | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Private duty nursing | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with DD | \$1,073,012,516 | -0.6 | \$1,069,686,525 | -0.3 | \$1,118,773,827 | 4.6 | \$975,002,728 | -12.9 |
| ICF/IID - public | \$219,224,151 | -4.2 | \$214,755,990 | -2.0 | \$226,039,587 | 5.3 | \$107,323,276 | -52.5 |
| ICF/IID - private | \$64,717,433 | 2.0 | \$69,885,974 | 8.0 | \$68,655,279 | -1.8 | \$68,085,137 | -0.8 |
| 1915(c) waivers - DD | \$789,070,932 | 0.2 | \$785,044,561 | -0.5 | \$824,078,961 | 5.0 | \$799,594,315 | -3.0 |
| HCBS - managed care authorities - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with SMI or SED | \$147,171,143 | -15.7 | \$180,784,855 | 22.8 | \$183,365,855 | 1.4 | \$226,679,858 | 23.6 |
| Mental health facilities | \$43,074,902 | -37.4 | \$73,166,005 | 69.9 | \$74,039,595 | 1.2 | \$114,610,988 | 54.8 |
| Mental health facilities-DSH | \$103,275,938 | -2.2 | \$105,573,725 | 2.2 | \$105,573,725 | 0.0 | \$105,573,725 | 0.0 |
| Rehabilitative services | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - SMI or SED | \$820,303 | 441.5 | \$2,045,125 | 149.3 | \$3,752,535 | 83.5 | \$6,495,145 | 73.1 |
| HCBS - 1915(i) - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-Other/Multiple Populations | \$73,804,675 | -2.3 | \$85,990,977 | 16.5 | \$108,874,534 | 26.6 | \$130,483,359 | 19.8 |
| Case management | \$23,858,001 | -26.7 | \$28,021,285 | 17.5 | \$46,024,199 | 64.2 | \$57,260,725 | 24.4 |
| 1915(c) waivers - other | \$38,623,676 | 2.4 | \$40,632,384 | 5.2 | \$40,785,291 | 0.4 | \$45,540,425 | 11.7 |
| HCBS - managed care authorities - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| MFP demonstration | \$11,322,998 | 113.8 | \$17,337,308 | 53.1 | \$22,065,044 | 27.3 | \$27,682,209 | 25.5 |
| Total LTSS | \$2,923,599,983 | -1.9 | \$3,031,392,246 | 3.7 | \$3,144,495,352 | 3.7 | \$3,078,643,339 | -2.1 |
| Total Institutional LTSS | \$1,647,992,555 | -4.2 | \$1,720,874,773 | 4.4 | \$1,725,160,338 | 0.2 | \$1,613,351,872 | -6.5 |
| Total HCBS | \$1,275,607,428 | 1.2 | \$1,310,517,473 | 2.7 | \$1,419,335,014 | 8.3 | \$1,465,291,467 | 3.2 |
| Total Medicaid (all services) | \$6,115,252,995 | 6.2 | \$6,665,959,363 | 9.0 | \$6,768,416,162 | 1.5 | \$7,178,702,633 | 6.1 |

| Percentages | FY 2011 | FY 2012 | FY 2013 | FY 2014 |
|--|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 47.8% | 45.5% | 46.5% | 42.9% |
| Percentage of LTSS that is HCBS | 43.6% | 43.2% | 45.1% | 47.6% |
| Percentage of LTSS that is HCBS - AD | 25.3% | 25.8% | 27.8% | 30.3% |
| Percentage of LTSS that is HCBS - DD | 73.5% | 73.4% | 73.7% | 82.0% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.6% | 1.1% | 2.1% | 2.9% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Managed care data are included only for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care.

Institutional MLTSS – unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 9A. Long Term Services and Support Expenditures for Delaware, 1981 – 1985

| Service Type | FY 1981 | FY 1982 | Percent Change 81-82 | FY 1983 | Percent Change 82-83 | FY 1984 | Percent Change 83-84 | FY 1985 | Percent Change 84-85 |
|---|---------------------|---------------------|----------------------|---------------------|----------------------|---------------------|----------------------|---------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$17,635,366 | \$17,574,088 | -0.3 | \$19,757,874 | 12.4 | \$23,593,279 | 19.4 | \$26,118,640 | 10.7 |
| Personal care | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$498,362 | \$607,312 | 21.9 | \$826,796 | 36.1 | \$1,016,721 | 23.0 | \$1,298,383 | 27.7 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$7,923,324 | \$8,280,692 | 4.5 | \$8,998,936 | 8.7 | \$10,320,086 | 14.7 | \$9,873,068 | -4.3 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$1,464,350 | \$1,618,004 | 10.5 | \$1,602,498 | -1.0 | \$1,713,428 | 6.9 | \$2,173,696 | 26.9 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | n/a | n/a | n/a | n/a | n/a | \$3,116 | n/a | \$237,939 | 7536.0 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$27,521,402 | \$28,080,096 | 2.0 | \$31,186,104 | 11.1 | \$36,646,630 | 17.5 | \$39,701,726 | 8.3 |
| Total Institutional LTSS | \$27,023,040 | \$27,472,784 | 1.7 | \$30,359,308 | 10.5 | \$35,626,793 | 17.4 | \$38,165,404 | 7.1 |
| Total HCBS | \$498,362 | \$607,312 | 21.9 | \$826,796 | 36.1 | \$1,019,837 | 23.3 | \$1,536,322 | 50.6 |
| Total Medicaid (all services) | \$56,147,680 | \$58,894,986 | 4.9 | \$62,975,102 | 6.9 | \$68,804,346 | 9.3 | \$72,373,912 | 5.2 |

| Percentages | FY 1981 | FY 1982 | FY 1983 | FY 1984 | FY 1985 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 49.0% | 47.7% | 49.5% | 53.3% | 54.9% |
| Percentage of LTSS that is HCBS | 1.8% | 2.2% | 2.7% | 2.8% | 3.9% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data.

Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 9B. Long Term Services and Support Expenditures for Delaware, 1986 – 1990

| Service Type | FY 1986 | Percent Change 85-86 | FY 1987 | Percent Change 86-87 | FY 1988 | Percent Change 87-88 | FY 1989 | Percent Change 88-89 | FY 1990 | Percent Change 89-90 |
|---|---------------------|----------------------|---------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$28,200,997 | 8.0 | \$32,822,403 | 16.4 | \$37,529,326 | 14.3 | \$37,920,346 | 1.0 | \$43,287,907 | 14.2 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$2,207,073 | 70.0 | \$3,088,601 | 39.9 | \$3,443,839 | 11.5 | \$4,163,692 | 20.9 | \$4,109,103 | -1.3 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$11,505,139 | 16.5 | \$23,931,115 | 108.0 | \$15,246,191 | -36.3 | \$16,846,873 | 10.5 | \$19,288,509 | 14.5 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$2,151,736 | -1.0 | \$1,617,601 | -24.8 | \$1,647,285 | 1.8 | \$1,754,368 | 6.5 | \$1,776,343 | 1.3 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | \$545,193 | 129.1 | \$1,254,255 | 130.1 | \$2,068,330 | 64.9 | \$2,417,059 | 16.9 | \$4,388,760 | 81.6 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$44,610,138 | 12.4 | \$62,713,975 | 40.6 | \$59,934,971 | -4.4 | \$63,102,338 | 5.3 | \$72,850,622 | 15.4 |
| Total Institutional LTSS | \$41,857,872 | 9.7 | \$58,371,119 | 39.5 | \$54,422,802 | -6.8 | \$56,521,587 | 3.9 | \$64,352,759 | 13.9 |
| Total HCBS | \$2,752,266 | 79.1 | \$4,342,856 | 57.8 | \$5,512,169 | 26.9 | \$6,580,751 | 19.4 | \$8,497,863 | 29.1 |
| Total Medicaid (all services) | \$81,853,045 | 13.1 | \$93,614,099 | 14.4 | \$102,836,487 | 9.9 | \$114,898,074 | 11.7 | \$125,921,763 | 9.6 |

| Percentages | FY 1986 | FY 1987 | FY 1988 | FY 1989 | FY 1990 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 54.5% | 67.0% | 58.3% | 54.9% | 57.9% |
| Percentage of LTSS that is HCBS | 6.2% | 6.9% | 9.2% | 10.4% | 11.7% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data.

Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997. ICF/IID 1987 data were greater than 1986 and 1988 data for an unknown reason.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 9C. Long Term Services and Support Expenditures for Delaware, 1991 – 1995

| Service Type | FY 1991 | Percent Change 90-91 | FY 1992 | Percent Change 91-92 | FY 1993 | Percent Change 92-93 | FY 1994 | Percent Change 93-94 | FY 1995 | Percent Change 94-95 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$84,964,257 | n/a |
| Nursing facilities | \$50,701,105 | 17.1 | \$54,178,186 | 6.9 | \$58,155,863 | 7.3 | \$60,363,955 | 3.8 | \$64,285,249 | 6.5 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$3,618,040 | n/a |
| Home health | \$7,055,020 | 71.7 | \$8,041,971 | 14.0 | \$10,905,010 | 35.6 | \$13,256,446 | 21.6 | \$17,060,968 | 28.7 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$41,711,069 | n/a |
| ICF/IID - public | \$23,582,839 | 22.3 | \$26,543,416 | 12.6 | \$26,574,433 | 0.1 | \$27,269,884 | 2.6 | \$27,752,296 | 1.8 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$13,958,773 | n/a |
| HCBS- managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$18,090,579 | n/a |
| Mental health facilities | \$2,242,942 | 26.3 | \$3,086,119 | 37.6 | \$1,555,632 | -49.6 | \$5,872,700 | 277.5 | \$10,977,579 | 86.9 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | \$5,193,900 | n/a | \$5,924,000 | 14.1 | \$7,113,000 | 20.1 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$533,697 | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified/other | \$7,816,495 | 78.1 | \$8,615,818 | 10.2 | \$12,130,536 | 40.8 | \$13,720,193 | 13.1 | \$533,697 | n/a |
| HCBS- managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$91,398,401 | 25.5 | \$100,465,510 | 9.9 | \$114,515,374 | 14.0 | \$126,407,178 | 10.4 | \$145,299,602 | 14.9 |
| Total Institutional LTSS | \$76,526,886 | 18.9 | \$83,807,721 | 9.5 | \$91,479,828 | 9.2 | \$99,430,539 | 8.7 | \$110,128,124 | 10.8 |
| Total HCBS | \$14,871,515 | 75.0 | \$16,657,789 | 12.0 | \$23,035,546 | 38.3 | \$26,976,639 | 17.1 | \$35,171,478 | 30.4 |
| Total Medicaid (all services) | \$185,294,747 | 47.2 | \$215,628,959 | 16.4 | \$252,993,304 | 17.3 | \$281,222,380 | 11.2 | \$334,391,066 | 18.9 |

| Percentages | FY 1991 | FY 1992 | FY 1993 | FY 1994 | FY 1995 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 49.3% | 46.6% | 45.3% | 44.9% | 43.5% |
| Percentage of LTSS that is HCBS | 16.3% | 16.6% | 20.1% | 21.3% | 24.2% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | 24.3% |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | 33.5% |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included except for 1915(c) waivers for 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 9D. Long Term Services and Support Expenditures for Delaware, 1996 – 2000

| Service Type | FY 1996 | Percent Change 95-96 | FY 1997 | Percent Change 96-97 | FY 1998 | Percent Change 97-98 | FY 1999 | Percent Change 98-99 | FY 2000 | Percent Change 99-00 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | \$89,721,891 | 5.6 | \$89,362,522 | -0.4 | \$97,393,453 | 9.0 | \$94,028,523 | -3.5 | \$107,437,040 | 14.3 |
| Nursing facilities | \$73,193,517 | 13.9 | \$77,340,239 | 5.7 | \$84,167,700 | 8.8 | \$80,363,527 | -4.5 | \$93,318,913 | 16.1 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | \$4,373,141 | 20.9 | \$5,026,777 | 14.9 | \$5,935,127 | 18.1 | \$7,066,258 | 19.1 | \$7,940,921 | 12.4 |
| Home health | \$12,155,233 | -28.8 | \$6,995,506 | -42.4 | \$7,290,626 | 4.2 | \$6,598,738 | -9.5 | \$6,177,206 | -6.4 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$45,015,130 | 7.9 | \$48,858,627 | 8.5 | \$55,635,519 | 13.9 | \$60,083,271 | 8.0 | \$66,669,326 | 11.0 |
| ICF/IID - public | \$30,886,227 | 11.3 | \$31,232,628 | 1.1 | \$32,557,963 | 4.2 | \$32,794,120 | 0.7 | \$32,544,972 | -0.8 |
| ICF/IID - private | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - DD | \$14,128,903 | 1.2 | \$17,625,999 | 24.8 | \$23,077,556 | 30.9 | \$27,289,151 | 18.2 | \$34,124,354 | 25.0 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$18,286,181 | 1.1 | \$19,455,197 | 6.4 | \$17,051,396 | -12.4 | \$17,006,935 | -0.3 | \$16,026,020 | -5.8 |
| Mental health facilities | \$9,673,181 | -11.9 | \$9,575,197 | -1.0 | \$9,051,396 | -5.5 | \$9,937,935 | 9.8 | \$8,957,020 | -9.9 |
| Mental health facilities-DSH | \$8,613,000 | 21.1 | \$9,880,000 | 14.7 | \$8,000,000 | -19.0 | \$7,069,000 | -11.6 | \$7,069,000 | 0.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$649,533 | 21.7 | \$996,379 | 53.4 | \$1,514,107 | 52.0 | \$1,688,916 | 11.5 | \$1,899,486 | 12.5 |
| Case management | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - other | \$649,533 | 21.7 | \$996,379 | 53.4 | \$1,514,107 | 52.0 | \$1,688,916 | 11.5 | \$1,899,486 | 12.5 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$153,672,735 | 5.8 | \$158,672,725 | 3.3 | \$171,594,475 | 8.1 | \$172,807,645 | 0.7 | \$192,031,872 | 11.1 |
| Total Institutional LTSS | \$122,365,925 | 11.1 | \$128,028,064 | 4.6 | \$133,777,059 | 4.5 | \$130,164,582 | -2.7 | \$141,889,905 | 9.0 |
| Total HCBS | \$31,306,810 | -11.0 | \$30,644,661 | -2.1 | \$37,817,416 | 23.4 | \$42,643,063 | 12.8 | \$50,141,967 | 17.6 |
| Total Medicaid (all services) | \$410,473,457 | 22.8 | \$409,213,692 | -0.3 | \$422,244,438 | 3.2 | \$464,674,516 | 10.0 | \$525,979,066 | 13.2 |

| Percentages | FY 1996 | FY 1997 | FY 1998 | FY 1999 | FY 2000 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 37.4% | 38.8% | 40.6% | 37.2% | 36.5% |
| Percentage of LTSS that is HCBS | 20.4% | 19.3% | 22.0% | 24.7% | 26.1% |
| Percentage of LTSS that is HCBS - AD | 18.4% | 13.5% | 13.6% | 14.5% | 13.1% |
| Percentage of LTSS that is HCBS - DD | 31.4% | 36.1% | 41.5% | 45.4% | 51.2% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included except for 1915(c) waivers. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j). All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 9E. Long Term Services and Support Expenditures for Delaware, 2001 – 2005

| Service Type | FY 2001 | Percent Change 00-01 | FY 2002 | Percent Change 01-02 | FY 2003 | Percent Change 02-03 | FY 2004 | Percent Change 03-04 | FY 2005 | Percent Change 04-05 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | \$126,740,379 | 18.0 | \$139,740,030 | 10.3 | \$171,684,759 | 22.9 | \$181,742,074 | 5.9 | \$176,187,179 | -3.1 |
| Nursing facilities | \$110,514,485 | 18.4 | \$124,413,083 | 12.6 | \$152,539,852 | 22.6 | \$158,840,995 | 4.1 | \$154,856,126 | -2.5 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | \$9,988,984 | 25.8 | \$9,314,950 | -6.7 | \$12,266,153 | 31.7 | \$14,668,758 | 19.6 | \$14,443,025 | -1.5 |
| Home health | \$6,236,910 | 1.0 | \$6,011,997 | -3.6 | \$6,878,754 | 14.4 | \$8,232,321 | 19.7 | \$6,888,028 | -16.3 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$66,578,858 | -0.1 | \$71,289,174 | 7.1 | \$75,280,689 | 5.6 | \$79,490,132 | 5.6 | \$79,425,127 | -0.1 |
| ICF/IID - public | \$30,869,844 | -5.1 | \$31,219,292 | 1.1 | \$28,514,265 | -8.7 | \$26,989,606 | -5.3 | \$19,520,826 | -27.7 |
| ICF/IID - private | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$1,464,273 | 100.0 | \$6,300,671 | 330.3 |
| 1915(c) waivers - DD | \$35,709,014 | 4.6 | \$40,069,882 | 12.2 | \$46,766,424 | 16.7 | \$51,036,253 | 9.1 | \$53,603,630 | 5.0 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$14,802,574 | -7.6 | \$18,969,444 | 28.1 | \$25,604,758 | 35.0 | \$20,606,224 | -19.5 | \$41,001,690 | 99.0 |
| Mental health facilities | \$10,662,574 | 19.0 | \$15,571,332 | 46.0 | \$22,925,158 | 47.2 | \$17,497,888 | -23.7 | \$37,423,216 | 113.9 |
| Mental health facilities-DSH | \$4,140,000 | -41.4 | \$3,398,112 | -17.9 | \$2,679,600 | -21.1 | \$3,108,336 | 16.0 | \$3,578,474 | 15.1 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$2,147,397 | 13.1 | \$2,243,804 | 4.5 | \$2,772,469 | 23.6 | \$2,636,984 | -4.9 | \$2,688,086 | 1.9 |
| Case management | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - other | \$2,147,397 | 13.1 | \$2,243,804 | 4.5 | \$2,772,469 | 23.6 | \$2,636,984 | -4.9 | \$2,688,086 | 1.9 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$210,269,208 | 9.5 | \$232,242,452 | 10.5 | \$275,342,675 | 18.6 | \$284,475,414 | 3.3 | \$299,302,082 | 5.2 |
| Total Institutional LTSS | \$156,186,903 | 10.1 | \$174,601,819 | 11.8 | \$206,658,875 | 18.4 | \$207,901,098 | 0.6 | \$221,679,313 | 6.6 |
| Total HCBS | \$54,082,305 | 7.9 | \$57,640,633 | 6.6 | \$68,683,800 | 19.2 | \$76,574,316 | 11.5 | \$77,622,769 | 1.4 |
| Total Medicaid (all services) | \$593,522,480 | 12.8 | \$636,491,168 | 7.2 | \$720,908,824 | 13.3 | \$794,015,720 | 10.1 | \$868,342,197 | 9.4 |

| Percentages | FY 2001 | FY 2002 | FY 2003 | FY 2004 | FY 2005 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 35.4% | 36.5% | 38.2% | 35.8% | 34.5% |
| Percentage of LTSS that is HCBS | 25.7% | 24.8% | 24.9% | 26.9% | 25.9% |
| Percentage of LTSS that is HCBS - AD | 12.8% | 11.0% | 11.2% | 12.6% | 12.1% |
| Percentage of LTSS that is HCBS - DD | 53.6% | 56.2% | 62.1% | 64.2% | 67.5% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments were included starting in 1995 for Section 1915(c) waivers, in 2002 for nursing facilities, personal care, ICF/IID, and mental health facilities (including DSH); and in 2004 for PACE. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 9F. Long Term Services and Support Expenditures for Delaware, 2006 – 2010

| Service Type | FY 2006 | Percent Change 05-06 | FY 2007 | Percent Change 06-07 | FY 2008 | Percent Change 07-08 | FY 2009 | Percent Change 08-09 | FY 2010 | Percent Change 09-10 |
|---|----------------------|----------------------|----------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$184,031,235 | 4.5 | \$188,399,757 | 2.4 | \$202,505,965 | 7.5 | \$212,436,746 | 4.9 | \$216,126,031 | 1.7 |
| Nursing facilities | \$159,962,748 | 3.3 | \$162,657,368 | 1.7 | \$176,289,496 | 8.4 | \$185,844,847 | 5.4 | \$185,834,973 | 0.0 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | \$16,696,518 | 15.6 | \$17,576,762 | 5.3 | \$17,719,476 | 0.8 | \$18,151,513 | 2.4 | \$17,072,268 | -5.9 |
| Home health | \$7,371,969 | 7.0 | \$8,165,627 | 10.8 | \$8,496,993 | 4.1 | \$8,440,386 | -0.7 | \$8,681,629 | 2.9 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$4,537,161 | n/a |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with DD | \$89,251,803 | 12.4 | \$101,453,699 | 13.7 | \$115,130,212 | 13.5 | \$117,232,832 | 1.8 | \$118,159,824 | 0.8 |
| ICF/IID - public | \$16,205,124 | -17.0 | \$19,856,576 | 22.5 | \$22,327,953 | 12.4 | \$20,531,786 | -8.0 | \$22,786,238 | 11.0 |
| ICF/IID - private | \$6,545,757 | 3.9 | \$6,790,629 | 3.7 | \$7,506,130 | 10.5 | \$7,371,985 | -1.8 | \$7,947,283 | 7.8 |
| 1915(c) waivers - DD | \$66,500,922 | 24.1 | \$74,806,494 | 12.5 | \$85,296,129 | 14.0 | \$89,329,061 | 4.7 | \$87,426,303 | -2.1 |
| HCBS - managed care authorities - DD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with SMI or SED | \$34,083,765 | -16.9 | \$46,263,057 | 35.7 | \$26,398,615 | -42.9 | \$7,034,265 | -73.4 | \$17,694,814 | 151.6 |
| Mental health facilities | \$34,274,702 | -8.4 | \$37,045,267 | 8.1 | \$20,770,539 | -43.9 | \$1,181,067 | -94.3 | \$1,269,030 | 7.4 |
| Mental health facilities-DSH | -\$190,937 | -105.3 | \$9,217,790 | -4927.7 | \$5,628,076 | -38.9 | \$5,853,198 | 4.0 | \$6,294,243 | 7.5 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$10,131,541 | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-Other/Multiple Populations | \$3,091,803 | 15.0 | \$3,155,411 | 2.1 | \$3,532,678 | 12.0 | \$4,467,087 | 26.5 | \$4,535,885 | 1.5 |
| Case management | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - other | \$3,091,803 | 15.0 | \$3,155,411 | 2.1 | \$3,526,898 | 11.8 | \$4,093,520 | 16.1 | \$3,881,159 | -5.2 |
| HCBS - managed care authorities - other | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | \$5,780 | n/a | \$373,567 | 6363.1 | \$654,726 | 75.3 |
| Total LTSS | \$310,458,606 | 3.7 | \$339,271,924 | 9.3 | \$347,567,470 | 2.4 | \$341,170,930 | -1.8 | \$356,516,554 | 4.5 |
| Total Institutional LTSS | \$216,797,394 | -2.2 | \$235,567,630 | 8.7 | \$232,522,194 | -1.3 | \$220,782,883 | -5.0 | \$224,131,767 | 1.5 |
| Total HCBS | \$93,661,212 | 20.7 | \$103,704,294 | 10.7 | \$115,045,276 | 10.9 | \$120,388,047 | 4.6 | \$132,384,787 | 10.0 |
| Total Medicaid (all services) | \$942,231,746 | 8.5 | \$995,283,350 | 5.6 | \$1,103,525,343 | 10.9 | \$1,213,028,032 | 9.9 | \$1,287,962,200 | 6.2 |

| Percentages | FY 2006 | FY 2007 | FY 2008 | FY 2009 | FY 2010 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 32.9% | 34.1% | 31.5% | 28.1% | 27.7% |
| Percentage of LTSS that is HCBS | 30.2% | 30.6% | 33.1% | 35.3% | 37.1% |
| Percentage of LTSS that is HCBS - AD | 13.1% | 13.7% | 12.9% | 12.5% | 14.0% |
| Percentage of LTSS that is HCBS - DD | 74.5% | 73.7% | 74.1% | 76.2% | 74.0% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 57.3% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data. Starting in 2008, managed care data are included for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities. "n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included for several categories of service until 2009. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

For data before 2009, prior period adjustments were included for the following categories of service: nursing home, personal care, Section 1915(c) waivers, PACE, ICF/IID, and mental health facilities (including DSH).

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 9G. Long Term Services and Support Expenditures for Delaware, 2011 – 2014

| Service Type | FY 2011 | Percent Change 10-11 | FY 2012 | Percent Change 11-12 | FY 2013 | Percent Change 12-13 | FY 2014 | Percent Change 13-14 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$202,222,703 | -6.4 | \$128,126,525 | -36.6 | \$343,074,259 | 167.8 | \$360,533,948 | 5.1 |
| Nursing facilities | \$167,980,215 | -9.6 | \$100,854,551 | -40.0 | \$259,320,978 | 157.1 | \$262,438,641 | 1.2 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$11,932,359 | 100.0 | \$16,286,928 | 36.5 |
| 1915(c) waivers - AD | \$20,056,606 | 17.5 | \$16,237,031 | -19.0 | \$31,402 | -99.8 | \$79,797 | 154.1 |
| Home health | \$9,029,828 | 4.0 | \$7,030,282 | -22.1 | \$34,702,210 | 393.6 | \$36,266,844 | 4.5 |
| Community first choice | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - AD | \$0 | 0.0 | \$0 | 0.0 | \$34,640,762 | 100.0 | \$39,240,140 | 13.3 |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$333,966 | 100.0 | \$4,490,848 | 1244.7 |
| Private duty nursing | \$5,156,054 | 13.6 | \$4,004,661 | -22.3 | \$2,112,582 | -47.2 | \$1,730,750 | -18.1 |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with DD | \$131,654,860 | 11.4 | \$137,155,435 | 4.2 | \$129,855,442 | -5.3 | \$135,554,001 | 4.4 |
| ICF/IID - public | \$32,897,549 | 44.4 | \$33,715,693 | 2.5 | \$21,927,516 | -35.0 | \$20,209,147 | -7.8 |
| ICF/IID - private | \$8,096,697 | 1.9 | \$7,675,506 | -5.2 | \$9,338,686 | 21.7 | \$9,704,285 | 3.9 |
| 1915(c) waivers - DD | \$90,660,614 | 3.7 | \$95,764,236 | 5.6 | \$98,589,240 | 2.9 | \$105,640,569 | 7.2 |
| HCBS - managed care authorities - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with SMI or SED | \$17,889,994 | 1.1 | \$18,352,131 | 2.6 | \$18,283,402 | -0.4 | \$19,056,362 | 4.2 |
| Mental health facilities | \$923,213 | -27.3 | \$727,615 | -21.2 | \$830,790 | 14.2 | \$243,394 | -70.7 |
| Mental health facilities-DSH | \$5,626,975 | -10.6 | \$5,647,971 | 0.4 | \$5,633,185 | -0.3 | \$5,760,512 | 2.3 |
| Rehabilitative services | \$11,339,806 | 11.9 | \$11,976,545 | 5.6 | \$11,819,427 | -1.3 | \$13,052,456 | 10.4 |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-Other/Multiple Populations | \$4,091,521 | -9.8 | \$1,988,138 | -51.4 | \$737,525 | -62.9 | \$715,201 | -3.0 |
| Case management | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - other | \$2,829,490 | -27.1 | \$1,412,664 | -50.1 | \$28,560 | -98.0 | \$0 | -100.0 |
| HCBS - managed care authorities - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| MFP demonstration | \$1,262,031 | 92.8 | \$575,474 | -54.4 | \$708,965 | 23.2 | \$715,201 | 0.9 |
| Total LTSS | \$355,859,078 | -0.2 | \$285,622,229 | -19.7 | \$491,950,628 | 72.2 | \$515,859,512 | 4.9 |
| Total Institutional LTSS | \$215,524,649 | -3.8 | \$148,621,336 | -31.0 | \$297,051,155 | 99.9 | \$298,355,979 | 0.4 |
| Total HCBS | \$140,334,429 | 6.0 | \$137,000,893 | -2.4 | \$194,899,473 | 42.3 | \$217,503,533 | 11.6 |
| Total Medicaid (all services) | \$1,410,914,635 | 9.5 | \$1,506,278,561 | 6.8 | \$1,563,725,796 | 3.8 | \$1,718,557,505 | 9.9 |

| Percentages | FY 2011 | FY 2012 | FY 2013 | FY 2014 |
|--|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 25.2% | 19.0% | 31.5% | 30.0% |
| Percentage of LTSS that is HCBS | 39.4% | 48.0% | 39.6% | 42.2% |
| Percentage of LTSS that is HCBS - AD | 16.9% | 21.3% | 24.4% | 27.2% |
| Percentage of LTSS that is HCBS - DD | 68.9% | 69.8% | 75.9% | 77.9% |
| Percentage of LTSS that is HCBS - SMI or SED | 63.4% | 65.3% | 64.7% | 68.5% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Managed care data are included only for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Delaware 2012 data for nursing facility, personal care, home health, and HCBS - managed care authorities were incomplete. The transition to managed care occurred during the year and state estimates were included starting in 2013.

Table 10A. Long Term Services and Support Expenditures for District of Columbia, 1981 – 1985

| Service Type | FY 1981 | FY 1982 | Percent Change 81-82 | FY 1983 | Percent Change 82-83 | FY 1984 | Percent Change 83-84 | FY 1985 | Percent Change 84-85 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$18,825,764 | \$25,997,016 | 38.1 | \$45,306,986 | 74.3 | \$56,387,549 | 24.5 | \$62,440,750 | 10.7 |
| Personal care | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$4,353,076 | n/a |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$3,619,266 | \$4,291,686 | 18.6 | \$4,385,824 | 2.2 | \$5,005,525 | 14.1 | \$1,841,941 | -63.2 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$5,704,158 | \$7,350,298 | 28.9 | \$17,242,854 | 134.6 | \$19,154,209 | 11.1 | \$22,079,874 | 15.3 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$0 | \$0 | 0.0 | \$10,077,924 | 100.0 | \$21,988,140 | 118.2 | \$27,623,799 | 25.6 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | 0.0 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$28,149,188 | \$37,639,000 | 33.7 | \$77,013,588 | 104.6 | \$102,535,423 | 33.1 | \$118,339,440 | 15.4 |
| Total Institutional LTSS | \$24,529,922 | \$33,347,314 | 35.9 | \$72,627,764 | 117.8 | \$97,529,898 | 34.3 | \$112,144,423 | 15.0 |
| Total HCBS | \$3,619,266 | \$4,291,686 | 18.6 | \$4,385,824 | 2.2 | \$5,005,525 | 14.1 | \$6,195,017 | 23.8 |
| Total Medicaid (all services) | \$160,892,688 | \$186,717,952 | 16.1 | \$244,930,490 | 31.2 | \$305,979,867 | 24.9 | \$307,726,150 | 0.6 |

| Percentages | FY 1981 | FY 1982 | FY 1983 | FY 1984 | FY 1985 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 17.5% | 20.2% | 31.4% | 33.5% | 38.5% |
| Percentage of LTSS that is HCBS | 12.9% | 11.4% | 5.7% | 4.9% | 5.2% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data.

Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 10B. Long Term Services and Support Expenditures for District of Columbia, 1986 – 1990

| Service Type | FY 1986 | Percent Change 85-86 | FY 1987 | Percent Change 86-87 | FY 1988 | Percent Change 87-88 | FY 1989 | Percent Change 88-89 | FY 1990 | Percent Change 89-90 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$73,261,038 | 17.3 | \$79,795,042 | 8.9 | \$89,958,704 | 12.7 | \$91,250,950 | 1.4 | \$98,457,439 | 7.9 |
| Personal care | \$5,547,959 | 27.4 | \$5,649,061 | 1.8 | \$4,888,380 | -13.5 | \$5,045,329 | 3.2 | \$6,333,612 | 25.5 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$3,940,334 | 113.9 | \$5,061,210 | 28.4 | \$4,898,425 | -3.2 | \$4,479,667 | -8.5 | \$4,018,878 | -10.3 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$30,671,836 | 38.9 | \$63,863,478 | 108.2 | \$40,108,105 | -37.2 | \$31,655,924 | -21.1 | \$27,954,790 | -11.7 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$16,945,469 | -38.7 | \$31,212,493 | 84.2 | \$31,758,057 | 1.7 | \$20,241,006 | -36.3 | \$28,115,449 | 38.9 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$130,366,636 | 10.2 | \$185,581,284 | 42.4 | \$171,611,671 | -7.5 | \$152,672,876 | -11.0 | \$164,880,168 | 8.0 |
| Total Institutional LTSS | \$120,878,343 | 7.8 | \$174,871,013 | 44.7 | \$161,824,866 | -7.5 | \$143,147,880 | -11.5 | \$154,527,678 | 7.9 |
| Total HCBS | \$9,488,293 | 53.2 | \$10,710,271 | 12.9 | \$9,786,805 | -8.6 | \$9,524,996 | -2.7 | \$10,352,490 | 8.7 |
| Total Medicaid (all services) | \$316,691,718 | 2.9 | \$368,082,146 | 16.2 | \$387,158,755 | 5.2 | \$372,625,611 | -3.8 | \$406,086,223 | 9.0 |

| Percentages | FY 1986 | FY 1987 | FY 1988 | FY 1989 | FY 1990 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 41.2% | 50.4% | 44.3% | 41.0% | 40.6% |
| Percentage of LTSS that is HCBS | 7.3% | 5.8% | 5.7% | 6.2% | 6.3% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997. ICF/IID 1987 data were greater than 1986 and 1988 data for an unknown reason.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 10C. Long Term Services and Support Expenditures for District of Columbia, 1991 – 1995

| Service Type | FY 1991 | Percent Change 90-91 | FY 1992 | Percent Change 91-92 | FY 1993 | Percent Change 92-93 | FY 1994 | Percent Change 93-94 | FY 1995 | Percent Change 94-95 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$174,319,929 | n/a |
| Nursing facilities | \$121,015,120 | 22.9 | \$138,006,474 | 14.0 | \$138,581,231 | 0.4 | \$155,460,891 | 12.2 | \$155,690,417 | 0.1 |
| Personal care | \$6,133,889 | -3.2 | \$5,389,040 | -12.1 | \$4,983,342 | -7.5 | \$5,751,966 | 15.4 | \$6,058,499 | 5.3 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Home health | \$6,905,751 | 71.8 | \$7,768,443 | 12.5 | \$11,412,818 | 46.9 | \$11,947,006 | 4.7 | \$12,571,013 | 5.2 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$65,875,068 | n/a |
| ICF/IID - public | \$37,855,094 | 35.4 | \$51,773,630 | 36.8 | \$63,961,219 | 23.5 | \$64,030,193 | 0.1 | \$65,875,068 | 2.9 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$38,440,917 | n/a |
| Mental health facilities | \$28,044,908 | -0.3 | \$41,344,386 | 47.4 | \$42,447,498 | 2.7 | \$77,003,278 | 81.4 | \$30,205,437 | -60.8 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | \$14,009,098 | n/a | \$12,212,790 | -12.8 | \$8,235,480 | -32.6 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified/other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | n/a |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$199,954,762 | 21.3 | \$244,281,973 | 22.2 | \$275,395,206 | 12.7 | \$326,406,124 | 18.5 | \$278,635,914 | -14.6 |
| Total Institutional LTSS | \$186,915,122 | 21.0 | \$231,124,490 | 23.7 | \$258,999,046 | 12.1 | \$308,707,152 | 19.2 | \$260,006,402 | -15.8 |
| Total HCBS | \$13,039,640 | 26.0 | \$13,157,483 | 0.9 | \$16,396,160 | 24.6 | \$17,698,972 | 7.9 | \$18,629,512 | 5.3 |
| Total Medicaid (all services) | \$500,271,320 | 23.2 | \$600,178,464 | 20.0 | \$686,719,058 | 14.4 | \$790,402,816 | 15.1 | \$792,588,533 | 0.3 |

| Percentages | FY 1991 | FY 1992 | FY 1993 | FY 1994 | FY 1995 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 40.0% | 40.7% | 40.1% | 41.3% | 35.2% |
| Percentage of LTSS that is HCBS | 6.5% | 5.4% | 6.0% | 5.4% | 6.7% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | 10.7% |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | 0.0% |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data.

Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included except for 1915(c) waivers for 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 10D. Long Term Services and Support Expenditures for District of Columbia, 1996 – 2000

| Service Type | FY 1996 | Percent Change 95-96 | FY 1997 | Percent Change 96-97 | FY 1998 | Percent Change 97-98 | FY 1999 | Percent Change 98-99 | FY 2000 | Percent Change 99-00 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | \$145,888,563 | -16.3 | \$181,057,683 | 24.1 | \$167,585,342 | -7.4 | \$151,148,034 | -9.8 | \$154,567,103 | 2.3 |
| Nursing facilities | \$129,869,218 | -16.6 | \$166,885,886 | 28.5 | \$154,171,503 | -7.6 | \$138,094,375 | -10.4 | \$140,347,356 | 1.6 |
| Personal care | \$4,321,434 | -28.7 | \$622,276 | -85.6 | \$366,038 | -41.2 | \$281,492 | -23.1 | \$1,846,665 | 556.0 |
| 1915(c) waivers - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Home health | \$11,697,911 | -6.9 | \$13,549,521 | 15.8 | \$13,047,801 | -3.7 | \$12,772,167 | -2.1 | \$12,373,082 | -3.1 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$60,969,212 | -7.4 | \$74,257,976 | 21.8 | \$69,176,470 | -6.8 | \$67,571,490 | -2.3 | \$70,280,093 | 4.0 |
| ICF/IID - public | \$60,969,212 | -7.4 | \$0 | -100.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| ICF/IID - private | n/a | n/a | \$74,257,976 | n/a | \$69,176,470 | -6.8 | \$67,571,490 | -2.3 | \$70,280,093 | 4.0 |
| 1915(c) waivers - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$22,686,611 | -41.0 | \$26,558,836 | 17.1 | \$17,461,993 | -34.3 | \$21,358,012 | 22.3 | \$20,675,555 | -3.2 |
| Mental health facilities | \$17,232,331 | -42.9 | \$20,998,628 | 21.9 | \$14,695,546 | -30.0 | \$18,591,565 | 26.5 | \$17,909,109 | -3.7 |
| Mental health facilities-DSH | \$5,454,280 | -33.8 | \$5,560,208 | 1.9 | \$2,766,447 | -50.2 | \$2,766,447 | 0.0 | \$2,766,446 | 0.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$0 | 0.0 | \$0 | 0.0 | \$3,291 | 100.0 | \$2,384 | -27.6 | \$681 | -71.4 |
| Case management | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - other | \$0 | 0.0 | \$0 | 0.0 | \$3,291 | 100.0 | \$2,384 | -27.6 | \$681 | -71.4 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$229,544,386 | -17.6 | \$281,874,495 | 22.8 | \$254,227,096 | -9.8 | \$240,079,920 | -5.6 | \$245,523,432 | 2.3 |
| Total Institutional LTSS | \$213,525,041 | -17.9 | \$267,702,698 | 25.4 | \$240,809,966 | -10.0 | \$227,023,877 | -5.7 | \$231,303,004 | 1.9 |
| Total HCBS | \$16,019,345 | -14.0 | \$14,171,797 | -11.5 | \$13,417,130 | -5.3 | \$13,056,043 | -2.7 | \$14,220,428 | 8.9 |
| Total Medicaid (all services) | \$699,543,291 | -11.7 | \$796,084,288 | 13.8 | \$741,655,819 | -6.8 | \$812,307,461 | 9.5 | \$796,947,507 | -1.9 |

| Percentages | FY 1996 | FY 1997 | FY 1998 | FY 1999 | FY 2000 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 32.8% | 35.4% | 34.3% | 29.6% | 30.8% |
| Percentage of LTSS that is HCBS | 7.0% | 5.0% | 5.3% | 5.4% | 5.8% |
| Percentage of LTSS that is HCBS - AD | 11.0% | 7.8% | 8.0% | 8.6% | 9.2% |
| Percentage of LTSS that is HCBS - DD | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included except for 1915(c) waivers. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j). All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 10E. Long Term Services and Support Expenditures for District of Columbia, 2001 – 2005

| Service Type | FY 2001 | Percent Change 00-01 | FY 2002 | Percent Change 01-02 | FY 2003 | Percent Change 02-03 | FY 2004 | Percent Change 03-04 | FY 2005 | Percent Change 04-05 |
|---|----------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$174,625,824 | 13.0 | \$200,947,929 | 15.1 | \$217,565,995 | 8.3 | \$218,158,859 | 0.3 | \$215,398,746 | -1.3 |
| Nursing facilities | \$158,747,259 | 13.1 | \$181,007,871 | 14.0 | \$191,897,290 | 6.0 | \$188,211,034 | -1.9 | \$176,347,294 | -6.3 |
| Personal care | \$877,515 | -52.5 | \$3,183,121 | 262.7 | \$10,530,488 | 230.8 | \$1,238,972 | -88.2 | \$777,725 | -37.2 |
| 1915(c) waivers - AD | \$1,070,116 | 100.0 | \$1,969,046 | 84.0 | \$2,933,176 | 49.0 | \$3,715,089 | 26.7 | \$6,476,035 | 74.3 |
| Home health | \$13,930,934 | 12.6 | \$14,787,891 | 6.2 | \$12,205,041 | -17.5 | \$24,993,764 | 104.8 | \$31,797,692 | 27.2 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$78,317,675 | 11.4 | \$80,904,556 | 3.3 | \$82,192,438 | 1.6 | \$86,459,599 | 5.2 | \$89,331,871 | 3.3 |
| ICF/IID - public | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| ICF/IID - private | \$77,914,495 | 10.9 | \$79,480,032 | 2.0 | \$78,838,985 | -0.8 | \$80,808,512 | 2.5 | \$79,196,025 | -2.0 |
| 1915(c) waivers - DD | \$403,180 | 100.0 | \$1,424,524 | 253.3 | \$3,353,453 | 135.4 | \$5,651,087 | 68.5 | \$10,135,846 | 79.4 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$33,278,851 | 61.0 | \$16,969,071 | -49.0 | \$19,233,637 | 13.3 | \$18,470,767 | -4.0 | \$17,753,493 | -3.9 |
| Mental health facilities | \$29,433,042 | 64.3 | \$14,827,834 | -49.6 | \$17,550,378 | 18.4 | \$16,581,382 | -5.5 | \$15,307,481 | -7.7 |
| Mental health facilities-DSH | \$3,845,809 | 39.0 | \$2,141,237 | -44.3 | \$1,683,259 | -21.4 | \$1,889,385 | 12.2 | \$2,446,012 | 29.5 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$0 | -100.0 | \$894 | 100.0 | \$3,639 | 307.0 | \$46,069 | 1166.0 | \$1,203 | -97.4 |
| Case management | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - other | \$0 | -100.0 | \$894 | 100.0 | \$3,639 | 307.0 | \$46,069 | 1166.0 | \$1,203 | -97.4 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$286,222,350 | 16.6 | \$298,822,450 | 4.4 | \$318,995,709 | 6.8 | \$323,135,294 | 1.3 | \$322,485,313 | -0.2 |
| Total Institutional LTSS | \$269,940,605 | 16.7 | \$277,456,974 | 2.8 | \$289,969,912 | 4.5 | \$287,490,313 | -0.9 | \$273,296,812 | -4.9 |
| Total HCBS | \$16,281,745 | 14.5 | \$21,365,476 | 31.2 | \$29,025,797 | 35.9 | \$35,644,981 | 22.8 | \$49,188,501 | 38.0 |
| Total Medicaid (all services) | \$974,306,686 | 22.3 | \$1,034,804,939 | 6.2 | \$1,087,937,028 | 5.1 | \$1,226,016,830 | 12.7 | \$1,265,236,037 | 3.2 |

| Percentages | FY 2001 | FY 2002 | FY 2003 | FY 2004 | FY 2005 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 29.4% | 28.9% | 29.3% | 26.4% | 25.5% |
| Percentage of LTSS that is HCBS | 5.7% | 7.1% | 9.1% | 11.0% | 15.3% |
| Percentage of LTSS that is HCBS - AD | 9.1% | 9.9% | 11.8% | 13.7% | 18.1% |
| Percentage of LTSS that is HCBS - DD | 0.5% | 1.8% | 4.1% | 6.5% | 11.3% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments were included starting in 1995 for Section 1915(c) waivers, in 2002 for nursing facilities, personal care, ICF/IID, and mental health facilities (including DSH); and in 2004 for PACE. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 10F. Long Term Services and Support Expenditures for District of Columbia, 2006 – 2010

| Service Type | FY 2006 | Percent Change 05-06 | FY 2007 | Percent Change 06-07 | FY 2008 | Percent Change 07-08 | FY 2009 | Percent Change 08-09 | FY 2010 | Percent Change 09-10 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$232,217,773 | 7.8 | \$265,631,843 | 14.4 | \$311,640,254 | 17.3 | \$362,243,460 | 16.2 | \$394,586,674 | 8.9 |
| Nursing facilities | \$173,483,918 | -1.6 | \$173,010,834 | -0.3 | \$181,248,320 | 4.8 | \$197,295,629 | 8.9 | \$204,874,253 | 3.8 |
| Personal care | \$32,340,442 | 4058.3 | \$55,643,593 | 72.1 | \$76,184,733 | 36.9 | \$88,719,590 | 16.5 | \$111,432,467 | 25.6 |
| 1915(c) waivers - AD | \$17,526,629 | 170.6 | \$31,935,346 | 82.2 | \$49,153,932 | 53.9 | \$69,715,800 | 41.8 | \$70,172,652 | 0.7 |
| Home health | \$8,866,784 | -72.1 | \$5,042,070 | -43.1 | \$5,053,269 | 0.2 | \$6,512,441 | 28.9 | \$8,107,302 | 24.5 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with DD | \$96,563,806 | 8.1 | \$117,364,986 | 21.5 | \$163,129,308 | 39.0 | \$192,397,693 | 17.9 | \$215,857,678 | 12.2 |
| ICF/IID - public | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | -\$151,587 | 100.0 |
| ICF/IID - private | \$79,031,189 | -0.2 | \$85,050,758 | 7.6 | \$82,579,121 | -2.9 | \$73,766,501 | -10.7 | \$69,360,377 | -6.0 |
| 1915(c) waivers - DD | \$17,532,617 | 73.0 | \$32,314,228 | 84.3 | \$80,550,187 | 149.3 | \$118,631,192 | 47.3 | \$146,648,888 | 23.6 |
| HCBS - managed care authorities - DD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with SMI or SED | \$16,120,431 | -9.2 | \$13,747,094 | -14.7 | \$9,944,303 | -27.7 | \$12,039,362 | 21.1 | \$32,140,380 | 167.0 |
| Mental health facilities | \$13,961,233 | -8.8 | \$10,292,984 | -26.3 | \$7,581,720 | -26.3 | \$9,945,625 | 31.2 | \$16,868,121 | 69.6 |
| Mental health facilities-DSH | \$2,159,198 | -11.7 | \$3,454,110 | 60.0 | \$2,362,583 | -31.6 | \$2,093,737 | -11.4 | \$2,686,809 | 28.3 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$12,585,450 | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-Other/Multiple Populations | \$0 | -100.0 | \$0 | 0.0 | \$1,425 | 100.0 | \$1,817,091 | 127415.2 | \$5,127,224 | 182.2 |
| Case management | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - other | \$0 | -100.0 | \$0 | 0.0 | \$1,425 | 100.0 | \$0 | -100.0 | \$0 | 0.0 |
| HCBS - managed care authorities - other | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | \$0 | n/a | \$1,817,091 | 100.0 | \$5,127,224 | 182.2 |
| Total LTSS | \$344,902,010 | 7.0 | \$396,743,923 | 15.0 | \$484,715,290 | 22.2 | \$568,497,606 | 17.3 | \$647,711,956 | 13.9 |
| Total Institutional LTSS | \$268,635,538 | -1.7 | \$271,808,686 | 1.2 | \$273,771,744 | 0.7 | \$283,101,492 | 3.4 | \$293,637,973 | 3.7 |
| Total HCBS | \$76,266,472 | 55.0 | \$124,935,237 | 63.8 | \$210,943,546 | 68.8 | \$285,396,114 | 35.3 | \$354,073,983 | 24.1 |
| Total Medicaid (all services) | \$1,256,968,513 | -0.7 | \$1,349,373,759 | 7.4 | \$1,419,041,406 | 5.2 | \$1,624,010,782 | 14.4 | \$1,833,097,884 | 12.9 |

| Percentages | FY 2006 | FY 2007 | FY 2008 | FY 2009 | FY 2010 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 27.4% | 29.4% | 34.2% | 35.0% | 35.3% |
| Percentage of LTSS that is HCBS | 22.1% | 31.5% | 43.5% | 50.2% | 54.7% |
| Percentage of LTSS that is HCBS - AD | 25.3% | 34.9% | 41.8% | 45.5% | 48.1% |
| Percentage of LTSS that is HCBS - DD | 18.2% | 27.5% | 49.4% | 61.7% | 67.9% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 39.2% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data. Starting in 2008, managed care data are included for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities. "n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included for several categories of service until 2009. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

For data before 2009, prior period adjustments were included for the following categories of service: nursing home, personal care, Section 1915(c) waivers, PACE, ICF/IID, and mental health facilities (including DSH).

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 10G. Long Term Services and Support Expenditures for District of Columbia, 2011 – 2014

| Service Type | FY 2011 | Percent Change 10-11 | FY 2012 | Percent Change 11-12 | FY 2013 | Percent Change 12-13 | FY 2014 | Percent Change 13-14 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$478,442,944 | 21.3 | \$459,571,147 | -3.9 | \$531,415,977 | 15.6 | \$497,938,269 | -6.3 |
| Nursing facilities | \$263,583,187 | 28.7 | \$216,525,388 | -17.9 | \$226,766,565 | 4.7 | \$249,691,977 | 10.1 |
| Personal care | \$102,567,469 | -8.0 | \$139,051,742 | 35.6 | \$260,890,322 | 87.6 | \$209,730,670 | -19.6 |
| 1915(c) waivers - AD | \$100,509,100 | 43.2 | \$84,480,675 | -15.9 | \$31,336,762 | -62.9 | \$25,096,128 | -19.9 |
| Home health | \$11,783,188 | 45.3 | \$19,513,342 | 65.6 | \$12,422,328 | -36.3 | \$13,419,494 | 8.0 |
| Community first choice | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Private duty nursing | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with DD | \$213,416,434 | -1.1 | \$217,484,940 | 1.9 | \$236,710,567 | 8.8 | \$257,082,359 | 8.6 |
| ICF/IID - public | \$0 | -100.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| ICF/IID - private | \$66,639,204 | -3.9 | \$69,494,028 | 4.3 | \$85,877,825 | 23.6 | \$97,246,324 | 13.2 |
| 1915(c) waivers - DD | \$146,777,230 | 0.1 | \$147,990,912 | 0.8 | \$150,832,742 | 1.9 | \$159,836,035 | 6.0 |
| HCBS- managed care authorities - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with SMI or SED | \$46,449,850 | 44.5 | \$47,601,008 | 2.5 | \$31,863,181 | -33.1 | \$35,220,132 | 10.5 |
| Mental health facilities | \$13,769,382 | -18.4 | \$11,730,753 | -14.8 | \$7,529,148 | -35.8 | \$18,993,413 | 152.3 |
| Mental health facilities-DSH | \$6,450,252 | 140.1 | \$6,545,135 | 1.5 | \$6,493,425 | -0.8 | \$5,922,254 | -8.8 |
| Rehabilitative services | \$26,230,216 | 108.4 | \$29,325,120 | 11.8 | \$17,840,608 | -39.2 | \$10,304,465 | -42.2 |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-Other/Multiple Populations | \$3,062,214 | -40.3 | \$2,180,914 | -28.8 | \$1,650,432 | -24.3 | \$1,202,192 | -27.2 |
| Case management | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS- managed care authorities - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| MFP demonstration | \$3,062,214 | -40.3 | \$2,180,914 | -28.8 | \$1,650,432 | -24.3 | \$1,202,192 | -27.2 |
| Total LTSS | \$741,371,442 | 14.5 | \$726,838,009 | -2.0 | \$801,640,157 | 10.3 | \$791,442,952 | -1.3 |
| Total Institutional LTSS | \$350,442,025 | 19.3 | \$304,295,304 | -13.2 | \$326,666,963 | 7.4 | \$371,853,968 | 13.8 |
| Total HCBS | \$390,929,417 | 10.4 | \$422,542,705 | 8.1 | \$474,973,194 | 12.4 | \$419,588,984 | -11.7 |
| Total Medicaid (all services) | \$2,106,617,019 | 14.9 | \$2,112,606,819 | 0.3 | \$2,283,153,373 | 8.1 | \$2,381,846,901 | 4.3 |

| Percentages | FY 2011 | FY 2012 | FY 2013 | FY 2014 |
|--|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 35.2% | 34.4% | 35.1% | 33.2% |
| Percentage of LTSS that is HCBS | 52.7% | 58.1% | 59.3% | 53.0% |
| Percentage of LTSS that is HCBS - AD | 44.9% | 52.9% | 57.3% | 49.9% |
| Percentage of LTSS that is HCBS - DD | 68.8% | 68.1% | 63.7% | 62.2% |
| Percentage of LTSS that is HCBS - SMI or SED | 56.5% | 61.6% | 56.0% | 29.3% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Managed care data are included only for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 11A. Long Term Services and Support Expenditures for Florida, 1981 – 1985

| Service Type | FY 1981 | FY 1982 | Percent Change 81-82 | FY 1983 | Percent Change 82-83 | FY 1984 | Percent Change 83-84 | FY 1985 | Percent Change 84-85 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$162,045,660 | \$181,597,978 | 12.1 | \$208,663,179 | 14.9 | \$262,349,411 | 25.7 | \$317,013,250 | 20.8 |
| Personal care | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$2,058,957 | \$3,125,290 | 51.8 | \$5,968,223 | 91.0 | \$6,223,789 | 4.3 | \$10,583,135 | 70.0 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$28,827,608 | \$48,047,516 | 66.7 | \$72,627,885 | 51.2 | \$90,792,972 | 25.0 | \$118,103,440 | 30.1 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$6,506,010 | \$5,870,185 | -9.8 | \$6,550,975 | 11.6 | \$6,337,340 | -3.3 | \$6,717,530 | 6.0 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | n/a | n/a | n/a | n/a | n/a | \$23,450,742 | n/a | \$25,239,534 | 7.6 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$199,438,235 | \$238,640,969 | 19.7 | \$293,810,262 | 23.1 | \$389,154,254 | 32.5 | \$477,656,889 | 22.7 |
| Total Institutional LTSS | \$197,379,278 | \$235,515,679 | 19.3 | \$287,842,039 | 22.2 | \$359,479,723 | 24.9 | \$441,834,220 | 22.9 |
| Total HCBS | \$2,058,957 | \$3,125,290 | 51.8 | \$5,968,223 | 91.0 | \$29,674,531 | 397.2 | \$35,822,669 | 20.7 |
| Total Medicaid (all services) | \$513,223,578 | \$585,447,108 | 14.1 | \$721,066,240 | 23.2 | \$812,133,043 | 12.6 | \$971,605,473 | 19.6 |

| Percentages | FY 1981 | FY 1982 | FY 1983 | FY 1984 | FY 1985 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 38.9% | 40.8% | 40.7% | 47.9% | 49.2% |
| Percentage of LTSS that is HCBS | 1.0% | 1.3% | 2.0% | 7.6% | 7.5% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data.

Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 11B. Long Term Services and Support Expenditures for Florida, 1986 – 1990

| Service Type | FY 1986 | Percent Change 85-86 | FY 1987 | Percent Change 86-87 | FY 1988 | Percent Change 87-88 | FY 1989 | Percent Change 88-89 | FY 1990 | Percent Change 89-90 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$369,761,855 | 16.6 | \$437,336,489 | 18.3 | \$514,963,044 | 17.7 | \$560,741,970 | 8.9 | \$647,594,290 | 15.5 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$14,048,031 | 32.7 | \$16,146,197 | 14.9 | \$12,308,073 | -23.8 | \$7,114,287 | -42.2 | \$16,855,901 | 136.9 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$123,134,684 | 4.3 | \$216,398,996 | 75.7 | \$130,435,326 | -39.7 | \$132,871,092 | 1.9 | \$157,146,962 | 18.3 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$7,309,826 | 8.8 | \$7,903,452 | 8.1 | \$8,026,643 | 1.6 | \$8,762,091 | 9.2 | \$9,929,659 | 13.3 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | \$23,667,785 | -6.2 | \$17,700,590 | -25.2 | \$22,561,274 | 27.5 | \$29,358,732 | 30.1 | \$32,855,032 | 11.9 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$537,922,181 | 12.6 | \$695,485,724 | 29.3 | \$688,294,360 | -1.0 | \$738,848,172 | 7.3 | \$864,381,844 | 17.0 |
| Total Institutional LTSS | \$500,206,365 | 13.2 | \$661,638,937 | 32.3 | \$653,425,013 | -1.2 | \$702,375,153 | 7.5 | \$814,670,911 | 16.0 |
| Total HCBS | \$37,715,816 | 5.3 | \$33,846,787 | -10.3 | \$34,869,347 | 3.0 | \$36,473,019 | 4.6 | \$49,710,933 | 36.3 |
| Total Medicaid (all services) | \$1,058,977,767 | 9.0 | \$1,246,318,197 | 17.7 | \$1,570,459,910 | 26.0 | \$1,968,809,219 | 25.4 | \$2,534,842,440 | 28.8 |

| Percentages | FY 1986 | FY 1987 | FY 1988 | FY 1989 | FY 1990 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 50.8% | 55.8% | 43.8% | 37.5% | 34.1% |
| Percentage of LTSS that is HCBS | 7.0% | 4.9% | 5.1% | 4.9% | 5.8% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997. ICF/IID 1987 data were greater than 1986 and 1988 data for an unknown reason.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 11C. Long Term Services and Support Expenditures for Florida, 1991 – 1995

| Service Type | FY 1991 | Percent Change 90-91 | FY 1992 | Percent Change 91-92 | FY 1993 | Percent Change 92-93 | FY 1994 | Percent Change 93-94 | FY 1995 | Percent Change 94-95 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$1,389,429,584 | n/a |
| Nursing facilities | \$776,811,229 | 20.0 | \$884,005,709 | 13.8 | \$1,011,886,193 | 14.5 | \$1,064,683,288 | 5.2 | \$1,210,574,609 | 13.7 |
| Personal care | \$215,177 | 100.0 | \$1,299,471 | 503.9 | \$2,538,719 | 95.4 | \$3,309,118 | 30.3 | \$3,735,605 | 12.9 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$36,118,884 | n/a |
| Home health | \$30,423,058 | 80.5 | \$50,212,135 | 65.0 | \$71,717,966 | 42.8 | \$100,332,871 | 39.9 | \$139,000,486 | 38.5 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$345,155,662 | n/a |
| ICF/IID - public | \$169,283,016 | 7.7 | \$181,801,704 | 7.4 | \$192,151,682 | 5.7 | \$212,266,722 | 10.5 | \$246,691,836 | 16.2 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$98,463,826 | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$164,407,365 | n/a |
| Mental health facilities | \$11,736,774 | 18.2 | \$13,309,034 | 13.4 | \$14,406,015 | 8.2 | \$13,940,628 | -3.2 | \$14,692,379 | 5.4 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | \$63,978,147 | n/a | \$105,878,058 | 65.5 | \$149,714,986 | 41.4 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$16,805,268 | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified/other | \$29,271,957 | -10.9 | \$42,800,536 | 46.2 | \$82,807,291 | 93.5 | \$114,662,775 | 38.5 | \$16,805,268 | n/a |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$1,017,741,211 | 17.7 | \$1,173,428,589 | 15.3 | \$1,439,486,013 | 22.7 | \$1,615,073,460 | 12.2 | \$1,915,797,879 | 18.6 |
| Total Institutional LTSS | \$957,831,019 | 17.6 | \$1,079,116,447 | 12.7 | \$1,282,422,037 | 18.8 | \$1,396,768,696 | 8.9 | \$1,621,673,810 | 16.1 |
| Total HCBS | \$59,910,192 | 20.5 | \$94,312,142 | 57.4 | \$157,063,976 | 66.5 | \$218,304,764 | 39.0 | \$294,124,069 | 34.7 |
| Total Medicaid (all services) | \$3,286,683,775 | 29.7 | \$4,149,524,509 | 26.3 | \$4,948,988,085 | 19.3 | \$5,346,901,057 | 8.0 | \$6,134,092,238 | 14.7 |

| Percentages | FY 1991 | FY 1992 | FY 1993 | FY 1994 | FY 1995 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 31.0% | 28.3% | 29.1% | 30.2% | 31.2% |
| Percentage of LTSS that is HCBS | 5.9% | 8.0% | 10.9% | 13.5% | 15.4% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | 12.9% |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | 28.5% |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included except for 1915(c) waivers for 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 11D. Long Term Services and Support Expenditures for Florida, 1996 – 2000

| Service Type | FY 1996 | Percent Change 95-96 | FY 1997 | Percent Change 96-97 | FY 1998 | Percent Change 97-98 | FY 1999 | Percent Change 98-99 | FY 2000 | Percent Change 99-00 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$1,327,968,851 | -4.4 | \$1,435,953,510 | 8.1 | \$1,522,425,577 | 6.0 | \$1,587,308,448 | 4.3 | \$1,769,469,123 | 11.5 |
| Nursing facilities | \$1,138,308,803 | -6.0 | \$1,264,772,027 | 11.1 | \$1,344,166,522 | 6.3 | \$1,402,094,187 | 4.3 | \$1,590,653,302 | 13.4 |
| Personal care | \$6,556,408 | 75.5 | \$12,167,798 | 85.6 | \$14,136,021 | 16.2 | \$15,348,662 | 8.6 | \$16,062,592 | 4.7 |
| 1915(c) waivers - AD | \$40,429,104 | 11.9 | \$54,748,351 | 35.4 | \$58,830,754 | 7.5 | \$79,039,371 | 34.4 | \$88,535,190 | 12.0 |
| Home health | \$142,674,536 | 2.6 | \$104,265,334 | -26.9 | \$105,292,280 | 1.0 | \$90,826,228 | -13.7 | \$74,218,039 | -18.3 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$346,589,675 | 0.4 | \$390,580,420 | 12.7 | \$420,940,433 | 7.8 | \$460,512,074 | 9.4 | \$552,163,917 | 19.9 |
| ICF/IID - public | \$226,117,681 | -8.3 | \$151,799,091 | -32.9 | \$157,454,084 | 3.7 | \$173,526,075 | 10.2 | \$169,600,908 | -2.3 |
| ICF/IID - private | n/a | n/a | \$96,408,900 | n/a | \$98,540,091 | 2.2 | \$94,008,432 | -4.6 | \$111,542,249 | 18.7 |
| 1915(c) waivers - DD | \$120,471,994 | 22.4 | \$142,372,429 | 18.2 | \$164,946,258 | 15.9 | \$192,977,567 | 17.0 | \$271,020,760 | 40.4 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$181,614,742 | 10.5 | \$196,194,714 | 8.0 | \$163,472,927 | -16.7 | \$164,177,339 | 0.4 | \$159,266,262 | -3.0 |
| Mental health facilities | \$12,554,515 | -14.6 | \$14,507,357 | 15.6 | \$14,521,817 | 0.1 | \$14,462,354 | -0.4 | \$11,420,674 | -21.0 |
| Mental health facilities-DSH | \$169,060,227 | 12.9 | \$181,687,357 | 7.5 | \$148,951,110 | -18.0 | \$149,714,985 | 0.5 | \$147,845,588 | -1.2 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$15,467,787 | -8.0 | \$55,134,742 | 256.4 | \$63,053,177 | 14.4 | \$56,728,675 | -10.0 | \$64,447,611 | 13.6 |
| Case management | n/a | n/a | \$37,101,132 | n/a | \$36,290,068 | -2.2 | \$35,536,537 | -2.1 | \$39,784,050 | 12.0 |
| 1915(c) waivers - other | \$15,467,787 | -8.0 | \$18,033,610 | 16.6 | \$26,763,109 | 48.4 | \$21,192,138 | -20.8 | \$24,663,561 | 16.4 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$1,871,641,055 | -2.3 | \$2,077,863,386 | 11.0 | \$2,169,892,114 | 4.4 | \$2,268,726,536 | 4.6 | \$2,545,346,913 | 12.2 |
| Total Institutional LTSS | \$1,546,041,226 | -4.7 | \$1,709,174,732 | 10.6 | \$1,763,633,624 | 3.2 | \$1,833,806,033 | 4.0 | \$2,031,062,721 | 10.8 |
| Total HCBS | \$325,599,829 | 10.7 | \$368,688,654 | 13.2 | \$406,258,490 | 10.2 | \$434,920,503 | 7.1 | \$514,284,192 | 18.2 |
| Total Medicaid (all services) | \$5,939,264,903 | -3.2 | \$6,447,889,401 | 8.6 | \$6,616,829,951 | 2.6 | \$6,842,352,222 | 3.4 | \$7,599,295,189 | 11.1 |

| Percentages | FY 1996 | FY 1997 | FY 1998 | FY 1999 | FY 2000 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 31.5% | 32.2% | 32.8% | 33.2% | 33.5% |
| Percentage of LTSS that is HCBS | 17.4% | 17.7% | 18.7% | 19.2% | 20.2% |
| Percentage of LTSS that is HCBS - AD | 14.3% | 11.9% | 11.7% | 11.7% | 10.1% |
| Percentage of LTSS that is HCBS - DD | 34.8% | 36.5% | 39.2% | 41.9% | 49.1% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included except for 1915(c) waivers. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Florida data from 1998 through 2007 do not include expenditures for a managed care program for older adults and people with physical disabilities.

Table 11E. Long Term Services and Support Expenditures for Florida, 2001 – 2005

| Service Type | FY 2001 | Percent Change 00-01 | FY 2002 | Percent Change 01-02 | FY 2003 | Percent Change 02-03 | FY 2004 | Percent Change 03-04 | FY 2005 | Percent Change 04-05 |
|---|------------------------|----------------------|------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|
| Total-Older People, People with PD | \$1,912,835,622 | 8.1 | \$2,122,546,129 | 11.0 | \$2,411,405,596 | 13.6 | \$2,585,873,198 | 7.2 | \$2,571,502,358 | -0.6 |
| Nursing facilities | \$1,702,838,393 | 7.1 | \$1,875,682,140 | 10.2 | \$2,126,851,292 | 13.4 | \$2,250,455,672 | 5.8 | \$2,228,586,334 | -1.0 |
| Personal care | \$17,594,352 | 9.5 | \$18,415,826 | 4.7 | \$19,248,032 | 4.5 | \$20,286,944 | 5.4 | \$22,454,719 | 10.7 |
| 1915(c) waivers - AD | \$106,355,912 | 20.1 | \$127,212,707 | 19.6 | \$145,897,107 | 14.7 | \$137,938,276 | -5.5 | \$142,010,329 | 3.0 |
| Home health | \$86,046,965 | 15.9 | \$101,235,456 | 17.7 | \$119,333,364 | 17.9 | \$132,434,404 | 11.0 | \$146,388,042 | 10.5 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$75,801 | 100.0 | \$1,183,237 | 1461.0 | \$2,414,799 | 104.1 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$43,574,665 | n/a | \$29,648,135 | -32.0 |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$709,579,276 | 28.5 | \$797,840,524 | 12.4 | \$868,584,605 | 8.9 | \$956,886,651 | 10.2 | \$947,271,332 | -1.0 |
| ICF/IID - public | \$195,279,179 | 15.1 | \$204,037,089 | 4.5 | \$204,436,164 | 0.2 | \$194,517,027 | -4.9 | \$191,396,968 | -1.6 |
| ICF/IID - private | \$95,229,175 | -14.6 | \$106,356,141 | 11.7 | \$111,674,766 | 5.0 | \$114,590,316 | 2.6 | \$109,793,398 | -4.2 |
| 1915(c) waivers - DD | \$419,070,922 | 54.6 | \$487,447,294 | 16.3 | \$552,473,675 | 13.3 | \$647,779,308 | 17.3 | \$646,080,966 | -0.3 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$158,887,333 | -0.2 | \$155,690,801 | -2.0 | \$93,004,158 | -40.3 | \$112,648,458 | 21.1 | \$107,965,827 | -4.2 |
| Mental health facilities | \$9,172,347 | -19.7 | \$7,403,528 | -19.3 | \$4,765,110 | -35.6 | \$8,020,550 | 68.3 | \$4,402,683 | -45.1 |
| Mental health facilities-DSH | \$149,714,986 | 1.3 | \$148,287,273 | -1.0 | \$88,239,048 | -40.5 | \$104,627,908 | 18.6 | \$103,563,144 | -1.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$72,117,812 | 11.9 | \$84,266,080 | 16.8 | \$102,715,319 | 21.9 | \$116,759,108 | 13.7 | \$106,631,990 | -8.7 |
| Case management | \$46,197,793 | 16.1 | \$63,273,596 | 37.0 | \$84,854,201 | 34.1 | \$102,122,846 | 20.4 | \$94,972,697 | -7.0 |
| 1915(c) waivers - other | \$25,920,019 | 5.1 | \$20,992,484 | -19.0 | \$17,861,118 | -14.9 | \$14,636,262 | -18.1 | \$11,659,293 | -20.3 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$2,853,420,043 | 12.1 | \$3,160,343,534 | 10.8 | \$3,475,709,678 | 10.0 | \$3,772,167,415 | 8.5 | \$3,733,371,507 | -1.0 |
| Total Institutional LTSS | \$2,152,234,080 | 6.0 | \$2,341,766,171 | 8.8 | \$2,535,966,380 | 8.3 | \$2,672,211,473 | 5.4 | \$2,637,742,527 | -1.3 |
| Total HCBS | \$701,185,963 | 36.3 | \$818,577,363 | 16.7 | \$939,743,298 | 14.8 | \$1,099,955,942 | 17.0 | \$1,095,628,980 | -0.4 |
| Total Medicaid (all services) | \$8,683,537,438 | 14.3 | \$9,956,521,568 | 14.7 | \$11,069,337,542 | 11.2 | \$12,725,579,052 | 15.0 | \$13,403,150,624 | 5.3 |

| Percentages | FY 2001 | FY 2002 | FY 2003 | FY 2004 | FY 2005 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 32.9% | 31.7% | 31.4% | 29.6% | 27.9% |
| Percentage of LTSS that is HCBS | 24.6% | 25.9% | 27.0% | 29.2% | 29.3% |
| Percentage of LTSS that is HCBS - AD | 11.0% | 11.6% | 11.8% | 13.0% | 13.3% |
| Percentage of LTSS that is HCBS - DD | 59.1% | 61.1% | 63.6% | 67.7% | 68.2% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments were included starting in 1995 for Section 1915(c) waivers, in 2002 for nursing facilities, personal care, ICF/IID, and mental health facilities (including DSH); and in 2004 for PACE. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Florida data from 1998 through 2007 do not include expenditures for a managed care program for older adults and people with physical disabilities.

Table 11F. Long Term Services and Support Expenditures for Florida, 2006 – 2010

| Service Type | FY 2006 | Percent Change 05-06 | FY 2007 | Percent Change 06-07 | FY 2008 | Percent Change 07-08 | FY 2009 | Percent Change 08-09 | FY 2010 | Percent Change 09-10 |
|---|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|
| Total-Older People, People with PD | \$2,780,471,029 | 8.1 | \$2,905,285,397 | 4.5 | \$2,992,322,396 | 3.0 | \$3,073,301,653 | 2.7 | \$3,580,180,848 | 16.5 |
| Nursing facilities | \$2,395,913,850 | 7.5 | \$2,341,742,673 | -2.3 | \$2,414,746,244 | 3.1 | \$2,423,463,477 | 0.4 | \$2,800,172,069 | 15.5 |
| Personal care | \$26,114,760 | 16.3 | \$30,826,408 | 18.0 | \$46,752,027 | 51.7 | \$57,267,132 | 22.5 | \$70,909,228 | 23.8 |
| 1915(c) waivers - AD | \$164,891,500 | 16.1 | \$346,844,600 | 110.3 | \$342,257,067 | -1.3 | \$381,097,495 | 11.3 | \$363,242,075 | -4.7 |
| Home health | \$156,559,590 | 6.9 | \$157,694,759 | 0.7 | \$168,793,167 | 7.0 | \$168,971,511 | 0.1 | \$129,554,222 | -23.3 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$2,615,299 | 8.3 | \$2,599,931 | -0.6 | \$2,308,237 | -11.2 | \$5,419,671 | 134.8 | \$7,659,005 | 41.3 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$161,014,793 | n/a |
| HCBS - 1915(j) | \$34,376,030 | 15.9 | \$25,577,026 | -25.6 | \$17,465,654 | -31.7 | \$37,082,367 | 112.3 | \$47,629,456 | 28.4 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with DD | \$1,068,709,307 | 12.8 | \$1,209,394,125 | 13.2 | \$1,248,751,650 | 3.3 | \$1,186,986,634 | -4.9 | \$1,236,036,739 | 4.1 |
| ICF/IID - public | \$178,393,000 | -6.8 | \$166,697,186 | -6.6 | \$148,383,769 | -11.0 | \$121,227,930 | -18.3 | \$102,594,561 | -15.4 |
| ICF/IID - private | \$136,079,719 | 23.9 | \$152,590,919 | 12.1 | \$189,884,391 | 24.4 | \$207,221,417 | 9.1 | \$231,123,225 | 11.5 |
| 1915(c) waivers - DD | \$754,236,588 | 16.7 | \$890,106,020 | 18.0 | \$910,483,490 | 2.3 | \$858,537,287 | -5.7 | \$902,318,953 | 5.1 |
| HCBS - managed care authorities - DD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with SMI or SED | \$111,875,265 | 3.6 | \$111,986,448 | 0.1 | \$116,773,176 | 4.3 | \$126,898,765 | 8.7 | \$180,635,726 | 42.3 |
| Mental health facilities | \$6,436,122 | 46.2 | \$8,176,557 | 27.0 | \$9,437,805 | 15.4 | \$14,461,334 | 53.2 | \$58,548,020 | 304.9 |
| Mental health facilities-DSH | \$105,439,143 | 1.8 | \$103,809,891 | -1.5 | \$107,335,371 | 3.4 | \$112,437,431 | 4.8 | \$122,087,706 | 8.6 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-Other/Multiple Populations | \$105,116,374 | -1.4 | \$120,562,703 | 14.7 | \$145,741,117 | 20.9 | \$99,655,524 | -31.6 | \$127,523,689 | 28.0 |
| Case management | \$94,405,600 | -0.6 | \$113,190,856 | 19.9 | \$79,329,283 | -29.9 | \$108,456,254 | 36.7 | \$117,930,591 | 8.7 |
| 1915(c) waivers - other | \$10,710,774 | -8.1 | \$7,371,847 | -31.2 | \$66,411,834 | 800.9 | -\$8,800,730 | -113.3 | \$9,593,098 | -209.0 |
| HCBS - managed care authorities - other | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| Total LTSS | \$4,066,171,975 | 8.9 | \$4,347,228,673 | 6.9 | \$4,503,588,339 | 3.6 | \$4,486,842,576 | -0.4 | \$5,124,377,002 | 14.2 |
| Total Institutional LTSS | \$2,822,261,834 | 7.0 | \$2,773,017,226 | -1.7 | \$2,869,787,580 | 3.5 | \$2,878,811,589 | 0.3 | \$3,314,525,581 | 15.1 |
| Total HCBS | \$1,243,910,141 | 13.5 | \$1,574,211,447 | 26.6 | \$1,633,800,759 | 3.8 | \$1,608,030,987 | -1.6 | \$1,809,851,421 | 12.6 |
| Total Medicaid (all services) | \$12,781,286,320 | -4.6 | \$13,725,828,149 | 7.4 | \$14,296,310,551 | 4.2 | \$15,518,909,769 | 8.6 | \$17,393,414,680 | 12.1 |

| Percentages | FY 2006 | FY 2007 | FY 2008 | FY 2009 | FY 2010 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 31.8% | 31.7% | 31.5% | 28.9% | 29.5% |
| Percentage of LTSS that is HCBS | 30.6% | 36.2% | 36.3% | 35.8% | 35.3% |
| Percentage of LTSS that is HCBS - AD | 13.8% | 19.4% | 19.3% | 21.1% | 21.8% |
| Percentage of LTSS that is HCBS - DD | 70.6% | 73.6% | 72.9% | 72.3% | 73.0% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data. Starting in 2008, managed care data are included for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities. "n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included for several categories of service until 2009. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

For data before 2009, prior period adjustments were included for the following categories of service: nursing home, personal care, Section 1915(c) waivers, PACE, ICF/IID, and mental health facilities (including DSH).

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Florida data from 1998 through 2007 do not include expenditures for a managed care program for older adults and people with physical disabilities.

Table 11G. Long Term Services and Support Expenditures for Florida, 2011 – 2014

| Service Type | FY 2011 | Percent Change 10-11 | FY 2012 | Percent Change 11-12 | FY 2013 | Percent Change 12-13 | FY 2014 | Percent Change 13-14 |
|---|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|
| Total-Older People, People with PD | \$3,690,939,997 | 3.1 | \$3,651,905,547 | -1.1 | \$3,738,395,575 | 2.4 | \$4,456,381,055 | 19.2 |
| Nursing facilities | \$2,885,014,465 | 3.0 | \$2,810,830,349 | -2.6 | \$2,839,666,292 | 1.0 | \$3,500,974,407 | 23.3 |
| Personal care | \$72,172,376 | 1.8 | \$74,270,173 | 2.9 | \$85,590,933 | 15.2 | \$63,737,162 | -25.5 |
| 1915(c) waivers - AD | \$371,647,379 | 2.3 | \$372,764,351 | 0.3 | \$415,145,280 | 11.4 | \$491,130,973 | 18.3 |
| Home health | \$110,053,872 | -15.1 | \$162,538,141 | 47.7 | \$164,110,384 | 1.0 | \$153,606,926 | -6.4 |
| Community first choice | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$12,462,866 | 62.7 | \$14,721,563 | 18.1 | \$20,974,041 | 42.5 | \$23,244,020 | 10.8 |
| Private duty nursing | \$175,121,012 | 8.8 | \$152,671,772 | -12.8 | \$143,696,753 | -5.9 | \$160,386,008 | 11.6 |
| HCBS - 1915(j) | \$64,468,027 | 35.4 | \$64,109,198 | -0.6 | \$69,211,892 | 8.0 | \$63,301,559 | -8.5 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with DD | \$1,214,448,083 | -1.7 | \$1,151,073,320 | -5.2 | \$1,104,490,263 | -4.0 | \$1,138,475,521 | 3.1 |
| ICF/IID - public | \$92,741,128 | -9.6 | \$84,858,393 | -8.5 | \$46,877,727 | -44.8 | \$68,510,726 | 46.1 |
| ICF/IID - private | \$237,258,284 | 2.7 | \$243,601,166 | 2.7 | \$275,005,423 | 12.9 | \$258,168,227 | -6.1 |
| 1915(c) waivers - DD | \$884,448,671 | -2.0 | \$822,613,761 | -7.0 | \$782,607,113 | -4.9 | \$811,796,568 | 3.7 |
| HCBS - managed care authorities - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with SMI or SED | \$170,242,686 | -5.8 | \$186,511,732 | 9.6 | \$141,855,070 | -23.9 | \$127,362,607 | -10.2 |
| Mental health facilities | \$61,325,200 | 4.7 | \$66,673,129 | 8.7 | \$48,724,722 | -26.9 | \$31,490,664 | -35.4 |
| Mental health facilities-DSH | \$108,917,486 | -10.8 | \$119,838,603 | 10.0 | \$93,130,348 | -22.3 | \$95,871,943 | 2.9 |
| Rehabilitative services | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-Other/Multiple Populations | \$113,794,249 | -10.8 | \$115,060,561 | 1.1 | \$155,178,861 | 34.9 | \$205,081,301 | 32.2 |
| Case management | \$104,000,083 | -11.8 | \$104,316,282 | 0.3 | \$143,006,271 | 37.1 | \$166,143,560 | 16.2 |
| 1915(c) waivers - other | \$9,794,166 | 2.1 | \$10,744,279 | 9.7 | \$12,172,590 | 13.3 | \$38,937,741 | 219.9 |
| HCBS - managed care authorities - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| MFP demonstration | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total LTSS | \$5,189,425,015 | 1.3 | \$5,104,551,160 | -1.6 | \$5,139,919,769 | 0.7 | \$5,927,300,484 | 15.3 |
| Total Institutional LTSS | \$3,385,256,563 | 2.1 | \$3,325,801,640 | -1.8 | \$3,303,404,512 | -0.7 | \$3,955,015,967 | 19.7 |
| Total HCBS | \$1,804,168,452 | -0.3 | \$1,778,749,520 | -1.4 | \$1,836,515,257 | 3.2 | \$1,972,284,517 | 7.4 |
| Total Medicaid (all services) | \$18,134,378,759 | 4.3 | \$18,022,254,168 | -0.6 | \$18,615,326,939 | 3.3 | \$20,475,952,725 | 10.0 |

| Percentages | FY 2011 | FY 2012 | FY 2013 | FY 2014 |
|--|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 28.6% | 28.3% | 27.6% | 29.0% |
| Percentage of LTSS that is HCBS | 34.8% | 34.9% | 35.7% | 33.3% |
| Percentage of LTSS that is HCBS - AD | 21.8% | 23.0% | 24.0% | 21.4% |
| Percentage of LTSS that is HCBS - DD | 72.8% | 71.5% | 70.9% | 71.3% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Managed care data are included only for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care.

Institutional MLTSS – unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 12A. Long Term Services and Support Expenditures for Georgia, 1981 – 1985

| Service Type | FY 1981 | FY 1982 | Percent Change 81-82 | FY 1983 | Percent Change 82-83 | FY 1984 | Percent Change 83-84 | FY 1985 | Percent Change 84-85 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$179,934,166 | \$190,371,079 | 5.8 | \$170,326,546 | -10.5 | \$194,162,140 | 14.0 | \$213,536,664 | 10.0 |
| Personal care | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$1,574,680 | n/a |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$6,862,966 | \$9,619,393 | 40.2 | \$15,060,821 | 56.6 | \$14,577,097 | -3.2 | \$22,189,773 | 52.2 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$44,909,275 | \$48,271,338 | 7.5 | \$49,879,282 | 3.3 | \$52,001,801 | 4.3 | \$61,767,670 | 18.8 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$2,546,072 | \$2,160,232 | -15.2 | \$3,923,810 | 81.6 | \$3,387,745 | -13.7 | \$3,979,414 | 17.5 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | n/a | n/a | n/a | n/a | n/a | \$6,031,762 | n/a | \$5,195,310 | -13.9 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$234,252,479 | \$250,422,042 | 6.9 | \$239,190,459 | -4.5 | \$270,160,545 | 12.9 | \$308,243,511 | 14.1 |
| Total Institutional LTSS | \$227,389,513 | \$240,802,649 | 5.9 | \$224,129,638 | -6.9 | \$249,551,686 | 11.3 | \$279,283,748 | 11.9 |
| Total HCBS | \$6,862,966 | \$9,619,393 | 40.2 | \$15,060,821 | 56.6 | \$20,608,859 | 36.8 | \$28,959,763 | 40.5 |
| Total Medicaid (all services) | \$554,862,695 | \$589,407,434 | 6.2 | \$628,463,938 | 6.6 | \$625,221,017 | -0.5 | \$789,276,606 | 26.2 |

| Percentages | FY 1981 | FY 1982 | FY 1983 | FY 1984 | FY 1985 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 42.2% | 42.5% | 38.1% | 43.2% | 39.1% |
| Percentage of LTSS that is HCBS | 2.9% | 3.8% | 6.3% | 7.6% | 9.4% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data.

Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 12B. Long Term Services and Support Expenditures for Georgia, 1986 – 1990

| Service Type | FY 1986 | Percent Change 85-86 | FY 1987 | Percent Change 86-87 | FY 1988 | Percent Change 87-88 | FY 1989 | Percent Change 88-89 | FY 1990 | Percent Change 89-90 |
|---|----------------------|----------------------|----------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$219,395,486 | 2.7 | \$244,647,972 | 11.5 | \$264,273,946 | 8.0 | \$291,259,381 | 10.2 | \$348,792,727 | 19.8 |
| Personal care | \$0 | -100.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$25,573,323 | 15.2 | \$26,510,875 | 3.7 | \$33,596,524 | 26.7 | \$33,838,687 | 0.7 | \$36,621,734 | 8.2 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$73,201,461 | 18.5 | \$131,779,771 | 80.0 | \$84,730,397 | -35.7 | \$94,263,005 | 11.3 | \$102,561,252 | 8.8 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$5,688,431 | 42.9 | \$9,889,341 | 73.9 | \$10,748,161 | 8.7 | \$12,712,776 | 18.3 | \$13,472,284 | 6.0 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | \$8,242,855 | 58.7 | \$16,632,705 | 101.8 | \$22,937,229 | 37.9 | \$18,984,269 | -17.2 | \$27,169,967 | 43.1 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$332,101,556 | 7.7 | \$429,460,664 | 29.3 | \$416,286,257 | -3.1 | \$451,058,118 | 8.4 | \$528,617,964 | 17.2 |
| Total Institutional LTSS | \$298,285,378 | 6.8 | \$386,317,084 | 29.5 | \$359,752,504 | -6.9 | \$398,235,162 | 10.7 | \$464,826,263 | 16.7 |
| Total HCBS | \$33,816,178 | 16.8 | \$43,143,580 | 27.6 | \$56,533,753 | 31.0 | \$52,822,956 | -6.6 | \$63,791,701 | 20.8 |
| Total Medicaid (all services) | \$845,772,305 | 7.2 | \$956,573,945 | 13.1 | \$1,160,604,920 | 21.3 | \$1,283,583,731 | 10.6 | \$1,566,007,267 | 22.0 |

| Percentages | FY 1986 | FY 1987 | FY 1988 | FY 1989 | FY 1990 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 39.3% | 44.9% | 35.9% | 35.1% | 33.8% |
| Percentage of LTSS that is HCBS | 10.2% | 10.0% | 13.6% | 11.7% | 12.1% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997. ICF/IID 1987 data were greater than 1986 and 1988 data for an unknown reason.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 12C. Long Term Services and Support Expenditures for Georgia, 1991 – 1995

| Service Type | FY 1991 | Percent Change 90-91 | FY 1992 | Percent Change 91-92 | FY 1993 | Percent Change 92-93 | FY 1994 | Percent Change 93-94 | FY 1995 | Percent Change 94-95 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$714,448,128 | n/a |
| Nursing facilities | \$428,519,509 | 22.9 | \$491,441,660 | 14.7 | \$531,126,102 | 8.1 | \$572,463,410 | 7.8 | \$619,107,274 | 8.1 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$42,928,899 | n/a |
| Home health | \$33,806,531 | -7.7 | \$36,627,800 | 8.3 | \$31,657,936 | -13.6 | \$41,102,859 | 29.8 | \$52,411,955 | 27.5 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$151,262,815 | n/a |
| ICF/IID - public | \$109,575,125 | 6.8 | \$115,391,129 | 5.3 | \$116,223,419 | 0.7 | \$119,694,232 | 3.0 | \$121,949,057 | 1.9 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$29,313,758 | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$25,017,644 | n/a |
| Mental health facilities | \$16,775,967 | 24.5 | \$19,877,336 | 18.5 | \$18,192,888 | -8.5 | \$15,655,964 | -13.9 | \$25,017,644 | 59.8 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$3,533,599 | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified/other | \$34,070,685 | 25.4 | \$42,296,496 | 24.1 | \$51,195,382 | 21.0 | \$59,448,505 | 16.1 | \$3,533,599 | n/a |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$622,747,817 | 17.8 | \$705,634,421 | 13.3 | \$748,395,727 | 6.1 | \$808,364,970 | 8.0 | \$894,262,186 | 10.6 |
| Total Institutional LTSS | \$554,870,601 | 19.4 | \$626,710,125 | 12.9 | \$665,542,409 | 6.2 | \$707,813,606 | 6.4 | \$766,073,975 | 8.2 |
| Total HCBS | \$67,877,216 | 6.4 | \$78,924,296 | 16.3 | \$82,853,318 | 5.0 | \$100,551,364 | 21.4 | \$128,188,211 | 27.5 |
| Total Medicaid (all services) | \$1,973,622,506 | 26.0 | \$2,486,558,584 | 26.0 | \$2,798,657,494 | 12.6 | \$3,273,738,005 | 17.0 | \$3,581,447,612 | 9.4 |

| Percentages | FY 1991 | FY 1992 | FY 1993 | FY 1994 | FY 1995 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 31.6% | 28.4% | 26.7% | 24.7% | 25.0% |
| Percentage of LTSS that is HCBS | 10.9% | 11.2% | 11.1% | 12.4% | 14.3% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | 13.3% |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | 19.4% |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included except for 1915(c) waivers for 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 12D. Long Term Services and Support Expenditures for Georgia, 1996 – 2000

| Service Type | FY 1996 | Percent Change 95-96 | FY 1997 | Percent Change 96-97 | FY 1998 | Percent Change 97-98 | FY 1999 | Percent Change 98-99 | FY 2000 | Percent Change 99-00 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$741,479,760 | 3.8 | \$712,735,452 | -3.9 | \$732,705,429 | 2.8 | \$771,893,171 | 5.3 | \$883,459,609 | 14.5 |
| Nursing facilities | \$645,137,538 | 4.2 | \$615,064,634 | -4.7 | \$623,063,866 | 1.3 | \$653,589,975 | 4.9 | \$757,939,498 | 16.0 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | \$47,395,153 | 10.4 | \$53,362,294 | 12.6 | \$65,278,979 | 22.3 | \$70,927,110 | 8.7 | \$77,067,325 | 8.7 |
| Home health | \$48,947,069 | -6.6 | \$44,308,524 | -9.5 | \$44,362,584 | 0.1 | \$47,376,086 | 6.8 | \$48,452,786 | 2.3 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$169,493,390 | 12.1 | \$189,181,409 | 11.6 | \$173,650,072 | -8.2 | \$177,416,488 | 2.2 | \$188,129,177 | 6.0 |
| ICF/IID - public | \$125,847,831 | 3.2 | \$122,497,531 | -2.7 | \$101,762,903 | -16.9 | \$103,757,881 | 2.0 | \$105,112,386 | 1.3 |
| ICF/IID - private | n/a | n/a | \$4,805,554 | n/a | \$5,082,048 | 5.8 | \$5,200,433 | 2.3 | \$5,106,956 | -1.8 |
| 1915(c) waivers - DD | \$43,645,559 | 48.9 | \$61,878,324 | 41.8 | \$66,805,121 | 8.0 | \$68,458,174 | 2.5 | \$77,909,835 | 13.8 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$21,318,175 | -14.8 | \$22,037,820 | 3.4 | \$20,684,468 | -6.1 | \$20,730,713 | 0.2 | \$23,967,321 | 15.6 |
| Mental health facilities | \$21,318,175 | -14.8 | \$22,037,820 | 3.4 | \$20,684,468 | -6.1 | \$20,730,713 | 0.2 | \$23,967,321 | 15.6 |
| Mental health facilities-DSH | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$4,226,327 | 19.6 | \$81,413,302 | 1826.3 | \$89,268,946 | 9.6 | \$90,299,908 | 1.2 | \$96,070,857 | 6.4 |
| Case management | n/a | n/a | \$77,375,977 | n/a | \$85,298,955 | 10.2 | \$86,779,896 | 1.7 | \$92,827,538 | 7.0 |
| 1915(c) waivers - other | \$4,226,327 | 19.6 | \$4,037,325 | -4.5 | \$3,969,991 | -1.7 | \$3,520,012 | -11.3 | \$3,243,319 | -7.9 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$936,517,652 | 4.7 | \$1,005,367,983 | 7.4 | \$1,016,308,915 | 1.1 | \$1,060,340,280 | 4.3 | \$1,191,626,964 | 12.4 |
| Total Institutional LTSS | \$792,303,544 | 3.4 | \$764,405,539 | -3.5 | \$750,593,285 | -1.8 | \$783,279,002 | 4.4 | \$892,126,161 | 13.9 |
| Total HCBS | \$144,214,108 | 12.5 | \$240,962,444 | 67.1 | \$265,715,630 | 10.3 | \$277,061,278 | 4.3 | \$299,500,803 | 8.1 |
| Total Medicaid (all services) | \$3,589,643,840 | 0.2 | \$3,584,015,676 | -0.2 | \$3,598,011,410 | 0.4 | \$3,762,767,168 | 4.6 | \$4,255,427,057 | 13.1 |

| Percentages | FY 1996 | FY 1997 | FY 1998 | FY 1999 | FY 2000 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 26.1% | 28.1% | 28.2% | 28.2% | 28.0% |
| Percentage of LTSS that is HCBS | 15.4% | 24.0% | 26.1% | 26.1% | 25.1% |
| Percentage of LTSS that is HCBS - AD | 13.0% | 13.7% | 15.0% | 15.3% | 14.2% |
| Percentage of LTSS that is HCBS - DD | 25.8% | 32.7% | 38.5% | 38.6% | 41.4% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included except for 1915(c) waivers. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 12E. Long Term Services and Support Expenditures for Georgia, 2001 – 2005

| Service Type | FY 2001 | Percent Change 00-01 | FY 2002 | Percent Change 01-02 | FY 2003 | Percent Change 02-03 | FY 2004 | Percent Change 03-04 | FY 2005 | Percent Change 04-05 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$898,680,868 | 1.7 | \$1,004,510,739 | 11.8 | \$927,327,148 | -7.7 | \$1,544,919,453 | 66.6 | \$1,596,873,534 | 3.4 |
| Nursing facilities | \$760,307,961 | 0.3 | \$835,419,004 | 9.9 | \$783,901,849 | -6.2 | \$1,354,048,067 | 72.7 | \$1,390,399,452 | 2.7 |
| Personal care | \$0 | 0.0 | -\$59,724 | 100.0 | -\$621,130 | 940.0 | -\$59,035,213 | 9404.5 | \$497,459 | -100.8 |
| 1915(c) waivers - AD | \$90,117,546 | 16.9 | \$106,877,726 | 18.6 | \$84,942,398 | -20.5 | \$147,251,593 | 73.4 | \$112,579,523 | -23.5 |
| Home health | \$48,255,361 | -0.4 | \$62,273,733 | 29.1 | \$59,104,031 | -5.1 | \$102,655,006 | 73.7 | \$93,397,100 | -9.0 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$195,474,898 | 3.9 | \$258,430,159 | 32.2 | \$214,192,557 | -17.1 | \$418,568,228 | 95.4 | \$339,262,116 | -18.9 |
| ICF/IID - public | \$106,721,692 | 1.5 | \$105,046,545 | -1.6 | \$95,651,684 | -8.9 | \$137,345,446 | 43.6 | \$92,878,141 | -32.4 |
| ICF/IID - private | \$5,258,474 | 3.0 | \$5,612,784 | 6.7 | \$8,207,145 | 46.2 | \$8,816,237 | 7.4 | \$6,785,536 | -23.0 |
| 1915(c) waivers - DD | \$83,494,732 | 7.2 | \$147,770,830 | 77.0 | \$110,333,728 | -25.3 | \$272,406,545 | 146.9 | \$239,598,439 | -12.0 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$27,591,508 | 15.1 | \$29,363,686 | 6.4 | \$54,677,532 | 86.2 | \$33,706,745 | -38.4 | \$33,048,221 | -2.0 |
| Mental health facilities | \$27,591,508 | 15.1 | \$29,124,871 | 5.6 | \$54,677,532 | 87.7 | \$33,706,745 | -38.4 | \$33,048,221 | -2.0 |
| Mental health facilities-DSH | \$0 | 0.0 | \$238,815 | 100.0 | \$0 | -100.0 | \$0 | 0.0 | \$0 | 0.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$112,141,024 | 16.7 | \$179,172,828 | 59.8 | \$419,646,829 | 134.2 | \$295,764,637 | -29.5 | \$184,457,023 | -37.6 |
| Case management | \$107,009,724 | 15.3 | \$172,583,075 | 61.3 | \$414,845,023 | 140.4 | \$293,202,259 | -29.3 | \$177,638,044 | -39.4 |
| 1915(c) waivers - other | \$5,131,300 | 58.2 | \$6,589,753 | 28.4 | \$4,801,806 | -27.1 | \$2,562,378 | -46.6 | \$6,818,979 | 166.1 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$1,233,888,298 | 3.5 | \$1,471,477,412 | 19.3 | \$1,615,844,066 | 9.8 | \$2,292,959,063 | 41.9 | \$2,153,640,894 | -6.1 |
| Total Institutional LTSS | \$899,879,635 | 0.9 | \$975,442,019 | 8.4 | \$942,438,210 | -3.4 | \$1,533,916,495 | 62.8 | \$1,523,111,350 | -0.7 |
| Total HCBS | \$334,008,663 | 11.5 | \$496,035,393 | 48.5 | \$673,405,856 | 35.8 | \$759,042,568 | 12.7 | \$630,529,544 | -16.9 |
| Total Medicaid (all services) | \$5,183,956,791 | 21.8 | \$6,399,820,574 | 23.5 | \$6,622,871,660 | 3.5 | \$8,859,156,988 | 33.8 | \$7,669,179,533 | -13.4 |

| Percentages | FY 2001 | FY 2002 | FY 2003 | FY 2004 | FY 2005 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 23.8% | 23.0% | 24.4% | 25.9% | 28.1% |
| Percentage of LTSS that is HCBS | 27.1% | 33.7% | 41.7% | 33.1% | 29.3% |
| Percentage of LTSS that is HCBS - AD | 15.4% | 16.8% | 15.5% | 12.4% | 12.9% |
| Percentage of LTSS that is HCBS - DD | 42.7% | 57.2% | 51.5% | 65.1% | 70.6% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments were included starting in 1995 for Section 1915(c) waivers, in 2002 for nursing facilities, personal care, ICF/IID, and mental health facilities (including DSH); and in 2004 for PACE. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 12F. Long Term Services and Support Expenditures for Georgia, 2006 – 2010

| Service Type | FY 2006 | Percent Change 05-06 | FY 2007 | Percent Change 06-07 | FY 2008 | Percent Change 07-08 | FY 2009 | Percent Change 08-09 | FY 2010 | Percent Change 09-10 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$1,440,733,040 | -9.8 | \$930,309,637 | -35.4 | \$1,714,723,786 | 84.3 | \$1,385,630,610 | -19.2 | \$1,733,628,577 | 25.1 |
| Nursing facilities | \$1,195,805,372 | -14.0 | \$671,010,398 | -43.9 | \$1,311,548,580 | 95.5 | \$990,124,827 | -24.5 | \$1,294,703,685 | 30.8 |
| Personal care | \$4,296,503 | 763.7 | \$13,473,158 | 213.6 | \$1,002,569 | -92.6 | \$688,789 | -31.3 | \$173,794 | -74.8 |
| 1915(c) waivers - AD | \$148,739,429 | 32.1 | \$169,458,022 | 13.9 | \$317,383,462 | 87.3 | \$303,092,649 | -4.5 | \$333,775,671 | 10.1 |
| Home health | \$91,891,736 | -1.6 | \$76,368,059 | -16.9 | \$84,789,175 | 11.0 | \$91,724,345 | 8.2 | \$104,975,427 | 14.4 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with DD | \$313,535,586 | -7.6 | \$405,083,838 | 29.2 | \$434,303,614 | 7.2 | \$419,861,881 | -3.3 | \$476,460,063 | 13.5 |
| ICF/IID - public | \$109,627,451 | 18.0 | \$99,385,281 | -9.3 | \$111,143,154 | 11.8 | \$85,276,593 | -23.3 | \$112,384,213 | 31.8 |
| ICF/IID - private | \$5,021,768 | -26.0 | \$6,499,863 | 29.4 | \$7,995,728 | 23.0 | \$4,910,553 | -38.6 | \$8,032,755 | 63.6 |
| 1915(c) waivers - DD | \$198,886,367 | -17.0 | \$299,198,694 | 50.4 | \$315,164,732 | 5.3 | \$329,674,735 | 4.6 | \$356,043,095 | 8.0 |
| HCBS - managed care authorities - DD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with SMI or SED | \$22,736,606 | -31.2 | \$23,508,149 | 3.4 | \$33,796,786 | 43.8 | \$26,002,791 | -23.1 | \$33,727,665 | 29.7 |
| Mental health facilities | \$22,736,606 | -31.2 | \$23,508,149 | 3.4 | \$33,796,786 | 43.8 | \$26,002,791 | -23.1 | \$33,727,665 | 29.7 |
| Mental health facilities-DSH | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-Other/Multiple Populations | \$151,302,001 | -18.0 | \$105,373,742 | -30.4 | \$115,024,419 | 9.2 | \$104,940,739 | -8.8 | \$116,145,767 | 10.7 |
| Case management | \$143,082,027 | -19.5 | \$96,086,665 | -32.8 | \$103,251,982 | 7.5 | \$90,558,532 | -12.3 | \$92,722,577 | 2.4 |
| 1915(c) waivers - other | \$8,219,974 | 20.5 | \$9,287,077 | 13.0 | \$11,772,437 | 26.8 | \$12,686,430 | 7.8 | \$15,108,389 | 19.1 |
| HCBS - managed care authorities - other | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | \$0 | n/a | \$1,695,777 | 100.0 | \$8,314,801 | 390.3 |
| Total LTSS | \$1,928,307,233 | -10.5 | \$1,464,275,366 | -24.1 | \$2,297,848,605 | 56.9 | \$1,936,436,021 | -15.7 | \$2,359,962,072 | 21.9 |
| Total Institutional LTSS | \$1,333,191,197 | -12.5 | \$800,403,691 | -40.0 | \$1,464,484,248 | 83.0 | \$1,106,314,764 | -24.5 | \$1,448,848,318 | 31.0 |
| Total HCBS | \$595,116,036 | -5.6 | \$663,871,675 | 11.6 | \$833,364,357 | 25.5 | \$830,121,257 | -0.4 | \$911,113,754 | 9.8 |
| Total Medicaid (all services) | \$6,737,680,899 | -12.1 | \$7,162,550,574 | 6.3 | \$7,590,994,363 | 6.0 | \$7,470,473,352 | -1.6 | \$7,782,245,014 | 4.2 |

| Percentages | FY 2006 | FY 2007 | FY 2008 | FY 2009 | FY 2010 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 28.6% | 20.4% | 30.3% | 25.9% | 30.3% |
| Percentage of LTSS that is HCBS | 30.9% | 45.3% | 36.3% | 42.9% | 38.6% |
| Percentage of LTSS that is HCBS - AD | 17.0% | 27.9% | 23.5% | 28.5% | 25.3% |
| Percentage of LTSS that is HCBS - DD | 63.4% | 73.9% | 72.6% | 78.5% | 74.7% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data. Starting in 2008, managed care data are included for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities. "n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included for several categories of service until 2009. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

For data before 2009, prior period adjustments were included for the following categories of service: nursing home, personal care, Section 1915(c) waivers, PACE, ICF/IID, and mental health facilities (including DSH).

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 12G. Long Term Services and Support Expenditures for Georgia, 2011 – 2014

| Service Type | FY 2011 | Percent Change 10-11 | FY 2012 | Percent Change 11-12 | FY 2013 | Percent Change 12-13 | FY 2014 | Percent Change 13-14 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$1,582,728,219 | -8.7 | \$1,716,781,163 | 8.5 | \$1,814,033,407 | 5.7 | \$1,670,412,374 | -7.9 |
| Nursing facilities | \$1,124,134,821 | -13.2 | \$1,219,596,735 | 8.5 | \$1,355,685,220 | 11.2 | \$1,211,002,700 | -10.7 |
| Personal care | \$317,201 | 82.5 | \$1,983 | -99.4 | \$0 | -100.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | \$356,880,078 | 6.9 | \$405,932,880 | 13.7 | \$412,855,986 | 1.7 | \$414,797,006 | 0.5 |
| Home health | \$101,396,119 | -3.4 | \$91,249,565 | -10.0 | \$45,492,201 | -50.1 | \$44,612,668 | -1.9 |
| Community first choice | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Private duty nursing | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with DD | \$461,841,604 | -3.1 | \$450,353,713 | -2.5 | \$477,120,537 | 5.9 | \$496,618,162 | 4.1 |
| ICF/IID - public | \$95,877,937 | -14.7 | \$60,646,958 | -36.7 | \$33,888,996 | -44.1 | \$23,272,105 | -31.3 |
| ICF/IID - private | \$6,578,188 | -18.1 | \$6,470,336 | -1.6 | \$7,026,593 | 8.6 | \$6,860,648 | -2.4 |
| 1915(c) waivers - DD | \$359,385,479 | 0.9 | \$383,236,419 | 6.6 | \$436,204,948 | 13.8 | \$466,485,409 | 6.9 |
| HCBS- managed care authorities - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with SMI or SED | \$30,058,909 | -10.9 | \$86,073,662 | 186.3 | \$249,948,561 | 190.4 | \$192,640,043 | -22.9 |
| Mental health facilities | \$30,030,045 | -11.0 | \$28,443,076 | -5.3 | \$24,553,334 | -13.7 | \$14,911,270 | -39.3 |
| Mental health facilities-DSH | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Rehabilitative services | \$28,864 | 100.0 | \$57,630,586 | 199562.5 | \$225,395,227 | 291.1 | \$177,728,773 | -21.1 |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-Other/Multiple Populations | \$123,842,954 | 6.6 | \$119,023,684 | -3.9 | \$80,773,578 | -32.1 | \$59,268,988 | -26.6 |
| Case management | \$94,771,620 | 2.2 | \$81,910,203 | -13.6 | \$49,703,558 | -39.3 | \$40,201,063 | -19.1 |
| 1915(c) waivers - other | \$16,518,245 | 9.3 | \$15,405,186 | -6.7 | \$11,981,188 | -22.2 | \$4,975,222 | -58.5 |
| HCBS- managed care authorities - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| MFP demonstration | \$12,553,089 | 51.0 | \$21,708,295 | 72.9 | \$19,088,832 | -12.1 | \$14,092,703 | -26.2 |
| Total LTSS | \$2,198,471,686 | -6.8 | \$2,372,232,222 | 7.9 | \$2,621,876,083 | 10.5 | \$2,418,939,567 | -7.7 |
| Total Institutional LTSS | \$1,256,620,991 | -13.3 | \$1,315,157,105 | 4.7 | \$1,421,154,143 | 8.1 | \$1,256,046,723 | -11.6 |
| Total HCBS | \$941,850,695 | 3.4 | \$1,057,075,117 | 12.2 | \$1,200,721,940 | 13.6 | \$1,162,892,844 | -3.2 |
| Total Medicaid (all services) | \$8,289,841,666 | 6.5 | \$8,738,848,911 | 5.4 | \$8,941,296,502 | 2.3 | \$9,331,168,300 | 4.4 |

| Percentages | FY 2011 | FY 2012 | FY 2013 | FY 2014 |
|--|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 26.5% | 27.2% | 29.3% | 25.9% |
| Percentage of LTSS that is HCBS | 42.8% | 44.6% | 45.8% | 48.1% |
| Percentage of LTSS that is HCBS - AD | 29.0% | 29.0% | 25.3% | 27.5% |
| Percentage of LTSS that is HCBS - DD | 77.8% | 85.1% | 91.4% | 93.9% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.1% | 67.0% | 90.2% | 92.3% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Managed care data are included only for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care.

Institutional MLTSS – unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 13A. Long Term Services and Support Expenditures for Hawaii, 1981 – 1985

| Service Type | FY 1981 | FY 1982 | Percent Change 81-82 | FY 1983 | Percent Change 82-83 | FY 1984 | Percent Change 83-84 | FY 1985 | Percent Change 84-85 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$39,151,884 | \$47,338,884 | 20.9 | \$54,076,620 | 14.2 | \$53,638,769 | -0.8 | \$59,358,579 | 10.7 |
| Personal care | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$299,144 | \$349,550 | 16.9 | \$434,166 | 24.2 | \$376,792 | -13.2 | \$419,572 | 11.4 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$9,428,638 | \$10,961,878 | 16.3 | \$12,128,824 | 10.6 | \$9,580,395 | -21.0 | \$8,878,335 | -7.3 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | n/a | n/a | n/a | n/a | n/a | \$496,720 | n/a | \$987,076 | 98.7 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$48,879,666 | \$58,650,312 | 20.0 | \$66,639,610 | 13.6 | \$64,092,676 | -3.8 | \$69,643,562 | 8.7 |
| Total Institutional LTSS | \$48,580,522 | \$58,300,762 | 20.0 | \$66,205,444 | 13.6 | \$63,219,164 | -4.5 | \$68,236,914 | 7.9 |
| Total HCBS | \$299,144 | \$349,550 | 16.9 | \$434,166 | 24.2 | \$873,512 | 101.2 | \$1,406,648 | 61.0 |
| Total Medicaid (all services) | \$111,995,942 | \$124,960,682 | 11.6 | \$143,471,042 | 14.8 | \$134,467,846 | -6.3 | \$144,808,025 | 7.7 |

| Percentages | FY 1981 | FY 1982 | FY 1983 | FY 1984 | FY 1985 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 43.6% | 46.9% | 46.4% | 47.7% | 48.1% |
| Percentage of LTSS that is HCBS | 0.6% | 0.6% | 0.7% | 1.4% | 2.0% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data.

Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 13B. Long Term Services and Support Expenditures for Hawaii, 1986 – 1990

| Service Type | FY 1986 | Percent Change 85-86 | FY 1987 | Percent Change 86-87 | FY 1988 | Percent Change 87-88 | FY 1989 | Percent Change 88-89 | FY 1990 | Percent Change 89-90 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$56,399,392 | -5.0 | \$60,155,019 | 6.7 | \$50,047,369 | -16.8 | \$65,204,690 | 30.3 | \$75,933,739 | 16.5 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$456,500 | 8.8 | \$539,421 | 18.2 | \$517,926 | -4.0 | \$472,211 | -8.8 | \$620,879 | 31.5 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$5,600,085 | -36.9 | \$3,972,912 | -29.1 | \$14,290,183 | 259.7 | \$5,897,873 | -58.7 | \$6,742,147 | 14.3 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | \$2,367,790 | 139.9 | \$2,509,625 | 6.0 | \$3,622,847 | 44.4 | \$2,947,472 | -18.6 | \$4,162,611 | 41.2 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$64,823,767 | -6.9 | \$67,176,977 | 3.6 | \$68,478,325 | 1.9 | \$74,522,246 | 8.8 | \$87,459,376 | 17.4 |
| Total Institutional LTSS | \$61,999,477 | -9.1 | \$64,127,931 | 3.4 | \$64,337,552 | 0.3 | \$71,102,563 | 10.5 | \$82,675,886 | 16.3 |
| Total HCBS | \$2,824,290 | 100.8 | \$3,049,046 | 8.0 | \$4,140,773 | 35.8 | \$3,419,683 | -17.4 | \$4,783,490 | 39.9 |
| Total Medicaid (all services) | \$142,831,815 | -1.4 | \$160,192,802 | 12.2 | \$161,344,723 | 0.7 | \$180,654,277 | 12.0 | \$206,522,801 | 14.3 |

| Percentages | FY 1986 | FY 1987 | FY 1988 | FY 1989 | FY 1990 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 45.4% | 41.9% | 42.4% | 41.3% | 42.3% |
| Percentage of LTSS that is HCBS | 4.4% | 4.5% | 6.0% | 4.6% | 5.5% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997. ICF/IID 1987 data were greater than 1986 and 1988 data for an unknown reason.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 13C. Long Term Services and Support Expenditures for Hawaii, 1991 – 1995

| Service Type | FY 1991 | Percent Change 90-91 | FY 1992 | Percent Change 91-92 | FY 1993 | Percent Change 92-93 | FY 1994 | Percent Change 93-94 | FY 1995 | Percent Change 94-95 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$133,136,814 | n/a |
| Nursing facilities | \$87,094,208 | 14.7 | \$97,137,082 | 11.5 | \$101,767,556 | 4.8 | \$123,822,218 | 21.7 | \$126,945,990 | 2.5 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$4,800,732 | n/a |
| Home health | \$895,050 | 44.2 | \$1,202,058 | 34.3 | \$1,624,043 | 35.1 | \$2,136,306 | 31.5 | \$1,390,092 | -34.9 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$7,993,902 | n/a |
| ICF/IID - public | \$7,490,573 | 11.1 | \$6,570,589 | -12.3 | \$6,155,659 | -6.3 | \$10,540,552 | 71.2 | \$11,237,754 | 6.6 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | -\$3,243,852 | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Mental health facilities | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$726,068 | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified/other | \$7,524,773 | 80.8 | \$9,293,371 | 23.5 | \$13,355,459 | 43.7 | \$17,951,717 | 34.4 | \$726,068 | n/a |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$103,004,604 | 17.8 | \$114,203,100 | 10.9 | \$122,902,717 | 7.6 | \$154,450,793 | 25.7 | \$141,856,784 | -8.2 |
| Total Institutional LTSS | \$94,584,781 | 14.4 | \$103,707,671 | 9.6 | \$107,923,215 | 4.1 | \$134,362,770 | 24.5 | \$138,183,744 | 2.8 |
| Total HCBS | \$8,419,823 | 76.0 | \$10,495,429 | 24.7 | \$14,979,502 | 42.7 | \$20,088,023 | 34.1 | \$3,673,040 | -81.7 |
| Total Medicaid (all services) | \$253,710,023 | 22.8 | \$314,307,378 | 23.9 | \$380,667,552 | 21.1 | \$458,245,035 | 20.4 | \$729,581,726 | 59.2 |

| Percentages | FY 1991 | FY 1992 | FY 1993 | FY 1994 | FY 1995 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 40.6% | 36.3% | 32.3% | 33.7% | 19.4% |
| Percentage of LTSS that is HCBS | 8.2% | 9.2% | 12.2% | 13.0% | 2.6% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | 4.6% |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | -40.6% |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data.

Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included except for 1915(c) waivers for 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 13D. Long Term Services and Support Expenditures for Hawaii, 1996 – 2000

| Service Type | FY 1996 | Percent Change 95-96 | FY 1997 | Percent Change 96-97 | FY 1998 | Percent Change 97-98 | FY 1999 | Percent Change 98-99 | FY 2000 | Percent Change 99-00 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | \$141,193,528 | 6.1 | \$143,515,248 | 1.6 | \$149,497,258 | 4.2 | \$154,284,682 | 3.2 | \$173,759,307 | 12.6 |
| Nursing facilities | \$134,841,736 | 6.2 | \$136,404,060 | 1.2 | \$140,502,176 | 3.0 | \$140,235,332 | -0.2 | \$149,104,237 | 6.3 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | \$4,650,152 | -3.1 | \$4,948,806 | 6.4 | \$7,260,870 | 46.7 | \$12,261,348 | 68.9 | \$22,531,583 | 83.8 |
| Home health | \$1,701,640 | 22.4 | \$2,162,382 | 27.1 | \$1,734,212 | -19.8 | \$1,788,002 | 3.1 | \$2,123,487 | 18.8 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$25,728,384 | 221.9 | \$25,308,846 | -1.6 | \$27,276,568 | 7.8 | \$27,606,324 | 1.2 | \$26,397,961 | -4.4 |
| ICF/IID - public | \$11,606,040 | 3.3 | \$11,627,954 | 0.2 | \$10,026,718 | -13.8 | \$9,557,808 | -4.7 | \$7,975,547 | -16.6 |
| ICF/IID - private | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - DD | \$14,122,344 | -535.4 | \$13,680,892 | -3.1 | \$17,249,850 | 26.1 | \$18,048,516 | 4.6 | \$18,422,414 | 2.1 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Mental health facilities | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Mental health facilities-DSH | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$1,061,422 | 46.2 | \$3,179,096 | 199.5 | \$4,552,686 | 43.2 | \$3,725,594 | -18.2 | \$4,158,035 | 11.6 |
| Case management | n/a | n/a | \$2,090,450 | n/a | \$3,675,714 | 75.8 | \$3,289,442 | -10.5 | \$3,625,115 | 10.2 |
| 1915(c) waivers - other | \$1,061,422 | 46.2 | \$1,088,646 | 2.6 | \$876,972 | -19.4 | \$436,152 | -50.3 | \$532,920 | 22.2 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$167,983,334 | 18.4 | \$172,003,190 | 2.4 | \$181,326,512 | 5.4 | \$185,616,600 | 2.4 | \$204,315,303 | 10.1 |
| Total Institutional LTSS | \$146,447,776 | 6.0 | \$148,032,014 | 1.1 | \$150,528,894 | 1.7 | \$149,793,140 | -0.5 | \$157,079,784 | 4.9 |
| Total HCBS | \$21,535,558 | 486.3 | \$23,971,176 | 11.3 | \$30,797,618 | 28.5 | \$35,823,460 | 16.3 | \$47,235,519 | 31.9 |
| Total Medicaid (all services) | \$635,556,210 | -12.9 | \$628,742,323 | -1.1 | \$594,365,319 | -5.5 | \$605,014,726 | 1.8 | \$642,677,568 | 6.2 |

| Percentages | FY 1996 | FY 1997 | FY 1998 | FY 1999 | FY 2000 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 26.4% | 27.4% | 30.5% | 30.7% | 31.8% |
| Percentage of LTSS that is HCBS | 12.8% | 13.9% | 17.0% | 19.3% | 23.1% |
| Percentage of LTSS that is HCBS - AD | 4.5% | 5.0% | 6.0% | 9.1% | 14.2% |
| Percentage of LTSS that is HCBS - DD | 54.9% | 54.1% | 63.2% | 65.4% | 69.8% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included except for 1915(c) waivers. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 13E. Long Term Services and Support Expenditures for Hawaii, 2001 – 2005

| Service Type | FY 2001 | Percent Change 00-01 | FY 2002 | Percent Change 01-02 | FY 2003 | Percent Change 02-03 | FY 2004 | Percent Change 03-04 | FY 2005 | Percent Change 04-05 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$172,888,933 | -0.5 | \$198,075,340 | 14.6 | \$210,875,213 | 6.5 | \$230,629,505 | 9.4 | \$237,493,666 | 3.0 |
| Nursing facilities | \$148,250,057 | -0.6 | \$169,067,628 | 14.0 | \$178,314,224 | 5.5 | \$191,116,064 | 7.2 | \$196,096,956 | 2.6 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$298,844 | 100.0 |
| 1915(c) waivers - AD | \$22,368,497 | -0.7 | \$27,351,997 | 22.3 | \$32,023,392 | 17.1 | \$38,695,347 | 20.8 | \$40,020,072 | 3.4 |
| Home health | \$2,270,379 | 6.9 | \$1,655,715 | -27.1 | \$537,597 | -67.5 | \$818,094 | 52.2 | \$1,077,794 | 31.7 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$36,646,769 | 38.8 | \$43,734,405 | 19.3 | \$53,457,543 | 22.2 | \$74,273,626 | 38.9 | \$85,981,892 | 15.8 |
| ICF/IID - public | \$3,980,881 | -50.1 | \$0 | -100.0 | \$0 | 0.0 | \$0 | 0.0 | -\$24,163 | 100.0 |
| ICF/IID - private | \$4,019,476 | 100.0 | \$8,572,313 | 113.3 | \$7,444,198 | -13.2 | \$7,461,592 | 0.2 | \$8,621,472 | 15.5 |
| 1915(c) waivers - DD | \$28,646,412 | 55.5 | \$35,162,092 | 22.7 | \$46,013,345 | 30.9 | \$66,812,034 | 45.2 | \$77,384,583 | 15.8 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Mental health facilities | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Mental health facilities-DSH | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$3,999,636 | -3.8 | \$3,285,001 | -17.9 | \$1,603,452 | -51.2 | \$2,848,666 | 77.7 | \$3,028,820 | 6.3 |
| Case management | \$3,346,437 | -7.7 | \$2,606,736 | -22.1 | \$314,765 | -87.9 | \$693,366 | 120.3 | \$806,375 | 16.3 |
| 1915(c) waivers - other | \$653,199 | 22.6 | \$678,265 | 3.8 | \$1,288,687 | 90.0 | \$2,155,300 | 67.2 | \$2,222,445 | 3.1 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$213,535,338 | 4.5 | \$245,094,746 | 14.8 | \$265,936,208 | 8.5 | \$307,751,797 | 15.7 | \$326,504,378 | 6.1 |
| Total Institutional LTSS | \$156,250,414 | -0.5 | \$177,639,941 | 13.7 | \$185,758,422 | 4.6 | \$198,577,656 | 6.9 | \$204,694,265 | 3.1 |
| Total HCBS | \$57,284,924 | 21.3 | \$67,454,805 | 17.8 | \$80,177,786 | 18.9 | \$109,174,141 | 36.2 | \$121,810,113 | 11.6 |
| Total Medicaid (all services) | \$634,119,511 | -1.3 | \$750,453,161 | 18.3 | \$724,843,930 | -3.4 | \$935,044,074 | 29.0 | \$1,025,794,720 | 9.7 |

| Percentages | FY 2001 | FY 2002 | FY 2003 | FY 2004 | FY 2005 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 33.7% | 32.7% | 36.7% | 32.9% | 31.8% |
| Percentage of LTSS that is HCBS | 26.8% | 27.5% | 30.1% | 35.5% | 37.3% |
| Percentage of LTSS that is HCBS - AD | 14.3% | 14.6% | 15.4% | 17.1% | 17.4% |
| Percentage of LTSS that is HCBS - DD | 78.2% | 80.4% | 86.1% | 90.0% | 90.0% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments were included starting in 1995 for Section 1915(c) waivers, in 2002 for nursing facilities, personal care, ICF/IID, and mental health facilities (including DSH); and in 2004 for PACE. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 13F. Long Term Services and Support Expenditures for Hawaii, 2006 – 2010

| Service Type | FY 2006 | Percent Change 05-06 | FY 2007 | Percent Change 06-07 | FY 2008 | Percent Change 07-08 | FY 2009 | Percent Change 08-09 | FY 2010 | Percent Change 09-10 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$231,814,627 | -2.4 | \$252,182,295 | 8.8 | \$273,287,255 | 8.4 | \$129,471,028 | -52.6 | \$2,721,077 | -97.9 |
| Nursing facilities | \$191,589,781 | -2.3 | \$205,001,777 | 7.0 | \$221,688,660 | 8.1 | \$104,540,802 | -52.8 | \$2,162,887 | -97.9 |
| Personal care | \$0 | -100.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | \$39,476,455 | -1.4 | \$45,585,559 | 15.5 | \$50,944,131 | 11.8 | \$24,242,231 | -52.4 | \$7,981 | -100.0 |
| Home health | \$748,391 | -30.6 | \$821,764 | 9.8 | \$654,464 | -20.4 | \$414,725 | -36.6 | \$57,716 | -86.1 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$0 | 0.0 | \$773,195 | 100.0 | \$0 | -100.0 | \$273,270 | 100.0 | \$492,493 | 80.2 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with DD | \$85,673,584 | -0.4 | \$109,308,661 | 27.6 | \$124,093,233 | 13.5 | \$122,902,360 | -1.0 | \$110,403,102 | -10.2 |
| ICF/IID - public | -\$120,568 | 399.0 | \$2,146 | -101.8 | \$0 | -100.0 | \$0 | 0.0 | \$0 | 0.0 |
| ICF/IID - private | \$7,762,941 | -10.0 | \$8,680,710 | 11.8 | \$9,027,307 | 4.0 | \$9,903,759 | 9.7 | \$9,026,384 | -8.9 |
| 1915(c) waivers - DD | \$78,031,211 | 0.8 | \$100,625,805 | 29.0 | \$115,065,926 | 14.4 | \$112,998,601 | -1.8 | \$101,376,718 | -10.3 |
| HCBS - managed care authorities - DD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$55,129 | 100.0 |
| Mental health facilities | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | -\$330 | 100.0 |
| Mental health facilities-DSH | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$55,459 | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-Other/Multiple Populations | \$3,257,907 | 7.6 | \$2,363,253 | -27.5 | \$2,258,978 | -4.4 | \$1,645,483 | -27.2 | \$1,793,333 | 9.0 |
| Case management | \$992,154 | 23.0 | \$739,234 | -25.5 | \$782,255 | 5.8 | \$416,609 | -46.7 | \$1,046,870 | 151.3 |
| 1915(c) waivers - other | \$2,265,753 | 1.9 | \$1,624,019 | -28.3 | \$1,476,723 | -9.1 | \$1,089,043 | -26.3 | \$0 | -100.0 |
| HCBS - managed care authorities - other | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | \$0 | n/a | \$139,831 | 100.0 | \$746,463 | 433.8 |
| Total LTSS | \$320,746,118 | -1.8 | \$363,854,209 | 13.4 | \$399,639,466 | 9.8 | \$254,018,871 | -36.4 | \$114,972,641 | -54.7 |
| Total Institutional LTSS | \$199,232,154 | -2.7 | \$213,684,633 | 7.3 | \$230,715,967 | 8.0 | \$114,444,561 | -50.4 | \$11,188,941 | -90.2 |
| Total HCBS | \$121,513,964 | -0.2 | \$150,169,576 | 23.6 | \$168,923,499 | 12.5 | \$139,574,310 | -17.4 | \$103,783,700 | -25.6 |
| Total Medicaid (all services) | \$1,089,351,565 | 6.2 | \$1,087,605,331 | -0.2 | \$1,220,739,032 | 12.2 | \$1,339,612,738 | 9.7 | \$1,454,529,319 | 8.6 |

| Percentages | FY 2006 | FY 2007 | FY 2008 | FY 2009 | FY 2010 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 29.4% | 33.5% | 32.7% | 19.0% | 7.9% |
| Percentage of LTSS that is HCBS | 37.9% | 41.3% | 42.3% | 55.0% | 90.3% |
| Percentage of LTSS that is HCBS - AD | 17.4% | 18.7% | 18.9% | 19.3% | 20.5% |
| Percentage of LTSS that is HCBS - DD | 91.1% | 92.1% | 92.7% | 91.9% | 91.8% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 100.6% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data. Starting in 2008, managed care data are included for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities. "n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included for several categories of service until 2009. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

For data before 2009, prior period adjustments were included for the following categories of service: nursing home, personal care, Section 1915(c) waivers, PACE, ICF/IID, and mental health facilities (including DSH).

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Hawaii data from 2009 through 2010 do not include expenditures for a managed care program for older adults and people with physical disabilities.

Table 13G. Long Term Services and Support Expenditures for Hawaii, 2011 – 2014

| Service Type | FY 2011 | Percent Change 10-11 | FY 2012 | Percent Change 11-12 | FY 2013 | Percent Change 12-13 | FY 2014 | Percent Change 13-14 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$284,699,895 | 10362.8 | \$360,554,416 | 26.6 | \$359,489,747 | -0.3 | \$347,382,257 | -3.4 |
| Nursing facilities | \$230,353,612 | 10550.3 | \$281,926,821 | 22.4 | \$280,867,064 | -0.4 | \$262,418,045 | -6.6 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | \$2,810 | -64.8 | \$0 | -100.0 | \$0 | 0.0 | \$0 | 0.0 |
| Home health | \$4,886,734 | 8366.9 | \$11,184,683 | 128.9 | \$11,179,771 | 0.0 | \$3,729,258 | -66.6 |
| Community first choice | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - AD | \$49,456,739 | 100.0 | \$67,442,912 | 36.4 | \$67,442,912 | 0.0 | \$81,234,954 | 20.4 |
| PACE | \$0 | -100.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Private duty nursing | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) – AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with DD | \$111,733,658 | 1.2 | \$111,377,058 | -0.3 | \$116,206,022 | 4.3 | \$115,019,943 | -1.0 |
| ICF/IID - public | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| ICF/IID - private | \$9,201,785 | 1.9 | \$8,834,621 | -4.0 | \$8,331,867 | -5.7 | \$8,811,307 | 5.8 |
| 1915(c) waivers - DD | \$102,531,873 | 1.1 | \$102,542,437 | 0.0 | \$107,874,155 | 5.2 | \$106,208,636 | -1.5 |
| HCBS- managed care authorities - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with SMI or SED | \$17,090 | -69.0 | \$12,279 | -28.2 | \$564 | -95.4 | \$26,707 | 4635.3 |
| Mental health facilities | \$0 | -100.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Mental health facilities-DSH | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Rehabilitative services | \$17,090 | -69.2 | \$12,279 | -28.2 | \$564 | -95.4 | \$26,707 | 4635.3 |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-Other/Multiple Populations | \$24,331,683 | 1256.8 | \$2,467,545 | -89.9 | \$3,123,619 | 26.6 | \$3,066,806 | -1.8 |
| Case management | \$1,303,463 | 24.5 | \$1,198,487 | -8.1 | \$1,432,114 | 19.5 | \$1,351,027 | -5.7 |
| 1915(c) waivers - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS- managed care authorities - other | \$21,752,357 | 100.0 | \$0 | -100.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| MFP demonstration | \$1,275,863 | 70.9 | \$1,269,058 | -0.5 | \$1,691,505 | 33.3 | \$1,715,779 | 1.4 |
| Total LTSS | \$420,782,326 | 266.0 | \$474,411,298 | 12.7 | \$478,819,952 | 0.9 | \$465,495,713 | -2.8 |
| Total Institutional LTSS | \$239,555,397 | 2041.0 | \$290,761,442 | 21.4 | \$289,198,931 | -0.5 | \$271,229,352 | -6.2 |
| Total HCBS | \$181,226,929 | 74.6 | \$183,649,856 | 1.3 | \$189,621,021 | 3.3 | \$194,266,361 | 2.4 |
| Total Medicaid (all services) | \$1,615,966,731 | 11.1 | \$1,506,636,377 | -6.8 | \$1,642,878,172 | 9.0 | \$1,913,256,331 | 16.5 |

| Percentages | FY 2011 | FY 2012 | FY 2013 | FY 2014 |
|--|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 26.0% | 31.5% | 29.2% | 24.3% |
| Percentage of LTSS that is HCBS | 43.1% | 38.7% | 39.6% | 41.7% |
| Percentage of LTSS that is HCBS - AD | 19.1% | 21.8% | 21.9% | 24.5% |
| Percentage of LTSS that is HCBS - DD | 91.8% | 92.1% | 92.8% | 92.3% |
| Percentage of LTSS that is HCBS - SMI or SED | 100.0% | 100.0% | 100.0% | 100.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Managed care data are included only for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care.

Institutional MLTSS – unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Hawaii provided an estimate for managed LTSS data for calendar year 2012. This estimate was used for both FY 2012 and FY 2013.

Table 14A. Long Term Services and Support Expenditures for Idaho, 1981 – 1985

| Service Type | FY 1981 | FY 1982 | Percent Change 81-82 | FY 1983 | Percent Change 82-83 | FY 1984 | Percent Change 83-84 | FY 1985 | Percent Change 84-85 |
|---|---------------------|---------------------|----------------------|---------------------|----------------------|---------------------|----------------------|---------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$24,945,079 | \$22,174,105 | -11.1 | \$27,042,583 | 22.0 | \$24,097,381 | -10.9 | \$28,435,737 | 18.0 |
| Personal care | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$1,144 | n/a |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$220,364 | \$281,981 | 28.0 | \$204,894 | -27.3 | \$313,386 | 53.0 | \$400,111 | 27.7 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$11,242,513 | \$12,490,191 | 11.1 | \$14,735,452 | 18.0 | \$14,463,380 | -1.8 | \$15,488,187 | 7.1 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$466,781 | \$427,521 | -8.4 | \$416,596 | -2.6 | \$471,161 | 13.1 | \$492,605 | 4.6 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | n/a | n/a | n/a | n/a | n/a | \$774 | n/a | \$493,238 | 63625.8 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$36,874,737 | \$35,373,798 | -4.1 | \$42,399,525 | 19.9 | \$39,346,082 | -7.2 | \$45,311,022 | 15.2 |
| Total Institutional LTSS | \$36,654,373 | \$35,091,817 | -4.3 | \$42,194,631 | 20.2 | \$39,031,922 | -7.5 | \$44,416,529 | 13.8 |
| Total HCBS | \$220,364 | \$281,981 | 28.0 | \$204,894 | -27.3 | \$314,160 | 53.3 | \$894,493 | 184.7 |
| Total Medicaid (all services) | \$60,366,752 | \$59,847,290 | -0.9 | \$67,247,518 | 12.4 | \$66,748,248 | -0.7 | \$75,014,814 | 12.4 |

| Percentages | FY 1981 | FY 1982 | FY 1983 | FY 1984 | FY 1985 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 61.1% | 59.1% | 63.0% | 58.9% | 60.4% |
| Percentage of LTSS that is HCBS | 0.6% | 0.8% | 0.5% | 0.8% | 2.0% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data.

Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 14B. Long Term Services and Support Expenditures for Idaho, 1986 – 1990

| Service Type | FY 1986 | Percent Change 85-86 | FY 1987 | Percent Change 86-87 | FY 1988 | Percent Change 87-88 | FY 1989 | Percent Change 88-89 | FY 1990 | Percent Change 89-90 |
|---|---------------------|----------------------|---------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$29,731,078 | 4.6 | \$33,868,184 | 13.9 | \$36,068,206 | 6.5 | \$38,795,840 | 7.6 | \$43,931,413 | 13.2 |
| Personal care | \$1,021,491 | 89191.2 | \$0 | -100.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$486,284 | 21.5 | \$430,169 | -11.5 | \$821,194 | 90.9 | \$921,372 | 12.2 | \$1,121,542 | 21.7 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$16,277,811 | 5.1 | \$29,884,039 | 83.6 | \$23,129,878 | -22.6 | \$27,436,664 | 18.6 | \$28,441,327 | 3.7 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$445,351 | -9.6 | \$483,174 | 8.5 | \$461,245 | -4.5 | \$850,014 | 84.3 | \$570,154 | -32.9 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | \$146,058 | -70.4 | \$2,000,945 | 1270.0 | \$2,877,350 | 43.8 | \$4,133,384 | 43.7 | \$6,128,745 | 48.3 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$48,108,073 | 6.2 | \$66,666,511 | 38.6 | \$63,357,873 | -5.0 | \$72,137,274 | 13.9 | \$80,193,181 | 11.2 |
| Total Institutional LTSS | \$46,454,240 | 4.6 | \$64,235,397 | 38.3 | \$59,659,329 | -7.1 | \$67,082,518 | 12.4 | \$72,942,894 | 8.7 |
| Total HCBS | \$1,653,833 | 84.9 | \$2,431,114 | 47.0 | \$3,698,544 | 52.1 | \$5,054,756 | 36.7 | \$7,250,287 | 43.4 |
| Total Medicaid (all services) | \$81,267,725 | 8.3 | \$91,371,058 | 12.4 | \$119,428,581 | 30.7 | \$131,671,424 | 10.3 | \$156,761,016 | 19.1 |

| Percentages | FY 1986 | FY 1987 | FY 1988 | FY 1989 | FY 1990 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 59.2% | 73.0% | 53.1% | 54.8% | 51.2% |
| Percentage of LTSS that is HCBS | 3.4% | 3.6% | 5.8% | 7.0% | 9.0% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997. ICF/IID 1987 data were greater than 1986 and 1988 data for an unknown reason.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 14C. Long Term Services and Support Expenditures for Idaho, 1991 – 1995

| Service Type | FY 1991 | Percent Change 90-91 | FY 1992 | Percent Change 91-92 | FY 1993 | Percent Change 92-93 | FY 1994 | Percent Change 93-94 | FY 1995 | Percent Change 94-95 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$102,211,160 | n/a |
| Nursing facilities | \$53,660,929 | 22.1 | \$62,920,362 | 17.3 | \$68,960,075 | 9.6 | \$71,966,044 | 4.4 | \$79,676,236 | 10.7 |
| Personal care | \$3,396,465 | 100.0 | \$7,933,322 | 133.6 | \$10,538,820 | 32.8 | \$13,508,538 | 28.2 | \$14,015,154 | 3.8 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$5,815,573 | n/a |
| Home health | \$1,193,593 | 6.4 | \$1,139,219 | -4.6 | \$1,567,195 | 37.6 | \$1,899,178 | 21.2 | \$2,704,197 | 42.4 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$45,283,881 | n/a |
| ICF/IID - public | \$34,237,529 | 20.4 | \$35,545,134 | 3.8 | \$38,497,578 | 8.3 | \$40,364,385 | 4.8 | \$41,588,039 | 3.0 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$3,695,842 | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Mental health facilities | \$2,501,784 | 338.8 | \$946,704 | -62.2 | \$0 | -100.0 | \$0 | 0.0 | \$0 | 0.0 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified/other | \$5,599,165 | -8.6 | \$5,404,913 | -3.5 | \$6,996,356 | 29.4 | \$6,829,417 | -2.4 | \$0 | n/a |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$100,589,465 | 25.4 | \$113,889,654 | 13.2 | \$126,560,024 | 11.1 | \$134,567,562 | 6.3 | \$147,495,041 | 9.6 |
| Total Institutional LTSS | \$90,400,242 | 23.9 | \$99,412,200 | 10.0 | \$107,457,653 | 8.1 | \$112,330,429 | 4.5 | \$121,264,275 | 8.0 |
| Total HCBS | \$10,189,223 | 40.5 | \$14,477,454 | 42.1 | \$19,102,371 | 31.9 | \$22,237,133 | 16.4 | \$26,230,766 | 18.0 |
| Total Medicaid (all services) | \$210,969,087 | 34.6 | \$267,877,498 | 27.0 | \$293,674,092 | 9.6 | \$311,723,427 | 6.1 | \$338,240,110 | 8.5 |

| Percentages | FY 1991 | FY 1992 | FY 1993 | FY 1994 | FY 1995 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 47.7% | 42.5% | 43.1% | 43.2% | 43.6% |
| Percentage of LTSS that is HCBS | 10.1% | 12.7% | 15.1% | 16.5% | 17.8% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | 22.0% |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | 8.2% |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included except for 1915(c) waivers for 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 14D. Long Term Services and Support Expenditures for Idaho, 1996 – 2000

| Service Type | FY 1996 | Percent Change 95-96 | FY 1997 | Percent Change 96-97 | FY 1998 | Percent Change 97-98 | FY 1999 | Percent Change 98-99 | FY 2000 | Percent Change 99-00 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | \$118,494,126 | 15.9 | \$117,183,489 | -1.1 | \$118,899,370 | 1.5 | \$138,593,987 | 16.6 | \$151,011,850 | 9.0 |
| Nursing facilities | \$89,614,468 | 12.5 | \$92,050,711 | 2.7 | \$92,882,553 | 0.9 | \$108,636,325 | 17.0 | \$111,736,671 | 2.9 |
| Personal care | \$13,905,906 | -0.8 | \$14,874,317 | 7.0 | \$15,238,552 | 2.4 | \$17,676,245 | 16.0 | \$17,199,249 | -2.7 |
| 1915(c) waivers - AD | \$6,538,552 | 12.4 | \$7,075,404 | 8.2 | \$6,311,332 | -10.8 | \$6,598,394 | 4.5 | \$15,120,499 | 129.2 |
| Home health | \$8,435,200 | 211.9 | \$3,183,057 | -62.3 | \$4,466,933 | 40.3 | \$5,683,023 | 27.2 | \$6,955,431 | 22.4 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$49,840,714 | 10.1 | \$53,505,916 | 7.4 | \$56,665,939 | 5.9 | \$59,601,068 | 5.2 | \$71,506,051 | 20.0 |
| ICF/IID - public | \$40,571,755 | -2.4 | \$15,884,800 | -60.8 | \$16,261,632 | 2.4 | \$17,085,991 | 5.1 | \$18,973,474 | 11.0 |
| ICF/IID - private | n/a | n/a | \$27,569,045 | n/a | \$30,534,365 | 10.8 | \$31,842,022 | 4.3 | \$34,237,055 | 7.5 |
| 1915(c) waivers - DD | \$9,268,959 | 150.8 | \$10,052,071 | 8.4 | \$9,869,942 | -1.8 | \$10,673,055 | 8.1 | \$18,295,522 | 71.4 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$308,725 | 100.0 | \$3,640,455 | 1079.2 | \$7,199,251 | 97.8 |
| Mental health facilities | \$0 | 0.0 | \$0 | 0.0 | \$308,725 | 100.0 | \$3,640,455 | 1079.2 | \$7,199,251 | 97.8 |
| Mental health facilities-DSH | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$0 | 0.0 | \$5,416,616 | 100.0 | \$7,419,753 | 37.0 | \$9,498,049 | 28.0 | \$10,830,557 | 14.0 |
| Case management | n/a | n/a | \$5,416,616 | n/a | \$7,419,753 | 37.0 | \$9,498,049 | 28.0 | \$10,548,147 | 11.1 |
| 1915(c) waivers - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$282,410 | 100.0 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$168,334,840 | 14.1 | \$176,106,021 | 4.6 | \$183,293,787 | 4.1 | \$211,333,559 | 15.3 | \$240,547,709 | 13.8 |
| Total Institutional LTSS | \$130,186,223 | 7.4 | \$135,504,556 | 4.1 | \$139,987,275 | 3.3 | \$161,204,793 | 15.2 | \$172,146,451 | 6.8 |
| Total HCBS | \$38,148,617 | 45.4 | \$40,601,465 | 6.4 | \$43,306,512 | 6.7 | \$50,128,766 | 15.8 | \$68,401,258 | 36.5 |
| Total Medicaid (all services) | \$387,213,340 | 14.5 | \$423,261,391 | 9.3 | \$448,884,170 | 6.1 | \$517,507,218 | 15.3 | \$586,028,499 | 13.2 |

| Percentages | FY 1996 | FY 1997 | FY 1998 | FY 1999 | FY 2000 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 43.5% | 41.6% | 40.8% | 40.8% | 41.0% |
| Percentage of LTSS that is HCBS | 22.7% | 23.1% | 23.6% | 23.7% | 28.4% |
| Percentage of LTSS that is HCBS - AD | 24.4% | 21.4% | 21.9% | 21.6% | 26.0% |
| Percentage of LTSS that is HCBS - DD | 18.6% | 18.8% | 17.4% | 17.9% | 25.6% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included except for 1915(c) waivers. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 14E. Long Term Services and Support Expenditures for Idaho, 2001 – 2005

| Service Type | FY 2001 | Percent Change 00-01 | FY 2002 | Percent Change 01-02 | FY 2003 | Percent Change 02-03 | FY 2004 | Percent Change 03-04 | FY 2005 | Percent Change 04-05 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$168,154,064 | 11.4 | \$190,931,141 | 13.5 | \$214,142,239 | 12.2 | \$204,989,500 | -4.3 | \$215,800,677 | 5.3 |
| Nursing facilities | \$118,971,162 | 6.5 | \$122,651,254 | 3.1 | \$125,437,792 | 2.3 | \$126,661,999 | 1.0 | \$129,943,097 | 2.6 |
| Personal care | \$12,549,392 | -27.0 | \$16,681,628 | 32.9 | \$31,472,503 | 88.7 | \$25,547,242 | -18.8 | \$26,403,609 | 3.4 |
| 1915(c) waivers - AD | \$29,751,560 | 96.8 | \$45,107,403 | 51.6 | \$50,782,660 | 12.6 | \$46,812,409 | -7.8 | \$52,840,470 | 12.9 |
| Home health | \$6,881,950 | -1.1 | \$6,490,856 | -5.7 | \$6,449,284 | -0.6 | \$5,967,850 | -7.5 | \$6,613,501 | 10.8 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$89,229,402 | 24.8 | \$88,431,997 | -0.9 | \$90,964,357 | 2.9 | \$100,057,653 | 10.0 | \$106,562,357 | 6.5 |
| ICF/IID - public | \$25,679,879 | 35.3 | \$22,808,637 | -11.2 | \$18,830,426 | -17.4 | \$20,777,767 | 10.3 | \$22,234,810 | 7.0 |
| ICF/IID - private | \$35,331,665 | 3.2 | \$34,905,460 | -1.2 | \$35,435,848 | 1.5 | \$34,664,931 | -2.2 | \$35,178,341 | 1.5 |
| 1915(c) waivers - DD | \$28,217,858 | 54.2 | \$30,717,900 | 8.9 | \$36,698,083 | 19.5 | \$44,614,955 | 21.6 | \$49,149,206 | 10.2 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$6,733,822 | -6.5 | \$10,625,519 | 57.8 | \$13,505,193 | 27.1 | \$15,317,314 | 13.4 | \$14,457,617 | -5.6 |
| Mental health facilities | \$6,733,822 | -6.5 | \$10,625,519 | 57.8 | \$13,505,193 | 27.1 | \$15,317,314 | 13.4 | \$14,457,617 | -5.6 |
| Mental health facilities-DSH | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$12,458,628 | 15.0 | \$14,952,361 | 20.0 | \$11,644,103 | -22.1 | \$10,985,302 | -5.7 | \$12,710,368 | 15.7 |
| Case management | \$11,911,954 | 12.9 | \$14,210,505 | 19.3 | \$10,468,984 | -26.3 | \$10,019,867 | -4.3 | \$11,672,843 | 16.5 |
| 1915(c) waivers - other | \$546,674 | 93.6 | \$741,856 | 35.7 | \$1,175,119 | 58.4 | \$965,435 | -17.8 | \$1,037,525 | 7.5 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$276,575,916 | 15.0 | \$304,941,018 | 10.3 | \$330,255,892 | 8.3 | \$331,349,769 | 0.3 | \$349,531,019 | 5.5 |
| Total Institutional LTSS | \$186,716,528 | 8.5 | \$190,990,870 | 2.3 | \$193,209,259 | 1.2 | \$197,422,011 | 2.2 | \$201,813,865 | 2.2 |
| Total HCBS | \$89,859,388 | 31.4 | \$113,950,148 | 26.8 | \$137,046,633 | 20.3 | \$133,927,758 | -2.3 | \$147,717,154 | 10.3 |
| Total Medicaid (all services) | \$706,213,899 | 20.5 | \$798,906,740 | 13.1 | \$829,284,173 | 3.8 | \$958,163,549 | 15.5 | \$1,029,584,674 | 7.5 |

| Percentages | FY 2001 | FY 2002 | FY 2003 | FY 2004 | FY 2005 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 39.2% | 38.2% | 39.8% | 34.6% | 33.9% |
| Percentage of LTSS that is HCBS | 32.5% | 37.4% | 41.5% | 40.4% | 42.3% |
| Percentage of LTSS that is HCBS - AD | 29.2% | 35.8% | 41.4% | 38.2% | 39.8% |
| Percentage of LTSS that is HCBS - DD | 31.6% | 34.7% | 40.3% | 44.6% | 46.1% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments were included starting in 1995 for Section 1915(c) waivers, in 2002 for nursing facilities, personal care, ICF/IID, and mental health facilities (including DSH); and in 2004 for PACE. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 14F. Long Term Services and Support Expenditures for Idaho, 2006 – 2010

| Service Type | FY 2006 | Percent Change 05-06 | FY 2007 | Percent Change 06-07 | FY 2008 | Percent Change 07-08 | FY 2009 | Percent Change 08-09 | FY 2010 | Percent Change 09-10 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$228,864,980 | 6.1 | \$244,396,705 | 6.8 | \$266,316,339 | 9.0 | \$279,771,292 | 5.1 | \$261,882,856 | -6.4 |
| Nursing facilities | \$136,523,200 | 5.1 | \$145,765,488 | 6.8 | \$156,283,685 | 7.2 | \$159,282,628 | 1.9 | \$127,429,597 | -20.0 |
| Personal care | \$24,123,065 | -8.6 | \$25,087,459 | 4.0 | \$26,463,683 | 5.5 | \$22,650,057 | -14.4 | \$22,614,751 | -0.2 |
| 1915(c) waivers - AD | \$60,777,526 | 15.0 | \$66,358,401 | 9.2 | \$75,449,910 | 13.7 | \$88,554,058 | 17.4 | \$103,375,244 | 16.7 |
| Home health | \$7,441,189 | 12.5 | \$7,185,357 | -3.4 | \$8,119,061 | 13.0 | \$9,284,549 | 14.4 | \$8,463,264 | -8.8 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with DD | \$114,219,431 | 7.2 | \$121,092,903 | 6.0 | \$130,656,547 | 7.9 | \$129,591,656 | -0.8 | \$118,755,646 | -8.4 |
| ICF/IID - public | \$24,247,907 | 9.1 | \$23,574,182 | -2.8 | \$25,206,402 | 6.9 | \$17,031,048 | -32.4 | \$10,591,987 | -37.8 |
| ICF/IID - private | \$35,298,183 | 0.3 | \$36,127,380 | 2.3 | \$36,803,510 | 1.9 | \$38,001,297 | 3.3 | \$39,232,943 | 3.2 |
| 1915(c) waivers - DD | \$54,673,341 | 11.2 | \$61,391,341 | 12.3 | \$68,646,635 | 11.8 | \$74,559,311 | 8.6 | \$68,930,716 | -7.5 |
| HCBS - managed care authorities - DD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with SMI or SED | \$15,486,657 | 7.1 | \$15,500,635 | 0.1 | \$16,458,335 | 6.2 | \$14,643,485 | -11.0 | \$10,181,053 | -30.5 |
| Mental health facilities | \$15,486,657 | 7.1 | \$15,500,635 | 0.1 | \$16,458,335 | 6.2 | \$14,643,485 | -11.0 | \$10,181,053 | -30.5 |
| Mental health facilities-DSH | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-Other/Multiple Populations | \$13,504,316 | 6.2 | \$13,816,637 | 2.3 | \$14,315,937 | 3.6 | \$13,991,013 | -2.3 | \$13,789,193 | -1.4 |
| Case management | \$12,370,774 | 6.0 | \$12,641,610 | 2.2 | \$13,699,897 | 8.4 | \$13,991,013 | 2.1 | \$13,789,193 | -1.4 |
| 1915(c) waivers - other | \$1,133,542 | 9.3 | \$1,175,027 | 3.7 | \$616,040 | -47.6 | \$0 | -100.0 | \$0 | 0.0 |
| HCBS - managed care authorities - other | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| Total LTSS | \$372,075,384 | 6.4 | \$394,806,880 | 6.1 | \$427,747,158 | 8.3 | \$437,997,446 | 2.4 | \$404,608,748 | -7.6 |
| Total Institutional LTSS | \$211,555,947 | 4.8 | \$220,967,685 | 4.4 | \$234,751,932 | 6.2 | \$228,958,458 | -2.5 | \$187,435,580 | -18.1 |
| Total HCBS | \$160,519,437 | 8.7 | \$173,839,195 | 8.3 | \$192,995,226 | 11.0 | \$209,038,988 | 8.3 | \$217,173,168 | 3.9 |
| Total Medicaid (all services) | \$1,039,742,236 | 1.0 | \$1,096,379,188 | 5.4 | \$1,186,410,010 | 8.2 | \$1,233,966,955 | 4.0 | \$1,255,559,239 | 1.7 |

| Percentages | FY 2006 | FY 2007 | FY 2008 | FY 2009 | FY 2010 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 35.8% | 36.0% | 36.1% | 35.5% | 32.2% |
| Percentage of LTSS that is HCBS | 43.1% | 44.0% | 45.1% | 47.7% | 53.7% |
| Percentage of LTSS that is HCBS - AD | 40.3% | 40.4% | 41.3% | 43.1% | 51.3% |
| Percentage of LTSS that is HCBS - DD | 47.9% | 50.7% | 52.5% | 57.5% | 58.0% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data. Starting in 2008, managed care data are included for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities. "n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included for several categories of service until 2009. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

For data before 2009, prior period adjustments were included for the following categories of service: nursing home, personal care, Section 1915(c) waivers, PACE, ICF/IID, and mental health facilities (including DSH).

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS – unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 14G. Long Term Services and Support Expenditures for Idaho, 2011 – 2014

| Service Type | FY 2011 | Percent Change 10-11 | FY 2012 | Percent Change 11-12 | FY 2013 | Percent Change 12-13 | FY 2014 | Percent Change 13-14 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$380,139,610 | 45.2 | \$378,581,137 | -0.4 | \$422,281,738 | 11.5 | \$398,838,127 | -5.6 |
| Nursing facilities | \$201,345,023 | 58.0 | \$214,012,949 | 6.3 | \$235,677,751 | 10.1 | \$220,548,990 | -6.4 |
| Personal care | \$56,670,936 | 150.6 | \$57,268,157 | 1.1 | \$73,279,793 | 28.0 | \$61,400,612 | -16.2 |
| 1915(c) waivers - AD | \$113,085,685 | 9.4 | \$102,758,525 | -9.1 | \$105,417,537 | 2.6 | \$108,738,827 | 3.2 |
| Home health | \$9,037,966 | 6.8 | \$4,541,506 | -49.8 | \$7,906,657 | 74.1 | \$8,149,698 | 3.1 |
| Community first choice | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Private duty nursing | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with DD | \$144,838,438 | 22.0 | \$87,488,623 | -39.6 | \$128,293,758 | 46.6 | \$168,607,350 | 31.4 |
| ICF/IID - public | \$25,851,937 | 144.1 | \$10,475,899 | -59.5 | \$11,995,802 | 14.5 | \$8,887,723 | -25.9 |
| ICF/IID - private | \$60,324,794 | 53.8 | \$12,588,107 | -79.1 | \$36,644,201 | 191.1 | \$38,917,973 | 6.2 |
| 1915(c) waivers - DD | \$58,661,707 | -14.9 | \$64,424,617 | 9.8 | \$79,653,755 | 23.6 | \$120,801,654 | 51.7 |
| HCBS- managed care authorities - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with SMI or SED | \$342,696 | -96.6 | \$1,677,678 | 389.6 | \$1,605,942 | -4.3 | \$3,077,975 | 91.7 |
| Mental health facilities | \$342,696 | -96.6 | \$1,677,678 | 389.6 | \$1,605,942 | -4.3 | \$3,077,975 | 91.7 |
| Mental health facilities-DSH | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Rehabilitative services | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-Other/Multiple Populations | \$16,033,610 | 16.3 | \$17,952,875 | 12.0 | \$21,774,523 | 21.3 | \$11,515,385 | -47.1 |
| Case management | \$16,033,610 | 16.3 | \$17,345,502 | 8.2 | \$18,258,453 | 5.3 | \$6,902,032 | -62.2 |
| 1915(c) waivers - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS- managed care authorities - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | \$0 | n/a | \$1,152,152 | 100.0 | \$1,732,705 | 50.4 |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| MFP demonstration | \$0 | 0.0 | \$607,373 | 100.0 | \$2,363,918 | 289.2 | \$2,880,648 | 21.9 |
| Total LTSS | \$541,354,354 | 33.8 | \$485,700,313 | -10.3 | \$573,955,961 | 18.2 | \$582,038,837 | 1.4 |
| Total Institutional LTSS | \$287,864,450 | 53.6 | \$238,754,633 | -17.1 | \$285,923,696 | 19.8 | \$271,432,661 | -5.1 |
| Total HCBS | \$253,489,904 | 16.7 | \$246,945,680 | -2.6 | \$288,032,265 | 16.6 | \$310,606,176 | 7.8 |
| Total Medicaid (all services) | \$1,638,203,133 | 30.5 | \$1,487,291,152 | -9.2 | \$1,715,730,787 | 15.4 | \$1,686,860,349 | -1.7 |

| Percentages | FY 2011 | FY 2012 | FY 2013 | FY 2014 |
|--|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 33.1% | 32.7% | 33.5% | 34.5% |
| Percentage of LTSS that is HCBS | 46.8% | 50.8% | 50.2% | 53.4% |
| Percentage of LTSS that is HCBS - AD | 47.0% | 43.5% | 44.2% | 44.7% |
| Percentage of LTSS that is HCBS - DD | 40.5% | 73.6% | 62.1% | 71.7% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Managed care data are included only for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 15A. Long Term Services and Support Expenditures for Illinois 1981 – 1985

| Service Type | FY 1981 | FY 1982 | Percent Change 81-82 | FY 1983 | Percent Change 82-83 | FY 1984 | Percent Change 83-84 | FY 1985 | Percent Change 84-85 |
|---|------------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$333,979,190 | \$362,525,004 | 8.5 | \$392,475,512 | 8.3 | \$389,769,338 | -0.7 | \$456,732,757 | 17.2 |
| Personal care | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$3,410,802 | \$2,288,434 | -32.9 | \$2,617,414 | 14.4 | \$3,448,162 | 31.7 | \$3,677,279 | 6.6 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$138,552,144 | \$120,855,066 | -12.8 | \$171,286,970 | 41.7 | \$189,701,087 | 10.8 | \$212,759,188 | 12.2 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$12,374,270 | \$5,394,992 | -56.4 | \$6,701,098 | 24.2 | \$15,027,588 | 124.3 | \$13,360,034 | -11.1 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | n/a | n/a | n/a | n/a | n/a | \$10,173,774 | n/a | \$25,192,090 | 147.6 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$488,316,406 | \$491,063,496 | 0.6 | \$573,080,994 | 16.7 | \$608,119,949 | 6.1 | \$711,721,348 | 17.0 |
| Total Institutional LTSS | \$484,905,604 | \$488,775,062 | 0.8 | \$570,463,580 | 16.7 | \$594,498,013 | 4.2 | \$682,851,979 | 14.9 |
| Total HCBS | \$3,410,802 | \$2,288,434 | -32.9 | \$2,617,414 | 14.4 | \$13,621,936 | 420.4 | \$28,869,369 | 111.9 |
| Total Medicaid (all services) | \$1,487,112,428 | \$1,456,201,458 | -2.1 | \$1,485,850,874 | 2.0 | \$1,752,055,677 | 17.9 | \$1,740,541,625 | -0.7 |

| Percentages | FY 1981 | FY 1982 | FY 1983 | FY 1984 | FY 1985 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 32.8% | 33.7% | 38.6% | 34.7% | 40.9% |
| Percentage of LTSS that is HCBS | 0.7% | 0.5% | 0.5% | 2.2% | 4.1% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data.

Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 15B. Long Term Services and Support Expenditures for Illinois 1986 – 1990

| Service Type | FY 1986 | Percent Change 85-86 | FY 1987 | Percent Change 86-87 | FY 1988 | Percent Change 87-88 | FY 1989 | Percent Change 88-89 | FY 1990 | Percent Change 89-90 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$488,890,245 | 7.0 | \$481,844,575 | -1.4 | \$508,618,333 | 5.6 | \$576,977,776 | 13.4 | \$650,457,107 | 12.7 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$3,450,663 | -6.2 | \$3,263,259 | -5.4 | \$4,431,550 | 35.8 | \$5,114,038 | 15.4 | \$6,116,083 | 19.6 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$172,389,852 | -19.0 | \$364,645,834 | 111.5 | \$243,824,403 | -33.1 | \$305,317,191 | 25.2 | \$347,013,417 | 13.7 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$11,192,152 | -16.2 | \$10,929,986 | -2.3 | \$20,723,983 | 89.6 | \$16,974,168 | -18.1 | \$17,851,516 | 5.2 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | \$38,609,383 | 53.3 | \$40,926,696 | 6.0 | \$47,566,597 | 16.2 | \$51,521,552 | 8.3 | \$60,221,421 | 16.9 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$714,532,295 | 0.4 | \$901,610,350 | 26.2 | \$825,164,866 | -8.5 | \$955,904,725 | 15.8 | \$1,081,659,544 | 13.2 |
| Total Institutional LTSS | \$672,472,249 | -1.5 | \$857,420,395 | 27.5 | \$773,166,719 | -9.8 | \$899,269,135 | 16.3 | \$1,015,322,040 | 12.9 |
| Total HCBS | \$42,060,046 | 45.7 | \$44,189,955 | 5.1 | \$51,998,147 | 17.7 | \$56,635,590 | 8.9 | \$66,337,504 | 17.1 |
| Total Medicaid (all services) | \$1,738,653,736 | -0.1 | \$1,783,931,625 | 2.6 | \$1,927,827,394 | 8.1 | \$2,161,488,873 | 12.1 | \$2,479,272,210 | 14.7 |

| Percentages | FY 1986 | FY 1987 | FY 1988 | FY 1989 | FY 1990 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 41.1% | 50.5% | 42.8% | 44.2% | 43.6% |
| Percentage of LTSS that is HCBS | 5.9% | 4.9% | 6.3% | 5.9% | 6.1% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997. ICF/IID 1987 data were greater than 1986 and 1988 data for an unknown reason.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 15C. Long Term Services and Support Expenditures for Illinois 1991 – 1995

| Service Type | FY 1991 | Percent Change 90-91 | FY 1992 | Percent Change 91-92 | FY 1993 | Percent Change 92-93 | FY 1994 | Percent Change 93-94 | FY 1995 | Percent Change 94-95 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$1,292,157,306 | n/a |
| Nursing facilities | \$666,771,911 | 2.5 | \$1,049,581,000 | 57.4 | \$1,103,288,876 | 5.1 | \$1,145,043,067 | 3.8 | \$1,200,820,744 | 4.9 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$84,259,812 | n/a |
| Home health | \$4,029,376 | -34.1 | \$11,998,573 | 197.8 | \$10,050,310 | -16.2 | \$10,186,415 | 1.4 | \$7,076,750 | -30.5 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$577,569,381 | n/a |
| ICF/IID - public | \$367,136,404 | 5.8 | \$499,573,261 | 36.1 | \$531,667,554 | 6.4 | \$489,074,612 | -8.0 | \$527,061,797 | 7.8 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$50,507,584 | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$111,069,406 | n/a |
| Mental health facilities | \$20,664,913 | 15.8 | \$25,902,028 | 25.3 | \$34,421,554 | 32.9 | \$43,159,695 | 25.4 | \$43,210,656 | 0.1 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$67,858,750 | 100.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$6,893,137 | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified/other | \$62,784,507 | 4.3 | \$111,757,574 | 78.0 | \$128,980,600 | 15.4 | \$139,724,688 | 8.3 | \$6,893,137 | n/a |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$1,121,387,111 | 3.7 | \$1,698,812,436 | 51.5 | \$1,808,408,894 | 6.5 | \$1,827,188,477 | 1.0 | \$1,987,689,230 | 8.8 |
| Total Institutional LTSS | \$1,054,573,228 | 3.9 | \$1,575,056,289 | 49.4 | \$1,669,377,984 | 6.0 | \$1,677,277,374 | 0.5 | \$1,838,951,947 | 9.6 |
| Total HCBS | \$66,813,883 | 0.7 | \$123,756,147 | 85.2 | \$139,030,910 | 12.3 | \$149,911,103 | 7.8 | \$148,737,283 | -0.8 |
| Total Medicaid (all services) | \$2,511,273,171 | 1.3 | \$4,287,804,687 | 70.7 | \$4,981,454,368 | 16.2 | \$5,285,533,664 | 6.1 | \$5,986,487,197 | 13.3 |

| Percentages | FY 1991 | FY 1992 | FY 1993 | FY 1994 | FY 1995 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 44.7% | 39.6% | 36.3% | 34.6% | 33.2% |
| Percentage of LTSS that is HCBS | 6.0% | 7.3% | 7.7% | 8.2% | 7.5% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | 7.1% |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | 8.7% |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data.

Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included except for 1915(c) waivers for 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 15D. Long Term Services and Support Expenditures for Illinois 1996 – 2000

| Service Type | FY 1996 | Percent Change 95-96 | FY 1997 | Percent Change 96-97 | FY 1998 | Percent Change 97-98 | FY 1999 | Percent Change 98-99 | FY 2000 | Percent Change 99-00 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$1,290,938,945 | -0.1 | \$1,437,372,216 | 11.3 | \$1,473,868,300 | 2.5 | \$1,507,113,348 | 2.3 | \$1,655,907,963 | 9.9 |
| Nursing facilities | \$1,200,159,538 | -0.1 | \$1,326,163,191 | 10.5 | \$1,353,443,857 | 2.1 | \$1,398,277,827 | 3.3 | \$1,515,334,087 | 8.4 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | \$88,212,522 | 4.7 | \$99,695,581 | 13.0 | \$107,423,139 | 7.8 | \$97,839,879 | -8.9 | \$132,462,279 | 35.4 |
| Home health | \$2,566,885 | -63.7 | \$11,513,444 | 348.5 | \$13,001,304 | 12.9 | \$10,995,642 | -15.4 | \$8,111,597 | -26.2 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$675,889,791 | 17.0 | \$675,653,398 | 0.0 | \$749,518,697 | 10.9 | \$783,212,176 | 4.5 | \$785,917,115 | 0.3 |
| ICF/IID - public | \$591,718,863 | 12.3 | \$313,166,737 | -47.1 | \$339,914,282 | 8.5 | \$327,296,630 | -3.7 | \$334,751,364 | 2.3 |
| ICF/IID - private | n/a | n/a | \$266,985,433 | n/a | \$270,159,076 | 1.2 | \$300,695,466 | 11.3 | \$314,444,106 | 4.6 |
| 1915(c) waivers - DD | \$84,170,928 | 66.7 | \$95,501,228 | 13.5 | \$139,445,339 | 46.0 | \$155,220,080 | 11.3 | \$136,721,645 | -11.9 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$115,374,672 | 3.9 | \$165,475,582 | 43.4 | \$179,727,667 | 8.6 | \$138,755,890 | -22.8 | \$92,603,050 | -33.3 |
| Mental health facilities | \$49,078,186 | 13.6 | \$49,597,572 | 1.1 | \$60,431,631 | 21.8 | \$40,497,224 | -33.0 | \$28,922,814 | -28.6 |
| Mental health facilities-DSH | \$66,296,486 | -2.3 | \$115,878,010 | 74.8 | \$119,296,036 | 2.9 | \$98,258,666 | -17.6 | \$63,680,236 | -35.2 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$2,613,745 | -62.1 | \$27,288,023 | 944.0 | \$24,469,506 | -10.3 | \$21,005,036 | -14.2 | \$27,061,164 | 28.8 |
| Case management | n/a | n/a | \$20,795,223 | n/a | \$16,733,488 | -19.5 | \$14,909,425 | -10.9 | \$17,217,119 | 15.5 |
| 1915(c) waivers - other | \$2,613,745 | -62.1 | \$6,492,800 | 148.4 | \$7,736,018 | 19.1 | \$6,095,611 | -21.2 | \$9,844,045 | 61.5 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$2,084,817,153 | 4.9 | \$2,305,789,219 | 10.6 | \$2,427,584,170 | 5.3 | \$2,450,086,450 | 0.9 | \$2,561,489,292 | 4.5 |
| Total Institutional LTSS | \$1,907,253,073 | 3.7 | \$2,071,790,943 | 8.6 | \$2,143,244,882 | 3.4 | \$2,165,025,813 | 1.0 | \$2,257,132,607 | 4.3 |
| Total HCBS | \$177,564,080 | 19.4 | \$233,998,276 | 31.8 | \$284,339,288 | 21.5 | \$285,060,637 | 0.3 | \$304,356,685 | 6.8 |
| Total Medicaid (all services) | \$6,213,771,465 | 3.8 | \$6,503,829,004 | 4.7 | \$6,648,017,086 | 2.2 | \$6,755,100,123 | 1.6 | \$7,738,448,957 | 14.6 |

| Percentages | FY 1996 | FY 1997 | FY 1998 | FY 1999 | FY 2000 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 33.6% | 35.5% | 36.5% | 36.3% | 33.1% |
| Percentage of LTSS that is HCBS | 8.5% | 10.1% | 11.7% | 11.6% | 11.9% |
| Percentage of LTSS that is HCBS - AD | 7.0% | 7.7% | 8.2% | 7.2% | 8.5% |
| Percentage of LTSS that is HCBS - DD | 12.5% | 14.1% | 18.6% | 19.8% | 17.4% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included except for 1915(c) waivers. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 15E. Long Term Services and Support Expenditures for Illinois 2001 – 2005

| Service Type | FY 2001 | Percent Change 00-01 | FY 2002 | Percent Change 01-02 | FY 2003 | Percent Change 02-03 | FY 2004 | Percent Change 03-04 | FY 2005 | Percent Change 04-05 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|
| Total-Older People, People with PD | \$1,685,373,354 | 1.8 | \$1,743,240,684 | 3.4 | \$1,641,602,621 | -5.8 | \$1,984,608,788 | 20.9 | \$1,779,849,622 | -10.3 |
| Nursing facilities | \$1,499,874,514 | -1.0 | \$1,512,063,472 | 0.8 | \$1,417,836,423 | -6.2 | \$1,575,614,570 | 11.1 | \$1,397,496,709 | -11.3 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | \$169,615,373 | 28.0 | \$195,070,448 | 15.0 | \$184,821,099 | -5.3 | \$373,567,209 | 102.1 | \$345,808,863 | -7.4 |
| Home health | \$15,883,467 | 95.8 | \$36,106,764 | 127.3 | \$38,945,099 | 7.9 | \$35,427,009 | -9.0 | \$36,544,050 | 3.2 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$880,813,765 | 12.1 | \$970,584,481 | 10.2 | \$928,008,749 | -4.4 | \$1,130,117,583 | 21.8 | \$1,108,230,934 | -1.9 |
| ICF/IID - public | \$343,354,814 | 2.6 | \$370,867,708 | 8.0 | \$308,673,507 | -16.8 | \$378,515,732 | 22.6 | \$356,646,841 | -5.8 |
| ICF/IID - private | \$325,629,520 | 3.6 | \$350,063,803 | 7.5 | \$366,820,945 | 4.8 | \$401,227,580 | 9.4 | \$358,013,421 | -10.8 |
| 1915(c) waivers - DD | \$211,829,431 | 54.9 | \$249,652,970 | 17.9 | \$252,514,297 | 1.1 | \$350,374,271 | 38.8 | \$393,570,672 | 12.3 |
| HCBS- managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$170,161,162 | 83.8 | \$137,298,379 | -19.3 | \$125,142,276 | -8.9 | \$153,455,158 | 22.6 | \$146,830,734 | -4.3 |
| Mental health facilities | \$55,682,708 | 92.5 | \$44,788,542 | -19.6 | \$49,471,331 | 10.5 | \$62,710,356 | 26.8 | \$57,784,487 | -7.9 |
| Mental health facilities-DSH | \$114,478,454 | 79.8 | \$92,509,837 | -19.2 | \$75,670,945 | -18.2 | \$90,744,802 | 19.9 | \$89,046,247 | -1.9 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$34,451,097 | 27.3 | \$46,259,083 | 34.3 | \$60,509,632 | 30.8 | \$93,620,414 | 54.7 | \$147,297,944 | 57.3 |
| Case management | \$19,050,063 | 10.6 | \$23,723,797 | 24.5 | \$31,139,859 | 31.3 | \$42,644,666 | 36.9 | \$85,257,459 | 99.9 |
| 1915(c) waivers - other | \$15,401,034 | 56.5 | \$22,535,286 | 46.3 | \$29,369,773 | 30.3 | \$50,975,748 | 73.6 | \$62,040,485 | 21.7 |
| HCBS- managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$2,770,799,378 | 8.2 | \$2,897,382,627 | 4.6 | \$2,755,263,278 | -4.9 | \$3,361,801,943 | 22.0 | \$3,182,209,234 | -5.3 |
| Total Institutional LTSS | \$2,339,020,010 | 3.6 | \$2,370,293,362 | 1.3 | \$2,218,473,151 | -6.4 | \$2,508,813,040 | 13.1 | \$2,258,987,705 | -10.0 |
| Total HCBS | \$431,779,368 | 41.9 | \$527,089,265 | 22.1 | \$536,790,127 | 1.8 | \$852,988,903 | 58.9 | \$923,221,529 | 8.2 |
| Total Medicaid (all services) | \$8,102,969,450 | 4.7 | \$8,947,101,275 | 10.4 | \$9,476,704,638 | 5.9 | \$10,416,951,012 | 9.9 | \$11,127,461,468 | 6.8 |

| Percentages | FY 2001 | FY 2002 | FY 2003 | FY 2004 | FY 2005 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 34.2% | 32.4% | 29.1% | 32.3% | 28.6% |
| Percentage of LTSS that is HCBS | 15.6% | 18.2% | 19.5% | 25.4% | 29.0% |
| Percentage of LTSS that is HCBS - AD | 11.0% | 13.3% | 13.6% | 20.6% | 21.5% |
| Percentage of LTSS that is HCBS - DD | 24.0% | 25.7% | 27.2% | 31.0% | 35.5% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments were included starting in 1995 for Section 1915(c) waivers, in 2002 for nursing facilities, personal care, ICF/IID, and mental health facilities (including DSH); and in 2004 for PACE. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 15F. Long Term Services and Support Expenditures for Illinois 2006 – 2010

| Service Type | FY 2006 | Percent Change 05-06 | FY 2007 | Percent Change 06-07 | FY 2008 | Percent Change 07-08 | FY 2009 | Percent Change 08-09 | FY 2010 | Percent Change 09-10 |
|---|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|
| Total-Older People, People with PD | \$1,866,259,520 | 4.9 | \$1,885,041,975 | 1.0 | \$2,085,591,437 | 10.6 | \$2,103,595,421 | 0.9 | \$2,253,484,024 | 7.1 |
| Nursing facilities | \$1,471,086,004 | 5.3 | \$1,414,774,852 | -3.8 | \$1,460,256,010 | 3.2 | \$1,613,062,574 | 10.5 | \$1,569,644,189 | -2.7 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | \$358,076,346 | 3.5 | \$422,124,740 | 17.9 | \$580,647,374 | 37.6 | \$447,750,680 | -22.9 | \$633,560,504 | 41.5 |
| Home health | \$37,097,170 | 1.5 | \$48,142,383 | 29.8 | \$44,688,053 | -7.2 | \$42,782,167 | -4.3 | \$1,632,083 | -96.2 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$48,647,248 | n/a |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with DD | \$1,139,009,934 | 2.8 | \$1,121,191,519 | -1.6 | \$1,248,846,629 | 11.4 | \$1,141,157,293 | -8.6 | \$1,290,217,398 | 13.1 |
| ICF/IID - public | \$339,408,035 | -4.8 | \$361,827,653 | 6.6 | \$375,651,815 | 3.8 | \$343,674,971 | -8.5 | \$384,357,354 | 11.8 |
| ICF/IID - private | \$384,635,659 | 7.4 | \$334,355,182 | -13.1 | \$381,506,422 | 14.1 | \$319,472,448 | -16.3 | \$422,625,592 | 32.3 |
| 1915(c) waivers - DD | \$414,966,240 | 5.4 | \$425,008,684 | 2.4 | \$491,688,392 | 15.7 | \$478,009,874 | -2.8 | \$483,234,452 | 1.1 |
| HCBS - managed care authorities - DD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with SMI or SED | \$167,263,160 | 13.9 | \$184,602,999 | 10.4 | \$166,599,189 | -9.8 | \$211,006,104 | 26.7 | \$449,880,823 | 113.2 |
| Mental health facilities | \$77,950,237 | 34.9 | \$95,111,104 | 22.0 | \$99,436,839 | 4.5 | \$99,612,760 | 0.2 | \$116,457,972 | 16.9 |
| Mental health facilities-DSH | \$89,312,923 | 0.3 | \$89,491,895 | 0.2 | \$67,162,350 | -25.0 | \$111,393,344 | 65.9 | \$89,423,992 | -19.7 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$243,998,859 | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-Other/Multiple Populations | \$107,979,189 | -26.7 | \$116,426,575 | 7.8 | \$129,641,291 | 11.4 | \$134,735,662 | 3.9 | \$132,250,759 | -1.8 |
| Case management | \$48,002,709 | -43.7 | \$52,743,548 | 9.9 | \$32,659,779 | -38.1 | \$39,665,469 | 21.5 | \$30,010,842 | -24.3 |
| 1915(c) waivers - other | \$59,976,480 | -3.3 | \$63,683,027 | 6.2 | \$96,981,512 | 52.3 | \$95,049,724 | -2.0 | \$102,024,708 | 7.3 |
| HCBS - managed care authorities - other | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | \$0 | n/a | \$20,469 | 100.0 | \$215,209 | 951.4 |
| Total LTSS | \$3,280,511,803 | 3.1 | \$3,307,263,068 | 0.8 | \$3,630,678,546 | 9.8 | \$3,590,494,480 | -1.1 | \$4,125,833,004 | 14.9 |
| Total Institutional LTSS | \$2,362,392,858 | 4.6 | \$2,295,560,686 | -2.8 | \$2,384,013,436 | 3.9 | \$2,487,216,097 | 4.3 | \$2,582,509,099 | 3.8 |
| Total HCBS | \$918,118,945 | -0.6 | \$1,011,702,382 | 10.2 | \$1,246,665,110 | 23.2 | \$1,103,278,383 | -11.5 | \$1,543,323,905 | 39.9 |
| Total Medicaid (all services) | \$10,267,698,583 | -7.7 | \$12,693,526,348 | 23.6 | \$11,818,527,878 | -6.9 | \$13,624,170,229 | 15.3 | \$14,702,442,245 | 7.9 |

| Percentages | FY 2006 | FY 2007 | FY 2008 | FY 2009 | FY 2010 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 31.9% | 26.1% | 30.7% | 26.4% | 28.1% |
| Percentage of LTSS that is HCBS | 28.0% | 30.6% | 34.3% | 30.7% | 37.4% |
| Percentage of LTSS that is HCBS - AD | 21.2% | 24.9% | 30.0% | 23.3% | 30.4% |
| Percentage of LTSS that is HCBS - DD | 36.4% | 37.9% | 39.4% | 41.9% | 37.5% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 54.2% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data. Starting in 2008, managed care data are included for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities. "n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included for several categories of service until 2009. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

For data before 2009, prior period adjustments were included for the following categories of service: nursing home, personal care, Section 1915(c) waivers, PACE, ICF/IID, and mental health facilities (including DSH).

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Illinois home health data decreased significantly in 2010, offset by private duty nursing expenditures. The state may have reported private duty nursing spending under home health before 2010.

Table 15G. Long Term Services and Support Expenditures for Illinois 2011 – 2014

| Service Type | FY 2011 | Percent Change 10-11 | FY 2012 | Percent Change 11-12 | FY 2013 | Percent Change 12-13 | FY 2014 | Percent Change 13-14 |
|---|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|
| Total-Older People, People with PD | \$2,229,705,627 | -1.1 | \$2,537,587,697 | 13.8 | \$2,800,778,011 | 10.4 | \$2,504,941,136 | -10.6 |
| Nursing facilities | \$1,441,079,376 | -8.2 | \$1,698,806,207 | 17.9 | \$1,782,384,600 | 4.9 | \$1,609,103,133 | -9.7 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | \$742,308,102 | 17.2 | \$792,473,333 | 6.8 | \$955,902,343 | 20.6 | \$843,415,080 | -11.8 |
| Home health | \$3,271,928 | 100.5 | \$3,261,176 | -0.3 | \$4,851,292 | 48.8 | \$9,227,785 | 90.2 |
| Community first choice | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Private duty nursing | \$43,046,221 | -11.5 | \$43,046,981 | 0.0 | \$57,639,776 | 33.9 | \$43,195,138 | -25.1 |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with DD | \$1,406,884,873 | 9.0 | \$1,271,262,303 | -9.6 | \$1,502,491,922 | 18.2 | \$1,435,718,167 | -4.4 |
| ICF/IID - public | \$411,684,329 | 7.1 | \$402,879,845 | -2.1 | \$366,257,019 | -9.1 | \$356,911,400 | -2.6 |
| ICF/IID - private | \$376,972,940 | -10.8 | \$282,710,904 | -25.0 | \$469,763,675 | 66.2 | \$367,030,799 | -21.9 |
| 1915(c) waivers - DD | \$618,227,604 | 27.9 | \$585,671,554 | -5.3 | \$666,471,228 | 13.8 | \$711,775,968 | 6.8 |
| HCBS - managed care authorities - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with SMI or SED | \$372,086,805 | -17.3 | \$389,508,016 | 4.7 | \$503,518,919 | 29.3 | \$420,358,581 | -16.5 |
| Mental health facilities | \$91,423,958 | -21.5 | \$72,498,437 | -20.7 | \$151,796,478 | 109.4 | \$109,043,924 | -28.2 |
| Mental health facilities-DSH | \$75,655,990 | -15.4 | \$88,946,691 | 17.6 | \$75,834,229 | -14.7 | \$89,425,435 | 17.9 |
| Rehabilitative services | \$205,006,857 | -16.0 | \$228,062,888 | 11.2 | \$275,888,212 | 21.0 | \$221,889,222 | -19.6 |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-Other/Multiple Populations | \$142,372,938 | 7.7 | \$142,732,948 | 0.3 | \$194,802,664 | 36.5 | \$547,945,403 | 181.3 |
| Case management | \$34,140,710 | 13.8 | \$35,979,465 | 5.4 | \$34,300,643 | -4.7 | \$31,630,844 | -7.8 |
| 1915(c) waivers - other | \$107,595,461 | 5.5 | \$105,994,585 | -1.5 | \$91,113,133 | -14.0 | \$79,915,420 | -12.3 |
| HCBS - managed care authorities - other | \$0 | 0.0 | \$0 | 0.0 | \$26,324,899 | 100.0 | \$194,810,145 | 640.0 |
| Health homes | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | \$39,886,668 | n/a | \$231,110,768 | 479.4 |
| MFP demonstration | \$636,767 | 195.9 | \$758,898 | 19.2 | \$3,177,321 | 318.7 | \$10,478,226 | 229.8 |
| Total LTSS | \$4,151,050,243 | 0.6 | \$4,341,090,964 | 4.6 | \$5,001,591,516 | 15.2 | \$4,908,963,287 | -1.9 |
| Total Institutional LTSS | \$2,396,816,593 | -7.2 | \$2,545,842,084 | 6.2 | \$2,885,922,669 | 13.4 | \$2,762,625,459 | -4.3 |
| Total HCBS | \$1,754,233,650 | 13.7 | \$1,795,248,880 | 2.3 | \$2,115,668,847 | 17.8 | \$2,146,337,828 | 1.4 |
| Total Medicaid (all services) | \$12,937,945,566 | -12.0 | \$13,079,571,137 | 1.1 | \$15,732,792,783 | 20.3 | \$16,576,482,347 | 5.4 |

| Percentages | FY 2011 | FY 2012 | FY 2013 | FY 2014 |
|--|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 32.1% | 33.2% | 31.8% | 29.6% |
| Percentage of LTSS that is HCBS | 42.3% | 41.4% | 42.3% | 43.7% |
| Percentage of LTSS that is HCBS - AD | 35.4% | 33.1% | 36.4% | 35.8% |
| Percentage of LTSS that is HCBS - DD | 43.9% | 46.1% | 44.4% | 49.6% |
| Percentage of LTSS that is HCBS - SMI or SED | 55.1% | 58.6% | 54.8% | 52.8% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Managed care data are included only for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care.

Institutional MLTSS – unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 16A. Long Term Services and Support Expenditures for Indiana, 1981 – 1985

| Service Type | FY 1981 | FY 1982 | Percent Change 81-82 | FY 1983 | Percent Change 82-83 | FY 1984 | Percent Change 83-84 | FY 1985 | Percent Change 84-85 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$206,875,608 | \$235,881,810 | 14.0 | \$257,659,898 | 9.2 | \$283,487,796 | 10.0 | \$328,932,877 | 16.0 |
| Personal care | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$1,707,011 | \$1,936,304 | 13.4 | \$1,949,982 | 0.7 | \$2,303,918 | 18.2 | \$3,078,150 | 33.6 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$31,952,252 | \$37,325,581 | 16.8 | \$41,087,062 | 10.1 | \$34,450,068 | -16.2 | \$40,787,773 | 18.4 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$2,223,319 | \$2,448,602 | 10.1 | \$1,137,032 | -53.6 | \$2,182,887 | 92.0 | \$2,147,383 | -1.6 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | n/a | n/a | n/a | n/a | n/a | \$1,156,455 | n/a | \$1,354 | -99.9 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$242,758,190 | \$277,592,297 | 14.3 | \$301,833,974 | 8.7 | \$323,581,124 | 7.2 | \$374,947,537 | 15.9 |
| Total Institutional LTSS | \$241,051,179 | \$275,655,993 | 14.4 | \$299,883,992 | 8.8 | \$320,120,751 | 6.7 | \$371,868,033 | 16.2 |
| Total HCBS | \$1,707,011 | \$1,936,304 | 13.4 | \$1,949,982 | 0.7 | \$3,460,373 | 77.5 | \$3,079,504 | -11.0 |
| Total Medicaid (all services) | \$449,460,873 | \$517,324,125 | 15.1 | \$599,569,808 | 15.9 | \$648,261,462 | 8.1 | \$751,900,168 | 16.0 |

| Percentages | FY 1981 | FY 1982 | FY 1983 | FY 1984 | FY 1985 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 54.0% | 53.7% | 50.3% | 49.9% | 49.9% |
| Percentage of LTSS that is HCBS | 0.7% | 0.7% | 0.6% | 1.1% | 0.8% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data.

Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 16B. Long Term Services and Support Expenditures for Indiana, 1986 – 1990

| Service Type | FY 1986 | Percent Change 85-86 | FY 1987 | Percent Change 86-87 | FY 1988 | Percent Change 87-88 | FY 1989 | Percent Change 88-89 | FY 1990 | Percent Change 89-90 |
|---|----------------------|----------------------|----------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$355,291,062 | 8.0 | \$392,333,017 | 10.4 | \$401,489,289 | 2.3 | \$418,945,850 | 4.3 | \$466,500,403 | 11.4 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$4,264,759 | 38.5 | \$5,348,989 | 25.4 | \$7,453,171 | 39.3 | \$10,993,059 | 47.5 | \$14,086,336 | 28.1 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$42,610,630 | 4.5 | \$98,512,459 | 131.2 | \$86,776,690 | -11.9 | \$101,940,118 | 17.5 | \$170,264,679 | 67.0 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$5,511,509 | 156.7 | \$6,763,242 | 22.7 | \$9,999,483 | 47.9 | \$13,981,492 | 39.8 | \$21,897,127 | 56.6 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | \$36,139 | 2569.1 | \$24,904 | -31.1 | \$59,039 | 137.1 | \$151,698 | 156.9 | \$213,021 | 40.4 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$407,714,099 | 8.7 | \$502,982,611 | 23.4 | \$505,777,672 | 0.6 | \$546,012,217 | 8.0 | \$672,961,566 | 23.3 |
| Total Institutional LTSS | \$403,413,201 | 8.5 | \$497,608,718 | 23.3 | \$498,265,462 | 0.1 | \$534,867,460 | 7.3 | \$658,662,209 | 23.1 |
| Total HCBS | \$4,300,898 | 39.7 | \$5,373,893 | 24.9 | \$7,512,210 | 39.8 | \$11,144,757 | 48.4 | \$14,299,357 | 28.3 |
| Total Medicaid (all services) | \$874,529,890 | 16.3 | \$929,317,822 | 6.3 | \$1,052,496,126 | 13.3 | \$1,220,137,416 | 15.9 | \$1,486,917,493 | 21.9 |

| Percentages | FY 1986 | FY 1987 | FY 1988 | FY 1989 | FY 1990 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 46.6% | 54.1% | 48.1% | 44.8% | 45.3% |
| Percentage of LTSS that is HCBS | 1.1% | 1.1% | 1.5% | 2.0% | 2.1% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997. ICF/IID 1987 data were greater than 1986 and 1988 data for an unknown reason.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 16C. Long Term Services and Support Expenditures for Indiana, 1991 – 1995

| Service Type | FY 1991 | Percent Change 90-91 | FY 1992 | Percent Change 91-92 | FY 1993 | Percent Change 92-93 | FY 1994 | Percent Change 93-94 | FY 1995 | Percent Change 94-95 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$721,056,179 | n/a |
| Nursing facilities | \$574,219,382 | 23.1 | \$657,677,547 | 14.5 | \$712,655,355 | 8.4 | \$735,565,634 | 3.2 | \$683,517,677 | -7.1 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$4,561,198 | n/a |
| Home health | \$20,158,282 | 43.1 | \$33,687,871 | 67.1 | \$37,091,850 | 10.1 | \$25,271,622 | -31.9 | \$32,977,304 | 30.5 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$300,472,913 | n/a |
| ICF/IID - public | \$199,343,872 | 17.1 | \$272,735,397 | 36.8 | \$283,528,589 | 4.0 | \$309,133,359 | 9.0 | \$291,180,026 | -5.8 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$9,292,887 | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$271,010,212 | n/a |
| Mental health facilities | \$51,252,240 | 134.1 | \$91,204,963 | 78.0 | \$43,748,313 | -52.0 | \$18,219,800 | -58.4 | \$47,211,804 | 159.1 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | \$8,871,933 | n/a | \$257,715,363 | 2804.8 | \$223,798,408 | -13.2 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$142,871 | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified/other | \$544,430 | 155.6 | \$2,961,643 | 444.0 | \$4,865,589 | 64.3 | \$8,249,015 | 69.5 | \$142,871 | n/a |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$845,518,206 | 25.6 | \$1,058,267,421 | 25.2 | \$1,090,761,629 | 3.1 | \$1,354,154,793 | 24.1 | \$1,292,682,175 | -4.5 |
| Total Institutional LTSS | \$824,815,494 | 25.2 | \$1,021,617,907 | 23.9 | \$1,048,804,190 | 2.7 | \$1,320,634,156 | 25.9 | \$1,245,707,915 | -5.7 |
| Total HCBS | \$20,702,712 | 44.8 | \$36,649,514 | 77.0 | \$41,957,439 | 14.5 | \$33,520,637 | -20.1 | \$46,974,260 | 40.1 |
| Total Medicaid (all services) | \$1,774,614,669 | 19.3 | \$2,495,261,615 | 40.6 | \$2,815,525,345 | 12.8 | \$2,810,572,752 | -0.2 | \$2,528,745,770 | -10.0 |

| Percentages | FY 1991 | FY 1992 | FY 1993 | FY 1994 | FY 1995 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 47.6% | 42.4% | 38.7% | 48.2% | 51.1% |
| Percentage of LTSS that is HCBS | 2.4% | 3.5% | 3.8% | 2.5% | 3.6% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | 5.2% |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | 3.1% |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included except for 1915(c) waivers for 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 16D. Long Term Services and Support Expenditures for Indiana, 1996 – 2000

| Service Type | FY 1996 | Percent Change 95-96 | FY 1997 | Percent Change 96-97 | FY 1998 | Percent Change 97-98 | FY 1999 | Percent Change 98-99 | FY 2000 | Percent Change 99-00 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$762,647,681 | 5.8 | \$725,689,709 | -4.8 | \$743,785,343 | 2.5 | \$839,007,678 | 12.8 | \$835,751,036 | -0.4 |
| Nursing facilities | \$710,523,983 | 4.0 | \$672,103,670 | -5.4 | \$686,508,465 | 2.1 | \$776,066,961 | 13.0 | \$770,017,547 | -0.8 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$605,291 | 100.0 | \$312,412 | -48.4 |
| 1915(c) waivers - AD | \$8,617,374 | 88.9 | \$10,489,870 | 21.7 | \$12,368,476 | 17.9 | \$15,379,259 | 24.3 | \$16,729,960 | 8.8 |
| Home health | \$43,506,324 | 31.9 | \$43,096,169 | -0.9 | \$44,908,402 | 4.2 | \$46,956,167 | 4.6 | \$48,691,117 | 3.7 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$327,034,962 | 8.8 | \$332,694,062 | 1.7 | \$339,707,825 | 2.1 | \$342,890,585 | 0.9 | \$347,403,894 | 1.3 |
| ICF/IID - public | \$305,994,213 | 5.1 | \$89,503,260 | -70.8 | \$83,542,090 | -6.7 | \$60,870,323 | -27.1 | \$50,955,961 | -16.3 |
| ICF/IID - private | n/a | n/a | \$214,683,819 | n/a | \$217,404,276 | 1.3 | \$213,643,457 | -1.7 | \$207,498,633 | -2.9 |
| 1915(c) waivers - DD | \$21,040,749 | 126.4 | \$28,506,983 | 35.5 | \$38,761,459 | 36.0 | \$68,376,805 | 76.4 | \$88,949,300 | 30.1 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$180,711,127 | -33.3 | \$203,796,860 | 12.8 | \$228,048,524 | 11.9 | \$242,255,573 | 6.2 | \$283,736,403 | 17.1 |
| Mental health facilities | \$100,248,488 | 112.3 | \$100,738,295 | 0.5 | \$129,609,311 | 28.7 | \$143,817,860 | 11.0 | \$157,869,004 | 9.8 |
| Mental health facilities-DSH | \$80,462,639 | -64.0 | \$103,058,565 | 28.1 | \$98,439,213 | -4.5 | \$98,437,713 | 0.0 | \$125,867,399 | 27.9 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$776,448 | 443.5 | \$1,288,457 | 65.9 | \$1,322,288 | 2.6 | \$1,306,297 | -1.2 | \$2,176,036 | 66.6 |
| Case management | n/a | n/a | \$590,936 | n/a | \$480,076 | -18.8 | \$458,573 | -4.5 | \$880,175 | 91.9 |
| 1915(c) waivers - other | \$776,448 | 443.5 | \$697,521 | -10.2 | \$842,212 | 20.7 | \$847,724 | 0.7 | \$1,295,861 | 52.9 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$1,271,170,218 | -1.7 | \$1,263,469,088 | -0.6 | \$1,312,863,980 | 3.9 | \$1,425,460,133 | 8.6 | \$1,469,067,369 | 3.1 |
| Total Institutional LTSS | \$1,197,229,323 | -3.9 | \$1,180,087,609 | -1.4 | \$1,215,503,355 | 3.0 | \$1,292,836,314 | 6.4 | \$1,312,208,544 | 1.5 |
| Total HCBS | \$73,940,895 | 57.4 | \$83,381,479 | 12.8 | \$97,360,625 | 16.8 | \$132,623,819 | 36.2 | \$156,858,825 | 18.3 |
| Total Medicaid (all services) | \$2,587,378,251 | 2.3 | \$2,493,114,385 | -3.6 | \$2,600,257,485 | 4.3 | \$2,977,949,366 | 14.5 | \$3,489,915,490 | 17.2 |

| Percentages | FY 1996 | FY 1997 | FY 1998 | FY 1999 | FY 2000 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 49.1% | 50.7% | 50.5% | 47.9% | 42.1% |
| Percentage of LTSS that is HCBS | 5.8% | 6.6% | 7.4% | 9.3% | 10.7% |
| Percentage of LTSS that is HCBS - AD | 6.8% | 7.4% | 7.7% | 7.5% | 7.9% |
| Percentage of LTSS that is HCBS - DD | 6.4% | 8.6% | 11.4% | 19.9% | 25.6% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included except for 1915(c) waivers. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 16E. Long Term Services and Support Expenditures for Indiana, 2001 – 2005

| Service Type | FY 2001 | Percent Change 00-01 | FY 2002 | Percent Change 01-02 | FY 2003 | Percent Change 02-03 | FY 2004 | Percent Change 03-04 | FY 2005 | Percent Change 04-05 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$887,110,826 | 6.1 | \$935,912,170 | 5.5 | \$834,053,872 | -10.9 | \$1,012,516,239 | 21.4 | \$1,391,257,730 | 37.4 |
| Nursing facilities | \$817,519,478 | 6.2 | \$863,116,992 | 5.6 | \$753,887,289 | -12.7 | \$917,547,690 | 21.7 | \$1,285,442,850 | 40.1 |
| Personal care | \$12,175 | -96.1 | -\$16,259 | -233.5 | \$21,391 | -231.6 | \$91,383 | 327.2 | \$0 | -100.0 |
| 1915(c) waivers - AD | \$17,674,225 | 5.6 | \$21,226,647 | 20.1 | \$27,203,116 | 28.2 | \$31,032,875 | 14.1 | \$31,867,962 | 2.7 |
| Home health | \$51,904,948 | 6.6 | \$51,584,790 | -0.6 | \$52,942,076 | 2.6 | \$63,844,291 | 20.6 | \$73,946,918 | 15.8 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$416,863,448 | 20.0 | \$497,256,799 | 19.3 | \$594,181,887 | 19.5 | \$714,424,565 | 20.2 | \$701,083,775 | -1.9 |
| ICF/IID - public | \$53,134,447 | 4.3 | \$57,538,070 | 8.3 | \$49,138,778 | -14.6 | \$97,494,726 | 98.4 | \$88,318,687 | -9.4 |
| ICF/IID - private | \$243,715,399 | 17.5 | \$281,409,000 | 15.5 | \$282,054,408 | 0.2 | \$247,378,217 | -12.3 | \$227,006,736 | -8.2 |
| 1915(c) waivers - DD | \$120,013,602 | 34.9 | \$158,309,729 | 31.9 | \$262,988,701 | 66.1 | \$369,551,622 | 40.5 | \$385,758,352 | 4.4 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$353,902,887 | 24.7 | \$297,047,384 | -16.1 | \$335,546,265 | 13.0 | \$353,749,959 | 5.4 | \$156,142,848 | -55.9 |
| Mental health facilities | \$181,558,390 | 15.0 | \$192,807,733 | 6.2 | \$240,197,649 | 24.6 | \$246,769,623 | 2.7 | \$60,665,667 | -75.4 |
| Mental health facilities-DSH | \$172,344,497 | 36.9 | \$104,239,651 | -39.5 | \$95,348,616 | -8.5 | \$106,980,336 | 12.2 | \$95,405,732 | -10.8 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$71,449 | 100.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$3,641,869 | 67.4 | \$5,419,053 | 48.8 | \$5,577,858 | 2.9 | \$6,082,896 | 9.1 | \$17,779,431 | 192.3 |
| Case management | \$870,891 | -1.1 | \$953,814 | 9.5 | \$987,791 | 3.6 | \$931,888 | -5.7 | \$12,748,611 | 1268.0 |
| 1915(c) waivers - other | \$2,770,978 | 113.8 | \$4,465,239 | 61.1 | \$4,590,067 | 2.8 | \$5,151,008 | 12.2 | \$5,030,820 | -2.3 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$1,661,519,030 | 13.1 | \$1,735,635,406 | 4.5 | \$1,769,359,882 | 1.9 | \$2,086,773,659 | 17.9 | \$2,266,263,784 | 8.6 |
| Total Institutional LTSS | \$1,468,272,211 | 11.9 | \$1,499,111,446 | 2.1 | \$1,420,626,740 | -5.2 | \$1,616,170,592 | 13.8 | \$1,756,839,672 | 8.7 |
| Total HCBS | \$193,246,819 | 23.2 | \$236,523,960 | 22.4 | \$348,733,142 | 47.4 | \$470,603,067 | 34.9 | \$509,424,112 | 8.2 |
| Total Medicaid (all services) | \$4,061,790,272 | 16.4 | \$4,415,139,546 | 8.7 | \$4,329,997,370 | -1.9 | \$5,052,197,026 | 16.7 | \$5,378,614,662 | 6.5 |

| Percentages | FY 2001 | FY 2002 | FY 2003 | FY 2004 | FY 2005 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 40.9% | 39.3% | 40.9% | 41.3% | 42.1% |
| Percentage of LTSS that is HCBS | 11.6% | 13.6% | 19.7% | 22.6% | 22.5% |
| Percentage of LTSS that is HCBS - AD | 7.8% | 7.8% | 9.6% | 9.4% | 7.6% |
| Percentage of LTSS that is HCBS - DD | 28.8% | 31.8% | 44.3% | 51.7% | 55.0% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments were included starting in 1995 for Section 1915(c) waivers, in 2002 for nursing facilities, personal care, ICF/IID, and mental health facilities (including DSH); and in 2004 for PACE. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 16F. Long Term Services and Support Expenditures for Indiana, 2006 – 2010

| Service Type | FY 2006 | Percent Change 05-06 | FY 2007 | Percent Change 06-07 | FY 2008 | Percent Change 07-08 | FY 2009 | Percent Change 08-09 | FY 2010 | Percent Change 09-10 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$1,094,939,980 | -21.3 | \$1,144,531,995 | 4.5 | \$1,371,306,040 | 19.8 | \$1,421,955,670 | 3.7 | \$1,458,642,001 | 2.6 |
| Nursing facilities | \$981,242,897 | -23.7 | \$1,009,536,252 | 2.9 | \$1,207,634,537 | 19.6 | \$1,189,038,816 | -1.5 | \$1,163,116,959 | -2.2 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | \$31,441,684 | -1.3 | \$45,940,675 | 46.1 | \$61,122,120 | 33.0 | \$95,359,347 | 56.0 | \$130,342,124 | 36.7 |
| Home health | \$82,255,399 | 11.2 | \$89,055,068 | 8.3 | \$102,549,383 | 15.2 | \$137,557,507 | 34.1 | \$165,182,918 | 20.1 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with DD | \$727,037,671 | 3.7 | \$730,166,839 | 0.4 | \$760,160,285 | 4.1 | \$813,354,542 | 7.0 | \$819,491,028 | 0.8 |
| ICF/IID - public | \$113,263,771 | 28.2 | \$50,076,797 | -55.8 | \$26,219,699 | -47.6 | \$4,448,285 | -83.0 | \$2,213,219 | -50.2 |
| ICF/IID - private | \$228,134,635 | 0.5 | \$268,453,751 | 17.7 | \$273,104,572 | 1.7 | \$307,309,995 | 12.5 | \$310,232,569 | 1.0 |
| 1915(c) waivers - DD | \$385,639,265 | 0.0 | \$411,636,291 | 6.7 | \$460,836,014 | 12.0 | \$501,596,262 | 8.8 | \$507,045,240 | 1.1 |
| HCBS - managed care authorities - DD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with SMI or SED | \$220,078,063 | 40.9 | \$162,093,063 | -26.3 | \$170,242,617 | 5.0 | \$155,721,581 | -8.5 | \$165,818,963 | 6.5 |
| Mental health facilities | \$67,842,276 | 11.8 | \$66,798,311 | -1.5 | \$62,467,868 | -6.5 | \$59,576,569 | -4.6 | \$58,714,796 | -1.4 |
| Mental health facilities-DSH | \$152,096,600 | 59.4 | \$95,241,914 | -37.4 | \$107,770,765 | 13.2 | \$96,145,012 | -10.8 | \$95,650,977 | -0.5 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$11,453,190 | n/a |
| 1915(c) waivers - SMI or SED | \$139,187 | 94.8 | \$52,838 | -62.0 | \$3,984 | -92.5 | \$0 | -100.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-Other/Multiple Populations | \$15,418,847 | -13.3 | \$13,039,684 | -15.4 | \$13,340,099 | 2.3 | \$11,565,744 | -13.3 | \$14,366,637 | 24.2 |
| Case management | \$11,011,903 | -13.6 | \$9,507,099 | -13.7 | \$9,920,946 | 4.4 | \$7,668,926 | -22.7 | \$7,343,992 | -4.2 |
| 1915(c) waivers - other | \$4,406,944 | -12.4 | \$3,532,585 | -19.8 | \$3,419,153 | -3.2 | \$3,870,514 | 13.2 | \$4,515,764 | 16.7 |
| HCBS - managed care authorities - other | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | \$0 | n/a | \$26,304 | 100.0 | \$2,506,881 | 9430.4 |
| Total LTSS | \$2,057,474,561 | -9.2 | \$2,049,831,581 | -0.4 | \$2,315,049,041 | 12.9 | \$2,402,597,537 | 3.8 | \$2,458,318,629 | 2.3 |
| Total Institutional LTSS | \$1,542,580,179 | -12.2 | \$1,490,107,025 | -3.4 | \$1,677,197,441 | 12.6 | \$1,656,518,677 | -1.2 | \$1,629,928,520 | -1.6 |
| Total HCBS | \$514,894,382 | 1.1 | \$559,724,556 | 8.7 | \$637,851,600 | 14.0 | \$746,078,860 | 17.0 | \$828,390,109 | 11.0 |
| Total Medicaid (all services) | \$4,994,194,458 | -7.1 | \$5,370,354,629 | 7.5 | \$6,475,212,340 | 20.6 | \$6,248,368,821 | -3.5 | \$5,988,563,299 | -4.2 |

| Percentages | FY 2006 | FY 2007 | FY 2008 | FY 2009 | FY 2010 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 41.2% | 38.2% | 35.8% | 38.5% | 41.1% |
| Percentage of LTSS that is HCBS | 25.0% | 27.3% | 27.6% | 31.1% | 33.7% |
| Percentage of LTSS that is HCBS - AD | 10.4% | 11.8% | 11.9% | 16.4% | 20.3% |
| Percentage of LTSS that is HCBS - DD | 53.0% | 56.4% | 60.6% | 61.7% | 61.9% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.1% | 0.0% | 0.0% | 0.0% | 6.9% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data. Starting in 2008, managed care data are included for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities. "n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included for several categories of service until 2009. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

For data before 2009, prior period adjustments were included for the following categories of service: nursing home, personal care, Section 1915(c) waivers, PACE, ICF/IID, and mental health facilities (including DSH).

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 16G. Long Term Services and Support Expenditures for Indiana, 2011 – 2014

| Service Type | FY 2011 | Percent Change 10-11 | FY 2012 | Percent Change 11-12 | FY 2013 | Percent Change 12-13 | FY 2014 | Percent Change 13-14 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$1,463,396,487 | 0.3 | \$1,795,557,786 | 22.7 | \$2,047,041,798 | 14.0 | \$2,487,617,638 | 21.5 |
| Nursing facilities | \$1,153,684,533 | -0.8 | \$1,456,848,439 | 26.3 | \$1,664,659,647 | 14.3 | \$2,038,550,083 | 22.5 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | \$125,177,035 | -4.0 | \$119,889,651 | -4.2 | \$136,571,464 | 13.9 | \$167,736,992 | 22.8 |
| Home health | \$184,534,919 | 11.7 | \$218,819,696 | 18.6 | \$245,810,687 | 12.3 | \$281,330,563 | 14.5 |
| Community first choice | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Private duty nursing | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with DD | \$774,946,375 | -5.4 | \$787,284,272 | 1.6 | \$819,637,320 | 4.1 | \$886,758,365 | 8.2 |
| ICF/IID - public | \$1,735,077 | -21.6 | \$58,267 | -96.6 | \$0 | -100.0 | \$0 | 0.0 |
| ICF/IID - private | \$295,805,850 | -4.7 | \$294,005,680 | -0.6 | \$283,433,106 | -3.6 | \$292,676,763 | 3.3 |
| 1915(c) waivers - DD | \$477,405,448 | -5.8 | \$493,220,325 | 3.3 | \$536,204,214 | 8.7 | \$594,081,602 | 10.8 |
| HCBS - managed care authorities - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with SMI or SED | \$162,958,140 | -1.7 | \$63,157,610 | -61.2 | \$54,688,642 | -13.4 | \$55,423,029 | 1.3 |
| Mental health facilities | \$53,628,319 | -8.7 | \$56,247,812 | 4.9 | \$47,125,331 | -16.2 | \$46,938,035 | -0.4 |
| Mental health facilities-DSH | \$100,212,578 | 4.8 | \$0 | -100.0 | \$0 | 0.0 | \$0 | 0.0 |
| Rehabilitative services | \$9,117,243 | -20.4 | \$6,909,798 | -24.2 | \$7,563,311 | 9.5 | \$8,186,075 | 8.2 |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$298,919 | 100.0 |
| Total-Other/Multiple Populations | \$17,404,888 | 21.1 | \$14,856,602 | -14.6 | \$31,180,437 | 109.9 | \$54,936,793 | 76.2 |
| Case management | \$7,100,068 | -3.3 | \$4,622,780 | -34.9 | \$4,955,062 | 7.2 | \$5,295,224 | 6.9 |
| 1915(c) waivers - other | \$4,479,068 | -0.8 | \$4,529,271 | 1.1 | \$5,165,730 | 14.1 | \$5,219,451 | 1.0 |
| HCBS - managed care authorities - other | \$0 | 0.0 | \$0 | 0.0 | \$4,418,041 | 100.0 | \$9,799,088 | 121.8 |
| Health homes | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | \$9,399,973 | n/a | \$22,129,222 | 135.4 |
| MFP demonstration | \$5,825,752 | 132.4 | \$5,704,551 | -2.1 | \$7,241,631 | 26.9 | \$12,493,808 | 72.5 |
| Total LTSS | \$2,418,705,890 | -1.6 | \$2,660,856,270 | 10.0 | \$2,952,548,197 | 11.0 | \$3,484,735,825 | 18.0 |
| Total Institutional LTSS | \$1,605,066,357 | -1.5 | \$1,807,160,198 | 12.6 | \$2,004,618,057 | 10.9 | \$2,400,294,103 | 19.7 |
| Total HCBS | \$813,639,533 | -1.8 | \$853,696,072 | 4.9 | \$947,930,140 | 11.0 | \$1,084,441,722 | 14.4 |
| Total Medicaid (all services) | \$6,449,767,153 | 7.7 | \$7,737,879,589 | 20.0 | \$7,951,856,229 | 2.8 | \$8,914,744,219 | 12.1 |

| Percentages | FY 2011 | FY 2012 | FY 2013 | FY 2014 |
|--|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 37.5% | 34.4% | 37.1% | 39.1% |
| Percentage of LTSS that is HCBS | 33.6% | 32.1% | 32.1% | 31.1% |
| Percentage of LTSS that is HCBS - AD | 21.2% | 18.9% | 18.7% | 18.1% |
| Percentage of LTSS that is HCBS - DD | 61.6% | 62.7% | 65.4% | 67.0% |
| Percentage of LTSS that is HCBS - SMI or SED | 5.6% | 10.9% | 13.8% | 15.3% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Managed care data are included only for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care.

Institutional MLTSS – unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 17A. Long Term Services and Support Expenditures for Iowa, 1981 – 1985

| Service Type | FY 1981 | FY 1982 | Percent Change 81-82 | FY 1983 | Percent Change 82-83 | FY 1984 | Percent Change 83-84 | FY 1985 | Percent Change 84-85 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$100,608,837 | \$102,407,467 | 1.8 | \$98,368,327 | -3.9 | \$100,749,451 | 2.4 | \$106,919,214 | 6.1 |
| Personal care | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$981,234 | \$1,172,172 | 19.5 | \$1,632,972 | 39.3 | \$2,000,222 | 22.5 | \$3,256,110 | 62.8 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$45,054,485 | \$52,266,560 | 16.0 | \$58,033,899 | 11.0 | \$56,449,692 | -2.7 | \$59,473,876 | 5.4 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$1,704,821 | \$3,146,885 | 84.6 | \$2,691,760 | -14.5 | \$2,045,625 | -24.0 | \$2,412,687 | 17.9 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | n/a | n/a | n/a | n/a | n/a | \$64,597 | n/a | \$16,639 | -74.2 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$148,349,377 | \$158,993,084 | 7.2 | \$160,726,958 | 1.1 | \$161,309,587 | 0.4 | \$172,078,526 | 6.7 |
| Total Institutional LTSS | \$147,368,143 | \$157,820,912 | 7.1 | \$159,093,986 | 0.8 | \$159,244,768 | 0.1 | \$168,805,777 | 6.0 |
| Total HCBS | \$981,234 | \$1,172,172 | 19.5 | \$1,632,972 | 39.3 | \$2,064,819 | 26.4 | \$3,272,749 | 58.5 |
| Total Medicaid (all services) | \$279,329,132 | \$295,483,017 | 5.8 | \$322,531,312 | 9.2 | \$336,651,904 | 4.4 | \$369,881,520 | 9.9 |

| Percentages | FY 1981 | FY 1982 | FY 1983 | FY 1984 | FY 1985 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 53.1% | 53.8% | 49.8% | 47.9% | 46.5% |
| Percentage of LTSS that is HCBS | 0.7% | 0.7% | 1.0% | 1.3% | 1.9% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data.

Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 17B. Long Term Services and Support Expenditures for Iowa, 1986 – 1990

| Service Type | FY 1986 | Percent Change 85-86 | FY 1987 | Percent Change 86-87 | FY 1988 | Percent Change 87-88 | FY 1989 | Percent Change 88-89 | FY 1990 | Percent Change 89-90 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$105,449,740 | -1.4 | \$111,873,712 | 6.1 | \$116,006,796 | 3.7 | \$128,948,929 | 11.2 | \$150,355,476 | 16.6 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$1,784 | 100.0 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$3,818,936 | 17.3 | \$5,358,192 | 40.3 | \$5,280,240 | -1.5 | \$7,184,846 | 36.1 | \$8,966,476 | 24.8 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$69,985,549 | 17.7 | \$130,531,844 | 86.5 | \$88,710,333 | -32.0 | \$100,349,967 | 13.1 | \$119,614,269 | 19.2 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$3,278,923 | 35.9 | \$3,555,600 | 8.4 | \$3,511,400 | -1.2 | \$6,873,298 | 95.7 | \$10,621,661 | 54.5 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | \$20,152 | 21.1 | \$53,820 | 167.1 | \$198,122 | 268.1 | \$338,284 | 70.7 | \$739,228 | 118.5 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$182,553,300 | 6.1 | \$251,373,168 | 37.7 | \$213,706,891 | -15.0 | \$243,695,324 | 14.0 | \$290,298,894 | 19.1 |
| Total Institutional LTSS | \$178,714,212 | 5.9 | \$245,961,156 | 37.6 | \$208,228,529 | -15.3 | \$236,172,194 | 13.4 | \$280,591,406 | 18.8 |
| Total HCBS | \$3,839,088 | 17.3 | \$5,412,012 | 41.0 | \$5,478,362 | 1.2 | \$7,523,130 | 37.3 | \$9,707,488 | 29.0 |
| Total Medicaid (all services) | \$390,621,327 | 5.6 | \$431,118,333 | 10.4 | \$486,660,860 | 12.9 | \$542,221,838 | 11.4 | \$642,771,495 | 18.5 |

| Percentages | FY 1986 | FY 1987 | FY 1988 | FY 1989 | FY 1990 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 46.7% | 58.3% | 43.9% | 44.9% | 45.2% |
| Percentage of LTSS that is HCBS | 2.1% | 2.2% | 2.6% | 3.1% | 3.3% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997. ICF/IID 1987 data were greater than 1986 and 1988 data for an unknown reason.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 17C. Long Term Services and Support Expenditures for Iowa, 1991 – 1995

| Service Type | FY 1991 | Percent Change 90-91 | FY 1992 | Percent Change 91-92 | FY 1993 | Percent Change 92-93 | FY 1994 | Percent Change 93-94 | FY 1995 | Percent Change 94-95 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$285,217,700 | n/a |
| Nursing facilities | \$193,063,447 | 28.4 | \$208,578,238 | 8.0 | \$222,870,621 | 6.9 | \$240,481,419 | 7.9 | \$257,492,262 | 7.1 |
| Personal care | \$1,718 | -3.7 | \$2,024 | 17.8 | \$1,520 | -24.9 | \$1,060 | -30.3 | \$928 | -12.5 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$1,595,533 | n/a |
| Home health | \$10,146,837 | 13.2 | \$15,053,868 | 48.4 | \$17,586,743 | 16.8 | \$17,914,895 | 1.9 | \$26,128,977 | 45.9 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$191,535,600 | n/a |
| ICF/IID - public | \$136,649,791 | 14.2 | \$150,455,720 | 10.1 | \$160,959,092 | 7.0 | \$161,161,376 | 0.1 | \$170,710,324 | 5.9 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$20,825,276 | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$21,462,630 | n/a |
| Mental health facilities | \$11,757,695 | 10.7 | \$17,084,983 | 45.3 | \$19,777,163 | 15.8 | \$22,797,327 | 15.3 | \$21,462,630 | -5.9 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$14,863 | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified/other | \$1,521,504 | 105.8 | \$1,930,004 | 26.8 | \$2,663,020 | 38.0 | \$9,773,641 | 267.0 | \$14,863 | n/a |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$353,140,992 | 21.6 | \$393,104,837 | 11.3 | \$423,858,159 | 7.8 | \$452,129,718 | 6.7 | \$498,230,793 | 10.2 |
| Total Institutional LTSS | \$341,470,933 | 21.7 | \$376,118,941 | 10.1 | \$403,606,876 | 7.3 | \$424,440,122 | 5.2 | \$449,665,216 | 5.9 |
| Total HCBS | \$11,670,059 | 20.2 | \$16,985,896 | 45.6 | \$20,251,283 | 19.2 | \$27,689,596 | 36.7 | \$48,565,577 | 75.4 |
| Total Medicaid (all services) | \$790,998,849 | 23.1 | \$903,580,694 | 14.2 | \$987,199,766 | 9.3 | \$1,089,130,996 | 10.3 | \$1,178,994,158 | 8.3 |

| Percentages | FY 1991 | FY 1992 | FY 1993 | FY 1994 | FY 1995 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 44.6% | 43.5% | 42.9% | 41.5% | 42.3% |
| Percentage of LTSS that is HCBS | 3.3% | 4.3% | 4.8% | 6.1% | 9.7% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | 9.7% |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | 10.9% |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included except for 1915(c) waivers for 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 17D. Long Term Services and Support Expenditures for Iowa, 1996 – 2000

| Service Type | FY 1996 | Percent Change 95-96 | FY 1997 | Percent Change 96-97 | FY 1998 | Percent Change 97-98 | FY 1999 | Percent Change 98-99 | FY 2000 | Percent Change 99-00 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$304,384,510 | 6.7 | \$332,727,746 | 9.3 | \$371,361,293 | 11.6 | \$394,893,920 | 6.3 | \$568,428,476 | 43.9 |
| Nursing facilities | \$271,454,653 | 5.4 | \$289,121,124 | 6.5 | \$316,714,530 | 9.5 | \$332,581,154 | 5.0 | \$505,459,505 | 52.0 |
| Personal care | \$1,133 | 22.1 | \$4,412,186 | 389325.1 | \$934 | -100.0 | \$229 | -75.5 | \$5 | -97.8 |
| 1915(c) waivers - AD | \$3,570,030 | 123.8 | \$5,666,954 | 58.7 | \$10,864,616 | 91.7 | \$14,627,150 | 34.6 | \$18,836,180 | 28.8 |
| Home health | \$29,358,694 | 12.4 | \$33,527,482 | 14.2 | \$43,781,213 | 30.6 | \$47,685,387 | 8.9 | \$44,132,786 | -7.5 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$216,338,722 | 12.9 | \$235,577,584 | 8.9 | \$240,731,049 | 2.2 | \$259,044,490 | 7.6 | \$278,940,997 | 7.7 |
| ICF/IID - public | \$178,843,930 | 4.8 | \$65,832,716 | -63.2 | \$67,917,760 | 3.2 | \$74,552,369 | 9.8 | \$78,909,608 | 5.8 |
| ICF/IID - private | n/a | n/a | \$112,380,594 | n/a | \$109,562,056 | -2.5 | \$110,057,222 | 0.5 | \$112,342,792 | 2.1 |
| 1915(c) waivers - DD | \$37,494,792 | 80.0 | \$57,364,274 | 53.0 | \$63,251,233 | 10.3 | \$74,434,899 | 17.7 | \$87,688,597 | 17.8 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$18,295,722 | -14.8 | \$16,409,371 | -10.3 | \$19,093,096 | 16.4 | \$21,051,734 | 10.3 | \$23,725,870 | 12.7 |
| Mental health facilities | \$18,295,722 | -14.8 | \$16,409,371 | -10.3 | \$19,093,096 | 16.4 | \$21,051,734 | 10.3 | \$23,725,870 | 12.7 |
| Mental health facilities-DSH | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$25,922 | 74.4 | \$8,518,997 | 32764.0 | \$15,710,065 | 84.4 | \$19,013,459 | 21.0 | \$21,460,846 | 12.9 |
| Case management | n/a | n/a | \$8,471,365 | n/a | \$14,973,726 | 76.8 | \$18,038,140 | 20.5 | \$20,209,091 | 12.0 |
| 1915(c) waivers - other | \$25,922 | 74.4 | \$47,632 | 83.8 | \$736,339 | 1445.9 | \$975,319 | 32.5 | \$1,251,755 | 28.3 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$539,044,876 | 8.2 | \$593,233,698 | 10.1 | \$646,895,503 | 9.0 | \$694,003,603 | 7.3 | \$892,556,189 | 28.6 |
| Total Institutional LTSS | \$468,594,305 | 4.2 | \$483,743,805 | 3.2 | \$513,287,442 | 6.1 | \$538,242,479 | 4.9 | \$720,437,775 | 33.9 |
| Total HCBS | \$70,450,571 | 45.1 | \$109,489,893 | 55.4 | \$133,608,061 | 22.0 | \$155,761,124 | 16.6 | \$172,118,414 | 10.5 |
| Total Medicaid (all services) | \$1,253,145,254 | 6.3 | \$1,262,327,643 | 0.7 | \$1,447,351,970 | 14.7 | \$1,469,173,214 | 1.5 | \$1,708,620,280 | 16.3 |

| Percentages | FY 1996 | FY 1997 | FY 1998 | FY 1999 | FY 2000 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 43.0% | 47.0% | 44.7% | 47.2% | 52.2% |
| Percentage of LTSS that is HCBS | 13.1% | 18.5% | 20.7% | 22.4% | 19.3% |
| Percentage of LTSS that is HCBS - AD | 10.8% | 13.1% | 14.7% | 15.8% | 11.1% |
| Percentage of LTSS that is HCBS - DD | 17.3% | 24.4% | 26.3% | 28.7% | 31.4% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included except for 1915(c) waivers. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 17E. Long Term Services and Support Expenditures for Iowa, 2001 – 2005

| Service Type | FY 2001 | Percent Change 00-01 | FY 2002 | Percent Change 01-02 | FY 2003 | Percent Change 02-03 | FY 2004 | Percent Change 03-04 | FY 2005 | Percent Change 04-05 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$445,258,236 | -21.7 | \$784,510,903 | 76.2 | \$599,442,049 | -23.6 | \$542,036,797 | -9.6 | \$543,641,022 | 0.3 |
| Nursing facilities | \$373,515,536 | -26.1 | \$697,558,878 | 86.8 | \$494,783,830 | -29.1 | \$425,699,310 | -14.0 | \$428,853,379 | 0.7 |
| Personal care | \$0 | -100.0 | \$0 | 0.0 | \$89,835 | 100.0 | \$0 | -100.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | \$23,911,237 | 26.9 | \$30,357,578 | 27.0 | \$39,624,972 | 30.5 | \$49,661,286 | 25.3 | \$53,092,925 | 6.9 |
| Home health | \$47,831,463 | 8.4 | \$56,594,447 | 18.3 | \$64,943,412 | 14.8 | \$66,676,201 | 2.7 | \$61,694,718 | -7.5 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$307,904,300 | 10.4 | \$316,739,152 | 2.9 | \$372,096,220 | 17.5 | \$397,047,925 | 6.7 | \$466,338,522 | 17.5 |
| ICF/IID - public | \$85,041,322 | 7.8 | \$79,069,346 | -7.0 | \$97,636,916 | 23.5 | \$115,427,538 | 18.2 | \$99,624,133 | -13.7 |
| ICF/IID - private | \$117,814,959 | 4.9 | \$113,926,930 | -3.3 | \$136,294,295 | 19.6 | \$110,895,749 | -18.6 | \$149,883,294 | 35.2 |
| 1915(c) waivers - DD | \$105,048,019 | 19.8 | \$123,742,876 | 17.8 | \$138,165,009 | 11.7 | \$170,724,638 | 23.6 | \$216,831,095 | 27.0 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$26,726,901 | 12.6 | \$30,518,406 | 14.2 | \$24,452,949 | -19.9 | \$25,588,678 | 4.6 | \$31,979,230 | 25.0 |
| Mental health facilities | \$26,726,901 | 12.6 | \$30,518,406 | 14.2 | \$24,452,949 | -19.9 | \$25,588,678 | 4.6 | \$31,979,230 | 25.0 |
| Mental health facilities-DSH | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$27,112,775 | 26.3 | \$33,717,937 | 24.4 | \$35,432,554 | 5.1 | \$29,301,745 | -17.3 | \$31,940,093 | 9.0 |
| Case management | \$24,951,523 | 23.5 | \$29,816,711 | 19.5 | \$28,718,349 | -3.7 | \$21,466,820 | -25.3 | \$22,994,153 | 7.1 |
| 1915(c) waivers - other | \$2,161,252 | 72.7 | \$3,901,226 | 80.5 | \$6,714,205 | 72.1 | \$7,834,925 | 16.7 | \$8,945,940 | 14.2 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$807,002,212 | -9.6 | \$1,165,486,398 | 44.4 | \$1,031,423,772 | -11.5 | \$993,975,145 | -3.6 | \$1,073,898,867 | 8.0 |
| Total Institutional LTSS | \$603,098,718 | -16.3 | \$921,073,560 | 52.7 | \$753,167,990 | -18.2 | \$677,611,275 | -10.0 | \$710,340,036 | 4.8 |
| Total HCBS | \$203,903,494 | 18.5 | \$244,412,838 | 19.9 | \$278,255,782 | 13.8 | \$316,363,870 | 13.7 | \$363,558,831 | 14.9 |
| Total Medicaid (all services) | \$1,727,640,228 | 1.1 | \$2,313,340,302 | 33.9 | \$2,248,694,068 | -2.8 | \$2,282,895,287 | 1.5 | \$2,477,511,520 | 8.5 |

| Percentages | FY 2001 | FY 2002 | FY 2003 | FY 2004 | FY 2005 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 46.7% | 50.4% | 45.9% | 43.5% | 43.3% |
| Percentage of LTSS that is HCBS | 25.3% | 21.0% | 27.0% | 31.8% | 33.9% |
| Percentage of LTSS that is HCBS - AD | 16.1% | 11.1% | 17.5% | 21.5% | 21.1% |
| Percentage of LTSS that is HCBS - DD | 34.1% | 39.1% | 37.1% | 43.0% | 46.5% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments were included starting in 1995 for Section 1915(c) waivers, in 2002 for nursing facilities, personal care, ICF/IID, and mental health facilities (including DSH); and in 2004 for PACE. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 17F. Long Term Services and Support Expenditures for Iowa, 2006 – 2010

| Service Type | FY 2006 | Percent Change 05-06 | FY 2007 | Percent Change 06-07 | FY 2008 | Percent Change 07-08 | FY 2009 | Percent Change 08-09 | FY 2010 | Percent Change 09-10 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$588,349,245 | 8.2 | \$607,950,688 | 3.3 | \$653,040,008 | 7.4 | \$661,540,246 | 1.3 | \$686,094,255 | 3.7 |
| Nursing facilities | \$443,873,566 | 3.5 | \$449,355,746 | 1.2 | \$471,047,086 | 4.8 | \$467,789,597 | -0.7 | \$494,249,893 | 5.7 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | \$64,259,549 | 21.0 | \$75,506,025 | 17.5 | \$90,198,777 | 19.5 | \$98,879,029 | 9.6 | \$100,849,492 | 2.0 |
| Home health | \$80,216,130 | 30.0 | \$83,088,917 | 3.6 | \$91,782,274 | 10.5 | \$93,787,468 | 2.2 | \$88,780,893 | -5.3 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$11,871 | 100.0 | \$1,084,152 | 9032.8 | \$2,213,977 | 104.2 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with DD | \$517,204,058 | 10.9 | \$542,272,015 | 4.8 | \$581,193,828 | 7.2 | \$616,698,665 | 6.1 | \$611,823,682 | -0.8 |
| ICF/IID - public | \$107,262,904 | 7.7 | \$112,952,478 | 5.3 | \$122,120,383 | 8.1 | \$133,444,475 | 9.3 | \$123,698,259 | -7.3 |
| ICF/IID - private | \$157,912,707 | 5.4 | \$163,698,152 | 3.7 | \$167,646,820 | 2.4 | \$172,328,000 | 2.8 | \$162,893,469 | -5.5 |
| 1915(c) waivers - DD | \$252,028,447 | 16.2 | \$265,621,385 | 5.4 | \$291,426,625 | 9.7 | \$310,926,190 | 6.7 | \$325,231,954 | 4.6 |
| HCBS - managed care authorities - DD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with SMI or SED | \$32,975,712 | 3.1 | \$22,386,440 | -32.1 | \$44,374,699 | 98.2 | \$38,644,374 | -12.9 | \$103,345,495 | 167.4 |
| Mental health facilities | \$32,975,712 | 3.1 | \$22,386,440 | -32.1 | \$44,374,699 | 98.2 | \$38,644,374 | -12.9 | \$36,453,943 | -5.7 |
| Mental health facilities-DSH | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$65,258,838 | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$1,042,218 | 100.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$590,496 | n/a |
| Total-Other/Multiple Populations | \$40,265,891 | 26.1 | \$44,408,449 | 10.3 | \$54,720,674 | 23.2 | \$59,085,259 | 8.0 | \$63,142,865 | 6.9 |
| Case management | \$28,957,273 | 25.9 | \$30,129,469 | 4.0 | \$35,577,437 | 18.1 | \$36,839,532 | 3.5 | \$36,767,562 | -0.2 |
| 1915(c) waivers - other | \$11,308,618 | 26.4 | \$14,278,980 | 26.3 | \$19,143,237 | 34.1 | \$21,040,307 | 9.9 | \$21,610,063 | 2.7 |
| HCBS - managed care authorities - other | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | \$0 | n/a | \$1,205,420 | 100.0 | \$4,765,240 | 295.3 |
| Total LTSS | \$1,178,794,906 | 9.8 | \$1,217,017,592 | 3.2 | \$1,333,329,209 | 9.6 | \$1,375,968,544 | 3.2 | \$1,464,406,297 | 6.4 |
| Total Institutional LTSS | \$742,024,889 | 4.5 | \$748,392,816 | 0.9 | \$805,188,988 | 7.6 | \$812,206,446 | 0.9 | \$817,295,564 | 0.6 |
| Total HCBS | \$436,770,017 | 20.1 | \$468,624,776 | 7.3 | \$528,140,221 | 12.7 | \$563,762,098 | 6.7 | \$647,110,733 | 14.8 |
| Total Medicaid (all services) | \$2,771,532,788 | 11.9 | \$2,648,515,232 | -4.4 | \$2,830,407,932 | 6.9 | \$2,979,789,733 | 5.3 | \$3,099,597,441 | 4.0 |

| Percentages | FY 2006 | FY 2007 | FY 2008 | FY 2009 | FY 2010 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 42.5% | 46.0% | 47.1% | 46.2% | 47.3% |
| Percentage of LTSS that is HCBS | 37.1% | 38.5% | 39.6% | 41.0% | 44.2% |
| Percentage of LTSS that is HCBS - AD | 24.6% | 26.1% | 27.9% | 29.3% | 28.0% |
| Percentage of LTSS that is HCBS - DD | 48.7% | 49.0% | 50.1% | 50.4% | 53.2% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 64.7% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data. Starting in 2008, managed care data are included for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities. "n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included for several categories of service until 2009. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

For data before 2009, prior period adjustments were included for the following categories of service: nursing home, personal care, Section 1915(c) waivers, PACE, ICF/IID, and mental health facilities (including DSH).

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS – unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 17G. Long Term Services and Support Expenditures for Iowa, 2011 – 2014

| Service Type | FY 2011 | Percent Change 10-11 | FY 2012 | Percent Change 11-12 | FY 2013 | Percent Change 12-13 | FY 2014 | Percent Change 13-14 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$730,647,455 | 6.5 | \$787,566,029 | 7.8 | \$828,089,814 | 5.1 | \$889,914,509 | 7.5 |
| Nursing facilities | \$537,205,358 | 8.7 | \$579,119,404 | 7.8 | \$578,955,363 | 0.0 | \$620,768,738 | 7.2 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | \$99,658,042 | -1.2 | \$99,455,048 | -0.2 | \$105,605,029 | 6.2 | \$109,208,267 | 3.4 |
| Home health | \$90,449,609 | 1.9 | \$104,288,117 | 15.3 | \$136,560,401 | 30.9 | \$150,678,435 | 10.3 |
| Community first choice | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$3,334,446 | 50.6 | \$4,703,460 | 41.1 | \$6,969,021 | 48.2 | \$8,663,854 | 24.3 |
| Private duty nursing | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$595,215 | 100.0 |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with DD | \$662,495,946 | 8.3 | \$656,146,776 | -1.0 | \$721,913,818 | 10.0 | \$754,272,324 | 4.5 |
| ICF/IID - public | \$159,425,928 | 28.9 | \$121,389,773 | -23.9 | \$146,975,769 | 21.1 | \$128,198,276 | -12.8 |
| ICF/IID - private | \$164,426,631 | 0.9 | \$168,507,239 | 2.5 | \$169,658,740 | 0.7 | \$171,254,049 | 0.9 |
| 1915(c) waivers - DD | \$338,643,387 | 4.1 | \$366,249,764 | 8.2 | \$405,279,309 | 10.7 | \$454,819,999 | 12.2 |
| HCBS - managed care authorities - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with SMI or SED | \$92,694,059 | -10.3 | \$48,405,943 | -47.8 | \$113,432,324 | 134.3 | \$27,639,529 | -75.6 |
| Mental health facilities | \$37,511,403 | 2.9 | \$21,177,063 | -43.5 | \$18,135,389 | -14.4 | \$17,345,753 | -4.4 |
| Mental health facilities-DSH | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Rehabilitative services | \$49,972,143 | -23.4 | \$764,555 | -98.5 | \$55,612 | -92.7 | \$14,912 | -73.2 |
| 1915(c) waivers - SMI or SED | \$6,691,847 | 542.1 | \$7,796,671 | 16.5 | \$9,260,595 | 18.8 | \$9,065,784 | -2.1 |
| HCBS - 1915(i) - SMI or SED | -\$1,481,334 | -350.9 | \$18,667,654 | -1360.2 | \$85,980,728 | 360.6 | \$1,213,080 | -98.6 |
| Total-Other/Multiple Populations | \$67,896,732 | 7.5 | \$71,593,025 | 5.4 | \$275,496,721 | 284.8 | \$388,559,960 | 41.0 |
| Case management | \$39,819,318 | 8.3 | \$40,114,524 | 0.7 | \$45,493,441 | 13.4 | \$51,894,123 | 14.1 |
| 1915(c) waivers - other | \$22,872,677 | 5.8 | \$26,118,284 | 14.2 | \$30,462,774 | 16.6 | \$32,868,731 | 7.9 |
| HCBS - managed care authorities - other | \$0 | 0.0 | \$0 | 0.0 | \$106,981,309 | 100.0 | \$172,831,149 | 61.6 |
| Health homes | n/a | n/a | \$9,191 | n/a | \$6,589,659 | 71596.9 | \$35,849,750 | 444.0 |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | \$81,115,314 | n/a | \$87,901,349 | 8.4 |
| MFP demonstration | \$5,204,737 | 9.2 | \$5,351,026 | 2.8 | \$4,854,224 | -9.3 | \$7,214,858 | 48.6 |
| Total LTSS | \$1,553,734,192 | 6.1 | \$1,563,711,773 | 0.6 | \$1,938,932,677 | 24.0 | \$2,060,386,322 | 6.3 |
| Total Institutional LTSS | \$898,569,320 | 9.9 | \$890,193,479 | -0.9 | \$994,840,575 | 11.8 | \$1,025,468,165 | 3.1 |
| Total HCBS | \$655,164,872 | 1.2 | \$673,518,294 | 2.8 | \$944,092,102 | 40.2 | \$1,034,918,157 | 9.6 |
| Total Medicaid (all services) | \$3,369,481,333 | 8.7 | \$3,479,232,206 | 3.3 | \$3,722,818,306 | 7.0 | \$4,054,150,805 | 8.9 |

| Percentages | FY 2011 | FY 2012 | FY 2013 | FY 2014 |
|--|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 46.1% | 44.9% | 52.1% | 50.8% |
| Percentage of LTSS that is HCBS | 42.2% | 43.1% | 48.7% | 50.2% |
| Percentage of LTSS that is HCBS - AD | 26.5% | 26.5% | 30.1% | 30.2% |
| Percentage of LTSS that is HCBS - DD | 51.1% | 55.8% | 56.1% | 60.3% |
| Percentage of LTSS that is HCBS - SMI or SED | 59.5% | 56.3% | 84.0% | 37.2% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Managed care data are included only for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care.

Institutional MLTSS – unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Iowa has a health homes program targeting people with SMI/SED, but this program is not listed as part of services for people with SMI/SED. All health homes expenditures data in this report are presented within services for other or multiple populations.

Table 18A. Long Term Services and Support Expenditures for Kansas, 1981 – 1985

| Service Type | FY 1981 | FY 1982 | Percent Change 81-82 | FY 1983 | Percent Change 82-83 | FY 1984 | Percent Change 83-84 | FY 1985 | Percent Change 84-85 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$76,892,621 | \$75,859,107 | -1.3 | \$77,699,032 | 2.4 | \$80,630,348 | 3.8 | \$90,988,030 | 12.8 |
| Personal care | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$556,614 | \$691,785 | 24.3 | \$705,909 | 2.0 | \$873,969 | 23.8 | \$1,434,875 | 64.2 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$34,740,547 | \$40,646,701 | 17.0 | \$45,426,558 | 11.8 | \$47,590,066 | 4.8 | \$50,419,124 | 5.9 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$10,089,471 | \$9,566,903 | -5.2 | \$10,985,404 | 14.8 | \$10,947,645 | -0.3 | \$11,722,879 | 7.1 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | n/a | n/a | n/a | n/a | n/a | \$1,169,260 | n/a | \$2,235,205 | 91.2 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$122,279,253 | \$126,764,496 | 3.7 | \$134,816,903 | 6.4 | \$141,211,288 | 4.7 | \$156,800,113 | 11.0 |
| Total Institutional LTSS | \$121,722,639 | \$126,072,711 | 3.6 | \$134,110,994 | 6.4 | \$139,168,059 | 3.8 | \$153,130,033 | 10.0 |
| Total HCBS | \$556,614 | \$691,785 | 24.3 | \$705,909 | 2.0 | \$2,043,229 | 189.4 | \$3,670,080 | 79.6 |
| Total Medicaid (all services) | \$223,318,160 | \$236,287,457 | 5.8 | \$258,483,693 | 9.4 | \$245,965,699 | -4.8 | \$271,010,165 | 10.2 |

| Percentages | FY 1981 | FY 1982 | FY 1983 | FY 1984 | FY 1985 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 54.8% | 53.6% | 52.2% | 57.4% | 57.9% |
| Percentage of LTSS that is HCBS | 0.5% | 0.5% | 0.5% | 1.4% | 2.3% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data.

Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 18B. Long Term Services and Support Expenditures for Kansas, 1986 – 1990

| Service Type | FY 1986 | Percent Change 85-86 | FY 1987 | Percent Change 86-87 | FY 1988 | Percent Change 87-88 | FY 1989 | Percent Change 88-89 | FY 1990 | Percent Change 89-90 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$89,359,147 | -1.8 | \$91,601,043 | 2.5 | \$106,094,098 | 15.8 | \$119,142,128 | 12.3 | \$133,649,272 | 12.2 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers – AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$1,837,928 | 28.1 | \$1,498,739 | -18.5 | \$1,551,160 | 3.5 | \$2,769,856 | 78.6 | \$3,312,368 | 19.6 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$52,666,114 | 4.5 | \$99,207,783 | 88.4 | \$69,567,908 | -29.9 | \$68,779,317 | -1.1 | \$87,971,520 | 27.9 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$11,816,630 | 0.8 | \$13,416,783 | 13.5 | \$11,725,785 | -12.6 | \$15,082,683 | 28.6 | \$20,611,076 | 36.7 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | \$3,337,203 | 49.3 | \$4,197,379 | 25.8 | \$5,674,460 | 35.2 | \$10,099,716 | 78.0 | \$11,222,183 | 11.1 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$159,017,022 | 1.4 | \$209,921,727 | 32.0 | \$194,613,411 | -7.3 | \$215,873,700 | 10.9 | \$256,766,419 | 18.9 |
| Total Institutional LTSS | \$153,841,891 | 0.5 | \$204,225,609 | 32.8 | \$187,387,791 | -8.2 | \$203,004,128 | 8.3 | \$242,231,868 | 19.3 |
| Total HCBS | \$5,175,131 | 41.0 | \$5,696,118 | 10.1 | \$7,225,620 | 26.9 | \$12,869,572 | 78.1 | \$14,534,551 | 12.9 |
| Total Medicaid (all services) | \$277,671,868 | 2.5 | \$290,852,385 | 4.7 | \$339,200,093 | 16.6 | \$378,750,926 | 11.7 | \$492,583,678 | 30.1 |

| Percentages | FY 1986 | FY 1987 | FY 1988 | FY 1989 | FY 1990 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 57.3% | 72.2% | 57.4% | 57.0% | 52.1% |
| Percentage of LTSS that is HCBS | 3.3% | 2.7% | 3.7% | 6.0% | 5.7% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997. ICF/IID 1987 data were greater than 1986 and 1988 data for an unknown reason.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 18C. Long Term Services and Support Expenditures for Kansas, 1991 – 1995

| Service Type | FY 1991 | Percent Change 90-91 | FY 1992 | Percent Change 91-92 | FY 1993 | Percent Change 92-93 | FY 1994 | Percent Change 93-94 | FY 1995 | Percent Change 94-95 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$263,087,876 | n/a |
| Nursing facilities | \$147,429,664 | 10.3 | \$164,306,273 | 11.4 | \$176,757,733 | 7.6 | \$201,791,283 | 14.2 | \$223,449,824 | 10.7 |
| Personal care | \$1,785,701 | 100.0 | \$3,052,869 | 71.0 | \$3,639,923 | 19.2 | \$3,798,581 | 4.4 | \$4,776,762 | 25.8 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$25,219,997 | n/a |
| Home health | \$3,589,932 | 8.4 | \$4,634,236 | 29.1 | \$5,965,926 | 28.7 | \$7,467,745 | 25.2 | \$9,641,293 | 29.1 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$161,930,660 | n/a |
| ICF/IID - public | \$98,424,768 | 11.9 | \$102,522,826 | 4.2 | \$106,648,757 | 4.0 | \$105,435,798 | -1.1 | \$101,787,376 | -3.5 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$60,143,284 | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$86,046,555 | n/a |
| Mental health facilities | \$76,740,164 | 272.3 | \$207,141,826 | 169.9 | \$28,695,088 | -86.1 | \$24,623,485 | -14.2 | \$22,197,335 | -9.9 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | \$180,007,452 | n/a | \$156,301,151 | -13.2 | \$63,849,220 | -59.1 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$3,422,878 | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified/other | \$14,676,079 | 30.8 | \$23,377,776 | 59.3 | \$37,208,851 | 59.2 | \$65,960,260 | 77.3 | \$3,422,878 | n/a |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$342,646,308 | 33.4 | \$505,035,806 | 47.4 | \$538,923,730 | 6.7 | \$565,378,303 | 4.9 | \$514,487,969 | -9.0 |
| Total Institutional LTSS | \$322,594,596 | 33.2 | \$473,970,925 | 46.9 | \$492,109,030 | 3.8 | \$488,151,717 | -0.8 | \$411,283,755 | -15.7 |
| Total HCBS | \$20,051,712 | 38.0 | \$31,064,881 | 54.9 | \$46,814,700 | 50.7 | \$77,226,586 | 65.0 | \$103,204,214 | 33.6 |
| Total Medicaid (all services) | \$609,233,741 | 23.7 | \$798,953,629 | 31.1 | \$889,665,598 | 11.4 | \$981,051,423 | 10.3 | \$945,062,745 | -3.7 |

| Percentages | FY 1991 | FY 1992 | FY 1993 | FY 1994 | FY 1995 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 56.2% | 63.2% | 60.6% | 57.6% | 54.4% |
| Percentage of LTSS that is HCBS | 5.9% | 6.2% | 8.7% | 13.7% | 20.1% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | 15.1% |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | 37.1% |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included except for 1915(c) waivers for 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 18D. Long Term Services and Support Expenditures for Kansas, 1996 – 2000

| Service Type | FY 1996 | Percent Change 95-96 | FY 1997 | Percent Change 96-97 | FY 1998 | Percent Change 97-98 | FY 1999 | Percent Change 98-99 | FY 2000 | Percent Change 99-00 |
|---|----------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$263,334,634 | 0.1 | \$281,907,472 | 7.1 | \$319,727,196 | 13.4 | \$368,249,081 | 15.2 | \$475,377,818 | 29.1 |
| Nursing facilities | \$225,668,237 | 1.0 | \$227,236,749 | 0.7 | \$236,692,239 | 4.2 | \$255,323,690 | 7.9 | \$348,816,466 | 36.6 |
| Personal care | \$5,834,648 | 22.1 | \$7,193,165 | 23.3 | \$8,213,577 | 14.2 | \$8,620,863 | 5.0 | \$10,477,205 | 21.5 |
| 1915(c) waivers - AD | \$21,456,275 | -14.9 | \$36,748,474 | 71.3 | \$61,728,863 | 68.0 | \$89,004,766 | 44.2 | \$96,696,703 | 8.6 |
| Home health | \$10,375,474 | 7.6 | \$10,729,084 | 3.4 | \$13,092,517 | 22.0 | \$15,299,762 | 16.9 | \$19,387,444 | 26.7 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$184,702,398 | 14.1 | \$191,356,711 | 3.6 | \$216,925,405 | 13.4 | \$229,790,790 | 5.9 | \$235,760,614 | 2.6 |
| ICF/IID - public | \$98,690,009 | -3.0 | \$57,609,045 | -41.6 | \$49,988,697 | -13.2 | \$41,714,623 | -16.6 | \$42,968,846 | 3.0 |
| ICF/IID - private | n/a | n/a | \$36,858,945 | n/a | \$34,842,119 | -5.5 | \$24,087,751 | -30.9 | \$23,955,534 | -0.5 |
| 1915(c) waivers - DD | \$86,012,389 | 43.0 | \$96,888,721 | 12.6 | \$132,094,589 | 36.3 | \$163,988,416 | 24.1 | \$168,836,234 | 3.0 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$66,844,943 | -22.3 | \$71,605,424 | 7.1 | \$54,473,176 | -23.9 | \$53,882,896 | -1.1 | \$82,119,828 | 52.4 |
| Mental health facilities | \$17,535,664 | -21.0 | \$17,334,735 | -1.1 | \$15,028,653 | -13.3 | \$12,708,929 | -15.4 | \$13,916,660 | 9.5 |
| Mental health facilities-DSH | \$49,309,279 | -22.8 | \$54,270,689 | 10.1 | \$38,863,185 | -28.4 | \$38,345,569 | -1.3 | \$63,369,514 | 65.3 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$581,338 | 100.0 | \$2,828,398 | 386.5 | \$4,833,654 | 70.9 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$3,405,988 | -0.5 | \$7,003,549 | 105.6 | \$9,465,164 | 35.1 | \$12,452,779 | 31.6 | \$10,024,562 | -19.5 |
| Case management | n/a | n/a | \$4,084,598 | n/a | \$5,031,355 | 23.2 | \$7,254,698 | 44.2 | \$5,480,061 | -24.5 |
| 1915(c) waivers - other | \$3,405,988 | -0.5 | \$2,918,951 | -14.3 | \$4,433,809 | 51.9 | \$5,198,081 | 17.2 | \$4,544,501 | -12.6 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$518,287,963 | 0.7 | \$551,873,156 | 6.5 | \$600,590,941 | 8.8 | \$664,375,546 | 10.6 | \$803,282,822 | 20.9 |
| Total Institutional LTSS | \$391,203,189 | -4.9 | \$393,310,163 | 0.5 | \$375,414,893 | -4.5 | \$372,180,562 | -0.9 | \$493,027,020 | 32.5 |
| Total HCBS | \$127,084,774 | 23.1 | \$158,562,993 | 24.8 | \$225,176,048 | 42.0 | \$292,194,984 | 29.8 | \$310,255,802 | 6.2 |
| Total Medicaid (all services) | \$947,069,793 | 0.2 | \$1,028,739,139 | 8.6 | \$1,070,074,435 | 4.0 | \$1,186,965,284 | 10.9 | \$1,417,995,916 | 19.5 |

| Percentages | FY 1996 | FY 1997 | FY 1998 | FY 1999 | FY 2000 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 54.7% | 53.6% | 56.1% | 56.0% | 56.6% |
| Percentage of LTSS that is HCBS | 24.5% | 28.7% | 37.5% | 44.0% | 38.6% |
| Percentage of LTSS that is HCBS - AD | 14.3% | 19.4% | 26.0% | 30.7% | 26.6% |
| Percentage of LTSS that is HCBS - DD | 46.6% | 50.6% | 60.9% | 71.4% | 71.6% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 1.1% | 5.2% | 5.9% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included except for 1915(c) waivers. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 18E. Long Term Services and Support Expenditures for Kansas, 2001 – 2005

| Service Type | FY 2001 | Percent Change 00-01 | FY 2002 | Percent Change 01-02 | FY 2003 | Percent Change 02-03 | FY 2004 | Percent Change 03-04 | FY 2005 | Percent Change 04-05 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$624,264,617 | 31.3 | \$625,828,910 | 0.3 | \$479,715,103 | -23.3 | \$465,186,326 | -3.0 | \$501,643,976 | 7.8 |
| Nursing facilities | \$479,095,396 | 37.3 | \$464,985,703 | -2.9 | \$339,470,048 | -27.0 | \$326,864,336 | -3.7 | \$336,089,245 | 2.8 |
| Personal care | \$12,191,803 | 16.4 | \$13,689,052 | 12.3 | \$16,131,649 | 17.8 | \$13,564,681 | -15.9 | \$17,233,103 | 27.0 |
| 1915(c) waivers - AD | \$108,944,581 | 12.7 | \$118,001,485 | 8.3 | \$110,410,793 | -6.4 | \$107,539,837 | -2.6 | \$128,262,812 | 19.3 |
| Home health | \$24,032,837 | 24.0 | \$29,143,650 | 21.3 | \$12,433,664 | -57.3 | \$14,275,536 | 14.8 | \$15,813,323 | 10.8 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | \$0 | 0.0 | \$9,020 | 100.0 | \$1,268,949 | 13968.2 | \$2,941,936 | 131.8 | \$4,245,493 | 44.3 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$248,831,570 | 5.5 | \$258,106,842 | 3.7 | \$254,003,629 | -1.6 | \$266,388,396 | 4.9 | \$282,574,077 | 6.1 |
| ICF/IID - public | \$44,856,562 | 4.4 | \$44,094,964 | -1.7 | \$38,039,767 | -13.7 | \$50,498,121 | 32.8 | \$48,204,691 | -4.5 |
| ICF/IID - private | \$24,069,585 | 0.5 | \$21,767,947 | -9.6 | \$19,103,300 | -12.2 | \$16,823,581 | -11.9 | \$18,752,492 | 11.5 |
| 1915(c) waivers - DD | \$179,905,423 | 6.6 | \$192,243,931 | 6.9 | \$196,860,562 | 2.4 | \$199,066,694 | 1.1 | \$215,616,894 | 8.3 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$77,215,679 | -6.0 | \$51,647,636 | -33.1 | \$45,871,422 | -11.2 | \$50,778,330 | 10.7 | \$56,444,720 | 11.2 |
| Mental health facilities | \$30,899,226 | 122.0 | \$7,889,718 | -74.5 | \$9,501,962 | 20.4 | \$9,331,094 | -1.8 | \$11,719,669 | 25.6 |
| Mental health facilities-DSH | \$36,315,789 | -42.7 | \$29,634,698 | -18.4 | \$18,228,713 | -38.5 | \$21,081,692 | 15.7 | \$21,016,040 | -0.3 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$10,000,664 | 106.9 | \$14,123,220 | 41.2 | \$18,140,747 | 28.4 | \$20,365,544 | 12.3 | \$23,709,011 | 16.4 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$9,866,478 | -1.6 | \$9,489,567 | -3.8 | \$9,960,449 | 5.0 | \$9,710,579 | -2.5 | \$9,909,893 | 2.1 |
| Case management | \$6,301,373 | 15.0 | \$5,314,448 | -15.7 | \$4,771,098 | -10.2 | \$4,479,561 | -6.1 | \$3,965,442 | -11.5 |
| 1915(c) waivers - other | \$3,565,105 | -21.6 | \$4,175,119 | 17.1 | \$5,189,351 | 24.3 | \$5,231,018 | 0.8 | \$5,944,451 | 13.6 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$960,178,344 | 19.5 | \$945,072,955 | -1.6 | \$789,550,603 | -16.5 | \$792,063,631 | 0.3 | \$850,572,666 | 7.4 |
| Total Institutional LTSS | \$615,236,558 | 24.8 | \$568,373,030 | -7.6 | \$424,343,790 | -25.3 | \$424,598,824 | 0.1 | \$435,782,137 | 2.6 |
| Total HCBS | \$344,941,786 | 11.2 | \$376,699,925 | 9.2 | \$365,206,813 | -3.1 | \$367,464,807 | 0.6 | \$414,790,529 | 12.9 |
| Total Medicaid (all services) | \$1,679,105,534 | 18.4 | \$1,852,393,969 | 10.3 | \$1,738,794,679 | -6.1 | \$1,921,365,862 | 10.5 | \$2,016,956,791 | 5.0 |

| Percentages | FY 2001 | FY 2002 | FY 2003 | FY 2004 | FY 2005 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 57.2% | 51.0% | 45.4% | 41.2% | 42.2% |
| Percentage of LTSS that is HCBS | 35.9% | 39.9% | 46.3% | 46.4% | 48.8% |
| Percentage of LTSS that is HCBS - AD | 23.3% | 25.7% | 29.2% | 29.7% | 33.0% |
| Percentage of LTSS that is HCBS - DD | 72.3% | 74.5% | 77.5% | 74.7% | 76.3% |
| Percentage of LTSS that is HCBS - SMI or SED | 13.0% | 27.3% | 39.5% | 40.1% | 42.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments were included starting in 1995 for Section 1915(c) waivers, in 2002 for nursing facilities, personal care, ICF/IID, and mental health facilities (including DSH); and in 2004 for PACE. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 18F. Long Term Services and Support Expenditures for Kansas, 2006 – 2010

| Service Type | FY 2006 | Percent Change 05-06 | FY 2007 | Percent Change 06-07 | FY 2008 | Percent Change 07-08 | FY 2009 | Percent Change 08-09 | FY 2010 | Percent Change 09-10 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$507,180,511 | 1.1 | \$553,330,615 | 9.1 | \$578,360,655 | 4.5 | \$615,211,088 | 6.4 | \$608,395,067 | -1.1 |
| Nursing facilities | \$323,478,935 | -3.8 | \$359,274,466 | 11.1 | \$360,845,205 | 0.4 | \$372,488,745 | 3.2 | \$380,057,291 | 2.0 |
| Personal care | \$17,583,997 | 2.0 | \$17,723,022 | 0.8 | \$18,437,919 | 4.0 | \$2,767,379 | -85.0 | \$3,307,363 | 19.5 |
| 1915(c) waivers - AD | \$146,056,940 | 13.9 | \$158,732,564 | 8.7 | \$182,191,748 | 14.8 | \$222,027,169 | 21.9 | \$207,903,385 | -6.4 |
| Home health | \$15,831,384 | 0.1 | \$13,105,466 | -17.2 | \$12,173,003 | -7.1 | \$12,729,799 | 4.6 | \$10,998,938 | -13.6 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$4,229,255 | -0.4 | \$4,495,097 | 6.3 | \$4,712,780 | 4.8 | \$5,197,996 | 10.3 | \$6,128,090 | 17.9 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with DD | \$296,601,914 | 5.0 | \$316,144,903 | 6.6 | \$345,709,671 | 9.4 | \$364,670,659 | 5.5 | \$374,972,909 | 2.8 |
| ICF/IID - public | \$47,590,190 | -1.3 | \$48,263,554 | 1.4 | \$49,332,304 | 2.2 | \$53,254,392 | 8.0 | \$52,228,820 | -1.9 |
| ICF/IID - private | \$17,390,710 | -7.3 | \$17,024,844 | -2.1 | \$15,972,803 | -6.2 | \$14,208,372 | -11.0 | \$13,080,423 | -7.9 |
| 1915(c) waivers - DD | \$231,621,014 | 7.4 | \$250,856,505 | 8.3 | \$280,404,564 | 11.8 | \$297,207,895 | 6.0 | \$309,663,666 | 4.2 |
| HCBS - managed care authorities - DD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with SMI or SED | \$59,191,602 | 4.9 | \$47,513,508 | -19.7 | \$34,407,410 | -27.6 | \$38,396,743 | 11.6 | \$89,493,030 | 133.1 |
| Mental health facilities | \$8,919,296 | -23.9 | \$8,095,246 | -9.2 | \$7,301,347 | -9.8 | \$15,608,379 | 113.8 | \$55,793,812 | 257.5 |
| Mental health facilities-DSH | \$21,224,773 | 1.0 | \$15,960,849 | -24.8 | \$26,895,054 | 68.5 | \$22,749,884 | -15.4 | \$23,292,013 | 2.4 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$10,407,205 | n/a |
| 1915(c) waivers - SMI or SED | \$29,047,533 | 22.5 | \$23,457,413 | -19.2 | \$211,009 | -99.1 | \$38,480 | -81.8 | \$0 | -100.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-Other/Multiple Populations | \$43,183,435 | 335.8 | \$52,169,370 | 20.8 | \$36,316,787 | -30.4 | \$69,775,609 | 92.1 | \$66,872,542 | -4.2 |
| Case management | \$36,317,454 | 815.8 | \$43,846,474 | 20.7 | \$26,699,757 | -39.1 | \$28,263,716 | 5.9 | \$27,440,361 | -2.9 |
| 1915(c) waivers - other | \$6,865,981 | 15.5 | \$8,322,896 | 21.2 | \$9,314,409 | 11.9 | \$36,288,996 | 289.6 | \$36,248,903 | -0.1 |
| HCBS - managed care authorities - other | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | \$302,621 | n/a | \$5,222,897 | 1625.9 | \$3,183,278 | -39.1 |
| Total LTSS | \$906,157,462 | 6.5 | \$969,158,396 | 7.0 | \$994,794,523 | 2.6 | \$1,088,054,099 | 9.4 | \$1,139,733,548 | 4.7 |
| Total Institutional LTSS | \$418,603,904 | -3.9 | \$448,618,959 | 7.2 | \$460,346,713 | 2.6 | \$478,309,772 | 3.9 | \$524,452,359 | 9.6 |
| Total HCBS | \$487,553,558 | 17.5 | \$520,539,437 | 6.8 | \$534,447,810 | 2.7 | \$609,744,327 | 14.1 | \$615,281,189 | 0.9 |
| Total Medicaid (all services) | \$2,160,136,376 | 7.1 | \$2,153,153,910 | -0.3 | \$2,312,990,354 | 7.4 | \$2,453,516,291 | 6.1 | \$2,471,127,682 | 0.7 |

| Percentages | FY 2006 | FY 2007 | FY 2008 | FY 2009 | FY 2010 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 41.9% | 45.0% | 43.0% | 44.4% | 46.1% |
| Percentage of LTSS that is HCBS | 53.8% | 53.7% | 53.7% | 56.0% | 54.0% |
| Percentage of LTSS that is HCBS - AD | 36.2% | 35.1% | 37.6% | 39.5% | 37.5% |
| Percentage of LTSS that is HCBS - DD | 78.1% | 79.3% | 81.1% | 81.5% | 82.6% |
| Percentage of LTSS that is HCBS - SMI or SED | 49.1% | 49.4% | 0.6% | 0.1% | 11.6% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data. Starting in 2008, managed care data are included for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities. "n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included for several categories of service until 2009. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

For data before 2009, prior period adjustments were included for the following categories of service: nursing home, personal care, Section 1915(c) waivers, PACE, ICF/IID, and mental health facilities (including DSH).

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 18G. Long Term Services and Support Expenditures for Kansas, 2011 – 2014

| Service Type | FY 2011 | Percent Change 10-11 | FY 2012 | Percent Change 11-12 | FY 2013 | Percent Change 12-13 | FY 2014 | Percent Change 13-14 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$654,846,470 | 7.6 | \$643,272,248 | -1.8 | \$582,279,744 | -9.5 | \$618,711,495 | 6.3 |
| Nursing facilities | \$422,717,190 | 11.2 | \$441,192,168 | 4.4 | \$354,051,739 | -19.8 | \$424,685,176 | 20.0 |
| Personal care | \$4,597,720 | 39.0 | \$5,676,216 | 23.5 | \$5,589,378 | -1.5 | \$1,611,490 | -71.2 |
| 1915(c) waivers - AD | \$211,662,948 | 1.8 | \$180,103,989 | -14.9 | \$199,730,972 | 10.9 | \$155,165,719 | -22.3 |
| Home health | \$8,517,135 | -22.6 | \$8,780,158 | 3.1 | \$14,808,854 | 68.7 | \$23,219,118 | 56.8 |
| Community first choice | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$7,351,477 | 20.0 | \$7,519,717 | 2.3 | \$8,098,801 | 7.7 | \$14,029,992 | 73.2 |
| Private duty nursing | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with DD | \$387,151,330 | 3.2 | \$398,425,644 | 2.9 | \$406,080,539 | 1.9 | \$348,484,807 | -14.2 |
| ICF/IID - public | \$51,162,403 | -2.0 | \$51,770,146 | 1.2 | \$59,515,582 | 15.0 | \$61,365,441 | 3.1 |
| ICF/IID - private | \$13,463,885 | 2.9 | \$12,642,252 | -6.1 | \$4,002,503 | -68.3 | \$5,644 | -99.9 |
| 1915(c) waivers - DD | \$322,525,042 | 4.2 | \$334,013,246 | 3.6 | \$342,562,454 | 2.6 | \$287,113,722 | -16.2 |
| HCBS - managed care authorities - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with SMI or SED | \$87,509,517 | -2.2 | \$79,042,678 | -9.7 | \$46,777,120 | -40.8 | \$27,483,313 | -41.2 |
| Mental health facilities | \$56,290,568 | 0.9 | \$45,978,176 | -18.3 | \$17,713,717 | -61.5 | \$1,166,775 | -93.4 |
| Mental health facilities-DSH | \$23,040,659 | -1.1 | \$24,495,411 | 6.3 | \$25,285,520 | 3.2 | \$25,509,276 | 0.9 |
| Rehabilitative services | \$8,178,588 | -21.4 | \$8,597,709 | 5.1 | \$3,713,746 | -56.8 | \$742,835 | -80.0 |
| 1915(c) waivers - SMI or SED | -\$298 | 100.0 | -\$28,618 | 9503.4 | \$64,137 | -324.1 | \$64,427 | 0.5 |
| HCBS - 1915(i) - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-Other/Multiple Populations | \$76,889,106 | 15.0 | \$78,348,373 | 1.9 | \$48,881,182 | -37.6 | \$93,763,128 | 91.8 |
| Case management | \$29,170,538 | 6.3 | \$30,148,251 | 3.4 | \$22,587,986 | -25.1 | \$8,689,795 | -61.5 |
| 1915(c) waivers - other | \$41,653,838 | 14.9 | \$39,692,590 | -4.7 | \$14,248,635 | -64.1 | \$76,070,640 | 433.9 |
| HCBS - managed care authorities - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| MFP demonstration | \$6,064,730 | 90.5 | \$8,507,532 | 40.3 | \$12,044,561 | 41.6 | \$9,002,693 | -25.3 |
| Total LTSS | \$1,206,396,423 | 5.8 | \$1,199,088,943 | -0.6 | \$1,084,018,585 | -9.6 | \$1,088,442,743 | 0.4 |
| Total Institutional LTSS | \$566,674,705 | 8.1 | \$576,078,153 | 1.7 | \$460,569,061 | -20.1 | \$512,732,312 | 11.3 |
| Total HCBS | \$639,721,718 | 4.0 | \$623,010,790 | -2.6 | \$623,449,524 | 0.1 | \$575,710,431 | -7.7 |
| Total Medicaid (all services) | \$2,679,215,808 | 8.4 | \$2,678,634,258 | 0.0 | \$2,561,149,113 | -4.4 | \$2,831,318,427 | 10.5 |

| Percentages | FY 2011 | FY 2012 | FY 2013 | FY 2014 |
|--|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 45.0% | 44.8% | 42.3% | 38.4% |
| Percentage of LTSS that is HCBS | 53.0% | 52.0% | 57.5% | 52.9% |
| Percentage of LTSS that is HCBS - AD | 35.5% | 31.4% | 39.2% | 31.4% |
| Percentage of LTSS that is HCBS - DD | 83.3% | 83.8% | 84.4% | 82.4% |
| Percentage of LTSS that is HCBS - SMI or SED | 9.4% | 10.8% | 8.1% | 2.9% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Managed care data are included only for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care.

Institutional MLTSS – unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Kansas 2013 Section 1915(c) waiver expenditures for older adults and people with physical disabilities include all waiver expenditures within a managed care program that includes services for other populations. Historical information about the waivers in this program indicate the vast majority of spending was for waivers for older adults and people with physical disabilities.

Table 19A. Long Term Services and Support Expenditures for Kentucky, 1981 – 1985

| Service Type | FY 1981 | FY 1982 | Percent Change 81-82 | FY 1983 | Percent Change 82-83 | FY 1984 | Percent Change 83-84 | FY 1985 | Percent Change 84-85 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$115,977,873 | \$133,733,223 | 15.3 | \$136,958,564 | 2.4 | \$153,814,991 | 12.3 | \$162,310,856 | 5.5 |
| Personal care | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$1,314,277 | n/a |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$5,039,737 | \$5,145,728 | 2.1 | \$7,053,759 | 37.1 | \$9,856,803 | 39.7 | \$13,917,055 | 41.2 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$31,241,648 | \$39,052,684 | 25.0 | \$30,148,319 | -22.8 | \$39,506,664 | 31.0 | \$39,846,162 | 0.9 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$2,682,373 | \$3,418,166 | 27.4 | \$4,232,210 | 23.8 | \$9,802,401 | 131.6 | \$11,029,348 | 12.5 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | n/a | n/a | n/a | n/a | n/a | \$6,387,060 | n/a | \$8,771,054 | 37.3 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$154,941,631 | \$181,349,801 | 17.0 | \$178,392,852 | -1.6 | \$219,367,919 | 23.0 | \$237,188,752 | 8.1 |
| Total Institutional LTSS | \$149,901,894 | \$176,204,073 | 17.5 | \$171,339,093 | -2.8 | \$203,124,056 | 18.6 | \$213,186,366 | 5.0 |
| Total HCBS | \$5,039,737 | \$5,145,728 | 2.1 | \$7,053,759 | 37.1 | \$16,243,863 | 130.3 | \$24,002,386 | 47.8 |
| Total Medicaid (all services) | \$372,244,118 | \$379,161,632 | 1.9 | \$433,924,001 | 14.4 | \$514,277,116 | 18.5 | \$559,463,413 | 8.8 |

| Percentages | FY 1981 | FY 1982 | FY 1983 | FY 1984 | FY 1985 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 41.6% | 47.8% | 41.1% | 42.7% | 42.4% |
| Percentage of LTSS that is HCBS | 3.3% | 2.8% | 4.0% | 7.4% | 10.1% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data.

Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 19B. Long Term Services and Support Expenditures for Kentucky, 1986 – 1990

| Service Type | FY 1986 | Percent Change 85-86 | FY 1987 | Percent Change 86-87 | FY 1988 | Percent Change 87-88 | FY 1989 | Percent Change 88-89 | FY 1990 | Percent Change 89-90 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$156,623,223 | -3.5 | \$166,380,138 | 6.2 | \$182,500,069 | 9.7 | \$186,213,723 | 2.0 | \$230,540,908 | 23.8 |
| Personal care | \$0 | -100.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$16,741,041 | 20.3 | \$20,249,075 | 21.0 | \$25,769,847 | 27.3 | \$32,321,336 | 25.4 | \$35,858,754 | 10.9 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$38,503,765 | -3.4 | \$71,713,505 | 86.3 | \$47,597,483 | -33.6 | \$53,305,251 | 12.0 | \$50,466,726 | -5.3 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$10,615,810 | -3.7 | \$17,683,355 | 66.6 | \$27,295,999 | 54.4 | \$37,162,163 | 36.1 | \$40,678,593 | 9.5 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | \$9,958,557 | 13.5 | \$12,941,552 | 30.0 | \$17,296,017 | 33.6 | \$21,369,032 | 23.5 | \$24,465,769 | 14.5 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$232,442,396 | -2.0 | \$288,967,625 | 24.3 | \$300,459,415 | 4.0 | \$330,371,505 | 10.0 | \$382,010,750 | 15.6 |
| Total Institutional LTSS | \$205,742,798 | -3.5 | \$255,776,998 | 24.3 | \$257,393,551 | 0.6 | \$276,681,137 | 7.5 | \$321,686,227 | 16.3 |
| Total HCBS | \$26,699,598 | 11.2 | \$33,190,627 | 24.3 | \$43,065,864 | 29.8 | \$53,690,368 | 24.7 | \$60,324,523 | 12.4 |
| Total Medicaid (all services) | \$562,201,597 | 0.5 | \$638,969,123 | 13.7 | \$723,053,277 | 13.2 | \$841,421,043 | 16.4 | \$1,012,989,602 | 20.4 |

| Percentages | FY 1986 | FY 1987 | FY 1988 | FY 1989 | FY 1990 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 41.3% | 45.2% | 41.6% | 39.3% | 37.7% |
| Percentage of LTSS that is HCBS | 11.5% | 11.5% | 14.3% | 16.3% | 15.8% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997. ICF/IID 1987 data were greater than 1986 and 1988 data for an unknown reason.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 19C. Long Term Services and Support Expenditures for Kentucky, 1991 – 1995

| Service Type | FY 1991 | Percent Change 90-91 | FY 1992 | Percent Change 91-92 | FY 1993 | Percent Change 92-93 | FY 1994 | Percent Change 93-94 | FY 1995 | Percent Change 94-95 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$489,219,772 | n/a |
| Nursing facilities | \$261,061,431 | 13.2 | \$299,507,798 | 14.7 | \$332,161,626 | 10.9 | \$370,460,618 | 11.5 | \$389,432,280 | 5.1 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$20,869,819 | n/a |
| Home health | \$45,839,421 | 27.8 | \$53,703,463 | 17.2 | \$61,624,898 | 14.8 | \$65,823,299 | 6.8 | \$78,917,673 | 19.9 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$98,457,047 | n/a |
| ICF/IID - public | \$65,415,061 | 29.6 | \$59,843,010 | -8.5 | \$69,885,596 | 16.8 | \$71,528,596 | 2.4 | \$70,213,679 | -1.8 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$28,243,368 | n/a |
| HCBS- managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$40,375,018 | n/a |
| Mental health facilities | \$25,868,472 | -36.4 | \$34,048,402 | 31.6 | \$35,391,590 | 3.9 | \$32,979,398 | -6.8 | \$40,375,018 | 22.4 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$2,673,110 | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified/other | \$26,593,969 | 8.7 | \$32,741,717 | 23.1 | \$38,580,898 | 17.8 | \$43,024,535 | 11.5 | \$2,673,110 | n/a |
| HCBS- managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$424,778,354 | 11.2 | \$479,844,390 | 13.0 | \$537,644,608 | 12.0 | \$583,816,446 | 8.6 | \$630,724,947 | 8.0 |
| Total Institutional LTSS | \$352,344,964 | 9.5 | \$393,399,210 | 11.7 | \$437,438,812 | 11.2 | \$474,968,612 | 8.6 | \$500,020,977 | 5.3 |
| Total HCBS | \$72,433,390 | 20.1 | \$86,445,180 | 19.3 | \$100,205,796 | 15.9 | \$108,847,834 | 8.6 | \$130,703,970 | 20.1 |
| Total Medicaid (all services) | \$1,508,231,004 | 48.9 | \$1,830,438,973 | 21.4 | \$1,863,697,039 | 1.8 | \$1,866,606,692 | 0.2 | \$2,154,810,932 | 15.4 |

| Percentages | FY 1991 | FY 1992 | FY 1993 | FY 1994 | FY 1995 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 28.2% | 26.2% | 28.8% | 31.3% | 29.3% |
| Percentage of LTSS that is HCBS | 17.1% | 18.0% | 18.6% | 18.6% | 20.7% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | 20.4% |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | 28.7% |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included except for 1915(c) waivers for 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 19D. Long Term Services and Support Expenditures for Kentucky, 1996 – 2000

| Service Type | FY 1996 | Percent Change 95-96 | FY 1997 | Percent Change 96-97 | FY 1998 | Percent Change 97-98 | FY 1999 | Percent Change 98-99 | FY 2000 | Percent Change 99-00 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$517,037,920 | 5.7 | \$591,058,078 | 14.3 | \$627,326,092 | 6.1 | \$644,541,953 | 2.7 | \$720,416,797 | 11.8 |
| Nursing facilities | \$404,987,518 | 4.0 | \$460,129,111 | 13.6 | \$491,033,798 | 6.7 | \$509,662,763 | 3.8 | \$557,922,927 | 9.5 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | \$26,828,116 | 28.5 | \$31,796,012 | 18.5 | \$39,046,388 | 22.8 | \$44,745,755 | 14.6 | \$57,553,435 | 28.6 |
| Home health | \$85,222,286 | 8.0 | \$99,132,955 | 16.3 | \$97,245,906 | -1.9 | \$90,133,435 | -7.3 | \$104,940,435 | 16.4 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$89,720,863 | -8.9 | \$111,112,535 | 23.8 | \$121,850,304 | 9.7 | \$133,578,182 | 9.6 | \$148,026,174 | 10.8 |
| ICF/IID - public | \$58,064,778 | -17.3 | \$50,340,989 | -13.3 | \$54,790,230 | 8.8 | \$56,007,119 | 2.2 | \$60,234,225 | 7.5 |
| ICF/IID - private | n/a | n/a | \$25,349,598 | n/a | \$24,564,503 | -3.1 | \$29,569,394 | 20.4 | \$23,289,517 | -21.2 |
| 1915(c) waivers - DD | \$31,656,085 | 12.1 | \$35,421,948 | 11.9 | \$42,495,571 | 20.0 | \$48,001,669 | 13.0 | \$64,502,432 | 34.4 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$74,819,759 | 85.3 | \$105,405,179 | 40.9 | \$78,456,154 | -25.6 | \$80,175,073 | 2.2 | \$76,358,901 | -4.8 |
| Mental health facilities | \$41,028,560 | 1.6 | \$40,246,393 | -1.9 | \$43,965,684 | 9.2 | \$44,357,281 | 0.9 | \$41,201,835 | -7.1 |
| Mental health facilities-DSH | \$33,791,199 | 100.0 | \$65,158,786 | 92.8 | \$34,490,470 | -47.1 | \$35,817,792 | 3.8 | \$35,157,066 | -1.8 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$2,896,466 | 8.4 | \$17,496,568 | 504.1 | \$18,641,591 | 6.5 | \$20,023,660 | 7.4 | \$21,157,020 | 5.7 |
| Case management | n/a | n/a | \$13,137,314 | n/a | \$13,644,632 | 3.9 | \$14,665,893 | 7.5 | \$15,120,087 | 3.1 |
| 1915(c) waivers - other | \$2,896,466 | 8.4 | \$4,359,254 | 50.5 | \$4,996,959 | 14.6 | \$5,357,767 | 7.2 | \$6,036,933 | 12.7 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$684,475,008 | 8.5 | \$825,072,360 | 20.5 | \$846,274,141 | 2.6 | \$878,318,868 | 3.8 | \$965,958,892 | 10.0 |
| Total Institutional LTSS | \$537,872,055 | 7.6 | \$641,224,877 | 19.2 | \$648,844,685 | 1.2 | \$675,414,349 | 4.1 | \$717,805,570 | 6.3 |
| Total HCBS | \$146,602,953 | 12.2 | \$183,847,483 | 25.4 | \$197,429,456 | 7.4 | \$202,904,519 | 2.8 | \$248,153,322 | 22.3 |
| Total Medicaid (all services) | \$2,132,812,645 | -1.0 | \$2,571,547,988 | 20.6 | \$2,614,633,129 | 1.7 | \$2,770,693,802 | 6.0 | \$3,066,283,255 | 10.7 |

| Percentages | FY 1996 | FY 1997 | FY 1998 | FY 1999 | FY 2000 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 32.1% | 32.1% | 32.4% | 31.7% | 31.5% |
| Percentage of LTSS that is HCBS | 21.4% | 22.3% | 23.3% | 23.1% | 25.7% |
| Percentage of LTSS that is HCBS - AD | 21.7% | 22.2% | 21.7% | 20.9% | 22.6% |
| Percentage of LTSS that is HCBS - DD | 35.3% | 31.9% | 34.9% | 35.9% | 43.6% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included except for 1915(c) waivers. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 19E. Long Term Services and Support Expenditures for Kentucky, 2001 – 2005

| Service Type | FY 2001 | Percent Change 00-01 | FY 2002 | Percent Change 01-02 | FY 2003 | Percent Change 02-03 | FY 2004 | Percent Change 03-04 | FY 2005 | Percent Change 04-05 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$759,396,132 | 5.4 | \$806,543,402 | 6.2 | \$797,738,332 | -1.1 | \$795,937,980 | -0.2 | \$883,824,112 | 11.0 |
| Nursing facilities | \$565,236,680 | 1.3 | \$615,231,158 | 8.8 | \$619,759,276 | 0.7 | \$628,512,820 | 1.4 | \$722,057,446 | 14.9 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | \$76,808,884 | 33.5 | \$79,922,114 | 4.1 | \$74,576,354 | -6.7 | \$60,942,479 | -18.3 | \$56,531,920 | -7.2 |
| Home health | \$117,350,568 | 11.8 | \$111,390,130 | -5.1 | \$103,402,702 | -7.2 | \$106,482,681 | 3.0 | \$105,234,746 | -1.2 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$175,808,722 | 18.8 | \$189,764,382 | 7.9 | \$222,210,292 | 17.1 | \$243,772,359 | 9.7 | \$262,177,632 | 7.6 |
| ICF/IID - public | \$71,997,260 | 19.5 | \$79,573,596 | 10.5 | \$92,384,181 | 16.1 | \$84,280,697 | -8.8 | \$93,225,367 | 10.6 |
| ICF/IID - private | \$22,314,639 | -4.2 | \$18,314,857 | -17.9 | \$20,880,000 | 14.0 | \$22,475,041 | 7.6 | \$14,523,695 | -35.4 |
| 1915(c) waivers - DD | \$81,496,823 | 26.3 | \$91,875,929 | 12.7 | \$108,946,111 | 18.6 | \$137,016,621 | 25.8 | \$154,428,570 | 12.7 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$80,057,668 | 4.8 | \$87,282,395 | 9.0 | \$83,753,181 | -4.0 | \$92,252,786 | 10.1 | \$86,536,018 | -6.2 |
| Mental health facilities | \$43,587,394 | 5.8 | \$49,839,322 | 14.3 | \$51,611,006 | 3.6 | \$55,074,256 | 6.7 | \$49,105,404 | -10.8 |
| Mental health facilities-DSH | \$36,470,274 | 3.7 | \$37,443,073 | 2.7 | \$32,142,175 | -14.2 | \$37,178,530 | 15.7 | \$37,430,614 | 0.7 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$20,011,378 | -5.4 | \$24,831,443 | 24.1 | \$38,620,592 | 55.5 | \$42,128,230 | 9.1 | \$43,791,935 | 3.9 |
| Case management | \$20,011,378 | 32.3 | \$24,831,443 | 24.1 | \$36,100,398 | 45.4 | \$36,777,499 | 1.9 | \$37,843,290 | 2.9 |
| 1915(c) waivers - other | \$0 | -100.0 | \$0 | 0.0 | \$2,520,194 | 100.0 | \$5,350,731 | 112.3 | \$5,948,645 | 11.2 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$1,035,273,900 | 7.2 | \$1,108,421,622 | 7.1 | \$1,142,322,397 | 3.1 | \$1,174,091,355 | 2.8 | \$1,276,329,697 | 8.7 |
| Total Institutional LTSS | \$739,606,247 | 3.0 | \$800,402,006 | 8.2 | \$816,776,638 | 2.0 | \$827,521,344 | 1.3 | \$916,342,526 | 10.7 |
| Total HCBS | \$295,667,653 | 19.1 | \$308,019,616 | 4.2 | \$325,545,759 | 5.7 | \$346,570,011 | 6.5 | \$359,987,171 | 3.9 |
| Total Medicaid (all services) | \$3,387,870,502 | 10.5 | \$3,814,859,023 | 12.6 | \$3,811,302,331 | -0.1 | \$4,308,718,391 | 13.1 | \$4,298,857,780 | -0.2 |

| Percentages | FY 2001 | FY 2002 | FY 2003 | FY 2004 | FY 2005 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 30.6% | 29.1% | 30.0% | 27.2% | 29.7% |
| Percentage of LTSS that is HCBS | 28.6% | 27.8% | 28.5% | 29.5% | 28.2% |
| Percentage of LTSS that is HCBS - AD | 25.6% | 23.7% | 22.3% | 21.0% | 18.3% |
| Percentage of LTSS that is HCBS - DD | 46.4% | 48.4% | 49.0% | 56.2% | 58.9% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included except for 1915(c) waivers. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 19F. Long Term Services and Support Expenditures for Kentucky, 2006 – 2010

| Service Type | FY 2006 | Percent Change 05-06 | FY 2007 | Percent Change 06-07 | FY 2008 | Percent Change 07-08 | FY 2009 | Percent Change 08-09 | FY 2010 | Percent Change 09-10 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$910,068,109 | 3.0 | \$937,258,707 | 3.0 | \$999,422,794 | 6.6 | \$1,032,547,279 | 3.3 | \$1,014,504,197 | -1.7 |
| Nursing facilities | \$734,574,114 | 1.7 | \$760,052,365 | 3.5 | \$816,489,032 | 7.4 | \$833,041,443 | 2.0 | \$836,559,443 | 0.4 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | \$61,559,825 | 8.9 | \$66,214,249 | 7.6 | \$72,782,291 | 9.9 | \$83,363,041 | 14.5 | \$85,978,994 | 3.1 |
| Home health | \$113,934,170 | 8.3 | \$110,992,093 | -2.6 | \$110,151,471 | -0.8 | \$116,142,795 | 5.4 | \$91,965,760 | -20.8 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with DD | \$302,397,565 | 15.3 | \$359,126,355 | 18.8 | \$315,142,041 | -12.2 | \$344,285,323 | 9.2 | \$443,006,650 | 28.7 |
| ICF/IID - public | \$109,509,933 | 17.5 | \$97,838,071 | -10.7 | \$0 | -100.0 | \$32,442,063 | 100.0 | \$135,705,008 | 318.3 |
| ICF/IID - private | \$19,248,599 | 32.5 | \$54,048,023 | 180.8 | \$110,812,933 | 105.0 | \$68,170,679 | -38.5 | \$28,118,762 | -58.8 |
| 1915(c) waivers - DD | \$173,639,033 | 12.4 | \$207,240,261 | 19.4 | \$204,329,108 | -1.4 | \$243,672,581 | 19.3 | \$279,182,880 | 14.6 |
| HCBS - managed care authorities - DD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with SMI or SED | \$79,801,856 | -7.8 | \$80,911,236 | 1.4 | \$83,727,508 | 3.5 | \$88,188,437 | 5.3 | \$91,055,402 | 3.3 |
| Mental health facilities | \$42,358,784 | -13.7 | \$43,476,131 | 2.6 | \$46,383,809 | 6.7 | \$50,745,362 | 9.4 | \$53,603,975 | 5.6 |
| Mental health facilities-DSH | \$37,443,072 | 0.0 | \$37,435,105 | 0.0 | \$37,343,699 | -0.2 | \$37,443,075 | 0.3 | \$37,443,072 | 0.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$8,355 | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-Other/Multiple Populations | \$44,318,780 | 1.2 | \$47,236,139 | 6.6 | \$53,684,858 | 13.7 | \$78,298,632 | 45.8 | \$87,901,584 | 12.3 |
| Case management | \$36,902,543 | -2.5 | \$38,217,295 | 3.6 | \$42,124,435 | 10.2 | \$61,264,838 | 45.4 | \$62,048,150 | 1.3 |
| 1915(c) waivers - other | \$7,416,237 | 24.7 | \$9,018,844 | 21.6 | \$11,560,423 | 28.2 | \$16,827,498 | 45.6 | \$22,718,910 | 35.0 |
| HCBS - managed care authorities - other | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | \$0 | n/a | \$206,296 | 100.0 | \$3,134,524 | 1419.4 |
| Total LTSS | \$1,336,586,310 | 4.7 | \$1,424,532,437 | 6.6 | \$1,451,977,201 | 1.9 | \$1,543,319,671 | 6.3 | \$1,636,467,833 | 6.0 |
| Total Institutional LTSS | \$943,134,502 | 2.9 | \$992,849,695 | 5.3 | \$1,011,029,473 | 1.8 | \$1,021,842,622 | 1.1 | \$1,091,430,260 | 6.8 |
| Total HCBS | \$393,451,808 | 9.3 | \$431,682,742 | 9.7 | \$440,947,728 | 2.1 | \$521,477,049 | 18.3 | \$545,037,573 | 4.5 |
| Total Medicaid (all services) | \$4,381,651,618 | 1.9 | \$4,583,445,280 | 4.6 | \$4,829,857,187 | 5.4 | \$5,398,819,552 | 11.8 | \$5,596,536,157 | 3.7 |

| Percentages | FY 2006 | FY 2007 | FY 2008 | FY 2009 | FY 2010 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 30.5% | 31.1% | 30.1% | 28.6% | 29.2% |
| Percentage of LTSS that is HCBS | 29.4% | 30.3% | 30.4% | 33.8% | 33.3% |
| Percentage of LTSS that is HCBS - AD | 19.3% | 18.9% | 18.3% | 19.3% | 17.5% |
| Percentage of LTSS that is HCBS - DD | 57.4% | 57.7% | 64.8% | 70.8% | 63.0% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data. Starting in 2008, managed care data are included for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities. "n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included for several categories of service until 2009. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

For data before 2009, prior period adjustments were included for the following categories of service: nursing home, personal care, Section 1915(c) waivers, PACE, ICF/IID, and mental health facilities (including DSH).

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 19G. Long Term Services and Support Expenditures for Kentucky, 2011 – 2014

| Service Type | FY 2011 | Percent Change 10-11 | FY 2012 | Percent Change 11-12 | FY 2013 | Percent Change 12-13 | FY 2014 | Percent Change 13-14 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$1,055,732,774 | 4.1 | \$988,617,950 | -6.4 | \$955,411,699 | -3.4 | \$1,052,367,768 | 10.1 |
| Nursing facilities | \$857,251,589 | 2.5 | \$842,711,716 | -1.7 | \$832,336,912 | -1.2 | \$921,238,310 | 10.7 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | \$95,037,367 | 10.5 | \$94,600,155 | -0.5 | \$89,016,036 | -5.9 | \$95,790,519 | 7.6 |
| Home health | \$103,443,818 | 12.5 | \$51,306,079 | -50.4 | \$34,058,751 | -33.6 | \$35,338,939 | 3.8 |
| Community first choice | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Private duty nursing | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with DD | \$510,479,016 | 15.2 | \$561,543,629 | 10.0 | \$622,482,267 | 10.9 | \$703,972,062 | 13.1 |
| ICF/IID - public | \$129,570,805 | -4.5 | \$130,611,577 | 0.8 | \$134,606,496 | 3.1 | \$114,119,972 | -15.2 |
| ICF/IID - private | \$26,321,661 | -6.4 | \$28,603,786 | 8.7 | \$27,916,678 | -2.4 | \$28,787,285 | 3.1 |
| 1915(c) waivers - DD | \$354,586,550 | 27.0 | \$402,328,266 | 13.5 | \$459,959,093 | 14.3 | \$561,064,805 | 22.0 |
| HCBS- managed care authorities - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with SMI or SED | \$94,545,572 | 3.8 | \$66,757,723 | -29.4 | \$44,853,637 | -32.8 | \$40,279,863 | -10.2 |
| Mental health facilities | \$57,089,580 | 6.5 | \$29,450,867 | -48.4 | \$7,514,866 | -74.5 | \$2,833,354 | -62.3 |
| Mental health facilities-DSH | \$37,443,073 | 0.0 | \$37,298,917 | -0.4 | \$37,338,019 | 0.1 | \$37,443,074 | 0.3 |
| Rehabilitative services | \$12,919 | 54.6 | \$7,939 | -38.5 | \$752 | -90.5 | \$3,435 | 356.8 |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-Other/Multiple Populations | \$102,504,595 | 16.6 | \$85,249,263 | -16.8 | \$66,683,419 | -21.8 | \$65,821,361 | -1.3 |
| Case management | \$53,422,431 | -13.9 | \$44,267,277 | -17.1 | \$27,348,536 | -38.2 | \$21,008,523 | -23.2 |
| 1915(c) waivers - other | \$27,940,842 | 23.0 | \$33,534,815 | 20.0 | \$35,148,815 | 4.8 | \$39,805,474 | 13.2 |
| HCBS- managed care authorities - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| MFP demonstration | \$21,141,322 | 574.5 | \$7,447,171 | -64.8 | \$4,186,068 | -43.8 | \$5,007,364 | 19.6 |
| Total LTSS | \$1,763,261,957 | 7.7 | \$1,702,168,565 | -3.5 | \$1,689,431,022 | -0.7 | \$1,862,441,054 | 10.2 |
| Total Institutional LTSS | \$1,107,676,708 | 1.5 | \$1,068,676,863 | -3.5 | \$1,039,712,971 | -2.7 | \$1,104,421,995 | 6.2 |
| Total HCBS | \$655,585,249 | 20.3 | \$633,491,702 | -3.4 | \$649,718,051 | 2.6 | \$758,019,059 | 16.7 |
| Total Medicaid (all services) | \$5,809,227,849 | 3.8 | \$5,699,215,736 | -1.9 | \$5,813,478,373 | 2.0 | \$7,808,953,073 | 34.3 |

| Percentages | FY 2011 | FY 2012 | FY 2013 | FY 2014 |
|--|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 30.4% | 29.9% | 29.1% | 23.9% |
| Percentage of LTSS that is HCBS | 37.2% | 37.2% | 38.5% | 40.7% |
| Percentage of LTSS that is HCBS - AD | 18.8% | 14.8% | 12.9% | 12.5% |
| Percentage of LTSS that is HCBS - DD | 69.5% | 71.7% | 73.9% | 79.7% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Managed care data are included only for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care.

Institutional MLTSS – unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 20A. Long Term Services and Support Expenditures for Louisiana, 1981 – 1985

| Service Type | FY 1981 | FY 1982 | Percent Change 81-82 | FY 1983 | Percent Change 82-83 | FY 1984 | Percent Change 83-84 | FY 1985 | Percent Change 84-85 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$160,467,488 | \$176,996,467 | 10.3 | \$185,369,891 | 4.7 | \$185,804,789 | 0.2 | \$197,242,080 | 6.2 |
| Personal care | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$404,502 | \$620,486 | 53.4 | \$841,681 | 35.6 | \$1,548,159 | 83.9 | \$2,433,486 | 57.2 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$79,709,374 | \$97,075,753 | 21.8 | \$116,244,343 | 19.7 | \$126,323,719 | 8.7 | \$138,328,512 | 9.5 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$3,224,618 | \$3,448,247 | 6.9 | \$3,124,281 | -9.4 | \$7,578,798 | 142.6 | \$13,827,859 | 82.5 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | n/a | n/a | n/a | n/a | n/a | \$10,693,644 | n/a | \$3,445,720 | -67.8 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$243,805,982 | \$278,140,953 | 14.1 | \$305,580,196 | 9.9 | \$331,949,109 | 8.6 | \$355,277,657 | 7.0 |
| Total Institutional LTSS | \$243,401,480 | \$277,520,467 | 14.0 | \$304,738,515 | 9.8 | \$319,707,306 | 4.9 | \$349,398,451 | 9.3 |
| Total HCBS | \$404,502 | \$620,486 | 53.4 | \$841,681 | 35.6 | \$12,241,803 | 1354.4 | \$5,879,206 | -52.0 |
| Total Medicaid (all services) | \$434,411,716 | \$538,827,131 | 24.0 | \$617,967,659 | 14.7 | \$687,488,081 | 11.2 | \$745,328,133 | 8.4 |

| Percentages | FY 1981 | FY 1982 | FY 1983 | FY 1984 | FY 1985 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 56.1% | 51.6% | 49.4% | 48.3% | 47.7% |
| Percentage of LTSS that is HCBS | 0.2% | 0.2% | 0.3% | 3.7% | 1.7% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data.

Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 20B. Long Term Services and Support Expenditures for Louisiana, 1986 – 1990

| Service Type | FY 1986 | Percent Change 85-86 | FY 1987 | Percent Change 86-87 | FY 1988 | Percent Change 87-88 | FY 1989 | Percent Change 88-89 | FY 1990 | Percent Change 89-90 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$209,526,636 | 6.2 | \$214,047,687 | 2.2 | \$230,923,595 | 7.9 | \$242,224,634 | 4.9 | \$269,928,853 | 11.4 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$3,316,587 | 36.3 | \$5,632,272 | 69.8 | \$6,883,650 | 22.2 | \$7,657,601 | 11.2 | \$8,238,327 | 7.6 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$143,599,380 | 3.8 | \$297,514,617 | 107.2 | \$165,291,176 | -44.4 | \$171,141,863 | 3.5 | \$207,335,323 | 21.1 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$12,814,859 | -7.3 | \$17,585,543 | 37.2 | \$15,985,128 | -9.1 | \$30,316,292 | 89.7 | \$45,998,608 | 51.7 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | \$848,379 | -75.4 | \$814,437 | -4.0 | \$866,035 | 6.3 | \$889,483 | 2.7 | \$1,073,339 | 20.7 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$370,105,841 | 4.2 | \$535,594,556 | 44.7 | \$419,949,584 | -21.6 | \$452,229,873 | 7.7 | \$532,574,450 | 17.8 |
| Total Institutional LTSS | \$365,940,875 | 4.7 | \$529,147,847 | 44.6 | \$412,199,899 | -22.1 | \$443,682,789 | 7.6 | \$523,262,784 | 17.9 |
| Total HCBS | \$4,164,966 | -29.2 | \$6,446,709 | 54.8 | \$7,749,685 | 20.2 | \$8,547,084 | 10.3 | \$9,311,666 | 8.9 |
| Total Medicaid (all services) | \$807,431,128 | 8.3 | \$864,226,473 | 7.0 | \$942,702,719 | 9.1 | \$1,122,087,542 | 19.0 | \$1,402,326,322 | 25.0 |

| Percentages | FY 1986 | FY 1987 | FY 1988 | FY 1989 | FY 1990 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 45.8% | 62.0% | 44.5% | 40.3% | 38.0% |
| Percentage of LTSS that is HCBS | 1.1% | 1.2% | 1.8% | 1.9% | 1.7% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997. ICF/IID 1987 data were greater than 1986 and 1988 data for an unknown reason.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 20C. Long Term Services and Support Expenditures for Louisiana, 1991 – 1995

| Service Type | FY 1991 | Percent Change 90-91 | FY 1992 | Percent Change 91-92 | FY 1993 | Percent Change 92-93 | FY 1994 | Percent Change 93-94 | FY 1995 | Percent Change 94-95 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$598,079,118 | n/a |
| Nursing facilities | \$328,691,822 | 21.8 | \$419,735,994 | 27.7 | \$526,058,084 | 25.3 | \$514,202,819 | -2.3 | \$560,971,631 | 9.1 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$4,194,964 | n/a |
| Home health | \$11,043,834 | 34.1 | \$15,707,185 | 42.2 | \$21,821,068 | 38.9 | \$30,160,361 | 38.2 | \$32,912,523 | 9.1 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$349,103,255 | n/a |
| ICF/IID - public | \$237,731,686 | 14.7 | \$260,924,945 | 9.8 | \$324,034,343 | 24.2 | \$299,878,672 | -7.5 | \$310,047,095 | 3.4 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$39,056,160 | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$194,995,722 | n/a |
| Mental health facilities | \$49,651,695 | 7.9 | \$48,955,548 | -1.4 | \$41,324,997 | -15.6 | \$94,603,548 | 128.9 | \$79,280,575 | -16.2 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | \$26,968,437 | n/a | \$2,505,986 | -90.7 | \$115,715,147 | 4517.5 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified/other | \$1,054,139 | -1.8 | \$2,617,361 | 148.3 | \$14,627,571 | 458.9 | \$29,889,288 | 104.3 | \$0 | n/a |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$628,173,176 | 18.0 | \$747,941,033 | 19.1 | \$954,834,500 | 27.7 | \$971,240,674 | 1.7 | \$1,142,178,095 | 17.6 |
| Total Institutional LTSS | \$616,075,203 | 17.7 | \$729,616,487 | 18.4 | \$918,385,861 | 25.9 | \$911,191,025 | -0.8 | \$1,066,014,448 | 17.0 |
| Total HCBS | \$12,097,973 | 29.9 | \$18,324,546 | 51.5 | \$36,448,639 | 98.9 | \$60,049,649 | 64.8 | \$76,163,647 | 26.8 |
| Total Medicaid (all services) | \$1,894,007,898 | 35.1 | \$2,816,067,442 | 48.7 | \$3,493,823,048 | 24.1 | \$4,064,654,653 | 16.3 | \$4,116,712,093 | 1.3 |

| Percentages | FY 1991 | FY 1992 | FY 1993 | FY 1994 | FY 1995 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 33.2% | 26.6% | 27.3% | 23.9% | 27.7% |
| Percentage of LTSS that is HCBS | 1.9% | 2.4% | 3.8% | 6.2% | 6.7% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | 6.2% |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | 11.2% |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included except for 1915(c) waivers for 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 20D. Long Term Services and Support Expenditures for Louisiana, 1996 – 2000

| Service Type | FY 1996 | Percent Change 95-96 | FY 1997 | Percent Change 96-97 | FY 1998 | Percent Change 97-98 | FY 1999 | Percent Change 98-99 | FY 2000 | Percent Change 99-00 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$547,850,550 | -8.4 | \$421,943,050 | -23.0 | \$530,764,724 | 25.8 | \$558,585,430 | 5.2 | \$546,421,048 | -2.2 |
| Nursing facilities | \$515,636,644 | -8.1 | \$389,039,287 | -24.6 | \$502,806,276 | 29.2 | \$512,433,996 | 1.9 | \$515,252,589 | 0.6 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$1,518,971 | 100.0 | \$0 | -100.0 |
| 1915(c) waivers - AD | \$6,079,161 | 44.9 | \$6,095,986 | 0.3 | \$5,834,816 | -4.3 | \$25,653,431 | 339.7 | \$8,308,251 | -67.6 |
| Home health | \$26,134,745 | -20.6 | \$26,807,777 | 2.6 | \$22,123,632 | -17.5 | \$18,979,032 | -14.2 | \$22,860,208 | 20.4 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$357,259,109 | 2.3 | \$472,992,001 | 32.4 | \$385,083,842 | -18.6 | \$405,134,708 | 5.2 | \$450,839,674 | 11.3 |
| ICF/IID - public | \$312,379,849 | 0.8 | \$248,397,694 | -20.5 | \$152,233,980 | -38.7 | \$173,946,027 | 14.3 | \$177,878,672 | 2.3 |
| ICF/IID - private | n/a | n/a | \$173,611,657 | n/a | \$171,680,864 | -1.1 | \$168,472,074 | -1.9 | \$169,559,841 | 0.6 |
| 1915(c) waivers - DD | \$44,879,260 | 14.9 | \$50,982,650 | 13.6 | \$61,168,998 | 20.0 | \$62,716,607 | 2.5 | \$103,401,161 | 64.9 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$146,061,074 | -25.1 | \$97,402,112 | -33.3 | \$94,668,977 | -2.8 | \$93,744,901 | -1.0 | \$73,964,630 | -21.1 |
| Mental health facilities | \$37,348,926 | -52.9 | \$19,146,462 | -48.7 | \$11,099,611 | -42.0 | \$16,403,288 | 47.8 | \$7,800,858 | -52.4 |
| Mental health facilities-DSH | \$108,712,148 | -6.1 | \$78,255,650 | -28.0 | \$83,569,366 | 6.8 | \$77,341,613 | -7.5 | \$66,163,772 | -14.5 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$0 | 0.0 | \$3,949,606 | 100.0 | \$3,763,162 | -4.7 | \$3,687,187 | -2.0 | \$8,754,757 | 137.4 |
| Case management | n/a | n/a | \$3,949,606 | n/a | \$3,763,162 | -4.7 | \$3,687,187 | -2.0 | \$8,754,757 | 137.4 |
| 1915(c) waivers - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$1,051,170,733 | -8.0 | \$996,286,769 | -5.2 | \$1,014,280,705 | 1.8 | \$1,061,152,226 | 4.6 | \$1,079,980,109 | 1.8 |
| Total Institutional LTSS | \$974,077,567 | -8.6 | \$908,450,750 | -6.7 | \$921,390,097 | 1.4 | \$948,596,998 | 3.0 | \$936,655,732 | -1.3 |
| Total HCBS | \$77,093,166 | 1.2 | \$87,836,019 | 13.9 | \$92,890,608 | 5.8 | \$112,555,228 | 21.2 | \$143,324,377 | 27.3 |
| Total Medicaid (all services) | \$3,347,663,209 | -18.7 | \$3,055,407,383 | -8.7 | \$3,200,211,547 | 4.7 | \$3,384,670,228 | 5.8 | \$3,565,342,405 | 5.3 |

| Percentages | FY 1996 | FY 1997 | FY 1998 | FY 1999 | FY 2000 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 31.4% | 32.6% | 31.7% | 31.4% | 30.3% |
| Percentage of LTSS that is HCBS | 7.3% | 8.8% | 9.2% | 10.6% | 13.3% |
| Percentage of LTSS that is HCBS - AD | 5.9% | 7.8% | 5.3% | 8.3% | 5.7% |
| Percentage of LTSS that is HCBS - DD | 12.6% | 10.8% | 15.9% | 15.5% | 22.9% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included except for 1915(c) waivers. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 20E. Long Term Services and Support Expenditures for Louisiana, 2001 – 2005

| Service Type | FY 2001 | Percent Change 00-01 | FY 2002 | Percent Change 01-02 | FY 2003 | Percent Change 02-03 | FY 2004 | Percent Change 03-04 | FY 2005 | Percent Change 04-05 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$1,191,327,310 | 118.0 | \$1,364,384,368 | 14.5 | \$646,935,602 | -52.6 | \$670,950,418 | 3.7 | \$770,067,049 | 14.8 |
| Nursing facilities | \$1,158,358,980 | 124.8 | \$1,328,374,523 | 14.7 | \$597,157,088 | -55.0 | \$601,023,531 | 0.6 | \$652,850,543 | 8.6 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$1,445,239 | 100.0 | \$47,860,444 | 3211.6 |
| 1915(c) waivers - AD | \$9,566,455 | 15.1 | \$10,153,511 | 6.1 | \$21,709,599 | 113.8 | \$40,646,535 | 87.2 | \$40,888,558 | 0.6 |
| Home health | \$23,401,875 | 2.4 | \$25,856,334 | 10.5 | \$28,068,915 | 8.6 | \$27,855,346 | -0.8 | \$28,467,504 | 2.2 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | -\$20,233 | 100.0 | \$0 | -100.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$485,690,200 | 7.7 | \$510,625,140 | 5.1 | \$542,676,168 | 6.3 | \$641,120,424 | 18.1 | \$669,622,090 | 4.4 |
| ICF/IID - public | \$178,137,793 | 0.1 | \$183,587,268 | 3.1 | \$186,306,774 | 1.5 | \$237,524,858 | 27.5 | \$233,984,243 | -1.5 |
| ICF/IID - private | \$177,130,436 | 4.5 | \$178,755,838 | 0.9 | \$182,524,282 | 2.1 | \$181,676,899 | -0.5 | \$191,695,236 | 5.5 |
| 1915(c) waivers - DD | \$130,421,971 | 26.1 | \$148,282,034 | 13.7 | \$173,845,112 | 17.2 | \$221,918,667 | 27.7 | \$243,942,611 | 9.9 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$37,414,739 | -49.4 | \$98,265,447 | 162.6 | \$103,696,207 | 5.5 | \$120,397,666 | 16.1 | \$124,859,228 | 3.7 |
| Mental health facilities | \$6,684,140 | -14.3 | \$7,602,902 | 13.7 | \$8,483,394 | 11.6 | \$9,831,477 | 15.9 | \$12,014,050 | 22.2 |
| Mental health facilities-DSH | \$30,730,599 | -53.6 | \$90,662,545 | 195.0 | \$95,212,813 | 5.0 | \$110,566,189 | 16.1 | \$112,845,178 | 2.1 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$11,277,211 | 28.8 | \$9,134,113 | -19.0 | \$12,626,619 | 38.2 | \$13,149,429 | 4.1 | \$3,906,583 | -70.3 |
| Case management | \$11,277,211 | 28.8 | \$9,134,113 | -19.0 | \$12,626,619 | 38.2 | \$13,149,429 | 4.1 | \$3,906,583 | -70.3 |
| 1915(c) waivers - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$1,725,709,460 | 59.8 | \$1,982,409,068 | 14.9 | \$1,305,934,596 | -34.1 | \$1,445,617,937 | 10.7 | \$1,568,454,950 | 8.5 |
| Total Institutional LTSS | \$1,551,041,948 | 65.6 | \$1,788,983,076 | 15.3 | \$1,069,684,351 | -40.2 | \$1,140,622,954 | 6.6 | \$1,203,389,250 | 5.5 |
| Total HCBS | \$174,667,512 | 21.9 | \$193,425,992 | 10.7 | \$236,250,245 | 22.1 | \$304,994,983 | 29.1 | \$365,065,700 | 19.7 |
| Total Medicaid (all services) | \$4,380,632,815 | 22.9 | \$4,924,986,863 | 12.4 | \$4,537,237,617 | -7.9 | \$5,106,709,665 | 12.6 | \$5,473,864,527 | 7.2 |

| Percentages | FY 2001 | FY 2002 | FY 2003 | FY 2004 | FY 2005 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 39.4% | 40.3% | 28.8% | 28.3% | 28.7% |
| Percentage of LTSS that is HCBS | 10.1% | 9.8% | 18.1% | 21.1% | 23.3% |
| Percentage of LTSS that is HCBS - AD | 2.8% | 2.6% | 7.7% | 10.4% | 15.2% |
| Percentage of LTSS that is HCBS - DD | 26.9% | 29.0% | 32.0% | 34.6% | 36.4% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments were included starting in 1995 for Section 1915(c) waivers, in 2002 for nursing facilities, personal care, ICF/IID, and mental health facilities (including DSH); and in 2004 for PACE. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 20F. Long Term Services and Support Expenditures for Louisiana, 2006 – 2010

| Service Type | FY 2006 | Percent Change 05-06 | FY 2007 | Percent Change 06-07 | FY 2008 | Percent Change 07-08 | FY 2009 | Percent Change 08-09 | FY 2010 | Percent Change 09-10 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$771,754,955 | 0.2 | \$905,048,432 | 17.3 | \$1,026,274,825 | 13.4 | \$1,102,602,904 | 7.4 | \$1,116,048,187 | 1.2 |
| Nursing facilities | \$649,789,528 | -0.5 | \$692,135,893 | 6.5 | \$719,869,207 | 4.0 | \$745,194,832 | 3.5 | \$776,900,469 | 4.3 |
| Personal care | \$80,787,703 | 68.8 | \$138,945,265 | 72.0 | \$208,884,367 | 50.3 | \$246,160,331 | 17.8 | \$227,713,906 | -7.5 |
| 1915(c) waivers - AD | \$16,462,356 | -59.7 | \$47,529,500 | 188.7 | \$61,290,910 | 29.0 | \$71,180,663 | 16.1 | \$65,114,267 | -8.5 |
| Home health | \$24,715,368 | -13.2 | \$26,437,774 | 7.0 | \$34,496,399 | 30.5 | \$35,794,836 | 3.8 | \$38,789,837 | 8.4 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$1,733,942 | 100.0 | \$4,272,242 | 146.4 | \$7,529,708 | 76.2 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with DD | \$506,660,601 | -24.3 | \$740,061,380 | 46.1 | \$842,107,497 | 13.8 | \$877,528,231 | 4.2 | \$882,574,015 | 0.6 |
| ICF/IID - public | \$242,386,500 | 3.6 | \$233,087,703 | -3.8 | \$259,262,107 | 11.2 | \$249,313,813 | -3.8 | \$250,514,386 | 0.5 |
| ICF/IID - private | \$183,664,337 | -4.2 | \$208,935,637 | 13.8 | \$221,555,349 | 6.0 | \$218,693,088 | -1.3 | \$221,642,487 | 1.3 |
| 1915(c) waivers - DD | \$80,609,764 | -67.0 | \$298,038,040 | 269.7 | \$361,290,041 | 21.2 | \$409,521,330 | 13.3 | \$410,417,142 | 0.2 |
| HCBS - managed care authorities - DD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with SMI or SED | \$125,311,178 | 0.4 | \$129,605,338 | 3.4 | \$128,740,051 | -0.7 | \$132,104,816 | 2.6 | \$128,963,841 | -2.4 |
| Mental health facilities | \$21,061,108 | 75.3 | \$15,954,865 | -24.2 | \$17,921,613 | 12.3 | \$19,483,694 | 8.7 | \$17,802,414 | -8.6 |
| Mental health facilities-DSH | \$104,250,070 | -7.6 | \$113,650,473 | 9.0 | \$110,818,438 | -2.5 | \$112,621,122 | 1.6 | \$109,744,767 | -2.6 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$1,416,660 | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-Other/Multiple Populations | \$17,814,048 | 356.0 | \$17,228,953 | -3.3 | \$18,211,709 | 5.7 | \$19,980,862 | 9.7 | \$20,991,366 | 5.1 |
| Case management | \$17,814,048 | 356.0 | \$17,228,953 | -3.3 | \$18,211,709 | 5.7 | \$19,944,022 | 9.5 | \$19,590,178 | -1.8 |
| 1915(c) waivers - other | \$192,274,263 | 100.0 | \$0 | -100.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - other | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | \$0 | n/a | \$36,840 | 100.0 | \$1,401,188 | 3703.4 |
| Total LTSS | \$1,613,815,045 | 2.9 | \$1,791,944,103 | 11.0 | \$2,015,334,082 | 12.5 | \$2,132,216,813 | 5.8 | \$2,148,577,409 | 0.8 |
| Total Institutional LTSS | \$1,201,151,543 | -0.2 | \$1,263,764,571 | 5.2 | \$1,329,426,714 | 5.2 | \$1,345,306,549 | 1.2 | \$1,376,604,523 | 2.3 |
| Total HCBS | \$412,663,502 | 13.0 | \$528,179,532 | 28.0 | \$685,907,368 | 29.9 | \$786,910,264 | 14.7 | \$771,972,886 | -1.9 |
| Total Medicaid (all services) | \$4,865,369,904 | -11.1 | \$5,048,025,409 | 3.8 | \$6,106,440,366 | 21.0 | \$6,640,908,226 | 8.8 | \$6,956,133,406 | 4.7 |

| Percentages | FY 2006 | FY 2007 | FY 2008 | FY 2009 | FY 2010 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 33.2% | 35.5% | 33.0% | 32.1% | 30.9% |
| Percentage of LTSS that is HCBS | 25.6% | 29.5% | 34.0% | 36.9% | 35.9% |
| Percentage of LTSS that is HCBS - AD | 15.8% | 23.5% | 29.9% | 32.4% | 30.4% |
| Percentage of LTSS that is HCBS - DD | 15.9% | 40.3% | 42.9% | 46.7% | 46.5% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 1.1% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data. Starting in 2008, managed care data are included for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities. "n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included for several categories of service until 2009. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

For data before 2009, prior period adjustments were included for the following categories of service: nursing home, personal care, Section 1915(c) waivers, PACE, ICF/IID, and mental health facilities (including DSH).

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Louisiana reported some FY 2006 1915(c) waiver expenditures under an 1115 waiver for Hurricane Katrina evacuees. These expenditures are included in the table as expenditures for other populations.

Table 20G. Long Term Services and Support Expenditures for Louisiana, 2011 – 2014

| Service Type | FY 2011 | Percent Change 10-11 | FY 2012 | Percent Change 11-12 | FY 2013 | Percent Change 12-13 | FY 2014 | Percent Change 13-14 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$1,188,530,512 | 6.5 | \$1,229,814,971 | 3.5 | \$1,321,242,705 | 7.4 | \$1,275,213,118 | -3.5 |
| Nursing facilities | \$834,070,761 | 7.4 | \$861,056,823 | 3.2 | \$924,177,185 | 7.3 | \$883,287,599 | -4.4 |
| Personal care | \$186,636,809 | -18.0 | \$199,908,469 | 7.1 | \$235,896,183 | 18.0 | \$237,386,877 | 0.6 |
| 1915(c) waivers - AD | \$120,184,462 | 84.6 | \$122,449,247 | 1.9 | \$118,234,490 | -3.4 | \$114,640,334 | -3.0 |
| Home health | \$37,956,318 | -2.1 | \$35,233,001 | -7.2 | \$32,649,094 | -7.3 | \$29,559,848 | -9.5 |
| Community first choice | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$9,682,162 | 28.6 | \$11,167,431 | 15.3 | \$10,285,753 | -7.9 | \$10,338,460 | 0.5 |
| Private duty nursing | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with DD | \$851,282,723 | -3.5 | \$904,480,315 | 6.2 | \$872,347,720 | -3.6 | \$825,697,251 | -5.3 |
| ICF/IID - public | \$206,423,459 | -17.6 | \$236,493,204 | 14.6 | \$138,597,799 | -41.4 | \$130,230,961 | -6.0 |
| ICF/IID - private | \$230,395,169 | 3.9 | \$230,766,264 | 0.2 | \$276,692,143 | 19.9 | \$241,635,251 | -12.7 |
| 1915(c) waivers - DD | \$414,464,095 | 1.0 | \$437,220,847 | 5.5 | \$457,057,778 | 4.5 | \$453,831,039 | -0.7 |
| HCBS- managed care authorities - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with SMI or SED | \$86,800,386 | -32.7 | \$85,406,946 | -1.6 | \$117,877,941 | 38.0 | \$81,252,079 | -31.1 |
| Mental health facilities | \$17,940,225 | 0.8 | \$14,673,009 | -18.2 | \$2,384,208 | -83.8 | \$1,680,152 | -29.5 |
| Mental health facilities-DSH | \$67,302,986 | -38.7 | \$69,621,165 | 3.4 | \$114,778,866 | 64.9 | \$78,763,008 | -31.4 |
| Rehabilitative services | \$1,557,175 | 9.9 | \$1,112,772 | -28.5 | \$714,867 | -35.8 | \$804,324 | 12.5 |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$4,595 | 100.0 |
| Total-Other/Multiple Populations | \$25,743,753 | 22.6 | \$32,458,226 | 26.1 | \$95,266,993 | 193.5 | \$19,513,622 | -79.5 |
| Case management | \$21,315,070 | 8.8 | \$23,023,536 | 8.0 | \$15,568,083 | -32.4 | \$5,863,393 | -62.3 |
| 1915(c) waivers - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS- managed care authorities - other | \$0 | 0.0 | \$0 | 0.0 | \$70,635,791 | 100.0 | \$4,976,812 | -93.0 |
| Health homes | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| MFP demonstration | \$4,428,683 | 216.1 | \$9,434,690 | 113.0 | \$9,063,119 | -3.9 | \$8,673,417 | -4.3 |
| Total LTSS | \$2,152,357,374 | 0.2 | \$2,252,160,458 | 4.6 | \$2,406,735,359 | 6.9 | \$2,201,676,070 | -8.5 |
| Total Institutional LTSS | \$1,356,132,600 | -1.5 | \$1,412,610,465 | 4.2 | \$1,456,630,201 | 3.1 | \$1,335,596,971 | -8.3 |
| Total HCBS | \$796,224,774 | 3.1 | \$839,549,993 | 5.4 | \$950,105,158 | 13.2 | \$866,079,099 | -8.8 |
| Total Medicaid (all services) | \$6,996,957,146 | 0.6 | \$7,536,951,171 | 7.7 | \$7,056,656,086 | -6.4 | \$7,121,193,962 | 0.9 |

| Percentages | FY 2011 | FY 2012 | FY 2013 | FY 2014 |
|--|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 30.8% | 29.9% | 34.1% | 30.9% |
| Percentage of LTSS that is HCBS | 37.0% | 37.3% | 39.5% | 39.3% |
| Percentage of LTSS that is HCBS - AD | 29.8% | 30.0% | 30.1% | 30.7% |
| Percentage of LTSS that is HCBS - DD | 48.7% | 48.3% | 52.4% | 55.0% |
| Percentage of LTSS that is HCBS - SMI or SED | 1.8% | 1.3% | 0.6% | 1.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Managed care data are included only for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care.

Institutional MLTSS – unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 21A. Long Term Services and Support Expenditures for Maine, 1981 – 1985

| Service Type | FY 1981 | FY 1982 | Percent Change 81-82 | FY 1983 | Percent Change 82-83 | FY 1984 | Percent Change 83-84 | FY 1985 | Percent Change 84-85 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$68,272,902 | \$73,711,090 | 8.0 | \$83,792,425 | 13.7 | \$90,946,457 | 8.5 | \$96,512,497 | 6.1 |
| Personal care | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$1,749,623 | \$2,263,137 | 29.3 | \$3,020,133 | 33.4 | \$4,056,160 | 34.3 | \$7,196,705 | 77.4 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$10,999,609 | \$15,699,455 | 42.7 | \$20,497,089 | 30.6 | \$24,334,853 | 18.7 | \$24,899,434 | 2.3 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$1,860,938 | \$2,323,579 | 24.9 | \$1,942,023 | -16.4 | \$1,819,093 | -6.3 | \$0 | -100.0 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | n/a | n/a | n/a | n/a | n/a | \$558,663 | n/a | \$2,575,916 | 361.1 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$82,883,072 | \$93,997,261 | 13.4 | \$109,251,670 | 16.2 | \$121,715,226 | 11.4 | \$131,184,552 | 7.8 |
| Total Institutional LTSS | \$81,133,449 | \$91,734,124 | 13.1 | \$106,231,537 | 15.8 | \$117,100,403 | 10.2 | \$121,411,931 | 3.7 |
| Total HCBS | \$1,749,623 | \$2,263,137 | 29.3 | \$3,020,133 | 33.4 | \$4,614,823 | 52.8 | \$9,772,621 | 111.8 |
| Total Medicaid (all services) | \$162,404,943 | \$180,495,757 | 11.1 | \$205,461,683 | 13.8 | \$216,579,309 | 5.4 | \$248,970,354 | 15.0 |

| Percentages | FY 1981 | FY 1982 | FY 1983 | FY 1984 | FY 1985 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 51.0% | 52.1% | 53.2% | 56.2% | 52.7% |
| Percentage of LTSS that is HCBS | 2.1% | 2.4% | 2.8% | 3.8% | 7.4% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data.

Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 21B. Long Term Services and Support Expenditures for Maine, 1986 – 1990

| Service Type | FY 1986 | Percent Change 85-86 | FY 1987 | Percent Change 86-87 | FY 1988 | Percent Change 87-88 | FY 1989 | Percent Change 88-89 | FY 1990 | Percent Change 89-90 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$98,704,526 | 2.3 | \$103,450,471 | 4.8 | \$116,968,236 | 13.1 | \$131,496,268 | 12.4 | \$157,966,463 | 20.1 |
| Personal care | \$541,281 | 100.0 | \$1,331,534 | 146.0 | \$1,612,063 | 21.1 | \$2,359,940 | 46.4 | \$2,339,876 | -0.9 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$5,724,260 | -20.5 | \$5,083,793 | -11.2 | \$5,278,325 | 3.8 | \$5,346,283 | 1.3 | \$5,931,622 | 10.9 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$27,507,099 | 10.5 | \$52,547,572 | 91.0 | \$30,613,278 | -41.7 | \$43,621,246 | 42.5 | \$55,997,137 | 28.4 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS- managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$0 | 0.0 | \$1,862,810 | 100.0 | \$7,810,423 | 319.3 | \$3,186,969 | -59.2 | \$5,606,304 | 75.9 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | \$5,632,171 | 118.6 | \$10,075,054 | 78.9 | \$12,961,968 | 28.7 | \$14,875,241 | 14.8 | \$18,904,015 | 27.1 |
| HCBS- managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$138,109,337 | 5.3 | \$174,351,234 | 26.2 | \$175,244,293 | 0.5 | \$200,885,947 | 14.6 | \$246,745,417 | 22.8 |
| Total Institutional LTSS | \$126,211,625 | 4.0 | \$157,860,853 | 25.1 | \$155,391,937 | -1.6 | \$178,304,483 | 14.7 | \$219,569,904 | 23.1 |
| Total HCBS | \$11,897,712 | 21.7 | \$16,490,381 | 38.6 | \$19,852,356 | 20.4 | \$22,581,464 | 13.7 | \$27,175,513 | 20.3 |
| Total Medicaid (all services) | \$261,554,933 | 5.1 | \$300,498,065 | 14.9 | \$329,093,804 | 9.5 | \$373,425,004 | 13.5 | \$437,833,360 | 17.2 |

| Percentages | FY 1986 | FY 1987 | FY 1988 | FY 1989 | FY 1990 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 52.8% | 58.0% | 53.3% | 53.8% | 56.4% |
| Percentage of LTSS that is HCBS | 8.6% | 9.5% | 11.3% | 11.2% | 11.0% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997. ICF/IID 1987 data were greater than 1986 and 1988 data for an unknown reason.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 21C. Long Term Services and Support Expenditures for Maine, 1991 – 1995

| Service Type | FY 1991 | Percent Change 90-91 | FY 1992 | Percent Change 91-92 | FY 1993 | Percent Change 92-93 | FY 1994 | Percent Change 93-94 | FY 1995 | Percent Change 94-95 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$260,873,143 | n/a |
| Nursing facilities | \$206,790,209 | 30.9 | \$229,641,238 | 11.1 | \$224,831,413 | -2.1 | \$238,140,545 | 5.9 | \$237,133,398 | -0.4 |
| Personal care | \$2,603,319 | 11.3 | \$3,190,888 | 22.6 | \$2,878,015 | -9.8 | \$2,586,026 | -10.1 | \$1,967,753 | -23.9 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$9,610,817 | n/a |
| Home health | \$6,687,509 | 12.7 | \$9,105,268 | 36.2 | \$9,862,030 | 8.3 | \$11,888,052 | 20.5 | \$12,161,175 | 2.3 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$94,583,205 | n/a |
| ICF/IID - public | \$55,092,680 | -1.6 | \$62,854,319 | 14.1 | \$59,821,344 | -4.8 | \$54,806,503 | -8.4 | \$52,096,117 | -4.9 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$42,487,088 | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$71,484,983 | n/a |
| Mental health facilities | \$7,077,164 | 26.2 | \$45,873,449 | 548.2 | \$14,732,362 | -67.9 | \$15,372,907 | 4.3 | \$27,459,055 | 78.6 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | \$42,865,094 | n/a | \$38,996,289 | -9.0 | \$44,025,928 | 12.9 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified/other | \$19,237,180 | 1.8 | \$25,345,754 | 31.8 | \$30,534,104 | 20.5 | \$40,770,726 | 33.5 | \$0 | n/a |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$297,488,061 | 20.6 | \$376,010,916 | 26.4 | \$385,524,362 | 2.5 | \$402,561,048 | 4.4 | \$426,941,331 | 6.1 |
| Total Institutional LTSS | \$268,960,053 | 22.5 | \$338,369,006 | 25.8 | \$342,250,213 | 1.1 | \$347,316,244 | 1.5 | \$360,714,498 | 3.9 |
| Total HCBS | \$28,528,008 | 5.0 | \$37,641,910 | 31.9 | \$43,274,149 | 15.0 | \$55,244,804 | 27.7 | \$66,226,833 | 19.9 |
| Total Medicaid (all services) | \$589,194,874 | 34.6 | \$748,367,865 | 27.0 | \$855,860,127 | 14.4 | \$931,876,190 | 8.9 | \$948,907,732 | 1.8 |

| Percentages | FY 1991 | FY 1992 | FY 1993 | FY 1994 | FY 1995 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 50.5% | 50.2% | 45.0% | 43.2% | 45.0% |
| Percentage of LTSS that is HCBS | 9.6% | 10.0% | 11.2% | 13.7% | 15.5% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | 9.1% |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | 44.9% |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included except for 1915(c) waivers for 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 21D. Long Term Services and Support Expenditures for Maine, 1996 – 2000

| Service Type | FY 1996 | Percent Change 95-96 | FY 1997 | Percent Change 96-97 | FY 1998 | Percent Change 97-98 | FY 1999 | Percent Change 98-99 | FY 2000 | Percent Change 99-00 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$240,710,642 | -7.7 | \$234,881,948 | -2.4 | \$227,198,500 | -3.3 | \$236,031,186 | 3.9 | \$240,751,070 | 2.0 |
| Nursing facilities | \$213,613,593 | -9.9 | \$202,091,396 | -5.4 | \$188,295,265 | -6.8 | \$190,062,253 | 0.9 | \$199,589,666 | 5.0 |
| Personal care | \$1,383,846 | -29.7 | \$2,442,360 | 76.5 | \$3,596,006 | 47.2 | \$4,267,616 | 18.7 | \$4,840,442 | 13.4 |
| 1915(c) waivers - AD | \$12,035,972 | 25.2 | \$16,236,806 | 34.9 | \$21,122,783 | 30.1 | \$26,961,642 | 27.6 | \$26,941,308 | -0.1 |
| Home health | \$13,677,231 | 12.5 | \$14,111,386 | 3.2 | \$14,184,446 | 0.5 | \$14,739,675 | 3.9 | \$9,379,654 | -36.4 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$101,782,992 | 7.6 | \$109,866,227 | 7.9 | \$117,391,794 | 6.8 | \$140,146,983 | 19.4 | \$149,417,293 | 6.6 |
| ICF/IID - public | \$49,475,852 | -5.0 | \$9,534,411 | -80.7 | \$8,632,315 | -9.5 | \$5,959,189 | -31.0 | \$4,070,144 | -31.7 |
| ICF/IID - private | n/a | n/a | \$36,013,789 | n/a | \$30,192,081 | -16.2 | \$34,763,703 | 15.1 | \$31,235,922 | -10.1 |
| 1915(c) waivers - DD | \$52,307,140 | 23.1 | \$64,318,027 | 23.0 | \$78,567,398 | 22.2 | \$99,424,091 | 26.5 | \$114,111,227 | 14.8 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$65,896,537 | -7.8 | \$85,365,775 | 29.5 | \$77,438,211 | -9.3 | \$69,957,152 | -9.7 | \$74,381,482 | 6.3 |
| Mental health facilities | \$15,733,871 | -42.7 | \$31,912,076 | 102.8 | \$32,616,891 | 2.2 | \$13,476,432 | -58.7 | \$26,328,179 | 95.4 |
| Mental health facilities-DSH | \$50,162,666 | 13.9 | \$53,453,699 | 6.6 | \$44,821,320 | -16.1 | \$56,480,720 | 26.0 | \$48,053,303 | -14.9 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$0 | 0.0 | \$28,969,949 | 100.0 | \$22,451,149 | -22.5 | \$36,186,483 | 61.2 | \$49,900,698 | 37.9 |
| Case management | n/a | n/a | \$28,969,949 | n/a | \$22,451,149 | -22.5 | \$36,186,483 | 61.2 | \$49,900,698 | 37.9 |
| 1915(c) waivers - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$408,390,171 | -4.3 | \$459,083,899 | 12.4 | \$444,479,654 | -3.2 | \$482,321,804 | 8.5 | \$514,450,543 | 6.7 |
| Total Institutional LTSS | \$328,985,982 | -8.8 | \$333,005,371 | 1.2 | \$304,557,872 | -8.5 | \$300,742,297 | -1.3 | \$309,277,214 | 2.8 |
| Total HCBS | \$79,404,189 | 19.9 | \$126,078,528 | 58.8 | \$139,921,782 | 11.0 | \$181,579,507 | 29.8 | \$205,173,329 | 13.0 |
| Total Medicaid (all services) | \$1,000,113,163 | 5.4 | \$1,090,325,858 | 9.0 | \$1,112,439,200 | 2.0 | \$1,178,850,262 | 6.0 | \$1,218,482,486 | 3.4 |

| Percentages | FY 1996 | FY 1997 | FY 1998 | FY 1999 | FY 2000 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 40.8% | 42.1% | 40.0% | 40.9% | 42.2% |
| Percentage of LTSS that is HCBS | 19.4% | 27.5% | 31.5% | 37.6% | 39.9% |
| Percentage of LTSS that is HCBS - AD | 11.3% | 14.0% | 17.1% | 19.5% | 17.1% |
| Percentage of LTSS that is HCBS - DD | 51.4% | 58.5% | 66.9% | 70.9% | 76.4% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included except for 1915(c) waivers. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 21E. Long Term Services and Support Expenditures for Maine, 2001 – 2005

| Service Type | FY 2001 | Percent Change 00-01 | FY 2002 | Percent Change 01-02 | FY 2003 | Percent Change 02-03 | FY 2004 | Percent Change 03-04 | FY 2005 | Percent Change 04-05 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$237,219,060 | -1.5 | \$232,943,957 | -1.8 | \$301,461,524 | 29.4 | \$321,039,800 | 6.5 | \$260,811,828 | -18.8 |
| Nursing facilities | \$201,391,806 | 0.9 | \$196,112,525 | -2.6 | \$237,008,261 | 20.9 | \$244,489,899 | 3.2 | \$200,084,164 | -18.2 |
| Personal care | \$5,321,475 | 9.9 | \$5,770,962 | 8.4 | \$32,276,121 | 459.3 | \$42,160,665 | 30.6 | \$34,682,234 | -17.7 |
| 1915(c) waivers - AD | \$23,883,544 | -11.3 | \$25,417,416 | 6.4 | \$25,915,353 | 2.0 | \$28,060,830 | 8.3 | \$21,340,839 | -23.9 |
| Home health | \$6,622,235 | -29.4 | \$5,643,054 | -14.8 | \$6,261,789 | 11.0 | \$6,328,406 | 1.1 | \$4,704,591 | -25.7 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$173,805,967 | 16.3 | \$205,869,803 | 18.4 | \$247,362,234 | 20.2 | \$257,778,498 | 4.2 | \$231,918,771 | -10.0 |
| ICF/IID - public | \$5,067,745 | 24.5 | \$5,817,137 | 14.8 | \$7,978,427 | 37.2 | \$4,231,039 | -47.0 | \$2,070,448 | -51.1 |
| ICF/IID - private | \$39,773,363 | 27.3 | \$44,552,974 | 12.0 | \$52,592,993 | 18.0 | \$56,563,252 | 7.5 | \$53,274,051 | -5.8 |
| 1915(c) waivers - DD | \$128,964,859 | 13.0 | \$155,499,692 | 20.6 | \$186,790,814 | 20.1 | \$196,984,207 | 5.5 | \$176,574,272 | -10.4 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$67,685,821 | -9.0 | \$87,716,083 | 29.6 | \$77,234,702 | -11.9 | \$89,125,324 | 15.4 | \$79,971,838 | -10.3 |
| Mental health facilities | \$18,525,801 | -29.6 | \$37,184,075 | 100.7 | \$34,478,721 | -7.3 | \$37,960,865 | 10.1 | \$29,675,138 | -21.8 |
| Mental health facilities-DSH | \$49,160,020 | 2.3 | \$50,532,008 | 2.8 | \$42,755,981 | -15.4 | \$51,164,459 | 19.7 | \$50,296,700 | -1.7 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$70,124,388 | 40.5 | \$74,306,003 | 6.0 | \$91,256,844 | 22.8 | \$93,681,538 | 2.7 | \$79,840,536 | -14.8 |
| Case management | \$70,124,388 | 40.5 | \$74,306,003 | 6.0 | \$91,256,844 | 22.8 | \$93,681,538 | 2.7 | \$79,840,536 | -14.8 |
| 1915(c) waivers - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$548,835,236 | 6.7 | \$600,835,846 | 9.5 | \$717,315,304 | 19.4 | \$761,625,160 | 6.2 | \$652,542,973 | -14.3 |
| Total Institutional LTSS | \$313,918,735 | 1.5 | \$334,198,719 | 6.5 | \$374,814,383 | 12.2 | \$394,409,514 | 5.2 | \$335,400,501 | -15.0 |
| Total HCBS | \$234,916,501 | 14.5 | \$266,637,127 | 13.5 | \$342,500,921 | 28.5 | \$367,215,646 | 7.2 | \$317,142,472 | -13.6 |
| Total Medicaid (all services) | \$1,349,675,068 | 10.8 | \$1,458,791,867 | 8.1 | \$1,791,855,631 | 22.8 | \$2,033,900,564 | 13.5 | \$2,243,607,374 | 10.3 |

| Percentages | FY 2001 | FY 2002 | FY 2003 | FY 2004 | FY 2005 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 40.7% | 41.2% | 40.0% | 37.4% | 29.1% |
| Percentage of LTSS that is HCBS | 42.8% | 44.4% | 47.7% | 48.2% | 48.6% |
| Percentage of LTSS that is HCBS - AD | 15.1% | 15.8% | 21.4% | 23.8% | 23.3% |
| Percentage of LTSS that is HCBS - DD | 74.2% | 75.5% | 75.5% | 76.4% | 76.1% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments were included starting in 1995 for Section 1915(c) waivers, in 2002 for nursing facilities, personal care, ICF/IID, and mental health facilities (including DSH); and in 2004 for PACE. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 21F. Long Term Services and Support Expenditures for Maine, 2006 – 2010

| Service Type | FY 2006 | Percent Change 05-06 | FY 2007 | Percent Change 06-07 | FY 2008 | Percent Change 07-08 | FY 2009 | Percent Change 08-09 | FY 2010 | Percent Change 09-10 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$316,708,232 | 21.4 | \$320,200,913 | 1.1 | \$334,853,758 | 4.6 | \$336,956,627 | 0.6 | \$346,061,614 | 2.7 |
| Nursing facilities | \$235,263,629 | 17.6 | \$236,780,717 | 0.6 | \$251,231,442 | 6.1 | \$254,477,465 | 1.3 | \$258,270,048 | 1.5 |
| Personal care | \$51,505,710 | 48.5 | \$45,049,656 | -12.5 | \$51,102,388 | 13.4 | \$51,377,268 | 0.5 | \$48,936,182 | -4.8 |
| 1915(c) waivers - AD | \$25,001,584 | 17.2 | \$33,890,632 | 35.6 | \$28,433,153 | -16.1 | \$26,719,706 | -6.0 | \$28,472,317 | 6.6 |
| Home health | \$4,937,309 | 4.9 | \$4,479,908 | -9.3 | \$4,086,775 | -8.8 | \$4,382,188 | 7.2 | \$3,896,640 | -11.1 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$6,486,427 | n/a |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with DD | \$307,999,540 | 32.8 | \$306,824,211 | -0.4 | \$368,839,959 | 20.2 | \$435,402,290 | 18.0 | \$368,805,110 | -15.3 |
| ICF/IID - public | \$6,314 | -99.7 | -\$44,328 | -802.1 | \$110,445 | -349.2 | \$67,238 | -39.1 | \$37,890 | -43.6 |
| ICF/IID - private | \$70,521,151 | 32.4 | \$71,707,953 | 1.7 | \$63,898,853 | -10.9 | \$65,145,567 | 2.0 | \$62,178,707 | -4.6 |
| 1915(c) waivers - DD | \$237,472,075 | 34.5 | \$235,160,586 | -1.0 | \$304,830,661 | 29.6 | \$370,189,485 | 21.4 | \$306,588,513 | -17.2 |
| HCBS - managed care authorities - DD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with SMI or SED | \$99,144,582 | 24.0 | \$96,188,279 | -3.0 | \$106,077,901 | 10.3 | \$103,957,810 | -2.0 | \$163,829,218 | 57.6 |
| Mental health facilities | \$47,256,620 | 59.2 | \$53,824,131 | 13.9 | \$57,890,172 | 7.6 | \$52,510,334 | -9.3 | \$50,494,396 | -3.8 |
| Mental health facilities-DSH | \$51,887,962 | 3.2 | \$42,364,148 | -18.4 | \$48,187,729 | 13.7 | \$51,447,476 | 6.8 | \$102,269,714 | 98.8 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$11,065,108 | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-Other/Multiple Populations | \$99,323,054 | 24.4 | \$85,209,550 | -14.2 | \$81,774,122 | -4.0 | \$84,554,398 | 3.4 | \$59,663,646 | -29.4 |
| Case management | \$99,323,054 | 24.4 | \$85,209,550 | -14.2 | \$81,774,122 | -4.0 | \$84,554,398 | 3.4 | \$59,663,646 | -29.4 |
| 1915(c) waivers - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - other | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| Total LTSS | \$823,175,408 | 26.1 | \$808,422,953 | -1.8 | \$891,545,740 | 10.3 | \$960,871,125 | 7.8 | \$938,359,588 | -2.3 |
| Total Institutional LTSS | \$404,935,676 | 20.7 | \$404,632,621 | -0.1 | \$421,318,641 | 4.1 | \$423,648,080 | 0.6 | \$473,250,755 | 11.7 |
| Total HCBS | \$418,239,732 | 31.9 | \$403,790,332 | -3.5 | \$470,227,099 | 16.5 | \$537,223,045 | 14.2 | \$465,108,833 | -13.4 |
| Total Medicaid (all services) | \$2,241,732,100 | -0.1 | \$2,108,018,146 | -6.0 | \$2,184,100,518 | 3.6 | \$2,587,764,446 | 18.5 | \$2,406,465,450 | -7.0 |

| Percentages | FY 2006 | FY 2007 | FY 2008 | FY 2009 | FY 2010 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 36.7% | 38.3% | 40.8% | 37.1% | 39.0% |
| Percentage of LTSS that is HCBS | 50.8% | 49.9% | 52.7% | 55.9% | 49.6% |
| Percentage of LTSS that is HCBS - AD | 25.7% | 26.1% | 25.0% | 24.5% | 25.4% |
| Percentage of LTSS that is HCBS - DD | 77.1% | 76.6% | 82.6% | 85.0% | 83.1% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 6.8% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data. Starting in 2008, managed care data are included for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities. "n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included for several categories of service until 2009. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

For data before 2009, prior period adjustments were included for the following categories of service: nursing home, personal care, Section 1915(c) waivers, PACE, ICF/IID, and mental health facilities (including DSH).

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 21G. Long Term Services and Support Expenditures for Maine, 2011 – 2014

| Service Type | FY 2011 | Percent Change 10-11 | FY 2012 | Percent Change 11-12 | FY 2013 | Percent Change 12-13 | FY 2014 | Percent Change 13-14 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$331,660,244 | -4.2 | \$332,812,101 | 0.3 | \$358,572,823 | 7.7 | \$384,176,737 | 7.1 |
| Nursing facilities | \$223,726,239 | -13.4 | \$225,590,083 | 0.8 | \$237,989,509 | 5.5 | \$258,418,797 | 8.6 |
| Personal care | \$64,891,670 | 32.6 | \$63,079,981 | -2.8 | \$73,280,918 | 16.2 | \$77,468,687 | 5.7 |
| 1915(c) waivers - AD | \$21,128,350 | -25.8 | \$25,861,552 | 22.4 | \$28,421,523 | 9.9 | \$29,616,730 | 4.2 |
| Home health | \$8,153,006 | 109.2 | \$7,928,878 | -2.7 | \$7,570,827 | -4.5 | \$5,636,703 | -25.5 |
| Community first choice | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Private duty nursing | \$13,760,979 | 112.2 | \$10,351,607 | -24.8 | \$11,310,046 | 9.3 | \$13,035,820 | 15.3 |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with DD | \$361,569,947 | -2.0 | \$389,660,628 | 7.8 | \$374,626,410 | -3.9 | \$402,617,570 | 7.5 |
| ICF/IID - public | \$1,408,777 | 3618.1 | \$1,722,234 | 22.3 | \$1,636,980 | -5.0 | \$1,501,011 | -8.3 |
| ICF/IID - private | \$68,038,793 | 9.4 | \$73,192,648 | 7.6 | \$72,565,516 | -0.9 | \$75,084,665 | 3.5 |
| 1915(c) waivers - DD | \$292,122,377 | -4.7 | \$314,745,746 | 7.7 | \$300,423,914 | -4.6 | \$326,031,894 | 8.5 |
| HCBS - managed care authorities - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with SMI or SED | \$118,647,801 | -27.6 | \$97,629,249 | -17.7 | \$112,149,471 | 14.9 | \$104,677,170 | -6.7 |
| Mental health facilities | \$56,407,214 | 11.7 | \$46,082,625 | -18.3 | \$62,036,076 | 34.6 | \$52,688,788 | -15.1 |
| Mental health facilities-DSH | \$51,536,880 | -49.6 | \$41,241,661 | -20.0 | \$37,489,437 | -9.1 | \$39,328,950 | 4.9 |
| Rehabilitative services | \$10,703,707 | -3.3 | \$10,304,963 | -3.7 | \$12,623,958 | 22.5 | \$12,659,432 | 0.3 |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-Other/Multiple Populations | \$55,069,144 | -7.7 | \$40,393,014 | -26.7 | \$45,217,392 | 11.9 | \$56,406,680 | 24.7 |
| Case management | \$55,069,144 | -7.7 | \$40,393,014 | -26.7 | \$42,264,639 | 4.6 | \$44,219,116 | 4.6 |
| 1915(c) waivers - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | \$0 | n/a | \$2,885,832 | 100.0 | \$9,749,329 | 237.8 |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| MFP demonstration | \$0 | 0.0 | \$0 | 0.0 | \$66,921 | 100.0 | \$2,438,235 | 3543.5 |
| Total LTSS | \$866,947,136 | -7.6 | \$860,494,992 | -0.7 | \$890,566,096 | 3.5 | \$947,878,157 | 6.4 |
| Total Institutional LTSS | \$401,117,903 | -15.2 | \$387,829,251 | -3.3 | \$411,717,518 | 6.2 | \$427,022,211 | 3.7 |
| Total HCBS | \$465,829,233 | 0.2 | \$472,665,741 | 1.5 | \$478,848,578 | 1.3 | \$520,855,946 | 8.8 |
| Total Medicaid (all services) | \$2,434,054,928 | 1.1 | \$2,343,000,583 | -3.7 | \$2,889,594,790 | 23.3 | \$2,466,101,031 | -14.7 |

| Percentages | FY 2011 | FY 2012 | FY 2013 | FY 2014 |
|--|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 35.6% | 36.7% | 30.8% | 38.4% |
| Percentage of LTSS that is HCBS | 53.7% | 54.9% | 53.8% | 55.0% |
| Percentage of LTSS that is HCBS - AD | 32.5% | 32.2% | 33.6% | 32.7% |
| Percentage of LTSS that is HCBS - DD | 80.8% | 80.8% | 80.2% | 81.0% |
| Percentage of LTSS that is HCBS - SMI or SED | 9.0% | 10.6% | 11.3% | 12.1% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Managed care data are included only for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care.

Institutional MLTSS – unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 22A. Long Term Services and Support Expenditures for Maryland, 1981 – 1985

| Service Type | FY 1981 | FY 1982 | Percent Change 81-82 | FY 1983 | Percent Change 82-83 | FY 1984 | Percent Change 83-84 | FY 1985 | Percent Change 84-85 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$131,327,806 | \$145,661,892 | 10.9 | \$159,498,808 | 9.5 | \$177,787,354 | 11.5 | \$182,011,073 | 2.4 |
| Personal care | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$4,385,900 | n/a |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$1,278,440 | \$1,850,080 | 44.7 | \$1,784,154 | -3.6 | \$1,985,315 | 11.3 | \$2,887,358 | 45.4 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$48,196,902 | \$53,169,976 | 10.3 | \$55,430,112 | 4.3 | \$60,649,932 | 9.4 | \$38,512,310 | -36.5 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$24,640,826 | \$25,339,482 | 2.8 | \$15,689,356 | -38.1 | \$23,043,411 | 46.9 | \$14,944,782 | -35.1 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$6,846,445 | 100.0 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$205,443,974 | \$226,021,430 | 10.0 | \$232,402,430 | 2.8 | \$263,466,012 | 13.4 | \$249,587,868 | -5.3 |
| Total Institutional LTSS | \$204,165,534 | \$224,171,350 | 9.8 | \$230,618,276 | 2.9 | \$261,480,697 | 13.4 | \$235,468,165 | -9.9 |
| Total HCBS | \$1,278,440 | \$1,850,080 | 44.7 | \$1,784,154 | -3.6 | \$1,985,315 | 11.3 | \$14,119,703 | 611.2 |
| Total Medicaid (all services) | \$482,544,042 | \$493,488,468 | 2.3 | \$564,083,684 | 14.3 | \$612,939,677 | 8.7 | \$618,406,912 | 0.9 |

| Percentages | FY 1981 | FY 1982 | FY 1983 | FY 1984 | FY 1985 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 42.6% | 45.8% | 41.2% | 43.0% | 40.4% |
| Percentage of LTSS that is HCBS | 0.6% | 0.8% | 0.8% | 0.8% | 5.7% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data.

Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 22B. Long Term Services and Support Expenditures for Maryland, 1986 – 1990

| Service Type | FY 1986 | Percent Change 85-86 | FY 1987 | Percent Change 86-87 | FY 1988 | Percent Change 87-88 | FY 1989 | Percent Change 88-89 | FY 1990 | Percent Change 89-90 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$241,284,036 | 32.6 | \$229,194,969 | -5.0 | \$250,949,944 | 9.5 | \$260,407,688 | 3.8 | \$294,283,697 | 13.0 |
| Personal care | \$5,849,375 | 33.4 | \$8,076,492 | 38.1 | \$10,999,794 | 36.2 | \$13,582,573 | 23.5 | \$15,173,412 | 11.7 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$4,452,913 | 54.2 | \$3,628,904 | -18.5 | \$5,113,076 | 40.9 | \$5,025,666 | -1.7 | \$5,819,482 | 15.8 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$69,277,496 | 79.9 | \$128,819,548 | 85.9 | \$83,621,494 | -35.1 | \$72,556,038 | -13.2 | \$71,061,402 | -2.1 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$20,103,428 | 34.5 | \$20,051,303 | -0.3 | \$18,852,996 | -6.0 | \$8,638,453 | -54.2 | \$11,017,425 | 27.5 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | \$1,609,125 | -76.5 | \$18,698,782 | 1062.0 | \$23,578,920 | 26.1 | \$30,894,207 | 31.0 | \$40,161,079 | 30.0 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$342,576,373 | 37.3 | \$408,469,998 | 19.2 | \$393,116,224 | -3.8 | \$391,104,625 | -0.5 | \$437,516,497 | 11.9 |
| Total Institutional LTSS | \$330,664,960 | 40.4 | \$378,065,820 | 14.3 | \$353,424,434 | -6.5 | \$341,602,179 | -3.3 | \$376,362,524 | 10.2 |
| Total HCBS | \$11,911,413 | -15.6 | \$30,404,178 | 155.3 | \$39,691,790 | 30.5 | \$49,502,446 | 24.7 | \$61,153,973 | 23.5 |
| Total Medicaid (all services) | \$760,522,630 | 23.0 | \$809,708,193 | 6.5 | \$918,698,329 | 13.5 | \$1,015,383,827 | 10.5 | \$1,181,625,884 | 16.4 |

| Percentages | FY 1986 | FY 1987 | FY 1988 | FY 1989 | FY 1990 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 45.0% | 50.4% | 42.8% | 38.5% | 37.0% |
| Percentage of LTSS that is HCBS | 3.5% | 7.4% | 10.1% | 12.7% | 14.0% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997. ICF/IID 1987 data were greater than 1986 and 1988 data for an unknown reason.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 22C. Long Term Services and Support Expenditures for Maryland, 1991 – 1995

| Service Type | FY 1991 | Percent Change 90-91 | FY 1992 | Percent Change 91-92 | FY 1993 | Percent Change 92-93 | FY 1994 | Percent Change 93-94 | FY 1995 | Percent Change 94-95 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$554,400,916 | n/a |
| Nursing facilities | \$358,818,273 | 21.9 | \$384,272,870 | 7.1 | \$401,129,505 | 4.4 | \$420,253,304 | 4.8 | \$460,120,948 | 9.5 |
| Personal care | \$14,377,085 | -5.2 | \$20,367,469 | 41.7 | \$19,425,047 | -4.6 | \$20,237,486 | 4.2 | \$22,358,540 | 10.5 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$3,152,933 | n/a |
| Home health | \$6,757,928 | 16.1 | \$17,960,395 | 165.8 | \$33,109,766 | 84.3 | \$52,942,264 | 59.9 | \$68,768,495 | 29.9 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$179,792,143 | n/a |
| ICF/IID - public | \$62,726,424 | -11.7 | \$65,023,118 | 3.7 | \$60,767,020 | -6.5 | \$59,588,868 | -1.9 | \$78,713,368 | 32.1 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$101,078,775 | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$131,387,046 | n/a |
| Mental health facilities | \$9,409,137 | -14.6 | \$55,956,141 | 494.7 | \$11,290,035 | -79.8 | \$10,986,212 | -2.7 | \$10,513,515 | -4.3 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | \$54,950,311 | n/a | \$111,896,241 | 103.6 | \$120,873,531 | 8.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified/other | \$37,058,370 | -7.7 | \$82,610,009 | 122.9 | \$77,778,746 | -5.8 | \$107,981,126 | 38.8 | \$0 | n/a |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$489,147,217 | 11.8 | \$626,190,002 | 28.0 | \$658,450,430 | 5.2 | \$783,885,501 | 19.1 | \$865,580,105 | 10.4 |
| Total Institutional LTSS | \$430,953,834 | 14.5 | \$505,252,129 | 17.2 | \$528,136,871 | 4.5 | \$602,724,625 | 14.1 | \$670,221,362 | 11.2 |
| Total HCBS | \$58,193,383 | -4.8 | \$120,937,873 | 107.8 | \$130,313,559 | 7.8 | \$181,160,876 | 39.0 | \$195,358,743 | 7.8 |
| Total Medicaid (all services) | \$1,434,484,140 | 21.4 | \$1,890,384,773 | 31.8 | \$1,960,418,823 | 3.7 | \$2,246,335,064 | 14.6 | \$2,465,292,838 | 9.7 |

| Percentages | FY 1991 | FY 1992 | FY 1993 | FY 1994 | FY 1995 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 34.1% | 33.1% | 33.6% | 34.9% | 35.1% |
| Percentage of LTSS that is HCBS | 11.9% | 19.3% | 19.8% | 23.1% | 22.6% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | 17.0% |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | 56.2% |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included except for 1915(c) waivers for 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 22D. Long Term Services and Support Expenditures for Maryland, 1996 – 2000

| Service Type | FY 1996 | Percent Change 95-96 | FY 1997 | Percent Change 96-97 | FY 1998 | Percent Change 97-98 | FY 1999 | Percent Change 98-99 | FY 2000 | Percent Change 99-00 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$465,298,086 | -16.1 | \$607,965,180 | 30.7 | \$635,639,276 | 4.6 | \$646,367,526 | 1.7 | \$714,097,661 | 10.5 |
| Nursing facilities | \$389,627,938 | -15.3 | \$522,229,000 | 34.0 | \$558,998,512 | 7.0 | \$565,245,306 | 1.1 | \$625,442,737 | 10.6 |
| Personal care | \$22,494,315 | 0.6 | \$24,479,860 | 8.8 | \$24,051,519 | -1.7 | \$28,749,241 | 19.5 | \$30,288,624 | 5.4 |
| 1915(c) waivers - AD | \$2,312,964 | -26.6 | \$411,021 | -82.2 | \$462,413 | 12.5 | \$661,219 | 43.0 | \$1,201,710 | 81.7 |
| Home health | \$50,862,869 | -26.0 | \$60,845,299 | 19.6 | \$52,126,832 | -14.3 | \$51,711,760 | -0.8 | \$57,164,590 | 10.5 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$206,419,953 | 14.8 | \$207,156,839 | 0.4 | \$207,923,859 | 0.4 | \$192,908,980 | -7.2 | \$226,621,235 | 17.5 |
| ICF/IID - public | \$63,594,028 | -19.2 | \$63,699,255 | 0.2 | \$55,636,274 | -12.7 | \$53,700,958 | -3.5 | \$58,820,123 | 9.5 |
| ICF/IID - private | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - DD | \$142,825,925 | 41.3 | \$143,457,584 | 0.4 | \$152,287,585 | 6.2 | \$139,208,022 | -8.6 | \$167,801,112 | 20.5 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$205,267,839 | 56.2 | \$264,615,027 | 28.9 | \$196,598,340 | -25.7 | \$260,586,013 | 32.5 | \$260,178,596 | -0.2 |
| Mental health facilities | \$97,539,842 | 827.8 | \$142,088,366 | 45.7 | \$80,446,767 | -43.4 | \$142,330,986 | 76.9 | \$145,368,705 | 2.1 |
| Mental health facilities-DSH | \$107,727,997 | -10.9 | \$122,526,661 | 13.7 | \$116,151,573 | -5.2 | \$118,255,027 | 1.8 | \$114,809,891 | -2.9 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$0 | 0.0 | \$2,940,720 | 100.0 | \$3,134,825 | 6.6 | \$3,041,906 | -3.0 | \$3,005,767 | -1.2 |
| Case management | n/a | n/a | \$237,588 | n/a | \$549,302 | 131.2 | \$513,256 | -6.6 | \$478,889 | -6.7 |
| 1915(c) waivers - other | \$0 | 0.0 | \$2,703,132 | 100.0 | \$2,585,523 | -4.4 | \$2,528,650 | -2.2 | \$2,526,878 | -0.1 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$876,985,878 | 1.3 | \$1,082,677,766 | 23.5 | \$1,043,296,300 | -3.6 | \$1,102,904,425 | 5.7 | \$1,203,903,259 | 9.2 |
| Total Institutional LTSS | \$658,489,805 | -1.8 | \$850,543,282 | 29.2 | \$811,233,126 | -4.6 | \$879,532,277 | 8.4 | \$944,441,456 | 7.4 |
| Total HCBS | \$218,496,073 | 11.8 | \$232,134,484 | 6.2 | \$232,063,174 | 0.0 | \$223,372,148 | -3.7 | \$259,461,803 | 16.2 |
| Total Medicaid (all services) | \$2,449,079,578 | -0.7 | \$2,706,411,626 | 10.5 | \$2,667,321,119 | -1.4 | \$3,014,952,844 | 13.0 | \$3,145,441,078 | 4.3 |

| Percentages | FY 1996 | FY 1997 | FY 1998 | FY 1999 | FY 2000 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 35.8% | 40.0% | 39.1% | 36.6% | 38.3% |
| Percentage of LTSS that is HCBS | 24.9% | 21.4% | 22.2% | 20.3% | 21.6% |
| Percentage of LTSS that is HCBS - AD | 16.3% | 14.1% | 12.1% | 12.6% | 12.4% |
| Percentage of LTSS that is HCBS - DD | 69.2% | 69.3% | 73.2% | 72.2% | 74.0% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included except for 1915(c) waivers. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 22E. Long Term Services and Support Expenditures for Maryland, 2001 – 2005

| Service Type | FY 2001 | Percent Change 00-01 | FY 2002 | Percent Change 01-02 | FY 2003 | Percent Change 02-03 | FY 2004 | Percent Change 03-04 | FY 2005 | Percent Change 04-05 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$793,500,699 | 11.1 | \$893,231,924 | 12.6 | \$988,943,619 | 10.7 | \$1,078,672,959 | 9.1 | \$1,079,799,868 | 0.1 |
| Nursing facilities | \$696,734,874 | 11.4 | \$762,211,298 | 9.4 | \$803,847,160 | 5.5 | \$863,557,083 | 7.4 | \$891,097,477 | 3.2 |
| Personal care | \$30,572,330 | 0.9 | \$32,892,978 | 7.6 | \$30,087,847 | -8.5 | \$30,363,790 | 0.9 | \$32,339,367 | 6.5 |
| 1915(c) waivers - AD | \$5,231,068 | 335.3 | \$14,901,636 | 184.9 | \$52,003,297 | 249.0 | \$70,741,465 | 36.0 | \$53,787,888 | -24.0 |
| Home health | \$60,962,427 | 6.6 | \$83,226,012 | 36.5 | \$103,005,315 | 23.8 | \$114,010,621 | 10.7 | \$102,575,136 | -10.0 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$265,427,610 | 17.1 | \$258,839,970 | -2.5 | \$492,215,689 | 90.2 | \$405,100,003 | -17.7 | \$421,866,261 | 4.1 |
| ICF/IID - public | \$58,419,284 | -0.7 | \$61,628,216 | 5.5 | \$57,640,025 | -6.5 | \$60,271,964 | 4.6 | \$63,962,424 | 6.1 |
| ICF/IID - private | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - DD | \$207,008,326 | 23.4 | \$197,211,754 | -4.7 | \$434,575,664 | 120.4 | \$344,828,039 | -20.7 | \$357,903,837 | 3.8 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$174,747,298 | -32.8 | \$198,606,653 | 13.7 | \$198,908,047 | 0.2 | \$229,645,917 | 15.5 | \$208,268,651 | -9.3 |
| Mental health facilities | \$143,303,536 | -1.4 | \$140,838,749 | -1.7 | \$158,044,147 | 12.2 | \$182,243,793 | 15.3 | \$160,866,528 | -11.7 |
| Mental health facilities-DSH | \$31,443,762 | -72.6 | \$57,767,904 | 83.7 | \$40,863,900 | -29.3 | \$47,402,124 | 16.0 | \$47,402,123 | 0.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$2,629,684 | -12.5 | \$3,095,901 | 17.7 | \$2,495,742 | -19.4 | \$1,978,411 | -20.7 | \$1,289,806 | -34.8 |
| Case management | \$417,289 | -12.9 | \$948,271 | 127.2 | \$406,749 | -57.1 | \$425,764 | 4.7 | \$373,920 | -12.2 |
| 1915(c) waivers - other | \$2,212,395 | -12.4 | \$2,147,630 | -2.9 | \$2,088,993 | -2.7 | \$1,552,647 | -25.7 | \$915,886 | -41.0 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$1,236,305,291 | 2.7 | \$1,353,774,448 | 9.5 | \$1,682,563,097 | 24.3 | \$1,715,397,290 | 2.0 | \$1,711,224,586 | -0.2 |
| Total Institutional LTSS | \$929,901,456 | -1.5 | \$1,022,446,167 | 10.0 | \$1,060,395,232 | 3.7 | \$1,153,474,964 | 8.8 | \$1,163,328,552 | 0.9 |
| Total HCBS | \$306,403,835 | 18.1 | \$331,328,281 | 8.1 | \$622,167,865 | 87.8 | \$561,922,326 | -9.7 | \$547,896,034 | -2.5 |
| Total Medicaid (all services) | \$3,311,047,378 | 5.3 | \$3,670,607,026 | 10.9 | \$4,489,393,011 | 22.3 | \$4,730,364,533 | 5.4 | \$4,837,116,521 | 2.3 |

| Percentages | FY 2001 | FY 2002 | FY 2003 | FY 2004 | FY 2005 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 37.3% | 36.9% | 37.5% | 36.3% | 35.4% |
| Percentage of LTSS that is HCBS | 24.8% | 24.5% | 37.0% | 32.8% | 32.0% |
| Percentage of LTSS that is HCBS - AD | 12.2% | 14.7% | 18.7% | 19.9% | 17.5% |
| Percentage of LTSS that is HCBS - DD | 78.0% | 76.2% | 88.3% | 85.1% | 84.8% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments were included starting in 1995 for Section 1915(c) waivers, in 2002 for nursing facilities, personal care, ICF/IID, and mental health facilities (including DSH); and in 2004 for PACE. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 22F. Long Term Services and Support Expenditures for Maryland, 2006 – 2010

| Service Type | FY 2006 | Percent Change 05-06 | FY 2007 | Percent Change 06-07 | FY 2008 | Percent Change 07-08 | FY 2009 | Percent Change 08-09 | FY 2010 | Percent Change 09-10 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$1,120,516,137 | 3.8 | \$1,143,431,355 | 2.0 | \$1,197,874,044 | 4.8 | \$1,250,864,004 | 4.4 | \$1,339,635,791 | 7.1 |
| Nursing facilities | \$934,684,240 | 4.9 | \$963,252,444 | 3.1 | \$1,007,471,304 | 4.6 | \$1,064,349,527 | 5.6 | \$1,066,898,890 | 0.2 |
| Personal care | \$30,803,103 | -4.8 | \$32,046,324 | 4.0 | \$33,257,781 | 3.8 | \$35,065,822 | 5.4 | \$36,723,504 | 4.7 |
| 1915(c) waivers - AD | \$89,857,365 | 67.1 | \$90,671,081 | 0.9 | \$97,980,877 | 8.1 | \$112,563,002 | 14.9 | \$135,694,582 | 20.5 |
| Home health | \$65,171,429 | -36.5 | \$57,454,628 | -11.8 | \$59,164,082 | 3.0 | \$38,889,346 | -34.3 | \$2,495,902 | -93.6 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$0 | 0.0 | \$6,878 | 100.0 | \$0 | -100.0 | -\$3,693 | 100.0 | \$5,890,694 | -159609.7 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$91,932,219 | n/a |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with DD | \$557,889,623 | 32.2 | \$595,388,959 | 6.7 | \$592,352,335 | -0.5 | \$639,579,330 | 8.0 | \$720,966,899 | 12.7 |
| ICF/IID - public | \$65,576,833 | 2.5 | \$68,465,522 | 4.4 | \$65,317,130 | -4.6 | \$44,689,214 | -31.6 | \$1,443 | -100.0 |
| ICF/IID - private | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - DD | \$492,312,790 | 37.6 | \$526,923,437 | 7.0 | \$527,035,205 | 0.0 | \$594,890,116 | 12.9 | \$720,965,456 | 21.2 |
| HCBS - managed care authorities - DD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with SMI or SED | \$215,523,620 | 3.5 | \$236,402,670 | 9.7 | \$239,883,135 | 1.5 | \$242,930,191 | 1.3 | \$427,937,708 | 76.2 |
| Mental health facilities | \$168,121,496 | 4.5 | \$189,000,546 | 12.4 | \$192,481,011 | 1.8 | \$192,382,415 | -0.1 | \$92,362,474 | -52.0 |
| Mental health facilities-DSH | \$47,402,124 | 0.0 | \$47,402,124 | 0.0 | \$47,402,124 | 0.0 | \$50,547,776 | 6.6 | \$51,993,138 | 2.9 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$283,582,096 | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-Other/Multiple Populations | \$2,093,299 | 62.3 | \$2,024,452 | -3.3 | \$3,048,762 | 50.6 | \$14,647,877 | 380.5 | \$36,276,005 | 147.7 |
| Case management | \$495,778 | 32.6 | \$358,861 | -27.6 | \$343,469 | -4.3 | \$366,648 | 6.7 | \$9,473,469 | 2483.8 |
| 1915(c) waivers - other | \$1,597,521 | 74.4 | \$1,665,591 | 4.3 | \$2,689,453 | 61.5 | \$3,084,299 | 14.7 | \$3,180,431 | 3.1 |
| HCBS - managed care authorities - other | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | \$15,840 | n/a | \$11,196,930 | 70587.7 | \$23,622,105 | 111.0 |
| Total LTSS | \$1,896,022,679 | 10.8 | \$1,977,247,436 | 4.3 | \$2,033,158,276 | 2.8 | \$2,148,021,402 | 5.6 | \$2,524,816,403 | 17.5 |
| Total Institutional LTSS | \$1,215,784,693 | 4.5 | \$1,268,120,636 | 4.3 | \$1,312,671,569 | 3.5 | \$1,351,968,932 | 3.0 | \$1,211,255,945 | -10.4 |
| Total HCBS | \$680,237,986 | 24.2 | \$709,126,800 | 4.2 | \$720,486,707 | 1.6 | \$796,052,470 | 10.5 | \$1,313,560,458 | 65.0 |
| Total Medicaid (all services) | \$5,307,637,298 | 9.7 | \$5,543,718,067 | 4.4 | \$5,737,026,481 | 3.5 | \$6,455,487,729 | 12.5 | \$7,235,697,725 | 12.1 |

| Percentages | FY 2006 | FY 2007 | FY 2008 | FY 2009 | FY 2010 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 35.7% | 35.7% | 35.4% | 33.3% | 34.9% |
| Percentage of LTSS that is HCBS | 35.9% | 35.9% | 35.4% | 37.1% | 52.0% |
| Percentage of LTSS that is HCBS - AD | 16.6% | 15.8% | 15.9% | 14.9% | 20.4% |
| Percentage of LTSS that is HCBS - DD | 88.2% | 88.5% | 89.0% | 93.0% | 100.0% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 66.3% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data. Starting in 2008, managed care data are included for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities. "n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included for several categories of service until 2009. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

For data before 2009, prior period adjustments were included for the following categories of service: nursing home, personal care, Section 1915(c) waivers, PACE, ICF/IID, and mental health facilities (including DSH).

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS – unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Maryland home health data decreased significantly in 2010, offset by private duty nursing expenditures. The state may have reported private duty nursing spending under home health before 2010.

Table 22G. Long Term Services and Support Expenditures for Maryland, 2011 – 2014

| Service Type | FY 2011 | Percent Change 10-11 | FY 2012 | Percent Change 11-12 | FY 2013 | Percent Change 12-13 | FY 2014 | Percent Change 13-14 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$1,410,421,616 | 5.3 | \$1,491,970,950 | 5.8 | \$1,514,751,601 | 1.5 | \$1,559,056,666 | 2.9 |
| Nursing facilities | \$1,080,290,376 | 1.3 | \$1,145,380,412 | 6.0 | \$1,142,712,350 | -0.2 | \$1,160,016,898 | 1.5 |
| Personal care | \$40,926,685 | 11.4 | \$41,623,551 | 1.7 | \$41,288,939 | -0.8 | \$45,603,620 | 10.4 |
| 1915(c) waivers - AD | \$189,131,451 | 39.4 | \$207,217,338 | 9.6 | \$228,349,908 | 10.2 | \$153,708,185 | -32.7 |
| Home health | \$2,973,339 | 19.1 | \$2,967,282 | -0.2 | \$2,964,587 | -0.1 | \$3,004,117 | 1.3 |
| Community first choice | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$94,140,240 | 100.0 |
| HCBS - managed care authorities - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$6,345,321 | 7.7 | \$6,126,115 | -3.5 | \$6,101,805 | -0.4 | \$5,973,026 | -2.1 |
| Private duty nursing | \$90,754,444 | -1.3 | \$88,656,252 | -2.3 | \$93,334,012 | 5.3 | \$96,610,580 | 3.5 |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with DD | \$660,696,657 | -8.4 | \$726,078,089 | 9.9 | \$764,096,450 | 5.2 | \$809,356,463 | 5.9 |
| ICF/IID - public | \$1,416,633 | 98072.8 | \$123,036 | -91.3 | \$59,375 | -51.7 | \$10,653,445 | 17842.6 |
| ICF/IID - private | \$36,966 | 100.0 | \$0 | -100.0 | -\$1,779 | 100.0 | \$0 | -100.0 |
| 1915(c) waivers - DD | \$659,243,058 | -8.6 | \$725,955,053 | 10.1 | \$764,038,854 | 5.2 | \$798,703,018 | 4.5 |
| HCBS - managed care authorities - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with SMI or SED | \$508,316,978 | 18.8 | \$491,055,711 | -3.4 | \$457,010,330 | -6.9 | \$568,346,661 | 24.4 |
| Mental health facilities | \$134,369,184 | 45.5 | \$106,012,736 | -21.1 | \$95,849,912 | -9.6 | \$98,963,673 | 3.2 |
| Mental health facilities-DSH | \$50,329,110 | -3.2 | \$51,637,668 | 2.6 | \$51,537,009 | -0.2 | \$53,670,127 | 4.1 |
| Rehabilitative services | \$323,618,684 | 14.1 | \$333,405,307 | 3.0 | \$309,623,409 | -7.1 | \$415,712,861 | 34.3 |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-Other/Multiple Populations | \$31,867,533 | -12.2 | \$38,236,973 | 20.0 | \$32,381,036 | -15.3 | \$39,235,976 | 21.2 |
| Case management | \$7,993,241 | -15.6 | \$8,235,204 | 3.0 | \$8,082,428 | -1.9 | \$12,708,474 | 57.2 |
| 1915(c) waivers - other | \$5,980,457 | 88.0 | \$8,828,269 | 47.6 | \$7,083,010 | -19.8 | \$7,950,480 | 12.2 |
| HCBS - managed care authorities - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$708,722 | 100.0 |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| MFP demonstration | \$17,893,835 | -24.2 | \$21,173,500 | 18.3 | \$17,215,598 | -18.7 | \$17,868,300 | 3.8 |
| Total LTSS | \$2,611,302,784 | 3.4 | \$2,747,341,723 | 5.2 | \$2,768,239,417 | 0.8 | \$2,975,995,766 | 7.5 |
| Total Institutional LTSS | \$1,266,442,269 | 4.6 | \$1,303,153,852 | 2.9 | \$1,290,156,867 | -1.0 | \$1,323,304,143 | 2.6 |
| Total HCBS | \$1,344,860,515 | 2.4 | \$1,444,187,871 | 7.4 | \$1,478,082,550 | 2.3 | \$1,652,691,623 | 11.8 |
| Total Medicaid (all services) | \$7,657,757,278 | 5.8 | \$7,620,280,566 | -0.5 | \$7,799,121,536 | 2.3 | \$9,340,433,171 | 19.8 |

| Percentages | FY 2011 | FY 2012 | FY 2013 | FY 2014 |
|--|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 34.1% | 36.1% | 35.5% | 31.9% |
| Percentage of LTSS that is HCBS | 51.5% | 52.6% | 53.4% | 55.5% |
| Percentage of LTSS that is HCBS - AD | 23.4% | 23.2% | 24.6% | 25.6% |
| Percentage of LTSS that is HCBS - DD | 99.8% | 100.0% | 100.0% | 98.7% |
| Percentage of LTSS that is HCBS - SMI or SED | 63.7% | 67.9% | 67.8% | 73.1% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Managed care data are included only for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care.

Institutional MLTSS – unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Maryland has a health homes program targeting people with SMI/SED, but this program is not listed as part of services for people with SMI/SED. All health homes expenditures data in this report are presented within services for other or multiple populations.

Table 23A. Long Term Services and Support Expenditures for Massachusetts, 1981 – 1985

| Service Type | FY 1981 | FY 1982 | Percent Change 81-82 | FY 1983 | Percent Change 82-83 | FY 1984 | Percent Change 83-84 | FY 1985 | Percent Change 84-85 |
|---|------------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$337,444,833 | \$364,652,203 | 8.1 | \$438,292,814 | 20.2 | \$450,759,332 | 2.8 | \$487,750,019 | 8.2 |
| Personal care | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$25,402,092 | n/a |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$13,442,943 | \$14,721,352 | 9.5 | \$17,862,593 | 21.3 | \$33,717,331 | 88.8 | \$18,824,914 | -44.2 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$116,478,750 | \$125,500,190 | 7.7 | \$150,040,640 | 19.6 | \$143,906,789 | -4.1 | \$197,811,027 | 37.5 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$24,284,868 | \$19,583,605 | -19.4 | \$21,845,668 | 11.6 | \$4,482,323 | -79.5 | \$3,258,151 | -27.3 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$277,778 | 100.0 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$491,651,394 | \$524,457,350 | 6.7 | \$628,041,715 | 19.8 | \$632,865,775 | 0.8 | \$733,323,981 | 15.9 |
| Total Institutional LTSS | \$478,208,451 | \$509,735,998 | 6.6 | \$610,179,122 | 19.7 | \$599,148,444 | -1.8 | \$688,819,197 | 15.0 |
| Total HCBS | \$13,442,943 | \$14,721,352 | 9.5 | \$17,862,593 | 21.3 | \$33,717,331 | 88.8 | \$44,504,784 | 32.0 |
| Total Medicaid (all services) | \$1,162,031,981 | \$1,241,171,953 | 6.8 | \$1,368,551,949 | 10.3 | \$1,395,039,130 | 1.9 | \$1,568,357,917 | 12.4 |

| Percentages | FY 1981 | FY 1982 | FY 1983 | FY 1984 | FY 1985 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 42.3% | 42.3% | 45.9% | 45.4% | 46.8% |
| Percentage of LTSS that is HCBS | 2.7% | 2.8% | 2.8% | 5.3% | 6.1% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data.

Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 23B. Long Term Services and Support Expenditures for Massachusetts, 1986 – 1990

| Service Type | FY 1986 | Percent Change 85-86 | FY 1987 | Percent Change 86-87 | FY 1988 | Percent Change 87-88 | FY 1989 | Percent Change 88-89 | FY 1990 | Percent Change 89-90 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$537,921,217 | 10.3 | \$562,713,077 | 4.6 | \$661,777,919 | 17.6 | \$818,535,101 | 23.7 | \$1,082,068,169 | 32.2 |
| Personal care | \$57,435,225 | 126.1 | \$66,298,580 | 15.4 | \$77,082,964 | 16.3 | \$101,635,610 | 31.9 | \$120,725,294 | 18.8 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$3,545,699 | -81.2 | \$4,136,690 | 16.7 | \$6,969,574 | 68.5 | \$6,511,533 | -6.6 | \$2,705,632 | -58.4 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$117,857,583 | -40.4 | \$284,357,441 | 141.3 | \$198,722,295 | -30.1 | \$222,738,830 | 12.1 | \$400,328,186 | 79.7 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$1,789,322 | -45.1 | \$486,383 | -72.8 | \$8,647,367 | 1677.9 | \$8,494,366 | -1.8 | \$2,947,294 | -65.3 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | \$1,609,582 | 479.4 | \$551,773 | -65.7 | \$3,639,896 | 559.7 | \$45,045,435 | 1137.5 | \$49,564,901 | 10.0 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$720,158,628 | -1.8 | \$918,543,944 | 27.5 | \$956,840,015 | 4.2 | \$1,202,960,875 | 25.7 | \$1,658,339,476 | 37.9 |
| Total Institutional LTSS | \$657,568,122 | -4.5 | \$847,556,901 | 28.9 | \$869,147,581 | 2.5 | \$1,049,768,297 | 20.8 | \$1,485,343,649 | 41.5 |
| Total HCBS | \$62,590,506 | 40.6 | \$70,987,043 | 13.4 | \$87,692,434 | 23.5 | \$153,192,578 | 74.7 | \$172,995,827 | 12.9 |
| Total Medicaid (all services) | \$1,623,108,237 | 3.5 | \$1,802,742,944 | 11.1 | \$2,035,685,669 | 12.9 | \$2,523,788,025 | 24.0 | \$3,237,200,190 | 28.3 |

| Percentages | FY 1986 | FY 1987 | FY 1988 | FY 1989 | FY 1990 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 44.4% | 51.0% | 47.0% | 47.7% | 51.2% |
| Percentage of LTSS that is HCBS | 8.7% | 7.7% | 9.2% | 12.7% | 10.4% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997. ICF/IID 1987 data were greater than 1986 and 1988 data for an unknown reason.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 23C. Long Term Services and Support Expenditures for Massachusetts, 1991 – 1995

| Service Type | FY 1991 | Percent Change 90-91 | FY 1992 | Percent Change 91-92 | FY 1993 | Percent Change 92-93 | FY 1994 | Percent Change 93-94 | FY 1995 | Percent Change 94-95 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$1,667,550,914 | n/a |
| Nursing facilities | \$1,174,963,597 | 8.6 | \$1,205,577,795 | 2.6 | \$1,068,782,035 | -11.3 | \$1,258,911,134 | 17.8 | \$1,437,509,188 | 14.2 |
| Personal care | \$100,113,017 | -17.1 | \$88,980,930 | -11.1 | \$96,414,979 | 8.4 | \$103,343,065 | 7.2 | \$119,724,402 | 15.9 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$18,830,920 | n/a |
| Home health | \$41,378,192 | 1429.3 | \$75,216,805 | 81.8 | \$73,556,295 | -2.2 | \$75,555,737 | 2.7 | \$91,486,404 | 21.1 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$648,818,496 | n/a |
| ICF/IID - public | \$342,979,478 | -14.3 | \$385,149,336 | 12.3 | \$315,569,399 | -18.1 | \$295,029,013 | -6.5 | \$357,357,461 | 21.1 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$291,461,035 | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$155,382,366 | n/a |
| Mental health facilities | \$21,582,756 | 632.3 | \$34,872,496 | 61.6 | \$24,510,364 | -29.7 | \$39,083,102 | 59.5 | \$52,832,673 | 35.2 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | \$160,400,000 | n/a | \$207,980,000 | 29.7 | \$102,549,693 | -50.7 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified/other | \$106,027,289 | 113.9 | \$108,862,849 | 2.7 | \$83,727,041 | -23.1 | \$210,658,993 | 151.6 | \$0 | n/a |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$1,787,044,329 | 7.8 | \$1,898,660,211 | 6.2 | \$1,822,960,113 | -4.0 | \$2,190,561,044 | 20.2 | \$2,471,751,776 | 12.8 |
| Total Institutional LTSS | \$1,539,525,831 | 3.6 | \$1,625,599,627 | 5.6 | \$1,569,261,798 | -3.5 | \$1,801,003,249 | 14.8 | \$1,950,249,015 | 8.3 |
| Total HCBS | \$247,518,498 | 43.1 | \$273,060,584 | 10.3 | \$253,698,315 | -7.1 | \$389,557,795 | 53.6 | \$521,502,761 | 33.9 |
| Total Medicaid (all services) | \$4,574,439,037 | 41.3 | \$4,358,678,352 | -4.7 | \$4,131,903,539 | -5.2 | \$4,784,431,295 | 15.8 | \$5,698,768,056 | 19.1 |

| Percentages | FY 1991 | FY 1992 | FY 1993 | FY 1994 | FY 1995 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 39.1% | 43.6% | 44.1% | 45.8% | 43.4% |
| Percentage of LTSS that is HCBS | 13.9% | 14.4% | 13.9% | 17.8% | 21.1% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | 13.8% |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | 44.9% |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data.

Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included except for 1915(c) waivers for 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 23D. Long Term Services and Support Expenditures for Massachusetts, 1996 – 2000

| Service Type | FY 1996 | Percent Change 95-96 | FY 1997 | Percent Change 96-97 | FY 1998 | Percent Change 97-98 | FY 1999 | Percent Change 98-99 | FY 2000 | Percent Change 99-00 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$1,446,548,750 | -13.3 | \$1,530,691,758 | 5.8 | \$1,566,002,455 | 2.3 | \$1,569,901,489 | 0.2 | \$1,683,177,243 | 7.2 |
| Nursing facilities | \$1,240,917,624 | -13.7 | \$1,313,374,957 | 5.8 | \$1,330,036,403 | 1.3 | \$1,328,511,045 | -0.1 | \$1,392,184,243 | 4.8 |
| Personal care | \$118,328,616 | -1.2 | \$122,200,009 | 3.3 | \$139,105,479 | 13.8 | \$160,020,855 | 15.0 | \$203,610,880 | 27.2 |
| 1915(c) waivers - AD | \$2,273,094 | -87.9 | \$7,115,787 | 213.0 | \$5,245,922 | -26.3 | \$5,686,143 | 8.4 | \$11,807,958 | 107.7 |
| Home health | \$85,029,416 | -7.1 | \$88,001,005 | 3.5 | \$91,614,651 | 4.1 | \$75,683,446 | -17.4 | \$75,574,162 | -0.1 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$494,844,153 | -23.7 | \$541,389,999 | 9.4 | \$635,699,792 | 17.4 | \$632,593,839 | -0.5 | \$642,909,156 | 1.6 |
| ICF/IID - public | \$276,184,625 | -22.7 | \$254,061,832 | -8.0 | \$252,869,371 | -0.5 | \$224,951,606 | -11.0 | \$210,037,470 | -6.6 |
| ICF/IID - private | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - DD | \$218,659,528 | -25.0 | \$287,328,167 | 31.4 | \$382,830,421 | 33.2 | \$407,642,233 | 6.5 | \$432,871,686 | 6.2 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$167,620,303 | 7.9 | \$151,603,328 | -9.6 | \$144,369,401 | -4.8 | \$139,123,105 | -3.6 | \$145,441,750 | 4.5 |
| Mental health facilities | \$38,700,707 | -26.7 | \$42,149,360 | 8.9 | \$40,669,401 | -3.5 | \$35,923,105 | -11.7 | \$45,541,749 | 26.8 |
| Mental health facilities-DSH | \$128,919,596 | 25.7 | \$109,453,968 | -15.1 | \$103,700,000 | -5.3 | \$103,200,000 | -0.5 | \$99,900,001 | -3.2 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$0 | 0.0 | \$150,089,293 | 100.0 | \$188,165,066 | 25.4 | \$227,733,835 | 21.0 | \$243,005,003 | 6.7 |
| Case management | n/a | n/a | \$150,089,293 | n/a | \$188,165,066 | 25.4 | \$227,733,835 | 21.0 | \$243,005,003 | 6.7 |
| 1915(c) waivers - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$2,109,013,206 | -14.7 | \$2,373,774,378 | 12.6 | \$2,534,236,714 | 6.8 | \$2,569,352,268 | 1.4 | \$2,714,533,152 | 5.7 |
| Total Institutional LTSS | \$1,684,722,552 | -13.6 | \$1,719,040,117 | 2.0 | \$1,727,275,175 | 0.5 | \$1,692,585,756 | -2.0 | \$1,747,663,463 | 3.3 |
| Total HCBS | \$424,290,654 | -18.6 | \$654,734,261 | 54.3 | \$806,961,539 | 23.3 | \$876,766,512 | 8.7 | \$966,869,689 | 10.3 |
| Total Medicaid (all services) | \$5,130,939,518 | -10.0 | \$5,509,187,324 | 7.4 | \$6,087,514,265 | 10.5 | \$6,446,127,975 | 5.9 | \$6,839,094,345 | 6.1 |

| Percentages | FY 1996 | FY 1997 | FY 1998 | FY 1999 | FY 2000 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 41.1% | 43.1% | 41.6% | 39.9% | 39.7% |
| Percentage of LTSS that is HCBS | 20.1% | 27.6% | 31.8% | 34.1% | 35.6% |
| Percentage of LTSS that is HCBS - AD | 14.2% | 14.2% | 15.1% | 15.4% | 17.3% |
| Percentage of LTSS that is HCBS - DD | 44.2% | 53.1% | 60.2% | 64.4% | 67.3% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included except for 1915(c) waivers. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 23E. Long Term Services and Support Expenditures for Massachusetts, 2001 – 2005

| Service Type | FY 2001 | Percent Change 00-01 | FY 2002 | Percent Change 01-02 | FY 2003 | Percent Change 02-03 | FY 2004 | Percent Change 03-04 | FY 2005 | Percent Change 04-05 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$1,737,928,286 | 3.3 | \$1,786,000,463 | 2.8 | \$1,936,600,067 | 8.4 | \$2,075,370,141 | 7.2 | \$2,241,213,425 | 8.0 |
| Nursing facilities | \$1,423,246,910 | 2.2 | \$1,417,752,894 | -0.4 | \$1,510,288,090 | 6.5 | \$1,611,763,934 | 6.7 | \$1,684,532,818 | 4.5 |
| Personal care | \$241,545,312 | 18.6 | \$279,137,652 | 15.6 | \$327,887,122 | 17.5 | \$334,281,989 | 2.0 | \$413,497,826 | 23.7 |
| 1915(c) waivers - AD | \$7,557,951 | -36.0 | \$22,348,831 | 195.7 | \$12,324,152 | -44.9 | \$23,106,570 | 87.5 | \$24,213,155 | 4.8 |
| Home health | \$65,578,113 | -13.2 | \$66,761,086 | 1.8 | \$67,289,515 | 0.8 | \$64,180,496 | -4.6 | \$65,211,532 | 1.6 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$18,811,188 | 100.0 | \$42,037,152 | 123.5 | \$53,758,094 | 27.9 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$672,672,716 | 4.6 | \$716,864,078 | 6.6 | \$797,433,216 | 11.2 | \$782,937,908 | -1.8 | \$855,353,200 | 9.2 |
| ICF/IID - public | \$211,838,811 | 0.9 | \$198,022,895 | -6.5 | \$220,310,836 | 11.3 | \$228,163,817 | 3.6 | \$213,106,263 | -6.6 |
| ICF/IID - private | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - DD | \$460,833,905 | 6.5 | \$518,841,183 | 12.6 | \$577,122,380 | 11.2 | \$554,774,091 | -3.9 | \$642,246,937 | 15.8 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$142,529,984 | -2.0 | \$161,708,945 | 13.5 | \$152,397,588 | -5.8 | \$159,215,105 | 4.5 | \$161,100,150 | 1.2 |
| Mental health facilities | \$39,529,986 | -13.2 | \$54,415,876 | 37.7 | \$61,446,512 | 12.9 | \$53,711,854 | -12.6 | \$55,596,900 | 3.5 |
| Mental health facilities-DSH | \$102,999,998 | 3.1 | \$107,293,069 | 4.2 | \$90,951,076 | -15.2 | \$105,503,251 | 16.0 | \$105,503,250 | 0.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$293,332,636 | 20.7 | \$332,001,668 | 13.2 | \$337,954,485 | 1.8 | \$325,110,543 | -3.8 | \$169,105,874 | -48.0 |
| Case management | \$293,332,636 | 20.7 | \$331,989,253 | 13.2 | \$335,827,945 | 1.2 | \$322,479,661 | -4.0 | \$162,629,056 | -49.6 |
| 1915(c) waivers - other | \$0 | 0.0 | \$12,415 | 100.0 | \$2,126,540 | 17028.8 | \$2,630,882 | 23.7 | \$6,476,818 | 146.2 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$2,846,463,622 | 4.9 | \$2,996,575,154 | 5.3 | \$3,224,385,356 | 7.6 | \$3,342,633,697 | 3.7 | \$3,426,772,649 | 2.5 |
| Total Institutional LTSS | \$1,777,615,705 | 1.7 | \$1,777,484,734 | 0.0 | \$1,882,996,514 | 5.9 | \$1,999,142,856 | 6.2 | \$2,058,739,231 | 3.0 |
| Total HCBS | \$1,068,847,917 | 10.5 | \$1,219,090,420 | 14.1 | \$1,341,388,842 | 10.0 | \$1,343,490,841 | 0.2 | \$1,368,033,418 | 1.8 |
| Total Medicaid (all services) | \$7,248,610,148 | 6.0 | \$8,747,010,895 | 20.7 | \$8,523,461,682 | -2.6 | \$8,627,883,793 | 1.2 | \$9,667,325,052 | 12.0 |

| Percentages | FY 2001 | FY 2002 | FY 2003 | FY 2004 | FY 2005 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 39.3% | 34.3% | 37.8% | 38.7% | 35.4% |
| Percentage of LTSS that is HCBS | 37.6% | 40.7% | 41.6% | 40.2% | 39.9% |
| Percentage of LTSS that is HCBS - AD | 18.1% | 20.6% | 22.0% | 22.3% | 24.8% |
| Percentage of LTSS that is HCBS - DD | 68.5% | 72.4% | 72.4% | 70.9% | 75.1% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments were included starting in 1995 for Section 1915(c) waivers, in 2002 for nursing facilities, personal care, ICF/IID, and mental health facilities (including DSH); and in 2004 for PACE. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Massachusetts data from 2004 through 2008 and for 2014 do not include expenditures for a managed care program for older adults and people with physical disabilities.

Table 23F. Long Term Services and Support Expenditures for Massachusetts, 2006 – 2010

| Service Type | FY 2006 | Percent Change 05-06 | FY 2007 | Percent Change 06-07 | FY 2008 | Percent Change 07-08 | FY 2009 | Percent Change 08-09 | FY 2010 | Percent Change 09-10 |
|---|------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|
| Total-Older People, People with PD | \$2,267,371,316 | 1.2 | \$2,181,539,329 | -3.8 | \$2,422,864,586 | 11.1 | \$2,762,022,949 | 14.0 | \$2,864,609,643 | 3.7 |
| Nursing facilities | \$1,666,269,792 | -1.1 | \$1,544,377,644 | -7.3 | \$1,670,187,564 | 8.1 | \$1,825,848,361 | 9.3 | \$1,928,773,062 | 5.6 |
| Personal care | \$440,058,114 | 6.4 | \$470,131,653 | 6.8 | \$538,935,082 | 14.6 | \$633,742,634 | 17.6 | \$728,849,697 | 15.0 |
| 1915(c) waivers - AD | \$32,396,854 | 33.8 | \$27,849,843 | -14.0 | \$50,339,472 | 80.8 | \$77,102,641 | 53.2 | -\$78,980,704 | -202.4 |
| Home health | \$66,342,934 | 1.7 | \$73,107,337 | 10.2 | \$86,355,899 | 18.1 | \$101,415,966 | 17.4 | \$134,105,452 | 32.2 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$35,157,317 | 100.0 | \$55,569,012 | 58.1 |
| PACE | \$62,303,622 | 15.9 | \$66,072,852 | 6.0 | \$77,046,569 | 16.6 | \$88,756,030 | 15.2 | \$96,293,124 | 8.5 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with DD | \$850,230,857 | -0.6 | \$772,241,339 | -9.2 | \$867,145,255 | 12.3 | \$931,892,266 | 7.5 | \$1,610,355,933 | 72.8 |
| ICF/IID - public | \$165,680,162 | -22.3 | \$211,992,561 | 28.0 | \$234,625,164 | 10.7 | \$107,376,403 | -54.2 | \$601,663,969 | 460.3 |
| ICF/IID - private | \$0 | 0.0 | -\$5,380,587 | 100.0 | \$47 | -100.0 | \$0 | -100.0 | \$0 | 0.0 |
| 1915(c) waivers - DD | \$684,550,695 | 6.6 | \$565,629,365 | -17.4 | \$632,520,044 | 11.8 | \$824,515,863 | 30.4 | \$1,008,691,964 | 22.3 |
| HCBS - managed care authorities - DD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with SMI or SED | \$156,190,545 | -3.0 | \$165,658,019 | 6.1 | \$72,709,402 | -56.1 | \$158,687,456 | 118.2 | \$205,310,105 | 29.4 |
| Mental health facilities | \$156,190,545 | 180.9 | \$165,658,019 | 6.1 | \$72,709,402 | -56.1 | \$158,687,456 | 118.2 | \$134,924,480 | -15.0 |
| Mental health facilities-DSH | \$0 | -100.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$70,385,625 | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-Other/Multiple Populations | \$205,613,990 | 21.6 | \$198,212,185 | -3.6 | \$130,312,595 | -34.3 | \$225,362,608 | 72.9 | \$342,647,221 | 52.0 |
| Case management | \$201,056,634 | 23.6 | \$192,637,963 | -4.2 | \$125,191,843 | -35.0 | \$218,799,671 | 74.8 | \$336,255,957 | 53.7 |
| 1915(c) waivers - other | \$4,557,356 | -29.6 | \$5,574,222 | 22.3 | \$5,120,752 | -8.1 | \$6,562,937 | 28.2 | \$6,391,264 | -2.6 |
| HCBS - managed care authorities - other | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| Total LTSS | \$3,479,406,708 | 1.5 | \$3,317,650,872 | -4.6 | \$3,493,031,838 | 5.3 | \$4,077,965,279 | 16.7 | \$5,022,922,902 | 23.2 |
| Total Institutional LTSS | \$1,988,140,499 | -3.4 | \$1,916,647,637 | -3.6 | \$1,977,522,177 | 3.2 | \$2,091,912,220 | 5.8 | \$2,665,361,511 | 27.4 |
| Total HCBS | \$1,491,266,209 | 9.0 | \$1,401,003,235 | -6.1 | \$1,515,509,661 | 8.2 | \$1,986,053,059 | 31.0 | \$2,357,561,391 | 18.7 |
| Total Medicaid (all services) | \$9,726,915,872 | 0.6 | \$10,241,077,132 | 5.3 | \$10,956,807,248 | 7.0 | \$12,519,038,733 | 14.3 | \$12,811,323,303 | 2.3 |

| Percentages | FY 2006 | FY 2007 | FY 2008 | FY 2009 | FY 2010 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 35.8% | 32.4% | 31.9% | 32.6% | 39.2% |
| Percentage of LTSS that is HCBS | 42.9% | 42.2% | 43.4% | 48.7% | 46.9% |
| Percentage of LTSS that is HCBS - AD | 26.5% | 29.2% | 31.1% | 33.9% | 32.7% |
| Percentage of LTSS that is HCBS - DD | 80.5% | 73.2% | 72.9% | 88.5% | 62.6% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 34.3% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments. Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes. Data before 2008 do not include state-reported managed care data. Starting in 2008, managed care data are included for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities. "n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included for several categories of service until 2009. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures. For data before 2009, prior period adjustments were included for the following categories of service: nursing home, personal care, Section 1915(c) waivers, PACE, ICF/IID, and mental health facilities (including DSH). HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont. Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j)). Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS. Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010. Massachusetts data from 2004 through 2008 do not include expenditures for a managed care program for older adults and people with physical disabilities. Massachusetts data for HCBS – managed care authorities from 2009 through 2013 include expenditures for state plan home health expenditures within a managed care program. The state provided a single estimate for home health and other HCBS.

Table 23G. Long Term Services and Support Expenditures for Massachusetts, 2011 – 2014

| Service Type | FY 2011 | Percent Change 10-11 | FY 2012 | Percent Change 11-12 | FY 2013 | Percent Change 12-13 | FY 2014 | Percent Change 13-14 |
|---|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|
| Total-Older People, People with PD | \$2,934,685,541 | 2.4 | \$3,143,344,884 | 7.1 | \$3,196,395,621 | 1.7 | \$3,520,175,230 | 10.1 |
| Nursing facilities | \$1,616,203,961 | -16.2 | \$1,672,912,045 | 3.5 | \$1,526,886,723 | -8.7 | \$1,926,804,806 | 26.2 |
| Personal care | \$796,693,681 | 9.3 | \$842,464,214 | 5.7 | \$927,821,103 | 10.1 | \$998,603,531 | 7.6 |
| 1915(c) waivers - AD | \$94,957,596 | -220.2 | \$97,695,276 | 2.9 | \$378,899,833 | 287.8 | \$128,679,134 | -66.0 |
| Home health | \$260,703,970 | 94.4 | \$339,992,159 | 30.4 | \$245,822,118 | -27.7 | \$336,911,691 | 37.1 |
| Community first choice | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - AD | \$59,027,194 | 6.2 | \$80,275,904 | 36.0 | \$0 | -100.0 | \$0 | 0.0 |
| PACE | \$107,099,139 | 11.2 | \$110,005,286 | 2.7 | \$116,965,844 | 6.3 | \$129,176,068 | 10.4 |
| Private duty nursing | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with DD | \$692,284,190 | -57.0 | \$1,042,809,188 | 50.6 | \$733,302,704 | -29.7 | \$1,006,451,552 | 37.2 |
| ICF/IID - public | -\$12,176,689 | -102.0 | \$165,995,204 | -1463.2 | \$16,361,558 | -90.1 | \$131,306,460 | 702.5 |
| ICF/IID - private | \$32,764 | 100.0 | \$0 | -100.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - DD | \$704,428,115 | -30.2 | \$876,813,984 | 24.5 | \$716,941,146 | -18.2 | \$875,145,092 | 22.1 |
| HCBS- managed care authorities - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with SMI or SED | \$190,658,331 | -7.1 | \$258,903,187 | 35.8 | \$420,112,591 | 62.3 | \$299,596,208 | -28.7 |
| Mental health facilities | \$107,949,221 | -20.0 | \$102,335,962 | -5.2 | \$99,917,058 | -2.4 | \$130,507,171 | 30.6 |
| Mental health facilities-DSH | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Rehabilitative services | \$82,709,110 | 17.5 | \$156,567,225 | 89.3 | \$320,195,533 | 104.5 | \$168,479,244 | -47.4 |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$609,793 | 100.0 |
| HCBS - 1915(i) - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-Other/Multiple Populations | -\$15,701,284 | -104.6 | \$96,121,063 | -712.2 | -\$36,956,334 | -138.4 | \$419,169,506 | -1234.2 |
| Case management | -\$23,661,853 | -107.0 | \$79,279,394 | -435.1 | -\$60,055,187 | -175.8 | \$91,683,868 | -252.7 |
| 1915(c) waivers - other | \$7,958,430 | 24.5 | \$12,618,605 | 58.6 | \$13,790,260 | 9.3 | \$18,862,171 | 36.8 |
| HCBS- managed care authorities - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$220,007,210 | 100.0 |
| Health homes | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | \$0 | n/a | \$73,335,737 | 100.0 |
| MFP demonstration | \$2,139 | 100.0 | \$4,223,064 | 197331.7 | \$9,308,593 | 120.4 | \$15,280,520 | 64.2 |
| Total LTSS | \$3,801,926,778 | -24.3 | \$4,541,178,322 | 19.4 | \$4,312,854,582 | -5.0 | \$5,245,392,496 | 21.6 |
| Total Institutional LTSS | \$1,712,009,257 | -35.8 | \$1,941,243,211 | 13.4 | \$1,643,165,339 | -15.4 | \$2,261,954,174 | 37.7 |
| Total HCBS | \$2,089,917,521 | -11.4 | \$2,599,935,111 | 24.4 | \$2,669,689,243 | 2.7 | \$2,983,438,322 | 11.8 |
| Total Medicaid (all services) | \$12,397,423,160 | -3.2 | \$12,606,056,529 | 1.7 | \$12,621,188,921 | 0.1 | \$15,234,846,312 | 20.7 |

| Percentages | FY 2011 | FY 2012 | FY 2013 | FY 2014 |
|--|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 30.7% | 36.0% | 34.2% | 34.4% |
| Percentage of LTSS that is HCBS | 55.0% | 57.3% | 61.9% | 56.9% |
| Percentage of LTSS that is HCBS - AD | 44.9% | 46.8% | 52.2% | 45.3% |
| Percentage of LTSS that is HCBS - DD | 101.8% | 84.1% | 97.8% | 87.0% |
| Percentage of LTSS that is HCBS - SMI or SED | 43.4% | 60.5% | 76.2% | 56.4% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Managed care data are included only for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care.

Institutional MLTSS – unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Massachusetts 2014 data do not include expenditures for a managed care program for older adults and people with physical disabilities. Massachusetts data for HCBS – managed care authorities from 2009 through 2012 and Section 1915(c) waiver data for 2013, include expenditures for state plan home health expenditures within a managed care program. The state provided a single estimate for home health and other HCBS.

Table 24A. Long Term Services and Support Expenditures for Michigan, 1981 – 1985

| Service Type | FY 1981 | FY 1982 | Percent Change 81-82 | FY 1983 | Percent Change 82-83 | FY 1984 | Percent Change 83-84 | FY 1985 | Percent Change 84-85 |
|---|------------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$302,571,780 | \$335,745,062 | 11.0 | \$354,291,060 | 5.5 | \$377,572,110 | 6.6 | \$383,015,436 | 1.4 |
| Personal care | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$60,367,756 | n/a |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$3,669,702 | \$4,390,760 | 19.6 | \$4,480,742 | 2.0 | \$6,065,944 | 35.4 | \$6,902,659 | 13.8 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$156,137,416 | \$152,838,152 | -2.1 | \$151,084,614 | -1.1 | \$145,324,270 | -3.8 | \$157,300,485 | 8.2 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$28,047,296 | \$38,737,774 | 38.1 | \$31,941,160 | -17.5 | \$46,707,413 | 46.2 | \$53,934,000 | 15.5 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | n/a | n/a | n/a | n/a | n/a | \$143,600 | n/a | \$213,881 | 48.9 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$490,426,194 | \$531,711,748 | 8.4 | \$541,797,576 | 1.9 | \$575,813,337 | 6.3 | \$661,734,217 | 14.9 |
| Total Institutional LTSS | \$486,756,492 | \$527,320,988 | 8.3 | \$537,316,834 | 1.9 | \$569,603,793 | 6.0 | \$594,249,921 | 4.3 |
| Total HCBS | \$3,669,702 | \$4,390,760 | 19.6 | \$4,480,742 | 2.0 | \$6,209,544 | 38.6 | \$67,484,296 | 986.8 |
| Total Medicaid (all services) | \$1,382,880,520 | \$1,442,449,030 | 4.3 | \$1,491,649,056 | 3.4 | \$1,704,350,856 | 14.3 | \$1,706,416,210 | 0.1 |

| Percentages | FY 1981 | FY 1982 | FY 1983 | FY 1984 | FY 1985 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 35.5% | 36.9% | 36.3% | 33.8% | 38.8% |
| Percentage of LTSS that is HCBS | 0.7% | 0.8% | 0.8% | 1.1% | 10.2% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data.

Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 24B. Long Term Services and Support Expenditures for Michigan, 1986 – 1990

| Service Type | FY 1986 | Percent Change 85-86 | FY 1987 | Percent Change 86-87 | FY 1988 | Percent Change 87-88 | FY 1989 | Percent Change 88-89 | FY 1990 | Percent Change 89-90 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$384,484,747 | 0.4 | \$391,644,113 | 1.9 | \$416,459,459 | 6.3 | \$423,094,542 | 1.6 | \$449,462,838 | 6.2 |
| Personal care | \$57,625,810 | -4.5 | \$75,698,340 | 31.4 | \$78,604,214 | 3.8 | \$100,190,265 | 27.5 | \$100,720,539 | 0.5 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$7,841,450 | 13.6 | \$8,795,158 | 12.2 | \$10,354,583 | 17.7 | \$12,206,491 | 17.9 | \$14,721,226 | 20.6 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$169,299,080 | 7.6 | \$325,445,697 | 92.2 | \$213,104,699 | -34.5 | \$197,430,214 | -7.4 | \$213,074,348 | 7.9 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$52,046,980 | -3.5 | \$39,133,152 | -24.8 | \$94,660,241 | 141.9 | \$142,058,360 | 50.1 | \$141,642,690 | -0.3 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | \$199,380 | -6.8 | \$653,004 | 227.5 | \$14,673 | -97.8 | \$7,791,236 | 52999.1 | \$19,111,367 | 145.3 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$671,497,447 | 1.5 | \$841,369,464 | 25.3 | \$813,197,869 | -3.3 | \$882,771,108 | 8.6 | \$938,733,008 | 6.3 |
| Total Institutional LTSS | \$605,830,807 | 1.9 | \$756,222,962 | 24.8 | \$724,224,399 | -4.2 | \$762,583,116 | 5.3 | \$804,179,876 | 5.5 |
| Total HCBS | \$65,666,640 | -2.7 | \$85,146,502 | 29.7 | \$88,973,470 | 4.5 | \$120,187,992 | 35.1 | \$134,553,132 | 12.0 |
| Total Medicaid (all services) | \$1,811,033,701 | 6.1 | \$1,923,623,170 | 6.2 | \$2,038,313,283 | 6.0 | \$2,218,244,431 | 8.8 | \$2,617,682,148 | 18.0 |

| Percentages | FY 1986 | FY 1987 | FY 1988 | FY 1989 | FY 1990 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 37.1% | 43.7% | 39.9% | 39.8% | 35.9% |
| Percentage of LTSS that is HCBS | 9.8% | 10.1% | 10.9% | 13.6% | 14.3% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997. ICF/IID 1987 data were greater than 1986 and 1988 data for an unknown reason.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 24C. Long Term Services and Support Expenditures for Michigan, 1991 – 1995

| Service Type | FY 1991 | Percent Change 90-91 | FY 1992 | Percent Change 91-92 | FY 1993 | Percent Change 92-93 | FY 1994 | Percent Change 93-94 | FY 1995 | Percent Change 94-95 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$1,180,502,386 | n/a |
| Nursing facilities | \$417,076,614 | -7.2 | \$611,469,817 | 46.6 | \$922,297,391 | 50.8 | \$954,139,889 | 3.5 | \$985,490,211 | 3.3 |
| Personal care | \$103,168,814 | 2.4 | \$115,581,519 | 12.0 | \$151,780,122 | 31.3 | \$161,174,053 | 6.2 | \$163,309,262 | 1.3 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Home health | \$15,719,264 | 6.8 | \$16,125,085 | 2.6 | \$24,244,435 | 50.4 | \$27,762,572 | 14.5 | \$31,702,913 | 14.2 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$303,480,975 | n/a |
| ICF/IID - public | \$331,722,753 | 55.7 | \$180,560,636 | -45.6 | \$149,187,111 | -17.4 | \$157,233,505 | 5.4 | \$225,777,527 | 43.6 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$77,703,448 | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$504,659,925 | n/a |
| Mental health facilities | \$136,155,320 | -3.9 | \$160,773,976 | 18.1 | \$133,976,306 | -16.7 | \$142,381,533 | 6.3 | \$199,894,373 | 40.4 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | \$56,262,468 | n/a | \$2,000,000 | -96.4 | \$304,765,552 | 15138.3 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified/other | \$39,531,353 | 106.8 | \$61,287,192 | 55.0 | \$78,131,463 | 27.5 | \$93,198,665 | 19.3 | \$0 | n/a |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$1,043,374,118 | 11.1 | \$1,145,798,225 | 9.8 | \$1,515,879,296 | 32.3 | \$1,537,890,217 | 1.5 | \$1,988,643,286 | 29.3 |
| Total Institutional LTSS | \$884,954,687 | 10.0 | \$952,804,429 | 7.7 | \$1,261,723,276 | 32.4 | \$1,255,754,927 | -0.5 | \$1,715,927,663 | 36.6 |
| Total HCBS | \$158,419,431 | 17.7 | \$192,993,796 | 21.8 | \$254,156,020 | 31.7 | \$282,135,290 | 11.0 | \$272,715,623 | -3.3 |
| Total Medicaid (all services) | \$3,359,165,313 | 28.3 | \$3,787,555,554 | 12.8 | \$4,362,643,528 | 15.2 | \$4,929,799,338 | 13.0 | \$5,114,433,706 | 3.7 |

| Percentages | FY 1991 | FY 1992 | FY 1993 | FY 1994 | FY 1995 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 31.1% | 30.3% | 34.7% | 31.2% | 38.9% |
| Percentage of LTSS that is HCBS | 15.2% | 16.8% | 16.8% | 18.3% | 13.7% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | 16.5% |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | 25.6% |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included except for 1915(c) waivers for 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 24D. Long Term Services and Support Expenditures for Michigan, 1996 – 2000

| Service Type | FY 1996 | Percent Change 95-96 | FY 1997 | Percent Change 96-97 | FY 1998 | Percent Change 97-98 | FY 1999 | Percent Change 98-99 | FY 2000 | Percent Change 99-00 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$1,263,660,801 | 7.0 | \$1,066,787,459 | -15.6 | \$1,367,414,286 | 28.2 | \$1,389,155,381 | 1.6 | \$1,814,384,461 | 30.6 |
| Nursing facilities | \$1,053,416,741 | 6.9 | \$812,687,429 | -22.9 | \$1,129,816,119 | 39.0 | \$1,202,156,610 | 6.4 | \$1,609,351,070 | 33.9 |
| Personal care | \$175,635,373 | 7.5 | \$218,155,341 | 24.2 | \$207,957,621 | -4.7 | \$166,445,124 | -20.0 | \$189,980,909 | 14.1 |
| 1915(c) waivers - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$417,163 | 100.0 |
| Home health | \$34,608,687 | 9.2 | \$35,944,689 | 3.9 | \$29,640,546 | -17.5 | \$20,553,647 | -30.7 | \$14,635,319 | -28.8 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$338,665,666 | 11.6 | \$750,590,749 | 121.6 | \$524,845,584 | -30.1 | \$378,713,414 | -27.8 | \$324,512,337 | -14.3 |
| ICF/IID - public | \$192,725,978 | -14.6 | \$519,144,242 | 169.4 | \$242,896,227 | -53.2 | \$55,437,027 | -77.2 | \$27,883,649 | -49.7 |
| ICF/IID - private | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - DD | \$145,939,688 | 87.8 | \$231,446,507 | 58.6 | \$281,949,357 | 21.8 | \$323,276,387 | 14.7 | \$296,628,688 | -8.2 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$352,364,934 | -30.2 | \$320,420,420 | -9.1 | \$366,089,613 | 14.3 | \$293,226,195 | -19.9 | \$278,194,762 | -5.1 |
| Mental health facilities | \$111,397,444 | -44.3 | \$89,304,530 | -19.8 | \$155,113,649 | 73.7 | \$30,988,902 | -80.0 | \$32,394,632 | 4.5 |
| Mental health facilities-DSH | \$240,967,490 | -20.9 | \$231,115,890 | -4.1 | \$210,975,964 | -8.7 | \$262,237,293 | 24.3 | \$245,800,130 | -6.3 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$0 | 0.0 | \$121,518,612 | 100.0 | \$111,983,648 | -7.8 | \$50,937,067 | -54.5 | \$34,112,622 | -33.0 |
| Case management | n/a | n/a | \$121,518,612 | n/a | \$111,983,648 | -7.8 | \$50,937,067 | -54.5 | \$34,112,622 | -33.0 |
| 1915(c) waivers - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$1,954,691,401 | -1.7 | \$2,259,317,240 | 15.6 | \$2,370,333,131 | 4.9 | \$2,112,032,057 | -10.9 | \$2,451,204,182 | 16.1 |
| Total Institutional LTSS | \$1,598,507,653 | -6.8 | \$1,652,252,091 | 3.4 | \$1,738,801,959 | 5.2 | \$1,550,819,832 | -10.8 | \$1,915,429,481 | 23.5 |
| Total HCBS | \$356,183,748 | 30.6 | \$607,065,149 | 70.4 | \$631,531,172 | 4.0 | \$561,212,225 | -11.1 | \$535,774,701 | -4.5 |
| Total Medicaid (all services) | \$5,217,519,365 | 2.0 | \$5,560,326,710 | 6.6 | \$5,662,500,454 | 1.8 | \$6,158,362,777 | 8.8 | \$6,761,546,424 | 9.8 |

| Percentages | FY 1996 | FY 1997 | FY 1998 | FY 1999 | FY 2000 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 37.5% | 40.6% | 41.9% | 34.3% | 36.3% |
| Percentage of LTSS that is HCBS | 18.2% | 26.9% | 26.6% | 26.6% | 21.9% |
| Percentage of LTSS that is HCBS - AD | 16.6% | 23.8% | 17.4% | 13.5% | 11.3% |
| Percentage of LTSS that is HCBS - DD | 43.1% | 30.8% | 53.7% | 85.4% | 91.4% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data.

Prior period adjustments are not included except for 1915(c) waivers. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 24E. Long Term Services and Support Expenditures for Michigan, 2001 – 2005

| Service Type | FY 2001 | Percent Change 00-01 | FY 2002 | Percent Change 01-02 | FY 2003 | Percent Change 02-03 | FY 2004 | Percent Change 03-04 | FY 2005 | Percent Change 04-05 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$1,941,586,217 | 7.0 | \$2,025,143,811 | 4.3 | \$2,019,154,533 | -0.3 | \$2,002,398,912 | -0.8 | \$1,930,513,022 | -3.6 |
| Nursing facilities | \$1,743,972,062 | 8.4 | \$1,779,774,668 | 2.1 | \$1,721,358,871 | -3.3 | \$1,703,600,699 | -1.0 | \$1,609,435,863 | -5.5 |
| Personal care | \$183,363,404 | -3.5 | \$177,414,948 | -3.2 | \$208,662,494 | 17.6 | \$212,087,814 | 1.6 | \$217,274,387 | 2.4 |
| 1915(c) waivers - AD | \$0 | -100.0 | \$50,388,839 | 100.0 | \$68,159,632 | 35.3 | \$63,221,577 | -7.2 | \$74,440,286 | 17.7 |
| Home health | \$14,250,751 | -2.6 | \$17,565,356 | 23.3 | \$20,973,536 | 19.4 | \$17,449,167 | -16.8 | \$23,293,776 | 33.5 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$6,039,655 | 100.0 | \$6,068,710 | 0.5 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$258,017,063 | -20.5 | \$361,798,914 | 40.2 | \$365,980,506 | 1.2 | \$412,479,264 | 12.7 | \$418,553,010 | 1.5 |
| ICF/IID - public | \$31,213,716 | 11.9 | \$27,634,128 | -11.5 | \$28,612,200 | 3.5 | \$27,527,175 | -3.8 | \$21,368,027 | -22.4 |
| ICF/IID - private | \$0 | 0.0 | \$13,641 | 100.0 | \$0 | -100.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - DD | \$226,803,347 | -23.5 | \$334,151,145 | 47.3 | \$337,368,306 | 1.0 | \$384,952,089 | 14.1 | \$397,184,983 | 3.2 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$246,404,833 | -11.4 | \$204,376,245 | -17.1 | \$152,030,465 | -25.6 | \$164,765,724 | 8.4 | \$157,761,134 | -4.3 |
| Mental health facilities | \$28,093,156 | -13.3 | \$25,758,310 | -8.3 | \$23,860,909 | -7.4 | \$22,856,406 | -4.2 | \$24,671,557 | 7.9 |
| Mental health facilities-DSH | \$218,311,677 | -11.2 | \$178,617,935 | -18.2 | \$128,169,556 | -28.2 | \$141,909,318 | 10.7 | \$133,089,577 | -6.2 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$185,706,208 | 444.4 | \$18,361,821 | -90.1 | \$23,326,695 | 27.0 | \$17,189,735 | -26.3 | \$13,796,810 | -19.7 |
| Case management | \$377,623 | -98.9 | \$18,361,821 | 4762.5 | \$23,326,695 | 27.0 | \$17,189,735 | -26.3 | \$13,796,810 | -19.7 |
| 1915(c) waivers - other | \$185,328,585 | 100.0 | \$0 | -100.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$2,631,714,321 | 7.4 | \$2,609,680,791 | -0.8 | \$2,560,492,199 | -1.9 | \$2,596,833,635 | 1.4 | \$2,520,623,976 | -2.9 |
| Total Institutional LTSS | \$2,021,590,611 | 5.5 | \$2,011,798,682 | -0.5 | \$1,902,001,536 | -5.5 | \$1,895,893,598 | -0.3 | \$1,788,565,024 | -5.7 |
| Total HCBS | \$610,123,710 | 13.9 | \$597,882,109 | -2.0 | \$658,490,663 | 10.1 | \$700,940,037 | 6.4 | \$732,058,952 | 4.4 |
| Total Medicaid (all services) | \$7,182,065,339 | 6.2 | \$7,575,568,289 | 5.5 | \$8,642,213,972 | 14.1 | \$8,325,576,325 | -3.7 | \$8,630,422,865 | 3.7 |

| Percentages | FY 2001 | FY 2002 | FY 2003 | FY 2004 | FY 2005 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 36.6% | 34.4% | 29.6% | 31.2% | 29.2% |
| Percentage of LTSS that is HCBS | 23.2% | 22.9% | 25.7% | 27.0% | 29.0% |
| Percentage of LTSS that is HCBS - AD | 10.2% | 12.1% | 14.7% | 14.9% | 16.6% |
| Percentage of LTSS that is HCBS - DD | 87.9% | 92.4% | 92.2% | 93.3% | 94.9% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments were included starting in 1995 for Section 1915(c) waivers, in 2002 for nursing facilities, personal care, ICF/IID, and mental health facilities (including DSH); and in 2004 for PACE. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Michigan reported total 1915(c) waiver expenditures, but not spending by population, for some waivers and for some quarters in 2001. Population-specific 1915(c) waiver expenditures are lower for 2001 as a result.

Table 24F. Long Term Services and Support Expenditures for Michigan, 2006 – 2010

| Service Type | FY 2006 | Percent Change 05-06 | FY 2007 | Percent Change 06-07 | FY 2008 | Percent Change 07-08 | FY 2009 | Percent Change 08-09 | FY 2010 | Percent Change 09-10 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|
| Total-Older People, People with PD | \$1,755,617,961 | -9.1 | \$1,831,865,387 | 4.3 | \$1,870,298,117 | 2.1 | \$1,982,274,010 | 6.0 | \$2,153,990,814 | 8.7 |
| Nursing facilities | \$1,447,440,219 | -10.1 | \$1,482,976,417 | 2.5 | \$1,487,455,111 | 0.3 | \$1,551,258,232 | 4.3 | \$1,680,234,299 | 8.3 |
| Personal care | \$196,082,473 | -9.8 | \$230,836,138 | 17.7 | \$252,905,363 | 9.6 | \$268,363,266 | 6.1 | \$284,683,920 | 6.1 |
| 1915(c) waivers - AD | \$84,651,400 | 13.7 | \$86,223,538 | 1.9 | \$96,980,872 | 12.5 | \$123,737,745 | 27.6 | \$135,995,113 | 9.9 |
| Home health | \$21,331,264 | -8.4 | \$24,308,831 | 14.0 | \$23,499,313 | -3.3 | \$26,211,607 | 11.5 | \$6,327,673 | -75.9 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$6,112,605 | 0.7 | \$7,520,463 | 23.0 | \$9,457,458 | 25.8 | \$12,703,160 | 34.3 | \$18,812,145 | 48.1 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$27,937,664 | n/a |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with DD | \$434,903,856 | 3.9 | \$443,573,225 | 2.0 | \$444,754,965 | 0.3 | \$430,546,678 | -3.2 | \$444,278,841 | 3.2 |
| ICF/IID - public | \$28,989,260 | 35.7 | \$28,824,017 | -0.6 | \$31,160,534 | 8.1 | \$13,000,049 | -58.3 | \$1,276,668 | -90.2 |
| ICF/IID - private | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - DD | \$405,914,596 | 2.2 | \$414,749,208 | 2.2 | \$413,594,431 | -0.3 | \$417,546,629 | 1.0 | \$443,002,173 | 6.1 |
| HCBS - managed care authorities - DD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with SMI or SED | \$166,849,765 | 5.8 | \$166,933,227 | 0.1 | \$162,519,291 | -2.6 | \$166,786,630 | 2.6 | \$113,146,018 | -32.2 |
| Mental health facilities | \$24,940,465 | 1.1 | \$24,611,535 | -1.3 | \$20,099,818 | -18.3 | \$25,480,022 | 26.8 | \$17,880,215 | -29.8 |
| Mental health facilities-DSH | \$141,909,300 | 6.6 | \$141,909,300 | 0.0 | \$141,774,361 | -0.1 | \$140,863,502 | -0.6 | \$93,922,089 | -33.3 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$1,090,953 | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$412,392 | 100.0 | \$645,112 | 56.4 | \$443,106 | -31.3 | \$252,761 | -43.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-Other/Multiple Populations | \$15,118,308 | 9.6 | \$19,738,747 | 30.6 | \$18,849,600 | -4.5 | \$25,789,055 | 36.8 | \$23,991,363 | -7.0 |
| Case management | \$15,118,308 | 9.6 | \$19,738,747 | 30.6 | \$18,517,590 | -6.2 | \$22,697,188 | 22.6 | \$20,168,923 | -11.1 |
| 1915(c) waivers - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - other | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | \$332,010 | n/a | \$3,091,867 | 831.3 | \$3,822,440 | 23.6 |
| Total LTSS | \$2,372,489,890 | -5.9 | \$2,462,110,586 | 3.8 | \$2,496,421,973 | 1.4 | \$2,605,396,373 | 4.4 | \$2,735,407,036 | 5.0 |
| Total Institutional LTSS | \$1,643,279,244 | -8.1 | \$1,678,321,269 | 2.1 | \$1,680,489,824 | 0.1 | \$1,730,601,805 | 3.0 | \$1,793,313,271 | 3.6 |
| Total HCBS | \$729,210,646 | -0.4 | \$783,789,317 | 7.5 | \$815,932,149 | 4.1 | \$874,794,568 | 7.2 | \$942,093,765 | 7.7 |
| Total Medicaid (all services) | \$8,311,437,453 | -3.7 | \$9,191,931,626 | 10.6 | \$9,770,713,347 | 6.3 | \$10,734,386,893 | 9.9 | \$11,892,511,101 | 10.8 |

| Percentages | FY 2006 | FY 2007 | FY 2008 | FY 2009 | FY 2010 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 28.5% | 26.8% | 25.6% | 24.3% | 23.0% |
| Percentage of LTSS that is HCBS | 30.7% | 31.8% | 32.7% | 33.6% | 34.4% |
| Percentage of LTSS that is HCBS - AD | 17.6% | 19.0% | 20.5% | 21.7% | 22.0% |
| Percentage of LTSS that is HCBS - DD | 93.3% | 93.5% | 93.0% | 97.0% | 99.7% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.2% | 0.4% | 0.3% | 1.2% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data. Starting in 2008, managed care data are included for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities. "n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included for several categories of service until 2009. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

For data before 2009, prior period adjustments were included for the following categories of service: nursing home, personal care, Section 1915(c) waivers, PACE, ICF/IID, and mental health facilities (including DSH).

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS – unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Michigan home health data decreased significantly in 2010, offset by private duty nursing expenditures. These states may have reported private duty nursing spending under home health before 2010.

Table 24G. Long Term Services and Support Expenditures for Michigan, 2011 – 2014

| Service Type | FY 2011 | Percent Change 10-11 | FY 2012 | Percent Change 11-12 | FY 2013 | Percent Change 12-13 | FY 2014 | Percent Change 13-14 |
|---|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|
| Total-Older People, People with PD | \$2,234,157,925 | 3.7 | \$2,255,656,085 | 1.0 | \$2,351,270,592 | 4.2 | \$2,314,339,673 | -1.6 |
| Nursing facilities | \$1,723,803,444 | 2.6 | \$1,726,132,716 | 0.1 | \$1,770,353,112 | 2.6 | \$1,777,771,374 | 0.4 |
| Personal care | \$298,201,667 | 4.7 | \$306,895,482 | 2.9 | \$318,797,449 | 3.9 | \$328,895,626 | 3.2 |
| 1915(c) waivers - AD | \$151,386,020 | 11.3 | \$165,764,989 | 9.5 | \$198,526,767 | 19.8 | \$133,949,659 | -32.5 |
| Home health | \$6,067,010 | -4.1 | \$3,362,906 | -44.6 | \$3,797,940 | 12.9 | \$3,835,862 | 1.0 |
| Community first choice | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$22,909,732 | 21.8 | \$25,678,432 | 12.1 | \$28,761,048 | 12.0 | \$36,633,938 | 27.4 |
| Private duty nursing | \$31,790,052 | 13.8 | \$27,821,560 | -12.5 | \$31,034,276 | 11.5 | \$33,253,214 | 7.1 |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with DD | \$448,836,049 | 1.0 | \$448,407,211 | -0.1 | \$435,586,019 | -2.9 | \$455,145,047 | 4.5 |
| ICF/IID - public | \$55,280 | -95.7 | \$0 | -100.0 | \$215,843 | 100.0 | \$0 | -100.0 |
| ICF/IID - private | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - DD | \$448,780,769 | 1.3 | \$448,407,211 | -0.1 | \$435,370,176 | -2.9 | \$455,145,047 | 4.5 |
| HCBS - managed care authorities - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with SMI or SED | \$124,641,596 | 10.2 | \$125,496,280 | 0.7 | \$115,808,692 | -7.7 | \$166,095,090 | 43.4 |
| Mental health facilities | \$24,557,461 | 37.3 | \$19,311,309 | -21.4 | \$11,355,844 | -41.2 | \$35,057,544 | 208.7 |
| Mental health facilities-DSH | \$96,156,837 | 2.4 | \$101,043,110 | 5.1 | \$98,850,757 | -2.2 | \$125,105,674 | 26.6 |
| Rehabilitative services | \$581,678 | -46.7 | \$360,420 | -38.0 | \$245,567 | -31.9 | \$127,909 | -47.9 |
| 1915(c) waivers - SMI or SED | \$3,345,620 | 1223.6 | \$4,781,441 | 42.9 | \$5,356,524 | 12.0 | \$5,803,963 | 8.4 |
| HCBS - 1915(i) - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-Other/Multiple Populations | \$25,278,611 | 5.4 | \$35,210,273 | 39.3 | \$38,089,395 | 8.2 | \$46,580,999 | 22.3 |
| Case management | \$18,243,148 | -9.5 | \$19,986,435 | 9.6 | \$22,340,366 | 11.8 | \$27,371,511 | 22.5 |
| 1915(c) waivers - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| MFP demonstration | \$7,035,463 | 84.1 | \$15,223,838 | 116.4 | \$15,749,029 | 3.4 | \$19,209,488 | 22.0 |
| Total LTSS | \$2,832,914,181 | 3.6 | \$2,864,769,849 | 1.1 | \$2,940,754,698 | 2.7 | \$2,982,160,809 | 1.4 |
| Total Institutional LTSS | \$1,844,573,022 | 2.9 | \$1,846,487,135 | 0.1 | \$1,880,775,556 | 1.9 | \$1,937,934,592 | 3.0 |
| Total HCBS | \$988,341,159 | 4.9 | \$1,018,282,714 | 3.0 | \$1,059,979,142 | 4.1 | \$1,044,226,217 | -1.5 |
| Total Medicaid (all services) | \$12,102,276,355 | 1.8 | \$12,154,057,065 | 0.4 | \$12,374,270,277 | 1.8 | \$13,437,251,832 | 8.6 |

| Percentages | FY 2011 | FY 2012 | FY 2013 | FY 2014 |
|--|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 23.4% | 23.6% | 23.8% | 22.2% |
| Percentage of LTSS that is HCBS | 34.9% | 35.6% | 36.0% | 35.0% |
| Percentage of LTSS that is HCBS - AD | 22.8% | 23.5% | 24.7% | 23.2% |
| Percentage of LTSS that is HCBS - DD | 100.0% | 100.0% | 100.0% | 100.0% |
| Percentage of LTSS that is HCBS - SMI or SED | 3.2% | 4.1% | 4.8% | 3.6% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Managed care data are included only for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care.

Institutional MLTSS – unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 25A. Long Term Services and Support Expenditures for Minnesota, 1981 – 1985

| Service Type | FY 1981 | FY 1982 | Percent Change 81-82 | FY 1983 | Percent Change 82-83 | FY 1984 | Percent Change 83-84 | FY 1985 | Percent Change 84-85 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$326,995,649 | \$366,873,981 | 12.2 | \$392,228,491 | 6.9 | \$424,459,408 | 8.2 | \$446,864,655 | 5.3 |
| Personal care | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$6,525,288 | n/a |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$3,408,855 | \$3,657,689 | 7.3 | \$4,357,058 | 19.1 | \$5,292,209 | 21.5 | \$6,896,789 | 30.3 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$112,511,213 | \$155,020,197 | 37.8 | \$176,347,345 | 13.8 | \$204,537,487 | 16.0 | \$218,467,005 | 6.8 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS- managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$8,757,358 | \$10,582,381 | 20.8 | \$8,927,108 | -15.6 | \$10,842,847 | 21.5 | \$12,127,921 | 11.9 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | n/a | n/a | n/a | n/a | n/a | \$2,113 | n/a | \$4,041,568 | 191171.6 |
| HCBS- managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$451,673,075 | \$536,134,248 | 18.7 | \$581,860,002 | 8.5 | \$645,134,064 | 10.9 | \$694,923,226 | 7.7 |
| Total Institutional LTSS | \$448,264,220 | \$532,476,559 | 18.8 | \$577,502,944 | 8.5 | \$639,839,742 | 10.8 | \$677,459,581 | 5.9 |
| Total HCBS | \$3,408,855 | \$3,657,689 | 7.3 | \$4,357,058 | 19.1 | \$5,294,322 | 21.5 | \$17,463,645 | 229.9 |
| Total Medicaid (all services) | \$681,453,506 | \$803,261,401 | 17.9 | \$881,347,124 | 9.7 | \$961,267,193 | 9.1 | \$1,038,160,693 | 8.0 |

| Percentages | FY 1981 | FY 1982 | FY 1983 | FY 1984 | FY 1985 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 66.3% | 66.7% | 66.0% | 67.1% | 66.9% |
| Percentage of LTSS that is HCBS | 0.8% | 0.7% | 0.7% | 0.8% | 2.5% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states includes expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data.

Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 25B. Long Term Services and Support Expenditures for Minnesota, 1986 – 1990

| Service Type | FY 1986 | Percent Change 85-86 | FY 1987 | Percent Change 86-87 | FY 1988 | Percent Change 87-88 | FY 1989 | Percent Change 88-89 | FY 1990 | Percent Change 89-90 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$444,955,094 | -0.4 | \$458,222,904 | 3.0 | \$455,940,094 | -0.5 | \$472,547,375 | 3.6 | \$532,618,039 | 12.7 |
| Personal care | \$7,026,609 | 7.7 | \$7,482,705 | 6.5 | \$9,229,361 | 23.3 | \$18,662,177 | 102.2 | \$35,587,816 | 90.7 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$7,645,413 | 10.9 | \$8,225,763 | 7.6 | \$9,190,703 | 11.7 | \$11,735,821 | 27.7 | \$13,796,934 | 17.6 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$225,356,795 | 3.2 | \$392,188,752 | 74.0 | \$238,699,655 | -39.1 | \$233,090,315 | -2.3 | \$252,233,427 | 8.2 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$13,094,809 | 8.0 | \$13,048,066 | -0.4 | \$13,800,790 | 5.8 | \$23,232,003 | 68.3 | \$33,501,993 | 44.2 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | \$11,203,673 | 177.2 | \$18,362,225 | 63.9 | \$36,329,686 | 97.9 | \$60,003,290 | 65.2 | \$71,694,465 | 19.5 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$709,282,393 | 2.1 | \$897,530,415 | 26.5 | \$763,190,289 | -15.0 | \$819,270,981 | 7.3 | \$939,432,674 | 14.7 |
| Total Institutional LTSS | \$683,406,698 | 0.9 | \$863,459,722 | 26.3 | \$708,440,539 | -18.0 | \$728,869,693 | 2.9 | \$818,353,459 | 12.3 |
| Total HCBS | \$25,875,695 | 48.2 | \$34,070,693 | 31.7 | \$54,749,750 | 60.7 | \$90,401,288 | 65.1 | \$121,079,215 | 33.9 |
| Total Medicaid (all services) | \$1,059,612,274 | 2.1 | \$1,130,454,361 | 6.7 | \$1,213,769,330 | 7.4 | \$1,305,661,624 | 7.6 | \$1,472,258,138 | 12.8 |

| Percentages | FY 1986 | FY 1987 | FY 1988 | FY 1989 | FY 1990 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 66.9% | 79.4% | 62.9% | 62.7% | 63.8% |
| Percentage of LTSS that is HCBS | 3.6% | 3.8% | 7.2% | 11.0% | 12.9% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997. ICF/IID 1987 data were greater than 1986 and 1988 data for an unknown reason.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 25C. Long Term Services and Support Expenditures for Minnesota, 1991 – 1995

| Service Type | FY 1991 | Percent Change 90-91 | FY 1992 | Percent Change 91-92 | FY 1993 | Percent Change 92-93 | FY 1994 | Percent Change 93-94 | FY 1995 | Percent Change 94-95 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$1,046,433,597 | n/a |
| Nursing facilities | \$600,453,650 | 12.7 | \$694,237,549 | 15.6 | \$740,195,289 | 6.6 | \$863,958,166 | 16.7 | \$1,003,731,486 | 16.2 |
| Personal care | \$53,625,360 | 50.7 | \$64,770,691 | 20.8 | \$83,389,728 | 28.7 | \$84,999,953 | 1.9 | \$0 | -100.0 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$42,702,111 | n/a |
| Home health | \$17,414,467 | 26.2 | \$18,446,506 | 5.9 | \$22,709,822 | 23.1 | \$16,606,608 | -26.9 | \$0 | -100.0 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$324,597,992 | n/a |
| ICF/IID - public | \$266,659,212 | 5.7 | \$283,108,496 | 6.2 | \$288,650,678 | 2.0 | \$212,416,084 | -26.4 | \$113,629,516 | -46.5 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$210,968,476 | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$12,832,689 | n/a |
| Mental health facilities | \$36,010,449 | 7.5 | \$36,805,974 | 2.2 | \$31,795,229 | -13.6 | \$26,217,353 | -17.5 | \$12,832,689 | -51.1 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | \$7,702,720 | n/a | \$4,359,901 | -43.4 | \$0 | -100.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$3,468,632 | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified/other | \$84,985,478 | 18.5 | \$102,572,235 | 20.7 | \$134,625,478 | 31.2 | \$126,998,896 | -5.7 | \$3,468,632 | n/a |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$1,059,148,616 | 12.7 | \$1,199,941,451 | 13.3 | \$1,309,068,944 | 9.1 | \$1,335,556,961 | 2.0 | \$1,387,332,910 | 3.9 |
| Total Institutional LTSS | \$903,123,311 | 10.4 | \$1,014,152,019 | 12.3 | \$1,068,343,916 | 5.3 | \$1,106,951,504 | 3.6 | \$1,130,193,691 | 2.1 |
| Total HCBS | \$156,025,305 | 28.9 | \$185,789,432 | 19.1 | \$240,725,028 | 29.6 | \$228,605,457 | -5.0 | \$257,139,219 | 12.5 |
| Total Medicaid (all services) | \$1,703,362,286 | 15.7 | \$1,941,154,258 | 14.0 | \$2,167,024,589 | 11.6 | \$2,469,716,933 | 14.0 | \$2,749,384,634 | 11.3 |

| Percentages | FY 1991 | FY 1992 | FY 1993 | FY 1994 | FY 1995 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 62.2% | 61.8% | 60.4% | 54.1% | 50.5% |
| Percentage of LTSS that is HCBS | 14.7% | 15.5% | 18.4% | 17.1% | 18.5% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | 4.1% |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | 65.0% |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included except for 1915(c) waivers for 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 25D. Long Term Services and Support Expenditures for Minnesota, 1996 – 2000

| Service Type | FY 1996 | Percent Change 95-96 | FY 1997 | Percent Change 96-97 | FY 1998 | Percent Change 97-98 | FY 1999 | Percent Change 98-99 | FY 2000 | Percent Change 99-00 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$1,030,442,302 | -1.5 | \$1,045,194,226 | 1.4 | \$1,050,291,104 | 0.5 | \$1,067,132,618 | 1.6 | \$1,085,883,660 | 1.8 |
| Nursing facilities | \$926,073,824 | -7.7 | \$858,247,892 | -7.3 | \$847,424,423 | -1.3 | \$856,034,732 | 1.0 | \$848,854,659 | -0.8 |
| Personal care | \$50,600,736 | 100.0 | \$89,942,376 | 77.7 | \$98,637,571 | 9.7 | \$108,232,465 | 9.7 | \$119,282,905 | 10.2 |
| 1915(c) waivers - AD | \$24,348,327 | -43.0 | \$45,547,793 | 87.1 | \$53,215,318 | 16.8 | \$49,266,319 | -7.4 | \$60,564,594 | 22.9 |
| Home health | \$29,419,415 | 100.0 | \$51,456,165 | 74.9 | \$51,013,792 | -0.9 | \$53,599,102 | 5.1 | \$57,181,502 | 6.7 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$293,481,808 | -9.6 | \$506,199,249 | 72.5 | \$544,465,758 | 7.6 | \$542,081,024 | -0.4 | \$613,870,453 | 13.2 |
| ICF/IID - public | \$169,064,283 | 48.8 | \$49,390,773 | -70.8 | \$39,973,905 | -19.1 | \$17,376,352 | -56.5 | \$9,454,161 | -45.6 |
| ICF/IID - private | n/a | n/a | \$189,237,590 | n/a | \$183,861,509 | -2.8 | \$170,545,452 | -7.2 | \$199,259,851 | 16.8 |
| 1915(c) waivers - DD | \$124,417,525 | -41.0 | \$267,570,886 | 115.1 | \$320,630,344 | 19.8 | \$354,159,220 | 10.5 | \$405,156,441 | 14.4 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$23,375,624 | 82.2 | \$27,524,010 | 17.7 | \$20,781,294 | -24.5 | \$20,605,358 | -0.8 | \$10,312,274 | -50.0 |
| Mental health facilities | \$18,821,891 | 46.7 | \$21,350,900 | 13.4 | \$16,221,012 | -24.0 | \$18,266,730 | 12.6 | \$9,845,826 | -46.1 |
| Mental health facilities-DSH | \$4,553,733 | 100.0 | \$6,173,110 | 35.6 | \$4,560,282 | -26.1 | \$2,338,628 | -48.7 | \$466,448 | -80.1 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$3,472,915 | 0.1 | \$61,056,796 | 1658.1 | \$76,180,262 | 24.8 | \$80,539,594 | 5.7 | \$135,398,679 | 68.1 |
| Case management | n/a | n/a | \$53,333,101 | n/a | \$66,279,077 | 24.3 | \$69,533,408 | 4.9 | \$121,703,605 | 75.0 |
| 1915(c) waivers - other | \$3,472,915 | 0.1 | \$7,723,695 | 122.4 | \$9,901,185 | 28.2 | \$11,006,186 | 11.2 | \$13,695,074 | 24.4 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$1,350,772,649 | -2.6 | \$1,639,974,281 | 21.4 | \$1,691,718,418 | 3.2 | \$1,710,358,594 | 1.1 | \$1,845,465,066 | 7.9 |
| Total Institutional LTSS | \$1,118,513,731 | -1.0 | \$1,124,400,265 | 0.5 | \$1,092,041,131 | -2.9 | \$1,064,561,894 | -2.5 | \$1,067,880,945 | 0.3 |
| Total HCBS | \$232,258,918 | -9.7 | \$515,574,016 | 122.0 | \$599,677,287 | 16.3 | \$645,796,700 | 7.7 | \$777,584,121 | 20.4 |
| Total Medicaid (all services) | \$2,800,415,437 | 1.9 | \$2,746,987,575 | -1.9 | \$2,937,923,815 | 7.0 | \$3,119,764,555 | 6.2 | \$3,372,183,708 | 8.1 |

| Percentages | FY 1996 | FY 1997 | FY 1998 | FY 1999 | FY 2000 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 48.2% | 59.7% | 57.6% | 54.8% | 54.7% |
| Percentage of LTSS that is HCBS | 17.2% | 31.4% | 35.4% | 37.8% | 42.1% |
| Percentage of LTSS that is HCBS - AD | 10.1% | 17.9% | 19.3% | 19.8% | 21.8% |
| Percentage of LTSS that is HCBS - DD | 42.4% | 52.9% | 58.9% | 65.3% | 66.0% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included except for 1915(c) waivers. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Minnesota data from 1997 through 2007 do not include expenditures for managed care programs for older adults and people with physical disabilities.

Table 25E. Long Term Services and Support Expenditures for Minnesota, 2001 – 2005

| Service Type | FY 2001 | Percent Change 00-01 | FY 2002 | Percent Change 01-02 | FY 2003 | Percent Change 02-03 | FY 2004 | Percent Change 03-04 | FY 2005 | Percent Change 04-05 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$1,168,473,113 | 7.6 | \$1,211,042,487 | 3.6 | \$1,338,283,788 | 10.5 | \$1,413,571,240 | 5.6 | \$1,456,748,624 | 3.1 |
| Nursing facilities | \$901,300,471 | 6.2 | \$893,445,153 | -0.9 | \$927,386,843 | 3.8 | \$906,783,944 | -2.2 | \$859,096,238 | -5.3 |
| Personal care | \$128,741,913 | 7.9 | \$136,513,324 | 6.0 | \$163,823,808 | 20.0 | \$203,187,662 | 24.0 | \$250,262,983 | 23.2 |
| 1915(c) waivers - AD | \$79,886,597 | 31.9 | \$116,966,394 | 46.4 | \$180,112,870 | 54.0 | \$230,961,282 | 28.2 | \$272,648,396 | 18.0 |
| Home health | \$58,544,132 | 2.4 | \$64,117,616 | 9.5 | \$66,954,808 | 4.4 | \$72,638,352 | 8.5 | \$74,741,007 | 2.9 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$5,459 | 100.0 | \$0 | -100.0 | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$730,480,067 | 19.0 | \$919,310,445 | 25.9 | \$1,001,658,693 | 9.0 | \$992,883,758 | -0.9 | \$1,009,510,272 | 1.7 |
| ICF/IID - public | \$24,141,294 | 155.4 | \$19,541,469 | -19.1 | \$14,425,954 | -26.2 | \$12,876,312 | -10.7 | \$11,040,128 | -14.3 |
| ICF/IID - private | \$193,521,197 | -2.9 | \$188,299,780 | -2.7 | \$180,299,433 | -4.2 | \$168,039,753 | -6.8 | \$160,415,545 | -4.5 |
| 1915(c) waivers - DD | \$512,817,576 | 26.6 | \$711,469,196 | 38.7 | \$806,933,306 | 13.4 | \$811,967,693 | 0.6 | \$838,054,599 | 3.2 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$35,033,629 | 239.7 | \$53,412,990 | 52.5 | \$53,916,322 | 0.9 | \$41,781,991 | -22.5 | \$48,042,068 | 15.0 |
| Mental health facilities | \$32,807,429 | 233.2 | \$50,471,045 | 53.8 | \$50,486,674 | 0.0 | \$40,883,652 | -19.0 | \$47,345,252 | 15.8 |
| Mental health facilities-DSH | \$2,226,200 | 377.3 | \$2,941,945 | 32.2 | \$3,429,648 | 16.6 | \$898,339 | -73.8 | \$696,816 | -22.4 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$181,108,517 | 33.8 | \$205,956,446 | 13.7 | \$226,753,620 | 10.1 | \$201,703,292 | -11.0 | \$223,158,333 | 10.6 |
| Case management | \$164,090,928 | 34.8 | \$180,261,199 | 9.9 | \$187,149,932 | 3.8 | \$147,304,832 | -21.3 | \$160,723,449 | 9.1 |
| 1915(c) waivers - other | \$17,017,589 | 24.3 | \$25,695,247 | 51.0 | \$39,603,688 | 54.1 | \$54,398,460 | 37.4 | \$62,434,884 | 14.8 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$2,115,095,326 | 14.6 | \$2,389,722,368 | 13.0 | \$2,620,612,423 | 9.7 | \$2,649,940,281 | 1.1 | \$2,737,459,297 | 3.3 |
| Total Institutional LTSS | \$1,153,996,591 | 8.1 | \$1,154,699,392 | 0.1 | \$1,176,028,552 | 1.8 | \$1,129,482,000 | -4.0 | \$1,078,593,979 | -4.5 |
| Total HCBS | \$961,098,735 | 23.6 | \$1,235,022,976 | 28.5 | \$1,444,583,871 | 17.0 | \$1,520,458,281 | 5.3 | \$1,658,865,318 | 9.1 |
| Total Medicaid (all services) | \$3,908,644,831 | 15.9 | \$4,610,522,548 | 18.0 | \$4,918,483,606 | 6.7 | \$5,404,174,754 | 9.9 | \$5,611,519,311 | 3.8 |

| Percentages | FY 2001 | FY 2002 | FY 2003 | FY 2004 | FY 2005 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 54.1% | 51.8% | 53.3% | 49.0% | 48.8% |
| Percentage of LTSS that is HCBS | 45.4% | 51.7% | 55.1% | 57.4% | 60.6% |
| Percentage of LTSS that is HCBS - AD | 22.9% | 26.2% | 30.7% | 35.9% | 41.0% |
| Percentage of LTSS that is HCBS - DD | 70.2% | 77.4% | 80.6% | 81.8% | 83.0% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments were included starting in 1995 for Section 1915(c) waivers, in 2002 for nursing facilities, personal care, ICF/IID, and mental health facilities (including DSH); and in 2004 for PACE. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Minnesota data from 1997 through 2007 do not include expenditures for managed care programs for older adults and people with physical disabilities.

Table 25F. Long Term Services and Support Expenditures for Minnesota, 2006 – 2010

| Service Type | FY 2006 | Percent Change 05-06 | FY 2007 | Percent Change 06-07 | FY 2008 | Percent Change 07-08 | FY 2009 | Percent Change 08-09 | FY 2010 | Percent Change 09-10 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$1,585,464,396 | 8.8 | \$1,710,586,941 | 7.9 | \$2,031,658,003 | 18.8 | \$2,165,666,841 | 6.6 | \$2,267,173,455 | 4.7 |
| Nursing facilities | \$850,674,566 | -1.0 | \$834,645,795 | -1.9 | \$859,873,961 | 3.0 | \$871,036,606 | 1.3 | \$849,706,275 | -2.4 |
| Personal care | \$281,614,143 | 12.5 | \$314,147,867 | 11.6 | \$451,070,117 | 43.6 | \$504,877,445 | 11.9 | \$539,198,332 | 6.8 |
| 1915(c) waivers - AD | \$376,754,365 | 38.2 | \$483,115,679 | 28.2 | \$614,904,611 | 27.3 | \$682,553,169 | 11.0 | \$674,303,584 | -1.2 |
| Home health | \$76,421,322 | 2.2 | \$78,677,600 | 3.0 | \$105,809,314 | 34.5 | \$107,199,621 | 1.3 | \$118,999,685 | 11.0 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$84,965,579 | n/a |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with DD | \$1,048,859,255 | 3.9 | \$1,082,104,655 | 3.2 | \$1,112,936,002 | 2.8 | \$1,113,824,641 | 0.1 | \$1,137,228,896 | 2.1 |
| ICF/IID - public | \$13,302,660 | 20.5 | \$12,899,543 | -3.0 | \$12,953,331 | 0.4 | \$10,383,499 | -19.8 | \$9,840,849 | -5.2 |
| ICF/IID - private | \$158,038,485 | -1.5 | \$162,476,906 | 2.8 | \$165,404,727 | 1.8 | \$163,530,656 | -1.1 | \$159,270,554 | -2.6 |
| 1915(c) waivers - DD | \$877,518,110 | 4.7 | \$906,728,206 | 3.3 | \$934,577,944 | 3.1 | \$939,910,486 | 0.6 | \$968,117,493 | 3.0 |
| HCBS - managed care authorities - DD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with SMI or SED | \$55,648,634 | 15.8 | \$59,990,919 | 7.8 | \$66,109,084 | 10.2 | \$53,721,460 | -18.7 | \$62,197,350 | 15.8 |
| Mental health facilities | \$54,728,374 | 15.6 | \$59,303,128 | 8.4 | \$66,026,338 | 11.3 | \$53,639,400 | -18.8 | \$61,816,181 | 15.2 |
| Mental health facilities-DSH | \$920,260 | 32.1 | \$687,791 | -25.3 | \$82,746 | -88.0 | \$82,060 | -0.8 | \$381,169 | 364.5 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-Other/Multiple Populations | \$227,739,855 | 2.1 | \$222,446,743 | -2.3 | \$239,654,985 | 7.7 | \$255,027,619 | 6.4 | \$302,910,395 | 18.8 |
| Case management | \$158,997,431 | -1.1 | \$141,817,581 | -10.8 | \$149,485,228 | 5.4 | \$158,502,334 | 6.0 | \$202,026,086 | 27.5 |
| 1915(c) waivers - other | \$68,742,424 | 10.1 | \$80,629,162 | 17.3 | \$90,169,757 | 11.8 | \$96,525,285 | 7.0 | \$100,884,309 | 4.5 |
| HCBS - managed care authorities - other | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| Total LTSS | \$2,917,712,140 | 6.6 | \$3,075,129,258 | 5.4 | \$3,450,358,074 | 12.2 | \$3,588,240,561 | 4.0 | \$3,769,510,096 | 5.1 |
| Total Institutional LTSS | \$1,077,664,345 | -0.1 | \$1,070,013,163 | -0.7 | \$1,104,341,103 | 3.2 | \$1,098,672,221 | -0.5 | \$1,081,015,028 | -1.6 |
| Total HCBS | \$1,840,047,795 | 10.9 | \$2,005,116,095 | 9.0 | \$2,346,016,971 | 17.0 | \$2,489,568,340 | 6.1 | \$2,688,495,068 | 8.0 |
| Total Medicaid (all services) | \$5,478,504,302 | -2.4 | \$6,139,226,808 | 12.1 | \$7,004,144,555 | 14.1 | \$7,425,130,969 | 6.0 | \$7,517,027,503 | 1.2 |

| Percentages | FY 2006 | FY 2007 | FY 2008 | FY 2009 | FY 2010 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 53.3% | 50.1% | 49.3% | 48.3% | 50.2% |
| Percentage of LTSS that is HCBS | 63.1% | 65.2% | 68.0% | 69.4% | 71.3% |
| Percentage of LTSS that is HCBS - AD | 46.3% | 51.2% | 57.7% | 59.8% | 62.5% |
| Percentage of LTSS that is HCBS - DD | 83.7% | 83.8% | 84.0% | 84.4% | 85.1% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data. Starting in 2008, managed care data are included for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities. "n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included for several categories of service until 2009. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

For data before 2009, prior period adjustments were included for the following categories of service: nursing home, personal care, Section 1915(c) waivers, PACE, ICF/IID, and mental health facilities (including DSH).

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Minnesota data from 1997 through 2007 do not include expenditures for managed care programs for older adults and people with physical disabilities.

Table 25G. Long Term Services and Support Expenditures for Minnesota, 2011 – 2014

| Service Type | FY 2011 | Percent Change 10-11 | FY 2012 | Percent Change 11-12 | FY 2013 | Percent Change 12-13 | FY 2014 | Percent Change 13-14 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|-------------------------|----------------------|
| Total-Older People, People with PD | \$2,328,871,545 | 2.7 | \$2,358,018,223 | 1.3 | \$2,353,633,286 | -0.2 | \$2,543,072,540 | 8.0 |
| Nursing facilities | \$820,136,574 | -3.5 | \$816,475,470 | -0.4 | \$781,797,797 | -4.2 | \$800,276,281 | 2.4 |
| Personal care | \$566,068,671 | 5.0 | \$577,182,721 | 2.0 | \$598,505,543 | 3.7 | \$660,231,906 | 10.3 |
| 1915(c) waivers - AD | \$721,656,223 | 7.0 | \$750,849,957 | 4.0 | \$758,744,695 | 1.1 | \$852,902,340 | 12.4 |
| Home health | \$127,506,131 | 7.1 | \$117,238,845 | -8.1 | \$114,036,956 | -2.7 | \$118,209,312 | 3.7 |
| Community first choice | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Private duty nursing | \$93,503,946 | 10.0 | \$96,271,230 | 3.0 | \$100,548,295 | 4.4 | \$111,452,701 | 10.8 |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with DD | \$1,156,996,616 | 1.7 | \$1,175,404,545 | 1.6 | \$1,174,312,673 | -0.1 | \$1,240,286,536 | 5.6 |
| ICF/IID - public | \$9,859,584 | 0.2 | \$9,664,984 | -2.0 | \$9,824,178 | 1.6 | \$9,441,160 | -3.9 |
| ICF/IID - private | \$157,041,565 | -1.4 | \$154,479,655 | -1.6 | \$151,862,966 | -1.7 | \$157,787,809 | 3.9 |
| 1915(c) waivers - DD | \$990,095,467 | 2.3 | \$1,011,259,906 | 2.1 | \$1,012,625,529 | 0.1 | \$1,073,057,567 | 6.0 |
| HCBS - managed care authorities - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with SMI or SED | \$89,894,861 | 44.5 | \$93,421,670 | 3.9 | \$87,006,122 | -6.9 | \$78,731,113 | -9.5 |
| Mental health facilities | \$64,756,787 | 4.8 | \$93,207,158 | 43.9 | \$86,750,812 | -6.9 | \$78,719,554 | -9.3 |
| Mental health facilities-DSH | \$25,138,074 | 6495.0 | \$214,512 | -99.1 | \$197,998 | -7.7 | \$11,559 | -94.2 |
| Rehabilitative services | \$0 | 0.0 | \$0 | 0.0 | \$57,312 | 100.0 | \$0 | -100.0 |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-Other/Multiple Populations | \$293,271,786 | -3.2 | \$294,382,219 | 0.4 | \$294,856,194 | 0.2 | \$297,483,277 | 0.9 |
| Case management | \$200,380,325 | -0.8 | \$199,908,880 | -0.2 | \$201,920,861 | 1.0 | \$201,360,764 | -0.3 |
| 1915(c) waivers - other | \$92,891,461 | -7.9 | \$94,473,339 | 1.7 | \$92,935,333 | -1.6 | \$95,487,367 | 2.7 |
| HCBS - managed care authorities - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| MFP demonstration | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$635,146 | 100.0 |
| Total LTSS | \$3,869,034,808 | 2.6 | \$3,921,226,657 | 1.3 | \$3,909,808,275 | -0.3 | \$4,159,573,466 | 6.4 |
| Total Institutional LTSS | \$1,076,932,584 | -0.4 | \$1,074,041,779 | -0.3 | \$1,030,433,751 | -4.1 | \$1,046,236,363 | 1.5 |
| Total HCBS | \$2,792,102,224 | 3.9 | \$2,847,184,878 | 2.0 | \$2,879,374,524 | 1.1 | \$3,113,337,103 | 8.1 |
| Total Medicaid (all services) | \$8,446,824,328 | 12.4 | \$8,920,980,000 | 5.6 | \$8,919,871,826 | 0.0 | \$10,054,103,646 | 12.7 |

| Percentages | FY 2011 | FY 2012 | FY 2013 | FY 2014 |
|--|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 45.8% | 44.0% | 43.8% | 41.4% |
| Percentage of LTSS that is HCBS | 72.2% | 72.6% | 73.6% | 74.9% |
| Percentage of LTSS that is HCBS - AD | 64.8% | 65.4% | 66.8% | 68.5% |
| Percentage of LTSS that is HCBS - DD | 85.6% | 86.0% | 86.2% | 86.5% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.1% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Managed care data are included only for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care.

Institutional MLTSS – unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 26A. Long Term Services and Support Expenditures for Mississippi, 1981 – 1985

| Service Type | FY 1981 | FY 1982 | Percent Change 81-82 | FY 1983 | Percent Change 82-83 | FY 1984 | Percent Change 83-84 | FY 1985 | Percent Change 84-85 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$85,718,019 | \$98,121,435 | 14.5 | \$105,913,710 | 7.9 | \$105,753,764 | -0.2 | \$102,035,177 | -3.5 |
| Personal care | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$712,071 | \$576,735 | -19.0 | \$1,601,046 | 177.6 | \$1,915,447 | 19.6 | \$1,624,998 | -15.2 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$15,831,305 | \$20,579,205 | 30.0 | \$23,589,654 | 14.6 | \$24,854,792 | 5.4 | \$23,459,332 | -5.6 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$102,261,395 | \$119,277,375 | 16.6 | \$131,104,410 | 9.9 | \$132,524,003 | 1.1 | \$127,119,507 | -4.1 |
| Total Institutional LTSS | \$101,549,324 | \$118,700,640 | 16.9 | \$129,503,364 | 9.1 | \$130,608,556 | 0.9 | \$125,494,509 | -3.9 |
| Total HCBS | \$712,071 | \$576,735 | -19.0 | \$1,601,046 | 177.6 | \$1,915,447 | 19.6 | \$1,624,998 | -15.2 |
| Total Medicaid (all services) | \$253,953,776 | \$275,569,531 | 8.5 | \$314,923,569 | 14.3 | \$317,600,046 | 0.8 | \$298,388,662 | -6.0 |

| Percentages | FY 1981 | FY 1982 | FY 1983 | FY 1984 | FY 1985 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 40.3% | 43.3% | 41.6% | 41.7% | 42.6% |
| Percentage of LTSS that is HCBS | 0.7% | 0.5% | 1.2% | 1.4% | 1.3% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data.

Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 26B. Long Term Services and Support Expenditures for Mississippi, 1986 – 1990

| Service Type | FY 1986 | Percent Change 85-86 | FY 1987 | Percent Change 86-87 | FY 1988 | Percent Change 87-88 | FY 1989 | Percent Change 88-89 | FY 1990 | Percent Change 89-90 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$108,186,648 | 6.0 | \$113,859,850 | 5.2 | \$124,283,679 | 9.2 | \$129,071,992 | 3.9 | \$145,804,035 | 13.0 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$2,477,856 | 52.5 | \$3,045,745 | 22.9 | \$3,684,181 | 21.0 | \$4,750,852 | 29.0 | \$6,030,517 | 26.9 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$24,369,557 | 3.9 | \$46,988,480 | 92.8 | \$32,523,716 | -30.8 | \$38,892,283 | 19.6 | \$45,541,554 | 17.1 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | \$0 | 0.0 | \$145,157 | 100.0 | \$565,727 | 289.7 | \$928,772 | 64.2 | \$1,195,594 | 28.7 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$135,034,061 | 6.2 | \$164,039,232 | 21.5 | \$161,057,303 | -1.8 | \$173,643,899 | 7.8 | \$198,571,700 | 14.4 |
| Total Institutional LTSS | \$132,556,205 | 5.6 | \$160,848,330 | 21.3 | \$156,807,395 | -2.5 | \$167,964,275 | 7.1 | \$191,345,589 | 13.9 |
| Total HCBS | \$2,477,856 | 52.5 | \$3,190,902 | 28.8 | \$4,249,908 | 33.2 | \$5,679,624 | 33.6 | \$7,226,111 | 27.2 |
| Total Medicaid (all services) | \$339,382,533 | 13.7 | \$389,916,561 | 14.9 | \$446,721,073 | 14.6 | \$512,460,371 | 14.7 | \$623,582,961 | 21.7 |

| Percentages | FY 1986 | FY 1987 | FY 1988 | FY 1989 | FY 1990 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 39.8% | 42.1% | 36.1% | 33.9% | 31.8% |
| Percentage of LTSS that is HCBS | 1.8% | 1.9% | 2.6% | 3.3% | 3.6% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997. ICF/IID 1987 data were greater than 1986 and 1988 data for an unknown reason.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 26C. Long Term Services and Support Expenditures for Mississippi, 1991 – 1995

| Service Type | FY 1991 | Percent Change 90-91 | FY 1992 | Percent Change 91-92 | FY 1993 | Percent Change 92-93 | FY 1994 | Percent Change 93-94 | FY 1995 | Percent Change 94-95 |
|---|----------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$289,429,381 | n/a |
| Nursing facilities | \$204,629,355 | 40.3 | \$240,991,427 | 17.8 | \$211,524,927 | -12.2 | \$244,345,217 | 15.5 | \$276,092,628 | 13.0 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$88 | 100.0 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$1,717,748 | n/a |
| Home health | \$7,001,178 | 16.1 | \$6,183,473 | -11.7 | \$7,968,755 | 28.9 | \$8,235,817 | 3.4 | \$11,618,917 | 41.1 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$89,934,665 | n/a |
| ICF/IID - public | \$43,200,069 | -5.1 | \$62,156,453 | 43.9 | \$79,043,314 | 27.2 | \$84,960,608 | 7.5 | \$89,934,665 | 5.9 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$23,888,757 | n/a |
| Mental health facilities | \$0 | 0.0 | \$9,716,989 | 100.0 | \$15,138,590 | 55.8 | \$19,841,282 | 31.1 | \$23,888,757 | 20.4 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified/other | \$1,300,815 | 8.8 | \$1,196,389 | -8.0 | \$1,269,017 | 6.1 | \$1,087,694 | -14.3 | \$0 | n/a |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$256,131,417 | 29.0 | \$320,244,731 | 25.0 | \$314,944,603 | -1.7 | \$358,470,618 | 13.8 | \$403,252,803 | 12.5 |
| Total Institutional LTSS | \$247,829,424 | 29.5 | \$312,864,869 | 26.2 | \$305,706,831 | -2.3 | \$349,147,107 | 14.2 | \$389,916,050 | 11.7 |
| Total HCBS | \$8,301,993 | 14.9 | \$7,379,862 | -11.1 | \$9,237,772 | 25.2 | \$9,323,511 | 0.9 | \$13,336,753 | 43.0 |
| Total Medicaid (all services) | \$817,007,713 | 31.0 | \$1,083,968,601 | 32.7 | \$1,196,474,521 | 10.4 | \$1,329,950,127 | 11.2 | \$1,523,976,491 | 14.6 |

| Percentages | FY 1991 | FY 1992 | FY 1993 | FY 1994 | FY 1995 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 31.3% | 29.5% | 26.3% | 27.0% | 26.5% |
| Percentage of LTSS that is HCBS | 3.2% | 2.3% | 2.9% | 2.6% | 3.3% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | 4.6% |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | 0.0% |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data.

Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included except for 1915(c) waivers for 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 26D. Long Term Services and Support Expenditures for Mississippi, 1996 – 2000

| Service Type | FY 1996 | Percent Change 95-96 | FY 1997 | Percent Change 96-97 | FY 1998 | Percent Change 97-98 | FY 1999 | Percent Change 98-99 | FY 2000 | Percent Change 99-00 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$309,713,435 | 7.0 | \$326,452,881 | 5.4 | \$334,690,074 | 2.5 | \$396,164,428 | 18.4 | \$411,273,325 | 3.8 |
| Nursing facilities | \$291,640,928 | 5.6 | \$309,215,005 | 6.0 | \$315,010,519 | 1.9 | \$375,333,879 | 19.1 | \$383,751,614 | 2.2 |
| Personal care | \$0 | -100.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | \$3,675,127 | 114.0 | \$6,272,810 | 70.7 | \$7,569,955 | 20.7 | \$15,175,262 | 100.5 | \$18,426,404 | 21.4 |
| Home health | \$14,397,380 | 23.9 | \$10,965,066 | -23.8 | \$12,109,600 | 10.4 | \$5,655,287 | -53.3 | \$9,095,307 | 60.8 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$101,925,115 | 13.3 | \$119,385,969 | 17.1 | \$131,470,640 | 10.1 | \$144,188,674 | 9.7 | \$161,665,960 | 12.1 |
| ICF/IID - public | \$101,925,115 | 13.3 | \$93,349,313 | -8.4 | \$104,399,998 | 11.8 | \$114,718,447 | 9.9 | \$131,317,926 | 14.5 |
| ICF/IID - private | n/a | n/a | \$26,036,656 | n/a | \$27,070,642 | 4.0 | \$29,470,227 | 8.9 | \$26,883,538 | -8.8 |
| 1915(c) waivers - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$3,464,496 | 100.0 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$26,593,639 | 11.3 | \$15,216,988 | -42.8 | \$18,159,348 | 19.3 | \$15,965,315 | -12.1 | \$21,117,280 | 32.3 |
| Mental health facilities | \$26,593,639 | 11.3 | \$15,216,988 | -42.8 | \$18,159,348 | 19.3 | \$15,965,315 | -12.1 | \$21,117,280 | 32.3 |
| Mental health facilities-DSH | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$0 | 0.0 | \$18,888,421 | 100.0 | \$23,056,245 | 22.1 | \$24,709,687 | 7.2 | \$25,916,719 | 4.9 |
| Case management | n/a | n/a | \$18,888,421 | n/a | \$23,056,245 | 22.1 | \$24,709,687 | 7.2 | \$25,916,719 | 4.9 |
| 1915(c) waivers - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$438,232,189 | 8.7 | \$479,944,259 | 9.5 | \$507,376,307 | 5.7 | \$581,028,104 | 14.5 | \$619,973,284 | 6.7 |
| Total Institutional LTSS | \$420,159,682 | 7.8 | \$443,817,962 | 5.6 | \$464,640,507 | 4.7 | \$535,487,868 | 15.2 | \$563,070,358 | 5.2 |
| Total HCBS | \$18,072,507 | 35.5 | \$36,126,297 | 99.9 | \$42,735,800 | 18.3 | \$45,540,236 | 6.6 | \$56,902,926 | 25.0 |
| Total Medicaid (all services) | \$1,623,379,510 | 6.5 | \$1,702,265,458 | 4.9 | \$1,689,228,842 | -0.8 | \$1,843,880,902 | 9.2 | \$1,994,181,361 | 8.2 |

| Percentages | FY 1996 | FY 1997 | FY 1998 | FY 1999 | FY 2000 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 27.0% | 28.2% | 30.0% | 31.5% | 31.1% |
| Percentage of LTSS that is HCBS | 4.1% | 7.5% | 8.4% | 7.8% | 9.2% |
| Percentage of LTSS that is HCBS - AD | 5.8% | 5.3% | 5.9% | 5.3% | 6.7% |
| Percentage of LTSS that is HCBS - DD | 0.0% | 0.0% | 0.0% | 0.0% | 2.1% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included except for 1915(c) waivers. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 26E. Long Term Services and Support Expenditures for Mississippi, 2001 – 2005

| Service Type | FY 2001 | Percent Change 00-01 | FY 2002 | Percent Change 01-02 | FY 2003 | Percent Change 02-03 | FY 2004 | Percent Change 03-04 | FY 2005 | Percent Change 04-05 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$461,725,563 | 12.3 | \$513,226,590 | 11.2 | \$574,566,961 | 12.0 | \$762,131,528 | 32.6 | \$703,046,850 | -7.8 |
| Nursing facilities | \$415,705,714 | 8.3 | \$448,717,349 | 7.9 | \$503,630,708 | 12.2 | \$563,146,014 | 11.8 | \$612,337,281 | 8.7 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$555,288 | 100.0 | \$512 | -99.9 |
| 1915(c) waivers - AD | \$34,770,147 | 88.7 | \$50,242,360 | 44.5 | \$56,513,287 | 12.5 | \$66,814,851 | 18.2 | \$78,125,783 | 16.9 |
| Home health | \$11,249,702 | 23.7 | \$14,266,881 | 26.8 | \$14,422,966 | 1.1 | \$4,099,039 | -71.6 | \$4,722,948 | 15.2 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$127,516,336 | 100.0 | \$7,860,326 | -93.8 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$184,065,767 | 13.9 | \$204,253,113 | 11.0 | \$214,421,159 | 5.0 | \$219,548,173 | 2.4 | \$245,848,436 | 12.0 |
| ICF/IID - public | \$139,473,510 | 6.2 | \$144,556,911 | 3.6 | \$146,952,821 | 1.7 | \$146,873,932 | -0.1 | \$167,176,890 | 13.8 |
| ICF/IID - private | \$30,738,232 | 14.3 | \$33,486,072 | 8.9 | \$37,047,292 | 10.6 | \$39,660,959 | 7.1 | \$41,933,180 | 5.7 |
| 1915(c) waivers - DD | \$13,854,025 | 299.9 | \$26,210,130 | 89.2 | \$30,421,046 | 16.1 | \$32,742,438 | 7.6 | \$36,738,366 | 12.2 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$39,595,805 | 87.5 | \$29,579,281 | -25.3 | \$31,720,498 | 7.2 | \$31,324,375 | -1.2 | \$40,997,855 | 30.9 |
| Mental health facilities | \$39,595,805 | 87.5 | \$29,579,281 | -25.3 | \$31,720,498 | 7.2 | \$31,324,375 | -1.2 | \$40,997,855 | 30.9 |
| Mental health facilities-DSH | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$36,769,063 | 41.9 | \$37,653,637 | 2.4 | \$36,914,468 | -2.0 | \$4,879,017 | -86.8 | \$20,480,207 | 319.8 |
| Case management | \$36,769,063 | 41.9 | \$37,653,637 | 2.4 | \$36,914,468 | -2.0 | \$4,879,017 | -86.8 | \$20,480,207 | 319.8 |
| 1915(c) waivers - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$722,156,198 | 16.5 | \$784,712,621 | 8.7 | \$857,623,086 | 9.3 | \$1,017,612,249 | 18.7 | \$1,010,373,348 | -0.7 |
| Total Institutional LTSS | \$625,513,261 | 11.1 | \$656,339,613 | 4.9 | \$719,351,319 | 9.6 | \$781,005,280 | 8.6 | \$862,445,206 | 10.4 |
| Total HCBS | \$96,642,937 | 69.8 | \$128,373,008 | 32.8 | \$138,271,767 | 7.7 | \$236,606,969 | 71.1 | \$147,928,142 | -37.5 |
| Total Medicaid (all services) | \$2,504,510,226 | 25.6 | \$2,905,249,083 | 16.0 | \$2,895,613,981 | -0.3 | \$3,425,523,742 | 18.3 | \$3,360,041,943 | -1.9 |

| Percentages | FY 2001 | FY 2002 | FY 2003 | FY 2004 | FY 2005 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 28.8% | 27.0% | 29.6% | 29.7% | 30.1% |
| Percentage of LTSS that is HCBS | 13.4% | 16.4% | 16.1% | 23.3% | 14.6% |
| Percentage of LTSS that is HCBS - AD | 10.0% | 12.6% | 12.3% | 26.1% | 12.9% |
| Percentage of LTSS that is HCBS - DD | 7.5% | 12.8% | 14.2% | 14.9% | 14.9% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments were included starting in 1995 for Section 1915(c) waivers, in 2002 for nursing facilities, personal care, ICF/IID, and mental health facilities (including DSH); and in 2004 for PACE. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 26F. Long Term Services and Support Expenditures for Mississippi, 2006 – 2010

| Service Type | FY 2006 | Percent Change 05-06 | FY 2007 | Percent Change 06-07 | FY 2008 | Percent Change 07-08 | FY 2009 | Percent Change 08-09 | FY 2010 | Percent Change 09-10 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$685,068,755 | -2.6 | \$792,082,764 | 15.6 | \$831,996,089 | 5.0 | \$863,720,628 | 3.8 | \$906,150,608 | 4.9 |
| Nursing facilities | \$648,135,929 | 5.8 | \$693,389,120 | 7.0 | \$712,853,430 | 2.8 | \$727,351,102 | 2.0 | \$747,895,706 | 2.8 |
| Personal care | \$3,441,340 | 672036.7 | \$0 | -100.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | \$23,693,204 | -69.7 | \$91,641,730 | 286.8 | \$111,722,386 | 21.9 | \$131,060,738 | 17.3 | \$150,984,724 | 15.2 |
| Home health | \$9,444,093 | 100.0 | \$6,851,914 | -27.4 | \$7,420,273 | 8.3 | \$5,308,788 | -28.5 | \$4,897,217 | -7.8 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$354,189 | -95.5 | \$200,000 | -43.5 | \$0 | -100.0 | \$0 | 0.0 | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$2,372,961 | n/a |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with DD | \$262,483,165 | 6.8 | \$294,814,545 | 12.3 | \$327,860,456 | 11.2 | \$319,742,473 | -2.5 | \$311,962,242 | -2.4 |
| ICF/IID - public | \$208,113,656 | 24.5 | \$206,165,554 | -0.9 | \$237,944,327 | 15.4 | \$228,759,774 | -3.9 | \$220,363,063 | -3.7 |
| ICF/IID - private | \$45,470,922 | 8.4 | \$49,121,521 | 8.0 | \$47,933,652 | -2.4 | \$48,434,750 | 1.0 | \$49,172,995 | 1.5 |
| 1915(c) waivers - DD | \$8,898,587 | -75.8 | \$39,527,470 | 344.2 | \$41,982,477 | 6.2 | \$42,547,949 | 1.3 | \$42,426,184 | -0.3 |
| HCBS- managed care authorities - DD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with SMI or SED | \$50,718,553 | 23.7 | \$52,872,271 | 4.2 | \$57,546,931 | 8.8 | \$61,561,997 | 7.0 | \$178,242,214 | 189.5 |
| Mental health facilities | \$50,718,553 | 23.7 | \$52,872,271 | 4.2 | \$57,546,931 | 8.8 | \$61,561,997 | 7.0 | \$66,796,586 | 8.5 |
| Mental health facilities-DSH | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$111,445,628 | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-Other/Multiple Populations | \$45,314,078 | 121.3 | \$46,610,915 | 2.9 | \$48,846,671 | 4.8 | \$50,574,712 | 3.5 | \$49,977,957 | -1.2 |
| Case management | \$45,314,078 | 121.3 | \$46,610,915 | 2.9 | \$48,846,671 | 4.8 | \$50,574,712 | 3.5 | \$49,977,957 | -1.2 |
| 1915(c) waivers - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS- managed care authorities - other | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| Total LTSS | \$1,043,584,551 | 3.3 | \$1,186,380,495 | 13.7 | \$1,266,250,147 | 6.7 | \$1,295,599,810 | 2.3 | \$1,446,333,021 | 11.6 |
| Total Institutional LTSS | \$952,439,060 | 10.4 | \$1,001,548,466 | 5.2 | \$1,056,278,340 | 5.5 | \$1,066,107,623 | 0.9 | \$1,084,228,350 | 1.7 |
| Total HCBS | \$91,145,491 | -38.4 | \$184,832,029 | 102.8 | \$209,971,807 | 13.6 | \$229,492,187 | 9.3 | \$362,104,671 | 57.8 |
| Total Medicaid (all services) | \$3,268,020,954 | -2.7 | \$3,493,695,433 | 6.9 | \$3,668,561,725 | 5.0 | \$3,813,273,106 | 3.9 | \$4,144,736,240 | 8.7 |

| Percentages | FY 2006 | FY 2007 | FY 2008 | FY 2009 | FY 2010 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 31.9% | 34.0% | 34.5% | 34.0% | 34.9% |
| Percentage of LTSS that is HCBS | 8.7% | 15.6% | 16.6% | 17.7% | 25.0% |
| Percentage of LTSS that is HCBS - AD | 5.4% | 12.5% | 14.3% | 15.8% | 17.5% |
| Percentage of LTSS that is HCBS - DD | 3.4% | 13.4% | 12.8% | 13.3% | 13.6% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 62.5% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data. Starting in 2008, managed care data are included for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities. "n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included for several categories of service until 2009. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

For data before 2009, prior period adjustments were included for the following categories of service: nursing home, personal care, Section 1915(c) waivers, PACE, ICF/IID, and mental health facilities (including DSH).

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 26G. Long Term Services and Support Expenditures for Mississippi, 2011 – 2014

| Service Type | FY 2011 | Percent Change 10-11 | FY 2012 | Percent Change 11-12 | FY 2013 | Percent Change 12-13 | FY 2014 | Percent Change 13-14 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$927,676,072 | 2.4 | \$972,801,689 | 4.9 | \$1,025,023,835 | 5.4 | \$995,705,644 | -2.9 |
| Nursing facilities | \$750,603,273 | 0.4 | \$756,786,480 | 0.8 | \$788,640,228 | 4.2 | \$748,045,679 | -5.1 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | \$170,452,363 | 12.9 | \$208,620,960 | 22.4 | \$229,386,297 | 10.0 | \$240,987,223 | 5.1 |
| Home health | \$3,378,579 | -31.0 | \$2,615,277 | -22.6 | \$1,892,077 | -27.7 | \$1,453,111 | -23.2 |
| Community first choice | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Private duty nursing | \$3,241,857 | 36.6 | \$4,778,972 | 47.4 | \$5,105,233 | 6.8 | \$5,219,631 | 2.2 |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with DD | \$310,267,559 | -0.5 | \$314,263,478 | 1.3 | \$311,645,299 | -0.8 | \$340,607,845 | 9.3 |
| ICF/IID - public | \$218,060,540 | -1.0 | \$220,470,620 | 1.1 | \$209,726,696 | -4.9 | \$221,201,808 | 5.5 |
| ICF/IID - private | \$49,402,016 | 0.5 | \$49,816,607 | 0.8 | \$50,645,468 | 1.7 | \$51,002,138 | 0.7 |
| 1915(c) waivers - DD | \$42,805,003 | 0.9 | \$43,976,251 | 2.7 | \$51,273,135 | 16.6 | \$68,403,899 | 33.4 |
| HCBS - managed care authorities - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with SMI or SED | \$179,879,044 | 0.9 | \$174,002,223 | -3.3 | \$139,602,591 | -19.8 | \$138,062,138 | -1.1 |
| Mental health facilities | \$70,801,500 | 6.0 | \$69,441,790 | -1.9 | \$74,201,314 | 6.9 | \$76,223,987 | 2.7 |
| Mental health facilities-DSH | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Rehabilitative services | \$109,077,544 | -2.1 | \$104,560,433 | -4.1 | \$65,401,277 | -37.5 | \$61,838,151 | -5.4 |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-Other/Multiple Populations | \$53,859,253 | 7.8 | \$48,813,909 | -9.4 | \$32,689,212 | -33.0 | \$32,292,096 | -1.2 |
| Case management | \$53,859,253 | 7.8 | \$48,583,503 | -9.8 | \$29,553,047 | -39.2 | \$27,754,232 | -6.1 |
| 1915(c) waivers - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| MFP demonstration | \$0 | 0.0 | \$230,406 | 100.0 | \$3,136,165 | 1261.1 | \$4,537,864 | 44.7 |
| Total LTSS | \$1,471,681,928 | 1.8 | \$1,509,881,299 | 2.6 | \$1,508,960,937 | -0.1 | \$1,506,667,723 | -0.2 |
| Total Institutional LTSS | \$1,088,867,329 | 0.4 | \$1,096,515,497 | 0.7 | \$1,123,213,706 | 2.4 | \$1,096,473,612 | -2.4 |
| Total HCBS | \$382,814,599 | 5.7 | \$413,365,802 | 8.0 | \$385,747,231 | -6.7 | \$410,194,111 | 6.3 |
| Total Medicaid (all services) | \$4,453,770,571 | 7.5 | \$4,465,935,437 | 0.3 | \$4,736,420,298 | 6.1 | \$4,884,235,549 | 3.1 |

| Percentages | FY 2011 | FY 2012 | FY 2013 | FY 2014 |
|--|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 33.0% | 33.8% | 31.9% | 30.9% |
| Percentage of LTSS that is HCBS | 26.0% | 27.4% | 25.6% | 27.2% |
| Percentage of LTSS that is HCBS - AD | 19.1% | 22.2% | 23.1% | 24.9% |
| Percentage of LTSS that is HCBS - DD | 13.8% | 14.0% | 16.5% | 20.1% |
| Percentage of LTSS that is HCBS - SMI or SED | 60.6% | 60.1% | 46.9% | 44.8% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Managed care data are included only for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care.

Institutional MLTSS – unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 27A. Long Term Services and Support Expenditures for Missouri, 1981 – 1985

| Service Type | FY 1981 | FY 1982 | Percent Change 81-82 | FY 1983 | Percent Change 82-83 | FY 1984 | Percent Change 83-84 | FY 1985 | Percent Change 84-85 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$129,868,882 | \$157,310,018 | 21.1 | \$183,026,098 | 16.3 | \$195,798,239 | 7.0 | \$209,304,041 | 6.9 |
| Personal care | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$5,939,438 | n/a |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$912,903 | \$796,573 | -12.7 | \$1,493,137 | 87.4 | \$1,714,015 | 14.8 | \$4,056,418 | 136.7 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$31,993,706 | \$35,207,045 | 10.0 | \$46,984,987 | 33.5 | \$46,579,631 | -0.9 | \$47,585,351 | 2.2 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$7,518,540 | \$7,111,573 | -5.4 | \$13,080,320 | 83.9 | \$14,430,942 | 10.3 | \$8,304,043 | -42.5 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | n/a | n/a | n/a | n/a | n/a | \$4,338,446 | n/a | \$2,193,509 | -49.4 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$170,294,031 | \$200,425,209 | 17.7 | \$244,584,542 | 22.0 | \$262,861,273 | 7.5 | \$277,382,800 | 5.5 |
| Total Institutional LTSS | \$169,381,128 | \$199,628,636 | 17.9 | \$243,091,405 | 21.8 | \$256,808,812 | 5.6 | \$265,193,435 | 3.3 |
| Total HCBS | \$912,903 | \$796,573 | -12.7 | \$1,493,137 | 87.4 | \$6,052,461 | 305.4 | \$12,189,365 | 101.4 |
| Total Medicaid (all services) | \$385,326,436 | \$419,223,750 | 8.8 | \$492,211,916 | 17.4 | \$518,037,257 | 5.2 | \$561,062,878 | 8.3 |

| Percentages | FY 1981 | FY 1982 | FY 1983 | FY 1984 | FY 1985 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 44.2% | 47.8% | 49.7% | 50.7% | 49.4% |
| Percentage of LTSS that is HCBS | 0.5% | 0.4% | 0.6% | 2.3% | 4.4% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data.

Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 27B. Long Term Services and Support Expenditures for Missouri, 1986 – 1990

| Service Type | FY 1986 | Percent Change 85-86 | FY 1987 | Percent Change 86-87 | FY 1988 | Percent Change 87-88 | FY 1989 | Percent Change 88-89 | FY 1990 | Percent Change 89-90 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$229,256,143 | 9.5 | \$249,311,147 | 8.7 | \$261,550,759 | 4.9 | \$263,330,204 | 0.7 | \$290,044,825 | 10.1 |
| Personal care | \$7,059,810 | 18.9 | \$8,339,972 | 18.1 | \$10,303,733 | 23.5 | \$11,764,466 | 14.2 | \$12,610,628 | 7.2 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$5,587,952 | 37.8 | \$1,729,974 | -69.0 | \$1,973,493 | 14.1 | \$2,199,901 | 11.5 | \$2,866,596 | 30.3 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$46,431,803 | -2.4 | \$92,363,817 | 98.9 | \$71,080,489 | -23.0 | \$76,004,401 | 6.9 | \$89,119,605 | 17.3 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$6,602,128 | -20.5 | \$6,665,304 | 1.0 | \$7,306,216 | 9.6 | \$7,864,416 | 7.6 | \$7,586,269 | -3.5 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | \$4,743,179 | 116.2 | \$5,502,084 | 16.0 | \$7,148,068 | 29.9 | \$14,979,184 | 109.6 | \$26,996,292 | 80.2 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$299,681,015 | 8.0 | \$363,912,298 | 21.4 | \$359,362,758 | -1.3 | \$376,142,572 | 4.7 | \$429,224,215 | 14.1 |
| Total Institutional LTSS | \$282,290,074 | 6.4 | \$348,340,268 | 23.4 | \$339,937,464 | -2.4 | \$347,199,021 | 2.1 | \$386,750,699 | 11.4 |
| Total HCBS | \$17,390,941 | 42.7 | \$15,572,030 | -10.5 | \$19,425,294 | 24.7 | \$28,943,551 | 49.0 | \$42,473,516 | 46.7 |
| Total Medicaid (all services) | \$594,251,671 | 5.9 | \$659,214,699 | 10.9 | \$732,992,940 | 11.2 | \$840,877,649 | 14.7 | \$947,918,545 | 12.7 |

| Percentages | FY 1986 | FY 1987 | FY 1988 | FY 1989 | FY 1990 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 50.4% | 55.2% | 49.0% | 44.7% | 45.3% |
| Percentage of LTSS that is HCBS | 5.8% | 4.3% | 5.4% | 7.7% | 9.9% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997. ICF/IID 1987 data were greater than 1986 and 1988 data for an unknown reason.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 27C. Long Term Services and Support Expenditures for Missouri, 1991 – 1995

| Service Type | FY 1991 | Percent Change 90-91 | FY 1992 | Percent Change 91-92 | FY 1993 | Percent Change 92-93 | FY 1994 | Percent Change 93-94 | FY 1995 | Percent Change 94-95 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$579,562,099 | n/a |
| Nursing facilities | \$346,398,126 | 19.4 | \$554,806,043 | 60.2 | \$418,007,971 | -24.7 | \$426,388,248 | 2.0 | \$498,191,546 | 16.8 |
| Personal care | \$16,158,217 | 28.1 | \$19,149,446 | 18.5 | \$22,382,823 | 16.9 | \$41,510,373 | 85.5 | \$53,522,593 | 28.9 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$19,308,357 | n/a |
| Home health | \$2,963,641 | 3.4 | \$4,589,493 | 54.9 | \$5,196,692 | 13.2 | \$6,421,010 | 23.6 | \$8,539,603 | 33.0 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$279,803,121 | n/a |
| ICF/IID - public | \$102,834,361 | 15.4 | \$106,866,327 | 3.9 | \$113,792,154 | 6.5 | \$144,138,825 | 26.7 | \$159,944,760 | 11.0 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$119,858,361 | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$225,275,782 | n/a |
| Mental health facilities | \$10,384,729 | 36.9 | \$257,812,735 | 2382.6 | \$12,402,348 | -95.2 | \$16,709,400 | 34.7 | \$18,041,164 | 8.0 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | \$139,044,883 | n/a | \$134,487,777 | -3.3 | \$207,234,618 | 54.1 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$1,754,162 | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified/other | \$40,198,838 | 48.9 | \$61,636,397 | 53.3 | \$86,543,372 | 40.4 | \$114,368,772 | 32.2 | \$1,754,162 | n/a |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$518,937,912 | 20.9 | \$1,004,860,441 | 93.6 | \$797,370,243 | -20.6 | \$884,024,405 | 10.9 | \$1,086,395,164 | 22.9 |
| Total Institutional LTSS | \$459,617,216 | 18.8 | \$919,485,105 | 100.1 | \$683,247,356 | -25.7 | \$721,724,250 | 5.6 | \$883,412,088 | 22.4 |
| Total HCBS | \$59,320,696 | 39.7 | \$85,375,336 | 43.9 | \$114,122,887 | 33.7 | \$162,300,155 | 42.2 | \$202,983,076 | 25.1 |
| Total Medicaid (all services) | \$1,675,365,907 | 76.7 | \$2,345,701,563 | 40.0 | \$2,251,605,688 | -4.0 | \$2,532,955,517 | 12.5 | \$2,765,131,171 | 9.2 |

| Percentages | FY 1991 | FY 1992 | FY 1993 | FY 1994 | FY 1995 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 31.0% | 42.8% | 35.4% | 34.9% | 39.3% |
| Percentage of LTSS that is HCBS | 11.4% | 8.5% | 14.3% | 18.4% | 18.7% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | 14.0% |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | 42.8% |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included except for 1915(c) waivers for 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 27D. Long Term Services and Support Expenditures for Missouri, 1996 – 2000

| Service Type | FY 1996 | Percent Change 95-96 | FY 1997 | Percent Change 96-97 | FY 1998 | Percent Change 97-98 | FY 1999 | Percent Change 98-99 | FY 2000 | Percent Change 99-00 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$651,086,265 | 12.3 | \$746,026,719 | 14.6 | \$845,037,671 | 13.3 | \$867,303,461 | 2.6 | \$917,382,129 | 5.8 |
| Nursing facilities | \$554,007,987 | 11.2 | \$627,389,689 | 13.2 | \$696,469,369 | 11.0 | \$708,871,568 | 1.8 | \$725,590,840 | 2.4 |
| Personal care | \$63,726,674 | 19.1 | \$75,988,055 | 19.2 | \$91,636,182 | 20.6 | \$100,497,832 | 9.7 | \$121,703,785 | 21.1 |
| 1915(c) waivers - AD | \$25,494,000 | 32.0 | \$34,547,717 | 35.5 | \$49,152,763 | 42.3 | \$51,477,964 | 4.7 | \$63,760,938 | 23.9 |
| Home health | \$7,857,604 | -8.0 | \$8,101,258 | 3.1 | \$7,779,357 | -4.0 | \$6,456,097 | -17.0 | \$6,326,566 | -2.0 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$300,283,027 | 7.3 | \$314,798,401 | 4.8 | \$314,338,330 | -0.1 | \$343,375,134 | 9.2 | \$366,663,102 | 6.8 |
| ICF/IID - public | \$156,510,293 | -2.1 | \$110,742,050 | -29.2 | \$97,419,578 | -12.0 | \$100,087,439 | 2.7 | \$95,866,064 | -4.2 |
| ICF/IID - private | n/a | n/a | \$45,025,732 | n/a | \$48,743,812 | 8.3 | \$58,052,407 | 19.1 | \$68,425,843 | 17.9 |
| 1915(c) waivers - DD | \$143,772,734 | 20.0 | \$159,030,619 | 10.6 | \$168,174,940 | 5.8 | \$185,235,288 | 10.1 | \$202,371,195 | 9.3 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$168,081,992 | -25.4 | \$218,729,151 | 30.1 | \$206,924,509 | -5.4 | \$206,318,716 | -0.3 | \$193,123,799 | -6.4 |
| Mental health facilities | \$14,156,666 | -21.5 | \$9,643,195 | -31.9 | \$7,893,057 | -18.1 | \$6,755,967 | -14.4 | \$15,117,189 | 123.8 |
| Mental health facilities-DSH | \$153,925,326 | -25.7 | \$209,085,956 | 35.8 | \$199,031,452 | -4.8 | \$199,562,749 | 0.3 | \$178,006,610 | -10.8 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$4,361,211 | 148.6 | \$31,897,156 | 631.4 | \$36,052,624 | 13.0 | \$36,278,582 | 0.6 | \$37,657,706 | 3.8 |
| Case management | n/a | n/a | \$30,404,104 | n/a | \$34,932,758 | 14.9 | \$35,486,434 | 1.6 | \$36,682,048 | 3.4 |
| 1915(c) waivers - other | \$4,361,211 | 148.6 | \$1,493,052 | -65.8 | \$1,119,866 | -25.0 | \$792,148 | -29.3 | \$975,658 | 23.2 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$1,123,812,495 | 3.4 | \$1,311,451,427 | 16.7 | \$1,402,353,134 | 6.9 | \$1,453,275,893 | 3.6 | \$1,514,826,736 | 4.2 |
| Total Institutional LTSS | \$878,600,272 | -0.5 | \$1,001,886,622 | 14.0 | \$1,049,557,268 | 4.8 | \$1,073,330,130 | 2.3 | \$1,083,006,546 | 0.9 |
| Total HCBS | \$245,212,223 | 20.8 | \$309,564,805 | 26.2 | \$352,795,866 | 14.0 | \$379,945,763 | 7.7 | \$431,820,190 | 13.7 |
| Total Medicaid (all services) | \$2,906,118,567 | 5.1 | \$3,142,586,502 | 8.1 | \$3,320,490,225 | 5.7 | \$3,639,967,302 | 9.6 | \$3,986,556,529 | 9.5 |

| Percentages | FY 1996 | FY 1997 | FY 1998 | FY 1999 | FY 2000 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 38.7% | 41.7% | 42.2% | 39.9% | 38.0% |
| Percentage of LTSS that is HCBS | 21.8% | 23.6% | 25.2% | 26.1% | 28.5% |
| Percentage of LTSS that is HCBS - AD | 14.9% | 15.9% | 17.6% | 18.3% | 20.9% |
| Percentage of LTSS that is HCBS - DD | 47.9% | 50.5% | 53.5% | 53.9% | 55.2% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included except for 1915(c) waivers. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 27E. Long Term Services and Support Expenditures for Missouri, 2001 – 2005

| Service Type | FY 2001 | Percent Change 00-01 | FY 2002 | Percent Change 01-02 | FY 2003 | Percent Change 02-03 | FY 2004 | Percent Change 03-04 | FY 2005 | Percent Change 04-05 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$1,275,962,979 | 39.1 | \$1,489,869,492 | 16.8 | \$1,043,382,281 | -30.0 | \$1,103,307,600 | 5.7 | \$1,126,248,115 | 2.1 |
| Nursing facilities | \$1,040,938,634 | 43.5 | \$1,211,303,907 | 16.4 | \$738,915,734 | -39.0 | \$795,296,327 | 7.6 | \$803,678,068 | 1.1 |
| Personal care | \$150,444,243 | 23.6 | \$185,061,775 | 23.0 | \$208,782,009 | 12.8 | \$208,873,425 | 0.0 | \$220,262,502 | 5.5 |
| 1915(c) waivers - AD | \$77,677,309 | 21.8 | \$84,335,424 | 8.6 | \$84,462,613 | 0.2 | \$88,104,658 | 4.3 | \$91,583,250 | 3.9 |
| Home health | \$4,826,541 | -23.7 | \$5,469,666 | 13.3 | \$6,081,398 | 11.2 | \$5,715,948 | -6.0 | \$5,728,415 | 0.2 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | \$2,076,252 | 100.0 | \$3,698,720 | 78.1 | \$5,140,527 | 39.0 | \$5,317,242 | 3.4 | \$4,995,880 | -6.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$402,910,897 | 9.9 | \$483,536,635 | 20.0 | \$488,743,850 | 1.1 | \$532,302,102 | 8.9 | \$548,935,407 | 3.1 |
| ICF/IID - public | \$111,632,616 | 16.4 | \$142,263,445 | 27.4 | \$129,543,536 | -8.9 | \$134,217,250 | 3.6 | \$169,436,277 | 26.2 |
| ICF/IID - private | \$72,925,507 | 6.6 | \$87,905,390 | 20.5 | \$102,548,031 | 16.7 | \$122,841,631 | 19.8 | \$87,244,013 | -29.0 |
| 1915(c) waivers - DD | \$218,352,774 | 7.9 | \$253,367,800 | 16.0 | \$256,652,283 | 1.3 | \$275,514,065 | 7.3 | \$292,255,117 | 6.1 |
| HCBS- managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$187,122,382 | -3.1 | \$200,428,516 | 7.1 | \$198,367,440 | -1.0 | \$223,092,378 | 12.5 | \$233,099,165 | 4.5 |
| Mental health facilities | \$10,632,459 | -29.7 | \$13,102,974 | 23.2 | \$19,814,144 | 51.2 | \$16,779,230 | -15.3 | \$25,864,547 | 54.1 |
| Mental health facilities-DSH | \$176,489,923 | -0.9 | \$187,325,542 | 6.1 | \$178,553,296 | -4.7 | \$206,313,148 | 15.5 | \$207,234,618 | 0.4 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$39,143,431 | 3.9 | \$33,811,418 | -13.6 | \$31,306,204 | -7.4 | \$31,647,387 | 1.1 | \$43,890,147 | 38.7 |
| Case management | \$38,693,240 | 5.5 | \$33,368,872 | -13.8 | \$30,998,928 | -7.1 | \$31,345,112 | 1.1 | \$43,455,197 | 38.6 |
| 1915(c) waivers - other | \$450,191 | -53.9 | \$442,546 | -1.7 | \$307,276 | -30.6 | \$302,275 | -1.6 | \$434,950 | 43.9 |
| HCBS- managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$1,905,139,689 | 25.8 | \$2,207,646,061 | 15.9 | \$1,761,799,775 | -20.2 | \$1,890,620,311 | 7.3 | \$1,952,172,834 | 3.3 |
| Total Institutional LTSS | \$1,412,619,139 | 30.4 | \$1,641,901,258 | 16.2 | \$1,169,374,741 | -28.8 | \$1,275,447,586 | 9.1 | \$1,293,457,523 | 1.4 |
| Total HCBS | \$492,520,550 | 14.1 | \$565,744,803 | 14.9 | \$592,425,034 | 4.7 | \$615,172,725 | 3.8 | \$658,715,311 | 7.1 |
| Total Medicaid (all services) | \$4,687,678,522 | 17.6 | \$5,359,411,561 | 14.3 | \$5,525,776,308 | 3.1 | \$6,155,018,058 | 11.4 | \$6,644,236,371 | 7.9 |

| Percentages | FY 2001 | FY 2002 | FY 2003 | FY 2004 | FY 2005 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 40.6% | 41.2% | 31.9% | 30.7% | 29.4% |
| Percentage of LTSS that is HCBS | 25.9% | 25.6% | 33.6% | 32.5% | 33.7% |
| Percentage of LTSS that is HCBS - AD | 18.4% | 18.7% | 29.2% | 27.9% | 28.6% |
| Percentage of LTSS that is HCBS - DD | 54.2% | 52.4% | 52.5% | 51.7% | 53.2% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments were included starting in 1995 for Section 1915(c) waivers, in 2002 for nursing facilities, personal care, ICF/IID, and mental health facilities (including DSH); and in 2004 for PACE. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 27F. Long Term Services and Support Expenditures for Missouri, 2006 – 2010

| Service Type | FY 2006 | Percent Change 05-06 | FY 2007 | Percent Change 06-07 | FY 2008 | Percent Change 07-08 | FY 2009 | Percent Change 08-09 | FY 2010 | Percent Change 09-10 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$1,090,072,712 | -3.2 | \$1,107,025,171 | 1.6 | \$1,227,650,087 | 10.9 | \$1,310,837,187 | 6.8 | \$1,388,397,904 | 5.9 |
| Nursing facilities | \$761,157,845 | -5.3 | \$759,486,450 | -0.2 | \$848,689,837 | 11.7 | \$869,145,172 | 2.4 | \$907,753,503 | 4.4 |
| Personal care | \$226,763,537 | 3.0 | \$240,893,195 | 6.2 | \$267,176,387 | 10.9 | \$317,869,885 | 19.0 | \$354,963,300 | 11.7 |
| 1915(c) waivers - AD | \$93,066,771 | 1.6 | \$97,466,988 | 4.7 | \$101,934,430 | 4.6 | \$113,137,798 | 11.0 | \$115,144,798 | 1.8 |
| Home health | \$4,660,123 | -18.6 | \$4,916,465 | 5.5 | \$4,795,896 | -2.5 | \$5,454,634 | 13.7 | \$5,641,981 | 3.4 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$4,424,436 | -11.4 | \$4,262,073 | -3.7 | \$5,053,537 | 18.6 | \$5,229,698 | 3.5 | \$4,894,322 | -6.4 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with DD | \$560,749,509 | 2.2 | \$469,888,010 | -16.2 | \$532,942,164 | 13.4 | \$578,783,416 | 8.6 | \$623,762,349 | 7.8 |
| ICF/IID - public | \$216,811,472 | 28.0 | \$94,074,973 | -56.6 | \$115,830,056 | 23.1 | \$118,255,474 | 2.1 | \$79,957,311 | -32.4 |
| ICF/IID - private | \$25,044,419 | -71.3 | \$11,761,439 | -53.0 | \$13,313,050 | 13.2 | \$34,625,205 | 160.1 | \$54,032,816 | 56.1 |
| 1915(c) waivers - DD | \$318,893,618 | 9.1 | \$364,051,598 | 14.2 | \$403,799,058 | 10.9 | \$425,902,737 | 5.5 | \$489,772,222 | 15.0 |
| HCBS - managed care authorities - DD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with SMI or SED | \$232,154,482 | -0.4 | \$242,797,100 | 4.6 | \$245,689,688 | 1.2 | \$242,865,374 | -1.1 | \$330,023,313 | 35.9 |
| Mental health facilities | \$27,373,776 | 5.8 | \$37,595,498 | 37.3 | \$42,516,523 | 13.1 | \$44,102,020 | 3.7 | \$49,919,091 | 13.2 |
| Mental health facilities-DSH | \$204,780,706 | -1.2 | \$205,201,602 | 0.2 | \$203,173,165 | -1.0 | \$198,763,354 | -2.2 | \$189,632,653 | -4.6 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$90,471,569 | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-Other/Multiple Populations | \$75,119,339 | 71.2 | \$50,779,524 | -32.4 | \$57,207,395 | 12.7 | \$72,721,709 | 27.1 | \$67,014,826 | -7.8 |
| Case management | \$74,714,699 | 71.9 | \$49,979,110 | -33.1 | \$54,238,695 | 8.5 | \$65,837,200 | 21.4 | \$57,843,595 | -12.1 |
| 1915(c) waivers - other | \$404,640 | -7.0 | \$800,414 | 97.8 | \$2,019,670 | 152.3 | \$2,308,374 | 14.3 | \$2,011,212 | -12.9 |
| HCBS - managed care authorities - other | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | \$949,030 | n/a | \$4,576,135 | 382.2 | \$7,160,019 | 56.5 |
| Total LTSS | \$1,958,096,042 | 0.3 | \$1,870,489,805 | -4.5 | \$2,063,489,334 | 10.3 | \$2,205,207,686 | 6.9 | \$2,409,198,392 | 9.3 |
| Total Institutional LTSS | \$1,235,168,218 | -4.5 | \$1,108,119,962 | -10.3 | \$1,223,522,631 | 10.4 | \$1,264,891,225 | 3.4 | \$1,281,295,374 | 1.3 |
| Total HCBS | \$722,927,824 | 9.7 | \$762,369,843 | 5.5 | \$839,966,703 | 10.2 | \$940,316,461 | 11.9 | \$1,127,903,018 | 19.9 |
| Total Medicaid (all services) | \$6,454,109,848 | -2.9 | \$6,573,258,193 | 1.8 | \$7,209,076,994 | 9.7 | \$7,680,551,722 | 6.5 | \$8,189,660,517 | 6.6 |

| Percentages | FY 2006 | FY 2007 | FY 2008 | FY 2009 | FY 2010 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 30.3% | 28.5% | 28.6% | 28.7% | 29.4% |
| Percentage of LTSS that is HCBS | 36.9% | 40.8% | 40.7% | 42.6% | 46.8% |
| Percentage of LTSS that is HCBS - AD | 30.2% | 31.4% | 30.9% | 33.7% | 34.6% |
| Percentage of LTSS that is HCBS - DD | 56.9% | 77.5% | 75.8% | 73.6% | 78.5% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 27.4% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data. Starting in 2008, managed care data are included for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities. "n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included for several categories of service until 2009. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

For data before 2009, prior period adjustments were included for the following categories of service: nursing home, personal care, Section 1915(c) waivers, PACE, ICF/IID, and mental health facilities (including DSH).

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 27G. Long Term Services and Support Expenditures for Missouri, 2011 – 2014

| Service Type | FY 2011 | Percent Change 10-11 | FY 2012 | Percent Change 11-12 | FY 2013 | Percent Change 12-13 | FY 2014 | Percent Change 13-14 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$1,431,789,762 | 3.1 | \$1,507,932,888 | 5.3 | \$1,617,336,805 | 7.3 | \$1,756,345,093 | 8.6 |
| Nursing facilities | \$886,094,621 | -2.4 | \$938,695,222 | 5.9 | \$982,952,629 | 4.7 | \$1,048,610,875 | 6.7 |
| Personal care | \$381,520,525 | 7.5 | \$404,168,895 | 5.9 | \$457,792,156 | 13.3 | \$523,057,253 | 14.3 |
| 1915(c) waivers - AD | \$114,532,682 | -0.5 | \$112,415,504 | -1.8 | \$114,362,289 | 1.7 | \$120,005,978 | 4.9 |
| Home health | \$6,329,553 | 12.2 | \$6,257,182 | -1.1 | \$6,246,898 | -0.2 | \$5,349,403 | -14.4 |
| Community first choice | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$4,729,619 | -3.4 | \$6,228,521 | 31.7 | \$6,776,334 | 8.8 | \$6,759,291 | -0.3 |
| Private duty nursing | \$38,582,762 | 100.0 | \$40,167,564 | 4.1 | \$49,206,499 | 22.5 | \$52,562,293 | 6.8 |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with DD | \$810,333,253 | 29.9 | \$898,558,758 | 10.9 | \$707,674,151 | -21.2 | \$758,629,722 | 7.2 |
| ICF/IID - public | \$115,456,407 | 44.4 | \$116,824,338 | 1.2 | \$106,015,542 | -9.3 | \$104,924,519 | -1.0 |
| ICF/IID - private | \$215,146,792 | 298.2 | \$246,880,928 | 14.7 | \$5,477,860 | -97.8 | \$5,857,011 | 6.9 |
| 1915(c) waivers - DD | \$479,730,054 | -2.1 | \$534,853,492 | 11.5 | \$596,180,749 | 11.5 | \$647,848,192 | 8.7 |
| HCBS- managed care authorities - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with SMI or SED | \$226,045,149 | -31.5 | \$241,980,847 | 7.0 | \$496,610,712 | 105.2 | \$496,813,077 | 0.0 |
| Mental health facilities | \$34,085,777 | -31.7 | \$35,671,013 | 4.7 | \$28,892,056 | -19.0 | \$27,964,838 | -3.2 |
| Mental health facilities-DSH | \$190,978,778 | 0.7 | \$206,156,064 | 7.9 | \$207,234,539 | 0.5 | \$207,234,563 | 0.0 |
| Rehabilitative services | \$980,594 | -98.9 | \$153,770 | -84.3 | \$260,484,117 | 169298.5 | \$261,613,676 | 0.4 |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-Other/Multiple Populations | \$65,809,865 | -1.8 | \$86,600,499 | 31.6 | \$104,067,355 | 20.2 | \$106,003,684 | 1.9 |
| Case management | \$57,173,722 | -1.2 | \$62,083,962 | 8.6 | \$68,846,474 | 10.9 | \$69,274,094 | 0.6 |
| 1915(c) waivers - other | \$1,729,132 | -14.0 | \$1,541,314 | -10.9 | \$1,889,917 | 22.6 | \$1,724,390 | -8.8 |
| HCBS- managed care authorities - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | \$17,083,299 | n/a | \$22,045,331 | 29.0 | \$26,900,983 | 22.0 |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| MFP demonstration | \$6,907,011 | -3.5 | \$5,891,924 | -14.7 | \$11,285,633 | 91.5 | \$8,104,217 | -28.2 |
| Total LTSS | \$2,533,978,029 | 5.2 | \$2,735,072,992 | 7.9 | \$2,925,689,023 | 7.0 | \$3,117,791,576 | 6.6 |
| Total Institutional LTSS | \$1,441,762,375 | 12.5 | \$1,544,227,565 | 7.1 | \$1,330,572,626 | -13.8 | \$1,394,591,806 | 4.8 |
| Total HCBS | \$1,092,215,654 | -3.2 | \$1,190,845,427 | 9.0 | \$1,595,116,397 | 33.9 | \$1,723,199,770 | 8.0 |
| Total Medicaid (all services) | \$8,299,170,402 | 1.3 | \$8,517,061,589 | 2.6 | \$8,839,388,727 | 3.8 | \$8,963,326,983 | 1.4 |

| Percentages | FY 2011 | FY 2012 | FY 2013 | FY 2014 |
|--|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 30.5% | 32.1% | 33.1% | 34.8% |
| Percentage of LTSS that is HCBS | 43.1% | 43.5% | 54.5% | 55.3% |
| Percentage of LTSS that is HCBS - AD | 38.1% | 37.8% | 39.2% | 40.3% |
| Percentage of LTSS that is HCBS - DD | 59.2% | 59.5% | 84.3% | 85.4% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.4% | 0.1% | 52.5% | 52.7% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Managed care data are included only for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Missouri has a health homes program targeting people with SMI/SED, but this program is not listed as part of services for people with SMI/SED. All health homes expenditures data in this report are presented within services for other or multiple populations.

Table 28A. Long Term Services and Support Expenditures for Montana, 1981 – 1985

| Service Type | FY 1981 | FY 1982 | Percent Change 81-82 | FY 1983 | Percent Change 82-83 | FY 1984 | Percent Change 83-84 | FY 1985 | Percent Change 84-85 |
|---|---------------------|---------------------|----------------------|----------------------|----------------------|---------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$45,013,544 | \$44,929,614 | -0.2 | \$53,877,077 | 19.9 | \$36,777,936 | -31.7 | \$39,509,885 | 7.4 |
| Personal care | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$308,894 | \$383,577 | 24.2 | \$346,789 | -9.6 | \$381,038 | 9.9 | \$326,736 | -14.3 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$0 | \$0 | 0.0 | \$3,051,301 | 100.0 | \$5,775,826 | 89.3 | \$7,311,054 | 26.6 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | n/a | n/a | n/a | n/a | n/a | \$1,640,917 | n/a | \$2,929,045 | 78.5 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$45,322,438 | \$45,313,191 | 0.0 | \$57,275,167 | 26.4 | \$44,575,717 | -22.2 | \$50,076,720 | 12.3 |
| Total Institutional LTSS | \$45,013,544 | \$44,929,614 | -0.2 | \$56,928,378 | 26.7 | \$42,553,762 | -25.3 | \$46,820,939 | 10.0 |
| Total HCBS | \$308,894 | \$383,577 | 24.2 | \$346,789 | -9.6 | \$2,021,955 | 483.1 | \$3,255,781 | 61.0 |
| Total Medicaid (all services) | \$88,228,838 | \$89,244,778 | 1.2 | \$115,184,418 | 29.1 | \$99,257,256 | -13.8 | \$102,622,885 | 3.4 |

| Percentages | FY 1981 | FY 1982 | FY 1983 | FY 1984 | FY 1985 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 51.4% | 50.8% | 49.7% | 44.9% | 48.8% |
| Percentage of LTSS that is HCBS | 0.7% | 0.8% | 0.6% | 4.5% | 6.5% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data.

Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 28B. Long Term Services and Support Expenditures for Montana, 1986 – 1990

| Service Type | FY 1986 | Percent Change 85-86 | FY 1987 | Percent Change 86-87 | FY 1988 | Percent Change 87-88 | FY 1989 | Percent Change 88-89 | FY 1990 | Percent Change 89-90 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$43,659,028 | 10.5 | \$44,118,515 | 1.1 | \$55,531,856 | 25.9 | \$50,391,312 | -9.3 | \$55,574,962 | 10.3 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$3,322,966 | 100.0 | \$2,977,732 | -10.4 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$150,053 | -54.1 | \$356,809 | 137.8 | \$350,246 | -1.8 | \$374,486 | 6.9 | \$488,652 | 30.5 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$9,341,488 | 27.8 | \$19,984,911 | 113.9 | \$10,178,621 | -49.1 | \$10,971,843 | 7.8 | \$10,996,374 | 0.2 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$10,929,166 | 100.0 | \$9,177,347 | -16.0 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | \$5,038,392 | 72.0 | \$5,667,779 | 12.5 | \$7,465,874 | 31.7 | \$9,105,776 | 22.0 | \$10,180,094 | 11.8 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$58,188,961 | 16.2 | \$70,128,014 | 20.5 | \$73,526,597 | 4.8 | \$85,095,549 | 15.7 | \$89,395,161 | 5.1 |
| Total Institutional LTSS | \$53,000,516 | 13.2 | \$64,103,426 | 20.9 | \$65,710,477 | 2.5 | \$72,292,321 | 10.0 | \$75,748,683 | 4.8 |
| Total HCBS | \$5,188,445 | 59.4 | \$6,024,588 | 16.1 | \$7,816,120 | 29.7 | \$12,803,228 | 63.8 | \$13,646,478 | 6.6 |
| Total Medicaid (all services) | \$117,949,909 | 14.9 | \$144,205,852 | 22.3 | \$154,667,675 | 7.3 | \$171,821,733 | 11.1 | \$193,201,349 | 12.4 |

| Percentages | FY 1986 | FY 1987 | FY 1988 | FY 1989 | FY 1990 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 49.3% | 48.6% | 47.5% | 49.5% | 46.3% |
| Percentage of LTSS that is HCBS | 8.9% | 8.6% | 10.6% | 15.0% | 15.3% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997. ICF/IID 1987 data were greater than 1986 and 1988 data for an unknown reason.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 28C. Long Term Services and Support Expenditures for Montana, 1991 – 1995

| Service Type | FY 1991 | Percent Change 90-91 | FY 1992 | Percent Change 91-92 | FY 1993 | Percent Change 92-93 | FY 1994 | Percent Change 93-94 | FY 1995 | Percent Change 94-95 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$179,289,321 | n/a |
| Nursing facilities | \$59,166,214 | 6.5 | \$67,812,149 | 14.6 | \$91,558,291 | 35.0 | \$94,944,245 | 3.7 | \$105,480,977 | 11.1 |
| Personal care | \$4,612,086 | 54.9 | \$6,729,290 | 45.9 | \$11,252,252 | 67.2 | \$10,299,508 | -8.5 | \$13,763,711 | 33.6 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$56,647,202 | n/a |
| Home health | \$1,133,991 | 132.1 | \$1,523,191 | 34.3 | \$2,058,397 | 35.1 | \$2,689,462 | 30.7 | \$3,397,431 | 26.3 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$30,745,034 | n/a |
| ICF/IID - public | \$14,033,397 | 27.6 | \$13,123,538 | -6.5 | \$10,387,598 | -20.8 | \$14,221,768 | 36.9 | \$13,723,673 | -3.5 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$17,021,361 | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$14,336,779 | n/a |
| Mental health facilities | \$10,441,280 | 13.8 | \$13,647,840 | 30.7 | \$20,136,598 | 47.5 | \$15,504,483 | -23.0 | \$14,336,779 | -7.5 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | \$469,029 | n/a | \$0 | -100.0 | \$0 | 0.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified/other | \$13,327,944 | 30.9 | \$16,690,438 | 25.2 | \$17,713,120 | 6.1 | \$21,144,733 | 19.4 | \$0 | n/a |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$102,714,912 | 14.9 | \$119,526,446 | 16.4 | \$153,575,285 | 28.5 | \$158,804,199 | 3.4 | \$224,371,134 | 41.3 |
| Total Institutional LTSS | \$83,640,891 | 10.4 | \$94,583,527 | 13.1 | \$122,551,516 | 29.6 | \$124,670,496 | 1.7 | \$133,541,429 | 7.1 |
| Total HCBS | \$19,074,021 | 39.8 | \$24,942,919 | 30.8 | \$31,023,769 | 24.4 | \$34,133,703 | 10.0 | \$90,829,705 | 166.1 |
| Total Medicaid (all services) | \$235,016,740 | 21.6 | \$270,106,831 | 14.9 | \$323,271,392 | 19.7 | \$344,437,189 | 6.5 | \$360,191,798 | 4.6 |

| Percentages | FY 1991 | FY 1992 | FY 1993 | FY 1994 | FY 1995 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 43.7% | 44.3% | 47.5% | 46.1% | 62.3% |
| Percentage of LTSS that is HCBS | 18.6% | 20.9% | 20.2% | 21.5% | 40.5% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | 41.2% |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | 55.4% |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included except for 1915(c) waivers for 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 28D. Long Term Services and Support Expenditures for Montana, 1996 – 2000

| Service Type | FY 1996 | Percent Change 95-96 | FY 1997 | Percent Change 96-97 | FY 1998 | Percent Change 97-98 | FY 1999 | Percent Change 98-99 | FY 2000 | Percent Change 99-00 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | \$73,602,796 | -58.9 | \$126,841,143 | 72.3 | \$126,636,492 | -0.2 | \$137,548,327 | 8.6 | \$171,847,933 | 24.9 |
| Nursing facilities | \$101,043,517 | -4.2 | \$99,601,933 | -1.4 | \$99,481,454 | -0.1 | \$103,987,611 | 4.5 | \$129,071,389 | 24.1 |
| Personal care | \$6,687,311 | -51.4 | \$13,898,085 | 107.8 | \$13,365,579 | -3.8 | \$17,821,381 | 33.3 | \$21,200,953 | 19.0 |
| 1915(c) waivers - AD | -\$38,654,770 | -168.2 | \$11,018,200 | -128.5 | \$12,322,814 | 11.8 | \$14,483,695 | 17.5 | \$20,957,372 | 44.7 |
| Home health | \$4,526,738 | 33.2 | \$2,322,925 | -48.7 | \$1,466,645 | -36.9 | \$1,255,640 | -14.4 | \$618,219 | -50.8 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$34,892,516 | 13.5 | \$41,281,311 | 18.3 | \$38,534,395 | -6.7 | \$47,481,861 | 23.2 | \$57,442,034 | 21.0 |
| ICF/IID - public | \$14,747,406 | 7.5 | \$15,430,205 | 4.6 | \$11,727,022 | -24.0 | \$14,789,281 | 26.1 | \$12,367,923 | -16.4 |
| ICF/IID - private | n/a | n/a | \$379,195 | n/a | \$405,360 | 6.9 | \$1,585,491 | 291.1 | \$10,471,889 | 560.5 |
| 1915(c) waivers - DD | \$20,145,110 | 18.4 | \$25,471,911 | 26.4 | \$26,402,013 | 3.7 | \$31,107,089 | 17.8 | \$34,602,222 | 11.2 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$16,949,882 | 18.2 | \$11,745,033 | -30.7 | \$469,344 | -96.0 | \$77,130 | -83.6 | \$0 | -100.0 |
| Mental health facilities | \$16,949,882 | 18.2 | \$11,745,033 | -30.7 | \$469,344 | -96.0 | \$77,130 | -83.6 | \$0 | -100.0 |
| Mental health facilities-DSH | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$0 | 0.0 | \$6,687,700 | 100.0 | \$2,434,641 | -63.6 | \$3,395,400 | 39.5 | \$6,651,587 | 95.9 |
| Case management | n/a | n/a | \$6,687,700 | n/a | \$2,434,641 | -63.6 | \$3,395,400 | 39.5 | \$6,651,587 | 95.9 |
| 1915(c) waivers - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$125,445,194 | -44.1 | \$186,555,187 | 48.7 | \$168,074,872 | -9.9 | \$188,502,718 | 12.2 | \$235,941,554 | 25.2 |
| Total Institutional LTSS | \$132,740,805 | -0.6 | \$127,156,366 | -4.2 | \$112,083,180 | -11.9 | \$120,439,513 | 7.5 | \$151,911,201 | 26.1 |
| Total HCBS | -\$7,295,611 | -108.0 | \$59,398,821 | -914.2 | \$55,991,692 | -5.7 | \$68,063,205 | 21.6 | \$84,030,353 | 23.5 |
| Total Medicaid (all services) | \$386,402,743 | 7.3 | \$392,064,609 | 1.5 | \$405,344,444 | 3.4 | \$424,328,043 | 4.7 | \$449,214,056 | 5.9 |

| Percentages | FY 1996 | FY 1997 | FY 1998 | FY 1999 | FY 2000 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 32.5% | 47.6% | 41.5% | 44.4% | 52.5% |
| Percentage of LTSS that is HCBS | -5.8% | 31.8% | 33.3% | 36.1% | 35.6% |
| Percentage of LTSS that is HCBS - AD | -37.3% | 21.5% | 21.4% | 24.4% | 24.9% |
| Percentage of LTSS that is HCBS - DD | 57.7% | 61.7% | 68.5% | 65.5% | 60.2% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included except for 1915(c) waivers. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 28E. Long Term Services and Support Expenditures for Montana, 2001 – 2005

| Service Type | FY 2001 | Percent Change 00-01 | FY 2002 | Percent Change 01-02 | FY 2003 | Percent Change 02-03 | FY 2004 | Percent Change 03-04 | FY 2005 | Percent Change 04-05 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | \$156,356,510 | -9.0 | \$181,925,544 | 16.4 | \$195,868,797 | 7.7 | \$185,476,963 | -5.3 | \$194,155,032 | 4.7 |
| Nursing facilities | \$111,240,466 | -13.8 | \$133,579,967 | 20.1 | \$152,215,572 | 14.0 | \$140,373,356 | -7.8 | \$138,397,465 | -1.4 |
| Personal care | \$23,571,948 | 11.2 | \$28,313,961 | 20.1 | \$24,198,536 | -14.5 | \$23,574,664 | -2.6 | \$24,182,827 | 2.6 |
| 1915(c) waivers - AD | \$20,925,456 | -0.2 | \$19,374,118 | -7.4 | \$18,935,410 | -2.3 | \$20,991,123 | 10.9 | \$22,343,861 | 6.4 |
| Home health | \$618,640 | 0.1 | \$657,498 | 6.3 | \$519,279 | -21.0 | \$537,820 | 3.6 | \$9,230,879 | 1616.4 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$59,040,032 | 2.8 | \$56,745,527 | -3.9 | \$61,700,796 | 8.7 | \$75,193,135 | 21.9 | \$72,378,539 | -3.7 |
| ICF/IID - public | \$19,254,341 | 55.7 | \$14,149,148 | -26.5 | \$11,651,333 | -17.7 | \$19,298,626 | 65.6 | \$12,350,308 | -36.0 |
| ICF/IID - private | \$2,109,031 | -79.9 | -\$88,068 | -104.2 | -\$171,080 | 94.3 | \$0 | -100.0 | \$0 | 0.0 |
| 1915(c) waivers - DD | \$37,676,660 | 8.9 | \$42,684,447 | 13.3 | \$50,220,543 | 17.7 | \$55,894,509 | 11.3 | \$60,028,231 | 7.4 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$0 | 0.0 | \$605 | 100.0 | \$0 | -100.0 | \$13,051,065 | 100.0 | \$18,290,650 | 40.1 |
| Mental health facilities | \$0 | 0.0 | \$605 | 100.0 | \$0 | -100.0 | \$13,051,065 | 100.0 | \$18,290,650 | 40.1 |
| Mental health facilities-DSH | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$6,890,850 | 3.6 | \$7,514,998 | 9.1 | \$7,208,495 | -4.1 | \$8,052,962 | 11.7 | \$19,075,062 | 136.9 |
| Case management | \$6,890,850 | 3.6 | \$7,514,998 | 9.1 | \$7,208,495 | -4.1 | \$8,052,962 | 11.7 | \$19,075,062 | 136.9 |
| 1915(c) waivers - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$222,287,392 | -5.8 | \$246,186,674 | 10.8 | \$264,778,088 | 7.6 | \$281,774,125 | 6.4 | \$303,899,283 | 7.9 |
| Total Institutional LTSS | \$132,603,838 | -12.7 | \$147,641,652 | 11.3 | \$163,695,825 | 10.9 | \$172,723,047 | 5.5 | \$169,038,423 | -2.1 |
| Total HCBS | \$89,683,554 | 6.7 | \$98,545,022 | 9.9 | \$101,082,263 | 2.6 | \$109,051,078 | 7.9 | \$134,860,860 | 23.7 |
| Total Medicaid (all services) | \$509,348,850 | 13.4 | \$589,758,576 | 15.8 | \$568,591,970 | -3.6 | \$652,633,789 | 14.8 | \$705,432,746 | 8.1 |

| Percentages | FY 2001 | FY 2002 | FY 2003 | FY 2004 | FY 2005 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 43.6% | 41.7% | 46.6% | 43.2% | 43.1% |
| Percentage of LTSS that is HCBS | 40.3% | 40.0% | 38.2% | 38.7% | 44.4% |
| Percentage of LTSS that is HCBS - AD | 28.9% | 26.6% | 22.3% | 24.3% | 28.7% |
| Percentage of LTSS that is HCBS - DD | 63.8% | 75.2% | 81.4% | 74.3% | 82.9% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments were included starting in 1995 for Section 1915(c) waivers, in 2002 for nursing facilities, personal care, ICF/IID, and mental health facilities (including DSH); and in 2004 for PACE. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 28F. Long Term Services and Support Expenditures for Montana, 2006 – 2010

| Service Type | FY 2006 | Percent Change 05-06 | FY 2007 | Percent Change 06-07 | FY 2008 | Percent Change 07-08 | FY 2009 | Percent Change 08-09 | FY 2010 | Percent Change 09-10 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | \$206,103,686 | 6.2 | \$210,333,971 | 2.1 | \$222,903,395 | 6.0 | \$239,581,559 | 7.5 | \$251,938,120 | 5.2 |
| Nursing facilities | \$146,689,192 | 6.0 | \$148,616,212 | 1.3 | \$152,760,292 | 2.8 | \$158,222,614 | 3.6 | \$155,944,522 | -1.4 |
| Personal care | \$26,186,255 | 8.3 | \$26,303,548 | 0.4 | \$29,686,920 | 12.9 | \$35,885,239 | 20.9 | \$42,079,107 | 17.3 |
| 1915(c) waivers - AD | \$23,279,645 | 4.2 | \$25,306,347 | 8.7 | \$29,999,760 | 18.5 | \$33,300,218 | 11.0 | \$35,998,281 | 8.1 |
| Home health | \$9,948,594 | 7.8 | \$10,107,864 | 1.6 | \$10,456,423 | 3.4 | \$11,702,384 | 11.9 | \$13,111,412 | 12.0 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$471,104 | 100.0 | \$919,190 | 95.1 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$3,885,608 | n/a |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with DD | \$77,220,552 | 6.7 | \$77,808,961 | 0.8 | \$86,095,205 | 10.6 | \$95,110,366 | 10.5 | \$96,274,565 | 1.2 |
| ICF/IID - public | \$12,744,628 | 3.2 | \$10,631,730 | -16.6 | \$13,375,445 | 25.8 | \$12,147,430 | -9.2 | \$12,553,373 | 3.3 |
| ICF/IID - private | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$106,068 | 100.0 |
| 1915(c) waivers - DD | \$64,475,924 | 7.4 | \$67,177,231 | 4.2 | \$72,719,760 | 8.3 | \$82,962,936 | 14.1 | \$83,615,124 | 0.8 |
| HCBS - managed care authorities - DD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with SMI or SED | \$20,524,865 | 12.2 | \$17,413,659 | -15.2 | \$16,183,431 | -7.1 | \$18,023,434 | 11.4 | \$47,840,545 | 165.4 |
| Mental health facilities | \$20,524,865 | 12.2 | \$17,311,418 | -15.7 | \$15,186,920 | -12.3 | \$16,075,461 | 5.9 | \$15,429,808 | -4.0 |
| Mental health facilities-DSH | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$29,977,012 | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$102,241 | 100.0 | \$996,511 | 874.7 | \$1,947,973 | 95.5 | \$2,433,725 | 24.9 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-Other/Multiple Populations | \$18,299,497 | -4.1 | \$17,963,901 | -1.8 | \$19,410,969 | 8.1 | \$20,282,802 | 4.5 | \$19,593,395 | -3.4 |
| Case management | \$18,299,497 | -4.1 | \$17,963,901 | -1.8 | \$19,410,969 | 8.1 | \$20,282,802 | 4.5 | \$19,593,395 | -3.4 |
| 1915(c) waivers - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - other | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| Total LTSS | \$322,148,600 | 6.0 | \$323,520,492 | 0.4 | \$344,593,000 | 6.5 | \$372,998,161 | 8.2 | \$415,646,625 | 11.4 |
| Total Institutional LTSS | \$179,958,685 | 6.5 | \$176,559,360 | -1.9 | \$181,322,657 | 2.7 | \$186,445,505 | 2.8 | \$184,033,771 | -1.3 |
| Total HCBS | \$142,189,915 | 5.4 | \$146,961,132 | 3.4 | \$163,270,343 | 11.1 | \$186,552,656 | 14.3 | \$231,612,854 | 24.2 |
| Total Medicaid (all services) | \$731,772,693 | 3.7 | \$735,609,177 | 0.5 | \$782,299,703 | 6.3 | \$873,151,857 | 11.6 | \$935,911,635 | 7.2 |

| Percentages | FY 2006 | FY 2007 | FY 2008 | FY 2009 | FY 2010 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 44.0% | 44.0% | 44.0% | 42.7% | 44.4% |
| Percentage of LTSS that is HCBS | 44.1% | 45.4% | 47.4% | 50.0% | 55.7% |
| Percentage of LTSS that is HCBS - AD | 28.8% | 29.3% | 31.5% | 34.0% | 38.1% |
| Percentage of LTSS that is HCBS - DD | 83.5% | 86.3% | 84.5% | 87.2% | 86.9% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.6% | 6.2% | 10.8% | 67.8% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data. Starting in 2008, managed care data are included for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities. "n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included for several categories of service until 2009. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

For data before 2009, prior period adjustments were included for the following categories of service: nursing home, personal care, Section 1915(c) waivers, PACE, ICF/IID, and mental health facilities (including DSH).

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 28G. Long Term Services and Support Expenditures for Montana, 2011 – 2014

| Service Type | FY 2011 | Percent Change 10-11 | FY 2012 | Percent Change 11-12 | FY 2013 | Percent Change 12-13 | FY 2014 | Percent Change 13-14 |
|---|----------------------|----------------------|----------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$259,932,338 | 3.2 | \$253,970,475 | -2.3 | \$254,219,051 | 0.1 | \$254,568,509 | 0.1 |
| Nursing facilities | \$163,691,536 | 5.0 | \$162,086,707 | -1.0 | \$160,723,463 | -0.8 | \$161,607,970 | 0.6 |
| Personal care | \$42,267,124 | 0.4 | \$42,065,113 | -0.5 | \$42,331,865 | 0.6 | \$26,521,271 | -37.3 |
| 1915(c) waivers - AD | \$34,891,314 | -3.1 | \$31,495,804 | -9.7 | \$31,502,581 | 0.0 | \$30,408,872 | -3.5 |
| Home health | \$14,126,694 | 7.7 | \$14,273,584 | 1.0 | \$15,352,918 | 7.6 | \$14,835,592 | -3.4 |
| Community first choice | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$17,035,317 | 100.0 |
| HCBS - managed care authorities - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$623,927 | -32.1 | \$0 | -100.0 | \$0 | 0.0 | \$0 | 0.0 |
| Private duty nursing | \$4,331,743 | 11.5 | \$4,049,267 | -6.5 | \$4,308,224 | 6.4 | \$4,159,487 | -3.5 |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with DD | \$98,296,333 | 2.1 | \$98,987,652 | 0.7 | \$103,592,471 | 4.7 | \$110,635,663 | 6.8 |
| ICF/IID - public | \$12,724,487 | 1.4 | \$11,218,733 | -11.8 | \$10,242,297 | -8.7 | \$11,047,364 | 7.9 |
| ICF/IID - private | \$53,579 | -49.5 | \$101,373 | 89.2 | \$54,779 | -46.0 | \$72,080 | 31.6 |
| 1915(c) waivers - DD | \$85,518,267 | 2.3 | \$87,667,546 | 2.5 | \$93,295,395 | 6.4 | \$99,516,219 | 6.7 |
| HCBS - managed care authorities - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with SMI or SED | \$43,140,444 | -9.8 | \$42,594,818 | -1.3 | \$44,123,906 | 3.6 | \$47,246,193 | 7.1 |
| Mental health facilities | \$14,869,203 | -3.6 | \$15,701,828 | 5.6 | \$18,089,515 | 15.2 | \$20,325,881 | 12.4 |
| Mental health facilities-DSH | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Rehabilitative services | \$25,826,880 | -13.8 | \$23,769,900 | -8.0 | \$22,904,113 | -3.6 | \$23,288,425 | 1.7 |
| 1915(c) waivers - SMI or SED | \$2,444,361 | 0.4 | \$3,123,090 | 27.8 | \$3,049,401 | -2.4 | \$3,306,160 | 8.4 |
| HCBS - 1915(i) - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$80,877 | 100.0 | \$325,727 | 302.7 |
| Total-Other/Multiple Populations | \$20,575,674 | 5.0 | \$27,278,859 | 32.6 | \$26,797,651 | -1.8 | \$31,006,704 | 15.7 |
| Case management | \$20,575,674 | 5.0 | \$27,278,859 | 32.6 | \$26,797,651 | -1.8 | \$30,749,090 | 14.7 |
| 1915(c) waivers - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| MFP demonstration | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$257,614 | 100.0 |
| Total LTSS | \$421,944,789 | 1.5 | \$422,831,804 | 0.2 | \$428,733,079 | 1.4 | \$443,457,069 | 3.4 |
| Total Institutional LTSS | \$191,338,805 | 4.0 | \$189,108,641 | -1.2 | \$189,110,054 | 0.0 | \$193,053,295 | 2.1 |
| Total HCBS | \$230,605,984 | -0.4 | \$233,723,163 | 1.4 | \$239,623,025 | 2.5 | \$250,403,774 | 4.5 |
| Total Medicaid (all services) | \$966,703,374 | 3.3 | \$964,780,108 | -0.2 | \$1,009,433,873 | 4.6 | \$1,088,620,461 | 7.8 |

| Percentages | FY 2011 | FY 2012 | FY 2013 | FY 2014 |
|--|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 43.7% | 43.8% | 42.5% | 40.7% |
| Percentage of LTSS that is HCBS | 54.7% | 55.3% | 55.9% | 56.5% |
| Percentage of LTSS that is HCBS - AD | 37.0% | 36.2% | 36.8% | 36.5% |
| Percentage of LTSS that is HCBS - DD | 87.0% | 88.6% | 90.1% | 90.0% |
| Percentage of LTSS that is HCBS - SMI or SED | 65.5% | 63.1% | 59.0% | 57.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Managed care data are included only for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care.

Institutional MLTSS – unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 29A. Long Term Services and Support Expenditures for Nebraska, 1981 – 1985

| Service Type | FY 1981 | FY 1982 | Percent Change 81-82 | FY 1983 | Percent Change 82-83 | FY 1984 | Percent Change 83-84 | FY 1985 | Percent Change 84-85 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$52,145,210 | \$53,003,914 | 1.6 | \$55,735,093 | 5.2 | \$56,743,789 | 1.8 | \$63,527,479 | 12.0 |
| Personal care | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$829,319 | n/a |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$1,072,419 | \$1,165,528 | 8.7 | \$1,253,357 | 7.5 | \$1,315,149 | 4.9 | \$725,344 | -44.8 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$16,754,415 | \$21,336,101 | 27.3 | \$23,677,134 | 11.0 | \$24,674,106 | 4.2 | \$24,186,811 | -2.0 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$3,232,322 | \$3,597,342 | 11.3 | \$4,386,961 | 22.0 | \$3,515,095 | -19.9 | \$4,100,937 | 16.7 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | 0.0 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$73,204,366 | \$79,102,885 | 8.1 | \$85,052,545 | 7.5 | \$86,248,139 | 1.4 | \$93,369,890 | 8.3 |
| Total Institutional LTSS | \$72,131,947 | \$77,937,357 | 8.0 | \$83,799,188 | 7.5 | \$84,932,990 | 1.4 | \$91,815,227 | 8.1 |
| Total HCBS | \$1,072,419 | \$1,165,528 | 8.7 | \$1,253,357 | 7.5 | \$1,315,149 | 4.9 | \$1,554,663 | 18.2 |
| Total Medicaid (all services) | \$126,731,893 | \$136,051,158 | 7.4 | \$155,967,799 | 14.6 | \$155,953,579 | 0.0 | \$169,808,643 | 8.9 |

| Percentages | FY 1981 | FY 1982 | FY 1983 | FY 1984 | FY 1985 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 57.8% | 58.1% | 54.5% | 55.3% | 55.0% |
| Percentage of LTSS that is HCBS | 1.5% | 1.5% | 1.5% | 1.5% | 1.7% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data.

Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 29B. Long Term Services and Support Expenditures for Nebraska, 1986 – 1990

| Service Type | FY 1986 | Percent Change 85-86 | FY 1987 | Percent Change 86-87 | FY 1988 | Percent Change 87-88 | FY 1989 | Percent Change 88-89 | FY 1990 | Percent Change 89-90 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$68,316,330 | 7.5 | \$73,259,063 | 7.2 | \$80,936,838 | 10.5 | \$93,260,912 | 15.2 | \$103,728,191 | 11.2 |
| Personal care | \$952,066 | 14.8 | \$1,124,015 | 18.1 | \$1,339,697 | 19.2 | \$1,672,527 | 24.8 | \$1,931,290 | 15.5 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$1,153,713 | 59.1 | \$1,902,800 | 64.9 | \$2,499,891 | 31.4 | \$3,578,392 | 43.1 | \$4,924,251 | 37.6 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$24,530,907 | 1.4 | \$44,329,469 | 80.7 | \$25,477,085 | -42.5 | \$29,478,197 | 15.7 | \$27,839,470 | -5.6 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$2,950,222 | -28.1 | \$2,903,035 | -1.6 | \$3,357,860 | 15.7 | \$3,949,131 | 17.6 | \$5,356,658 | 35.6 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | \$0 | 0.0 | \$0 | 0.0 | \$7,989,644 | 100.0 | \$8,783,037 | 9.9 | \$17,210,861 | 96.0 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$97,903,238 | 4.9 | \$123,518,382 | 26.2 | \$121,601,015 | -1.6 | \$140,722,196 | 15.7 | \$160,990,721 | 14.4 |
| Total Institutional LTSS | \$95,797,459 | 4.3 | \$120,491,567 | 25.8 | \$109,771,783 | -8.9 | \$126,688,240 | 15.4 | \$136,924,319 | 8.1 |
| Total HCBS | \$2,105,779 | 35.4 | \$3,026,815 | 43.7 | \$11,829,232 | 290.8 | \$14,033,956 | 18.6 | \$24,066,402 | 71.5 |
| Total Medicaid (all services) | \$190,566,898 | 12.2 | \$221,710,438 | 16.3 | \$245,368,370 | 10.7 | \$273,450,134 | 11.4 | \$319,222,009 | 16.7 |

| Percentages | FY 1986 | FY 1987 | FY 1988 | FY 1989 | FY 1990 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 51.4% | 55.7% | 49.6% | 51.5% | 50.4% |
| Percentage of LTSS that is HCBS | 2.2% | 2.5% | 9.7% | 10.0% | 14.9% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997. ICF/IID 1987 data were greater than 1986 and 1988 data for an unknown reason.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 29C. Long Term Services and Support Expenditures for Nebraska, 1991 – 1995

| Service Type | FY 1991 | Percent Change 90-91 | FY 1992 | Percent Change 91-92 | FY 1993 | Percent Change 92-93 | FY 1994 | Percent Change 93-94 | FY 1995 | Percent Change 94-95 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$219,528,452 | n/a |
| Nursing facilities | \$135,768,535 | 30.9 | \$161,707,906 | 19.1 | \$179,034,067 | 10.7 | \$188,155,770 | 5.1 | \$197,355,887 | 4.9 |
| Personal care | \$2,501,559 | 29.5 | \$2,977,473 | 19.0 | \$3,424,107 | 15.0 | \$3,670,681 | 7.2 | \$4,030,687 | 9.8 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$5,388,240 | n/a |
| Home health | \$7,575,861 | 53.8 | \$9,369,404 | 23.7 | \$11,353,336 | 21.2 | \$12,625,789 | 11.2 | \$12,753,638 | 1.0 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$71,213,739 | n/a |
| ICF/IID - public | \$30,260,032 | 8.7 | \$32,910,189 | 8.8 | \$34,216,508 | 4.0 | \$34,234,126 | 0.1 | \$35,246,948 | 3.0 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$35,966,791 | n/a |
| HCBS- managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$4,582,981 | n/a |
| Mental health facilities | \$6,348,690 | 18.5 | \$8,350,852 | 31.5 | \$10,745,136 | 28.7 | \$7,513,411 | -30.1 | \$2,160,938 | -71.2 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | \$1,160,071 | n/a | \$3,975,456 | 242.7 | \$2,422,043 | -39.1 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified/other | \$22,827,115 | 32.6 | \$23,936,730 | 4.9 | \$22,267,643 | -7.0 | \$34,507,103 | 55.0 | \$0 | n/a |
| HCBS- managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$205,281,792 | 27.5 | \$239,252,554 | 16.5 | \$262,200,868 | 9.6 | \$284,682,336 | 8.6 | \$295,325,172 | 3.7 |
| Total Institutional LTSS | \$172,377,257 | 25.9 | \$202,968,947 | 17.7 | \$225,155,782 | 10.9 | \$233,878,763 | 3.9 | \$237,185,816 | 1.4 |
| Total HCBS | \$32,904,535 | 36.7 | \$36,283,607 | 10.3 | \$37,045,086 | 2.1 | \$50,803,573 | 37.1 | \$58,139,356 | 14.4 |
| Total Medicaid (all services) | \$401,450,576 | 25.8 | \$480,316,559 | 19.6 | \$564,169,198 | 17.5 | \$615,294,788 | 9.1 | \$639,916,641 | 4.0 |

| Percentages | FY 1991 | FY 1992 | FY 1993 | FY 1994 | FY 1995 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 51.1% | 49.8% | 46.5% | 46.3% | 46.2% |
| Percentage of LTSS that is HCBS | 16.0% | 15.2% | 14.1% | 17.8% | 19.7% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | 10.1% |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | 50.5% |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included except for 1915(c) waivers for 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 29D. Long Term Services and Support Expenditures for Nebraska, 1996 – 2000

| Service Type | FY 1996 | Percent Change 95-96 | FY 1997 | Percent Change 96-97 | FY 1998 | Percent Change 97-98 | FY 1999 | Percent Change 98-99 | FY 2000 | Percent Change 99-00 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$234,349,530 | 6.8 | \$248,925,356 | 6.2 | \$311,556,457 | 25.2 | \$393,543,105 | 26.3 | \$419,138,149 | 6.5 |
| Nursing facilities | \$210,435,654 | 6.6 | \$222,524,712 | 5.7 | \$284,103,675 | 27.7 | \$336,610,712 | 18.5 | \$348,418,396 | 3.5 |
| Personal care | \$3,921,816 | -2.7 | \$5,174,328 | 31.9 | \$5,381,619 | 4.0 | \$6,695,001 | 24.4 | \$6,972,837 | 4.1 |
| 1915(c) waivers - AD | \$6,760,762 | 25.5 | \$7,779,895 | 15.1 | \$6,635,593 | -14.7 | \$33,598,731 | 406.3 | \$46,201,257 | 37.5 |
| Home health | \$13,231,298 | 3.7 | \$13,446,421 | 1.6 | \$15,435,570 | 14.8 | \$16,638,661 | 7.8 | \$17,545,659 | 5.5 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$87,285,386 | 22.6 | \$103,857,625 | 19.0 | \$116,908,620 | 12.6 | \$100,092,097 | -14.4 | \$101,770,815 | 1.7 |
| ICF/IID - public | \$36,497,943 | 3.5 | \$24,990,051 | -31.5 | \$28,663,730 | 14.7 | \$30,458,537 | 6.3 | \$34,219,498 | 12.3 |
| ICF/IID - private | n/a | n/a | \$11,905,773 | n/a | \$14,312,211 | 20.2 | \$14,646,779 | 2.3 | \$14,642,371 | 0.0 |
| 1915(c) waivers - DD | \$50,787,443 | 41.2 | \$66,961,801 | 31.8 | \$73,932,679 | 10.4 | \$54,986,781 | -25.6 | \$52,908,946 | -3.8 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$1,826,236 | -60.2 | \$4,564,472 | 149.9 | \$5,777,182 | 26.6 | \$6,223,193 | 7.7 | \$2,769,496 | -55.5 |
| Mental health facilities | \$1,690,340 | -21.8 | \$4,564,472 | 170.0 | \$5,777,182 | 26.6 | \$6,223,193 | 7.7 | \$2,769,496 | -55.5 |
| Mental health facilities-DSH | \$135,896 | -94.4 | \$0 | -100.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$0 | 0.0 | \$3,360,247 | 100.0 | \$2,953,479 | -12.1 | \$4,587,186 | 55.3 | \$6,575,216 | 43.3 |
| Case management | n/a | n/a | \$3,360,247 | n/a | \$2,953,479 | -12.1 | \$4,587,186 | 55.3 | \$6,575,216 | 43.3 |
| 1915(c) waivers - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$323,461,152 | 9.5 | \$360,707,700 | 11.5 | \$437,195,738 | 21.2 | \$504,445,581 | 15.4 | \$530,253,676 | 5.1 |
| Total Institutional LTSS | \$248,759,833 | 4.9 | \$263,985,008 | 6.1 | \$332,856,798 | 26.1 | \$387,939,221 | 16.5 | \$400,049,761 | 3.1 |
| Total HCBS | \$74,701,319 | 28.5 | \$96,722,692 | 29.5 | \$104,338,940 | 7.9 | \$116,506,360 | 11.7 | \$130,203,915 | 11.8 |
| Total Medicaid (all services) | \$706,591,152 | 10.4 | \$731,656,067 | 3.5 | \$847,092,463 | 15.8 | \$984,263,204 | 16.2 | \$1,063,424,159 | 8.0 |

| Percentages | FY 1996 | FY 1997 | FY 1998 | FY 1999 | FY 2000 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 45.8% | 49.3% | 51.6% | 51.3% | 49.9% |
| Percentage of LTSS that is HCBS | 23.1% | 26.8% | 23.9% | 23.1% | 24.6% |
| Percentage of LTSS that is HCBS - AD | 10.2% | 10.6% | 8.8% | 14.5% | 16.9% |
| Percentage of LTSS that is HCBS - DD | 58.2% | 64.5% | 63.2% | 54.9% | 52.0% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included except for 1915(c) waivers. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 29E. Long Term Services and Support Expenditures for Nebraska, 2001 – 2005

| Service Type | FY 2001 | Percent Change 00-01 | FY 2002 | Percent Change 01-02 | FY 2003 | Percent Change 02-03 | FY 2004 | Percent Change 03-04 | FY 2005 | Percent Change 04-05 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$425,219,343 | 1.5 | \$447,823,641 | 5.3 | \$436,701,543 | -2.5 | \$442,046,023 | 1.2 | \$437,609,830 | -1.0 |
| Nursing facilities | \$369,896,418 | 6.2 | \$391,249,304 | 5.8 | \$352,285,979 | -10.0 | \$359,714,726 | 2.1 | \$352,507,058 | -2.0 |
| Personal care | \$7,181,812 | 3.0 | \$8,746,532 | 21.8 | \$10,995,705 | 25.7 | \$10,605,880 | -3.5 | \$11,624,664 | 9.6 |
| 1915(c) waivers - AD | \$30,265,466 | -34.5 | \$27,433,752 | -9.4 | \$53,579,594 | 95.3 | \$51,147,008 | -4.5 | \$51,301,367 | 0.3 |
| Home health | \$17,875,647 | 1.9 | \$20,394,053 | 14.1 | \$19,840,265 | -2.7 | \$20,578,409 | 3.7 | \$22,176,741 | 7.8 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$152,471,200 | 49.8 | \$181,045,960 | 18.7 | \$161,884,368 | -10.6 | \$180,691,771 | 11.6 | \$185,152,527 | 2.5 |
| ICF/IID - public | \$32,724,179 | -4.4 | \$31,160,239 | -4.8 | \$32,161,574 | 3.2 | \$43,820,456 | 36.3 | \$40,859,970 | -6.8 |
| ICF/IID - private | \$15,041,577 | 2.7 | \$16,510,967 | 9.8 | \$16,930,192 | 2.5 | \$16,914,046 | -0.1 | \$18,583,792 | 9.9 |
| 1915(c) waivers - DD | \$104,705,444 | 97.9 | \$133,374,754 | 27.4 | \$112,792,602 | -15.4 | \$119,957,269 | 6.4 | \$125,708,765 | 4.8 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$3,168,861 | 14.4 | \$22,490,720 | 609.7 | \$49,094,467 | 118.3 | \$35,380,279 | -27.9 | \$46,512,379 | 31.5 |
| Mental health facilities | \$3,168,861 | 14.4 | \$18,888,818 | 496.1 | \$49,094,467 | 159.9 | \$31,955,344 | -34.9 | \$44,805,057 | 40.2 |
| Mental health facilities-DSH | \$0 | 0.0 | \$3,601,902 | 100.0 | \$0 | -100.0 | \$3,424,935 | 100.0 | \$1,707,322 | -50.2 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$13,153,045 | 100.0 | \$13,514,516 | 2.7 | \$10,764,776 | -20.3 | \$20,247,119 | 88.1 | \$20,271,643 | 0.1 |
| Case management | \$12,990,130 | 97.6 | \$13,315,462 | 2.5 | \$10,691,785 | -19.7 | \$19,939,134 | 86.5 | \$19,976,739 | 0.2 |
| 1915(c) waivers - other | \$162,915 | 100.0 | \$199,054 | 22.2 | \$72,991 | -63.3 | \$307,985 | 321.9 | \$294,904 | -4.2 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$594,012,449 | 12.0 | \$664,874,837 | 11.9 | \$658,445,154 | -1.0 | \$678,365,192 | 3.0 | \$689,546,379 | 1.6 |
| Total Institutional LTSS | \$420,831,035 | 5.2 | \$461,411,230 | 9.6 | \$450,472,212 | -2.4 | \$455,829,507 | 1.2 | \$458,463,199 | 0.6 |
| Total HCBS | \$173,181,414 | 33.0 | \$203,463,607 | 17.5 | \$207,972,942 | 2.2 | \$222,535,685 | 7.0 | \$231,083,180 | 3.8 |
| Total Medicaid (all services) | \$1,212,500,510 | 14.0 | \$1,376,866,293 | 13.6 | \$1,366,684,548 | -0.7 | \$1,456,380,289 | 6.6 | \$1,496,801,126 | 2.8 |

| Percentages | FY 2001 | FY 2002 | FY 2003 | FY 2004 | FY 2005 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 49.0% | 48.3% | 48.2% | 46.6% | 46.1% |
| Percentage of LTSS that is HCBS | 29.2% | 30.6% | 31.6% | 32.8% | 33.5% |
| Percentage of LTSS that is HCBS - AD | 13.0% | 12.6% | 19.3% | 18.6% | 19.4% |
| Percentage of LTSS that is HCBS - DD | 68.7% | 73.7% | 69.7% | 66.4% | 67.9% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments were included starting in 1995 for Section 1915(c) waivers, in 2002 for nursing facilities, personal care, ICF/IID, and mental health facilities (including DSH); and in 2004 for PACE. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 29F. Long Term Services and Support Expenditures for Nebraska, 2006 – 2010

| Service Type | FY 2006 | Percent Change 05-06 | FY 2007 | Percent Change 06-07 | FY 2008 | Percent Change 07-08 | FY 2009 | Percent Change 08-09 | FY 2010 | Percent Change 09-10 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$434,961,200 | -0.6 | \$434,511,379 | -0.1 | \$434,817,446 | 0.1 | \$422,865,214 | -2.7 | \$428,175,839 | 1.3 |
| Nursing facilities | \$346,617,581 | -1.7 | \$340,800,701 | -1.7 | \$332,017,360 | -2.6 | \$317,724,608 | -4.3 | \$320,878,579 | 1.0 |
| Personal care | \$12,172,737 | 4.7 | \$13,550,803 | 11.3 | \$14,800,741 | 9.2 | \$15,539,661 | 5.0 | \$15,022,857 | -3.3 |
| 1915(c) waivers - AD | \$54,527,081 | 6.3 | \$58,618,978 | 7.5 | \$64,093,678 | 9.3 | \$66,183,551 | 3.3 | \$68,617,611 | 3.7 |
| Home health | \$21,643,801 | -2.4 | \$21,540,897 | -0.5 | \$23,905,667 | 11.0 | \$23,417,394 | -2.0 | \$23,656,792 | 1.0 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with DD | \$193,476,695 | 4.5 | \$210,640,090 | 8.9 | \$221,475,022 | 5.1 | \$233,319,378 | 5.3 | \$217,555,327 | -6.8 |
| ICF/IID - public | \$41,399,983 | 1.3 | \$47,199,400 | 14.0 | \$47,616,533 | 0.9 | \$45,333,454 | -4.8 | \$14,268,406 | -68.5 |
| ICF/IID - private | \$18,968,322 | 2.1 | \$19,740,938 | 4.1 | \$20,237,328 | 2.5 | \$20,612,581 | 1.9 | \$20,609,277 | 0.0 |
| 1915(c) waivers - DD | \$133,108,390 | 5.9 | \$143,699,752 | 8.0 | \$153,621,161 | 6.9 | \$167,373,343 | 9.0 | \$182,677,644 | 9.1 |
| HCBS - managed care authorities - DD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with SMI or SED | \$45,036,659 | -3.2 | \$43,309,197 | -3.8 | \$43,504,287 | 0.5 | \$60,021,592 | 38.0 | \$33,975,250 | -43.4 |
| Mental health facilities | \$44,737,921 | -0.1 | \$41,497,862 | -7.2 | \$41,641,127 | 0.3 | \$58,259,235 | 39.9 | \$32,228,145 | -44.7 |
| Mental health facilities-DSH | \$298,738 | -82.5 | \$1,811,335 | 506.3 | \$1,863,160 | 2.9 | \$1,762,357 | -5.4 | \$1,747,105 | -0.9 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-Other/Multiple Populations | \$19,992,755 | -1.4 | \$27,692,537 | 38.5 | \$26,131,050 | -5.6 | \$30,015,934 | 14.9 | \$28,736,861 | -4.3 |
| Case management | \$19,749,091 | -1.1 | \$27,258,940 | 38.0 | \$25,438,888 | -6.7 | \$27,579,460 | 8.4 | \$25,998,472 | -5.7 |
| 1915(c) waivers - other | \$243,664 | -17.4 | \$433,597 | 77.9 | \$654,070 | 50.8 | \$688,520 | 5.3 | \$671,056 | -2.5 |
| HCBS - managed care authorities - other | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | \$38,092 | n/a | \$1,747,954 | 4488.8 | \$2,067,333 | 18.3 |
| Total LTSS | \$693,467,309 | 0.6 | \$716,153,203 | 3.3 | \$725,927,805 | 1.4 | \$746,222,118 | 2.8 | \$708,443,277 | -5.1 |
| Total Institutional LTSS | \$452,022,545 | -1.4 | \$451,050,236 | -0.2 | \$443,375,508 | -1.7 | \$443,692,235 | 0.1 | \$389,731,512 | -12.2 |
| Total HCBS | \$241,444,764 | 4.5 | \$265,102,967 | 9.8 | \$282,552,297 | 6.6 | \$302,529,883 | 7.1 | \$318,711,765 | 5.3 |
| Total Medicaid (all services) | \$1,505,858,017 | 0.6 | \$1,540,418,487 | 2.3 | \$1,586,923,159 | 3.0 | \$1,635,204,558 | 3.0 | \$1,744,466,316 | 6.7 |

| Percentages | FY 2006 | FY 2007 | FY 2008 | FY 2009 | FY 2010 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 46.1% | 46.5% | 45.7% | 45.6% | 40.6% |
| Percentage of LTSS that is HCBS | 34.8% | 37.0% | 38.9% | 40.5% | 45.0% |
| Percentage of LTSS that is HCBS - AD | 20.3% | 21.6% | 23.6% | 24.9% | 25.1% |
| Percentage of LTSS that is HCBS - DD | 68.8% | 68.2% | 69.4% | 71.7% | 84.0% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data. Starting in 2008, managed care data are included for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities. "n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included for several categories of service until 2009. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

For data before 2009, prior period adjustments were included for the following categories of service: nursing home, personal care, Section 1915(c) waivers, PACE, ICF/IID, and mental health facilities (including DSH).

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 29G. Long Term Services and Support Expenditures for Nebraska, 2011 – 2014

| Service Type | FY 2011 | Percent Change 10-11 | FY 2012 | Percent Change 11-12 | FY 2013 | Percent Change 12-13 | FY 2014 | Percent Change 13-14 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$403,794,315 | -5.7 | \$427,875,933 | 6.0 | \$441,312,734 | 3.1 | \$456,313,843 | 3.4 |
| Nursing facilities | \$307,008,539 | -4.3 | \$326,999,066 | 6.5 | \$334,682,262 | 2.3 | \$342,167,900 | 2.2 |
| Personal care | \$7,044,226 | -53.1 | \$14,479,582 | 105.6 | \$17,070,878 | 17.9 | \$19,846,566 | 16.3 |
| 1915(c) waivers - AD | \$72,006,581 | 4.9 | \$69,584,474 | -3.4 | \$74,213,749 | 6.7 | \$78,227,274 | 5.4 |
| Home health | \$17,734,969 | -25.0 | \$16,812,811 | -5.2 | \$14,829,743 | -11.8 | \$13,277,052 | -10.5 |
| Community first choice | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$516,102 | 100.0 | \$2,795,051 | 441.6 |
| Private duty nursing | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with DD | \$231,041,787 | 6.2 | \$274,384,828 | 18.8 | \$319,014,566 | 16.3 | \$311,697,700 | -2.3 |
| ICF/IID - public | \$6,785,476 | -52.4 | \$33,850,894 | 398.9 | \$47,026,108 | 38.9 | \$35,586,482 | -24.3 |
| ICF/IID - private | \$21,626,911 | 4.9 | \$23,802,606 | 10.1 | \$37,785,913 | 58.7 | \$31,786,558 | -15.9 |
| 1915(c) waivers - DD | \$202,629,400 | 10.9 | \$216,731,328 | 7.0 | \$234,202,545 | 8.1 | \$244,324,660 | 4.3 |
| HCBS - managed care authorities - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with SMI or SED | \$29,514,169 | -13.1 | \$14,705,301 | -50.2 | \$20,100,091 | 36.7 | \$2,479,494 | -87.7 |
| Mental health facilities | \$29,514,169 | -8.4 | \$12,893,963 | -56.3 | \$18,527,793 | 43.7 | \$668,157 | -96.4 |
| Mental health facilities-DSH | \$0 | -100.0 | \$1,811,338 | 100.0 | \$1,572,298 | -13.2 | \$1,811,337 | 15.2 |
| Rehabilitative services | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-Other/Multiple Populations | \$25,289,627 | -12.0 | \$28,794,378 | 13.9 | \$30,495,916 | 5.9 | \$28,877,931 | -5.3 |
| Case management | \$23,374,431 | -10.1 | \$26,548,782 | 13.6 | \$27,971,305 | 5.4 | \$26,248,690 | -6.2 |
| 1915(c) waivers - other | \$660,505 | -1.6 | \$651,529 | -1.4 | \$688,624 | 5.7 | \$661,095 | -4.0 |
| HCBS - managed care authorities - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| MFP demonstration | \$1,254,691 | -39.3 | \$1,594,067 | 27.0 | \$1,835,987 | 15.2 | \$1,968,146 | 7.2 |
| Total LTSS | \$689,639,898 | -2.7 | \$745,760,440 | 8.1 | \$810,923,307 | 8.7 | \$799,368,968 | -1.4 |
| Total Institutional LTSS | \$364,935,095 | -6.4 | \$399,357,867 | 9.4 | \$439,594,374 | 10.1 | \$412,020,434 | -6.3 |
| Total HCBS | \$324,704,803 | 1.9 | \$346,402,573 | 6.7 | \$371,328,933 | 7.2 | \$387,348,534 | 4.3 |
| Total Medicaid (all services) | \$1,662,056,185 | -4.7 | \$1,731,889,027 | 4.2 | \$1,841,139,028 | 6.3 | \$1,810,102,385 | -1.7 |

| Percentages | FY 2011 | FY 2012 | FY 2013 | FY 2014 |
|--|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 41.5% | 43.1% | 44.0% | 44.2% |
| Percentage of LTSS that is HCBS | 47.1% | 46.5% | 45.8% | 48.5% |
| Percentage of LTSS that is HCBS - AD | 24.0% | 23.6% | 24.2% | 25.0% |
| Percentage of LTSS that is HCBS - DD | 87.7% | 79.0% | 73.4% | 78.4% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Managed care data are included only for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 30A. Long Term Services and Support Expenditures for Nevada, 1981 – 1985

| Service Type | FY 1981 | FY 1982 | Percent Change 81-82 | FY 1983 | Percent Change 82-83 | FY 1984 | Percent Change 83-84 | FY 1985 | Percent Change 84-85 |
|---|---------------------|---------------------|----------------------|---------------------|----------------------|---------------------|----------------------|---------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$20,580,840 | \$22,566,420 | 9.6 | \$23,180,672 | 2.7 | \$23,790,895 | 2.6 | \$24,686,702 | 3.8 |
| Personal care | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$538,393 | n/a |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$458,458 | \$503,526 | 9.8 | \$519,408 | 3.2 | \$516,941 | -0.5 | \$212,631 | -58.9 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$4,781,982 | \$5,661,466 | 18.4 | \$6,798,774 | 20.1 | \$7,355,422 | 8.2 | \$8,983,335 | 22.1 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS- managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$280,992 | \$179,248 | -36.2 | \$184,510 | 2.9 | \$194,498 | 5.4 | \$256,863 | 32.1 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | n/a | n/a | n/a | n/a | n/a | \$1,489,474 | n/a | \$1,673,660 | 12.4 |
| HCBS- managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$26,102,272 | \$28,910,660 | 10.8 | \$30,683,364 | 6.1 | \$33,347,230 | 8.7 | \$36,351,584 | 9.0 |
| Total Institutional LTSS | \$25,643,814 | \$28,407,134 | 10.8 | \$30,163,956 | 6.2 | \$31,340,815 | 3.9 | \$33,926,900 | 8.3 |
| Total HCBS | \$458,458 | \$503,526 | 9.8 | \$519,408 | 3.2 | \$2,006,415 | 286.3 | \$2,424,684 | 20.8 |
| Total Medicaid (all services) | \$62,470,708 | \$66,198,652 | 6.0 | \$74,840,480 | 13.1 | \$66,805,758 | -10.7 | \$68,263,163 | 2.2 |

| Percentages | FY 1981 | FY 1982 | FY 1983 | FY 1984 | FY 1985 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 41.8% | 43.7% | 41.0% | 49.9% | 53.3% |
| Percentage of LTSS that is HCBS | 1.8% | 1.7% | 1.7% | 6.0% | 6.7% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data.

Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 30B. Long Term Services and Support Expenditures for Nevada, 1986 – 1990

| Service Type | FY 1986 | Percent Change 85-86 | FY 1987 | Percent Change 86-87 | FY 1988 | Percent Change 87-88 | FY 1989 | Percent Change 88-89 | FY 1990 | Percent Change 89-90 |
|---|---------------------|----------------------|---------------------|----------------------|---------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$26,416,067 | 7.0 | \$28,189,717 | 6.7 | \$28,878,785 | 2.4 | \$29,006,969 | 0.4 | \$38,121,497 | 31.4 |
| Personal care | \$903,988 | 67.9 | \$1,041,374 | 15.2 | \$952,062 | -8.6 | \$927,315 | -2.6 | \$938,647 | 1.2 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$388,798 | 82.9 | \$615,454 | 58.3 | \$557,340 | -9.4 | \$617,648 | 10.8 | \$1,140,036 | 84.6 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$8,196,532 | -8.8 | \$15,694,152 | 91.5 | \$9,522,660 | -39.3 | \$10,461,368 | 9.9 | \$13,639,635 | 30.4 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$189,553 | -26.2 | \$137,787 | -27.3 | \$117,513 | -14.7 | \$158,705 | 35.1 | \$248,749 | 56.7 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | \$1,427,453 | -14.7 | \$1,541,639 | 8.0 | \$1,535,711 | -0.4 | \$2,432,677 | 58.4 | \$3,204,579 | 31.7 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$37,522,391 | 3.2 | \$47,220,123 | 25.8 | \$41,564,071 | -12.0 | \$43,604,682 | 4.9 | \$57,293,143 | 31.4 |
| Total Institutional LTSS | \$34,802,152 | 2.6 | \$44,021,656 | 26.5 | \$38,518,958 | -12.5 | \$39,627,042 | 2.9 | \$52,009,881 | 31.2 |
| Total HCBS | \$2,720,239 | 12.2 | \$3,198,467 | 17.6 | \$3,045,113 | -4.8 | \$3,977,640 | 30.6 | \$5,283,262 | 32.8 |
| Total Medicaid (all services) | \$81,053,410 | 18.7 | \$88,382,844 | 9.0 | \$97,563,805 | 10.4 | \$108,173,620 | 10.9 | \$149,864,995 | 38.5 |

| Percentages | FY 1986 | FY 1987 | FY 1988 | FY 1989 | FY 1990 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 46.3% | 53.4% | 42.6% | 40.3% | 38.2% |
| Percentage of LTSS that is HCBS | 7.2% | 6.8% | 7.3% | 9.1% | 9.2% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997. ICF/IID 1987 data were greater than 1986 and 1988 data for an unknown reason.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 30C. Long Term Services and Support Expenditures for Nevada, 1991 – 1995

| Service Type | FY 1991 | Percent Change 90-91 | FY 1992 | Percent Change 91-92 | FY 1993 | Percent Change 92-93 | FY 1994 | Percent Change 93-94 | FY 1995 | Percent Change 94-95 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$75,098,012 | n/a |
| Nursing facilities | \$44,968,534 | 18.0 | \$60,541,408 | 34.6 | \$73,657,885 | 21.7 | \$72,881,493 | -1.1 | \$65,145,559 | -10.6 |
| Personal care | \$986,265 | 5.1 | \$1,585,525 | 60.8 | \$1,312,101 | -17.2 | \$1,056,402 | -19.5 | \$1,156,208 | 9.4 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$3,279,718 | n/a |
| Home health | \$2,145,756 | 88.2 | \$3,695,220 | 72.2 | \$5,559,810 | 50.5 | \$5,723,868 | 3.0 | \$5,516,527 | -3.6 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$27,498,983 | n/a |
| ICF/IID - public | \$12,511,977 | -8.3 | \$16,670,311 | 33.2 | \$26,810,867 | 60.8 | \$20,334,863 | -24.2 | \$23,877,733 | 17.4 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$3,621,250 | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$21,681,806 | n/a |
| Mental health facilities | \$609,512 | 145.0 | \$5,580,184 | 815.5 | \$8,670,501 | 55.4 | \$17,111,937 | 97.4 | \$21,681,806 | 26.7 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified/other | \$3,679,382 | 14.8 | \$4,701,275 | 27.8 | \$5,078,025 | 8.0 | \$5,621,877 | 10.7 | \$0 | n/a |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$64,901,426 | 13.3 | \$92,773,923 | 42.9 | \$121,089,189 | 30.5 | \$122,730,440 | 1.4 | \$124,278,801 | 1.3 |
| Total Institutional LTSS | \$58,090,023 | 11.7 | \$82,791,903 | 42.5 | \$109,139,253 | 31.8 | \$110,328,293 | 1.1 | \$110,705,098 | 0.3 |
| Total HCBS | \$6,811,403 | 28.9 | \$9,982,020 | 46.5 | \$11,949,936 | 19.7 | \$12,402,147 | 3.8 | \$13,573,703 | 9.4 |
| Total Medicaid (all services) | \$186,552,830 | 24.5 | \$371,680,710 | 99.2 | \$423,447,106 | 13.9 | \$417,740,324 | -1.3 | \$464,047,910 | 11.1 |

| Percentages | FY 1991 | FY 1992 | FY 1993 | FY 1994 | FY 1995 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 34.8% | 25.0% | 28.6% | 29.4% | 26.8% |
| Percentage of LTSS that is HCBS | 10.5% | 10.8% | 9.9% | 10.1% | 10.9% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | 13.3% |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | 13.2% |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included except for 1915(c) waivers for 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 30D. Long Term Services and Support Expenditures for Nevada, 1996 – 2000

| Service Type | FY 1996 | Percent Change 95-96 | FY 1997 | Percent Change 96-97 | FY 1998 | Percent Change 97-98 | FY 1999 | Percent Change 98-99 | FY 2000 | Percent Change 99-00 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | \$73,525,466 | -2.1 | \$80,906,048 | 10.0 | \$84,311,163 | 4.2 | \$88,144,777 | 4.5 | \$103,835,788 | 17.8 |
| Nursing facilities | \$62,928,482 | -3.4 | \$67,687,209 | 7.6 | \$70,245,071 | 3.8 | \$72,163,616 | 2.7 | \$86,063,693 | 19.3 |
| Personal care | \$1,110,644 | -3.9 | \$1,540,123 | 38.7 | \$2,025,840 | 31.5 | \$2,552,549 | 26.0 | \$2,978,720 | 16.7 |
| 1915(c) waivers - AD | \$3,479,868 | 6.1 | \$3,969,945 | 14.1 | \$4,686,127 | 18.0 | \$5,287,447 | 12.8 | \$6,133,841 | 16.0 |
| Home health | \$6,006,472 | 8.9 | \$7,708,771 | 28.3 | \$7,354,125 | -4.6 | \$8,141,165 | 10.7 | \$8,659,534 | 6.4 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$28,434,104 | 3.4 | \$27,996,847 | -1.5 | \$32,643,265 | 16.6 | \$36,058,636 | 10.5 | \$42,147,840 | 16.9 |
| ICF/IID - public | \$23,737,030 | -0.6 | \$16,075,686 | -32.3 | \$17,327,739 | 7.8 | \$16,702,845 | -3.6 | \$19,314,982 | 15.6 |
| ICF/IID - private | n/a | n/a | \$6,768,887 | n/a | \$8,120,811 | 20.0 | \$10,012,930 | 23.3 | \$9,181,231 | -8.3 |
| 1915(c) waivers - DD | \$4,697,074 | 29.7 | \$5,152,274 | 9.7 | \$7,194,715 | 39.6 | \$9,342,861 | 29.9 | \$13,651,627 | 46.1 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$19,096,504 | -11.9 | \$13,060,139 | -31.6 | \$11,338,986 | -13.2 | \$13,227,365 | 16.7 | \$15,090,947 | 14.1 |
| Mental health facilities | \$19,096,504 | -11.9 | \$13,060,139 | -31.6 | \$11,338,986 | -13.2 | \$13,227,365 | 16.7 | \$15,090,947 | 14.1 |
| Mental health facilities-DSH | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$7,078,131 | 100.0 | \$4,327,405 | -38.9 |
| Case management | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$7,078,131 | 100.0 | \$4,327,405 | -38.9 |
| 1915(c) waivers - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$121,056,074 | -2.6 | \$121,963,034 | 0.7 | \$128,293,414 | 5.2 | \$144,508,909 | 12.6 | \$165,401,980 | 14.5 |
| Total Institutional LTSS | \$105,762,016 | -4.5 | \$103,591,921 | -2.1 | \$107,032,607 | 3.3 | \$112,106,756 | 4.7 | \$129,650,853 | 15.6 |
| Total HCBS | \$15,294,058 | 12.7 | \$18,371,113 | 20.1 | \$21,260,807 | 15.7 | \$32,402,153 | 52.4 | \$35,751,127 | 10.3 |
| Total Medicaid (all services) | \$476,168,358 | 2.6 | \$489,276,626 | 2.8 | \$527,790,192 | 7.9 | \$559,503,198 | 6.0 | \$615,328,216 | 10.0 |

| Percentages | FY 1996 | FY 1997 | FY 1998 | FY 1999 | FY 2000 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 25.4% | 24.9% | 24.3% | 25.8% | 26.9% |
| Percentage of LTSS that is HCBS | 12.6% | 15.1% | 16.6% | 22.4% | 21.6% |
| Percentage of LTSS that is HCBS - AD | 14.4% | 16.3% | 16.7% | 18.1% | 17.1% |
| Percentage of LTSS that is HCBS - DD | 16.5% | 18.4% | 22.0% | 25.9% | 32.4% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included except for 1915(c) waivers. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 30E. Long Term Services and Support Expenditures for Nevada, 2001 – 2005

| Service Type | FY 2001 | Percent Change 00-01 | FY 2002 | Percent Change 01-02 | FY 2003 | Percent Change 02-03 | FY 2004 | Percent Change 03-04 | FY 2005 | Percent Change 04-05 |
|---|----------------------|----------------------|----------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$113,926,822 | 9.7 | \$134,918,906 | 18.4 | \$150,307,545 | 11.4 | \$191,786,154 | 27.6 | \$209,928,937 | 9.5 |
| Nursing facilities | \$92,222,995 | 7.2 | \$107,183,933 | 16.2 | \$111,422,046 | 4.0 | \$141,320,118 | 26.8 | \$152,099,321 | 7.6 |
| Personal care | \$6,521,361 | 118.9 | \$13,427,607 | 105.9 | \$22,915,522 | 70.7 | \$37,198,671 | 62.3 | \$43,465,895 | 16.8 |
| 1915(c) waivers - AD | \$8,109,057 | 32.2 | \$8,927,518 | 10.1 | \$9,837,962 | 10.2 | \$7,736,139 | -21.4 | \$11,525,082 | 49.0 |
| Home health | \$7,073,409 | -18.3 | \$5,379,848 | -23.9 | \$6,132,015 | 14.0 | \$5,531,226 | -9.8 | \$2,838,639 | -48.7 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$48,887,709 | 16.0 | \$55,169,718 | 12.8 | \$52,635,709 | -4.6 | \$43,853,721 | -16.7 | \$74,454,180 | 69.8 |
| ICF/IID - public | \$18,912,746 | -2.1 | \$19,985,735 | 5.7 | \$14,136,900 | -29.3 | \$11,321,229 | -19.9 | \$15,653,216 | 38.3 |
| ICF/IID - private | \$9,999,731 | 8.9 | \$10,323,278 | 3.2 | \$10,688,143 | 3.5 | \$10,875,540 | 1.8 | \$10,819,382 | -0.5 |
| 1915(c) waivers - DD | \$19,975,232 | 46.3 | \$24,860,705 | 24.5 | \$27,810,666 | 11.9 | \$21,656,952 | -22.1 | \$47,981,582 | 121.6 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$15,161,009 | 0.5 | \$21,988,356 | 45.0 | \$23,289,422 | 5.9 | \$34,828,062 | 49.5 | \$38,176,678 | 9.6 |
| Mental health facilities | \$15,161,009 | 0.5 | \$21,988,356 | 45.0 | \$23,289,422 | 5.9 | \$34,828,062 | 49.5 | \$38,176,678 | 9.6 |
| Mental health facilities-DSH | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$5,259,122 | 21.5 | \$5,893,107 | 12.1 | \$8,945,163 | 51.8 | \$14,826,762 | 65.8 | \$26,380,032 | 77.9 |
| Case management | \$5,259,122 | 21.5 | \$5,893,107 | 12.1 | \$8,945,163 | 51.8 | \$14,826,762 | 65.8 | \$26,380,032 | 77.9 |
| 1915(c) waivers - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$183,234,662 | 10.8 | \$217,970,087 | 19.0 | \$235,177,839 | 7.9 | \$285,294,699 | 21.3 | \$348,939,827 | 22.3 |
| Total Institutional LTSS | \$136,296,481 | 5.1 | \$159,481,302 | 17.0 | \$159,536,511 | 0.0 | \$198,344,949 | 24.3 | \$216,748,597 | 9.3 |
| Total HCBS | \$46,938,181 | 31.3 | \$58,488,785 | 24.6 | \$75,641,328 | 29.3 | \$86,949,750 | 15.0 | \$132,191,230 | 52.0 |
| Total Medicaid (all services) | \$689,510,747 | 12.1 | \$823,528,613 | 19.4 | \$1,023,365,109 | 24.3 | \$1,034,169,414 | 1.1 | \$1,190,481,189 | 15.1 |

| Percentages | FY 2001 | FY 2002 | FY 2003 | FY 2004 | FY 2005 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 26.6% | 26.5% | 23.0% | 27.6% | 29.3% |
| Percentage of LTSS that is HCBS | 25.6% | 26.8% | 32.2% | 30.5% | 37.9% |
| Percentage of LTSS that is HCBS - AD | 19.1% | 20.6% | 25.9% | 26.3% | 27.5% |
| Percentage of LTSS that is HCBS - DD | 40.9% | 45.1% | 52.8% | 49.4% | 64.4% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments were included starting in 1995 for Section 1915(c) waivers, in 2002 for nursing facilities, personal care, ICF/IID, and mental health facilities (including DSH); and in 2004 for PACE. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 30F. Long Term Services and Support Expenditures for Nevada, 2006 – 2010

| Service Type | FY 2006 | Percent Change 05-06 | FY 2007 | Percent Change 06-07 | FY 2008 | Percent Change 07-08 | FY 2009 | Percent Change 08-09 | FY 2010 | Percent Change 09-10 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$221,437,524 | 5.5 | \$238,748,127 | 7.8 | \$253,790,666 | 6.3 | \$246,120,112 | -3.0 | \$255,084,019 | 3.6 |
| Nursing facilities | \$149,825,323 | -1.5 | \$155,014,807 | 3.5 | \$163,576,394 | 5.5 | \$162,315,188 | -0.8 | \$171,068,541 | 5.4 |
| Personal care | \$56,321,939 | 29.6 | \$67,194,151 | 19.3 | \$74,618,306 | 11.0 | \$68,257,353 | -8.5 | \$66,493,467 | -2.6 |
| 1915(c) waivers - AD | \$13,119,830 | 13.8 | \$13,483,642 | 2.8 | \$11,861,244 | -12.0 | \$12,177,193 | 2.7 | \$12,361,522 | 1.5 |
| Home health | \$2,170,432 | -23.5 | \$3,055,527 | 40.8 | \$3,734,722 | 22.2 | \$3,370,378 | -9.8 | \$5,160,489 | 53.1 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with DD | \$87,386,202 | 17.4 | \$83,756,764 | -4.2 | \$83,361,979 | -0.5 | \$89,703,935 | 7.6 | \$89,178,209 | -0.6 |
| ICF/IID - public | \$19,328,385 | 23.5 | \$13,946,999 | -27.8 | \$11,609,244 | -16.8 | \$8,462,833 | -27.1 | \$10,999,832 | 30.0 |
| ICF/IID - private | \$7,399,494 | -31.6 | \$7,443,456 | 0.6 | \$7,384,559 | -0.8 | \$7,963,699 | 7.8 | \$7,509,777 | -5.7 |
| 1915(c) waivers - DD | \$60,658,323 | 26.4 | \$62,366,309 | 2.8 | \$64,368,176 | 3.2 | \$73,277,403 | 13.8 | \$70,668,600 | -3.6 |
| HCBS - managed care authorities - DD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with SMI or SED | \$42,085,275 | 10.2 | \$47,887,883 | 13.8 | \$60,564,087 | 26.5 | \$41,942,559 | -30.7 | \$102,482,178 | 144.3 |
| Mental health facilities | \$42,085,275 | 10.2 | \$47,887,883 | 13.8 | \$60,564,087 | 26.5 | \$41,942,559 | -30.7 | \$37,136,646 | -11.5 |
| Mental health facilities-DSH | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$61,872,281 | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$3,473,251 | n/a |
| Total-Other/Multiple Populations | \$23,551,322 | -10.7 | \$27,158,394 | 15.3 | \$29,461,691 | 8.5 | \$34,786,548 | 18.1 | \$45,906,914 | 32.0 |
| Case management | \$23,551,322 | -10.7 | \$27,158,394 | 15.3 | \$29,461,691 | 8.5 | \$34,786,548 | 18.1 | \$45,906,914 | 32.0 |
| 1915(c) waivers - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - other | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| Total LTSS | \$374,460,323 | 7.3 | \$397,551,168 | 6.2 | \$427,178,423 | 7.5 | \$412,553,154 | -3.4 | \$492,651,320 | 19.4 |
| Total Institutional LTSS | \$218,638,477 | 0.9 | \$224,293,145 | 2.6 | \$243,134,284 | 8.4 | \$220,684,279 | -9.2 | \$226,714,796 | 2.7 |
| Total HCBS | \$155,821,846 | 17.9 | \$173,258,023 | 11.2 | \$184,044,139 | 6.2 | \$191,868,875 | 4.3 | \$265,936,524 | 38.6 |
| Total Medicaid (all services) | \$1,173,522,820 | -1.4 | \$1,239,486,706 | 5.6 | \$1,318,672,844 | 6.4 | \$1,381,238,588 | 4.7 | \$1,529,552,706 | 10.7 |

| Percentages | FY 2006 | FY 2007 | FY 2008 | FY 2009 | FY 2010 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 31.9% | 32.1% | 32.4% | 29.9% | 32.2% |
| Percentage of LTSS that is HCBS | 41.6% | 43.6% | 43.1% | 46.5% | 54.0% |
| Percentage of LTSS that is HCBS - AD | 32.3% | 35.1% | 35.5% | 34.1% | 32.9% |
| Percentage of LTSS that is HCBS - DD | 69.4% | 74.5% | 77.2% | 81.7% | 79.2% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 63.8% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data. Starting in 2008, managed care data are included for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities. "n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included for several categories of service until 2009. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

For data before 2009, prior period adjustments were included for the following categories of service: nursing home, personal care, Section 1915(c) waivers, PACE, ICF/IID, and mental health facilities (including DSH).

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 30G. Long Term Services and Support Expenditures for Nevada, 2011 – 2014

| Service Type | FY 2011 | Percent Change 10-11 | FY 2012 | Percent Change 11-12 | FY 2013 | Percent Change 12-13 | FY 2014 | Percent Change 13-14 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$262,271,350 | 2.8 | \$287,635,476 | 9.7 | \$293,643,514 | 2.1 | \$315,078,228 | 7.3 |
| Nursing facilities | \$170,994,156 | 0.0 | \$191,084,172 | 11.7 | \$191,020,687 | 0.0 | \$203,104,959 | 6.3 |
| Personal care | \$69,157,303 | 4.0 | \$62,856,358 | -9.1 | \$73,489,897 | 16.9 | \$84,495,960 | 15.0 |
| 1915(c) waivers - AD | \$11,486,825 | -7.1 | \$12,769,577 | 11.2 | \$12,635,994 | -1.0 | \$14,265,295 | 12.9 |
| Home health | \$8,425,993 | 63.3 | \$11,047,128 | 31.1 | \$4,441,944 | -59.8 | \$1,754,215 | -60.5 |
| Community first choice | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Private duty nursing | \$2,207,073 | 100.0 | \$9,878,241 | 347.6 | \$12,054,992 | 22.0 | \$11,457,799 | -5.0 |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with DD | \$89,594,825 | 0.5 | \$89,761,866 | 0.2 | \$85,107,018 | -5.2 | \$99,286,865 | 16.7 |
| ICF/IID - public | \$12,118,162 | 10.2 | \$9,914,605 | -18.2 | \$9,909,898 | 0.0 | \$10,718,131 | 8.2 |
| ICF/IID - private | \$7,665,421 | 2.1 | \$8,040,883 | 4.9 | \$7,717,389 | -4.0 | \$7,539,198 | -2.3 |
| 1915(c) waivers - DD | \$69,811,242 | -1.2 | \$71,806,378 | 2.9 | \$67,479,731 | -6.0 | \$81,029,536 | 20.1 |
| HCBS - managed care authorities - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with SMI or SED | \$88,594,100 | -13.6 | \$76,287,216 | -13.9 | \$80,675,759 | 5.8 | \$73,023,427 | -9.5 |
| Mental health facilities | \$41,067,578 | 10.6 | \$48,207,349 | 17.4 | \$51,930,746 | 7.7 | \$45,666,582 | -12.1 |
| Mental health facilities-DSH | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Rehabilitative services | \$43,217,565 | -30.2 | \$22,929,898 | -46.9 | \$23,305,033 | 1.6 | \$20,640,662 | -11.4 |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | \$4,308,957 | 24.1 | \$5,149,969 | 19.5 | \$5,439,980 | 5.6 | \$6,716,183 | 23.5 |
| Total-Other/Multiple Populations | \$69,567,722 | 51.5 | \$48,707,796 | -30.0 | \$46,325,575 | -4.9 | \$34,707,802 | -25.1 |
| Case management | \$69,567,722 | 51.5 | \$48,707,654 | -30.0 | \$46,037,102 | -5.5 | \$33,387,487 | -27.5 |
| 1915(c) waivers - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| MFP demonstration | \$0 | 0.0 | \$142 | 100.0 | \$288,473 | 203050.0 | \$1,320,315 | 357.7 |
| Total LTSS | \$510,027,997 | 3.5 | \$502,392,354 | -1.5 | \$505,751,866 | 0.7 | \$522,096,322 | 3.2 |
| Total Institutional LTSS | \$231,845,317 | 2.3 | \$257,247,009 | 11.0 | \$260,578,720 | 1.3 | \$267,028,870 | 2.5 |
| Total HCBS | \$278,182,680 | 4.6 | \$245,145,345 | -11.9 | \$245,173,146 | 0.0 | \$255,067,452 | 4.0 |
| Total Medicaid (all services) | \$1,633,818,686 | 6.8 | \$1,730,793,788 | 5.9 | \$1,793,711,253 | 3.6 | \$2,315,735,838 | 29.1 |

| Percentages | FY 2011 | FY 2012 | FY 2013 | FY 2014 |
|--|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 31.2% | 29.0% | 28.2% | 22.6% |
| Percentage of LTSS that is HCBS | 54.5% | 48.8% | 48.5% | 48.9% |
| Percentage of LTSS that is HCBS - AD | 34.8% | 33.6% | 35.0% | 35.5% |
| Percentage of LTSS that is HCBS - DD | 77.9% | 80.0% | 79.3% | 81.6% |
| Percentage of LTSS that is HCBS - SMI or SED | 53.7% | 36.8% | 35.6% | 37.5% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Managed care data are included only for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care.

Institutional MLTSS – unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 31A. Long Term Services and Support Expenditures for New Hampshire, 1981 – 1985

| Service Type | FY 1981 | FY 1982 | Percent Change 81-82 | FY 1983 | Percent Change 82-83 | FY 1984 | Percent Change 83-84 | FY 1985 | Percent Change 84-85 |
|---|---------------------|---------------------|----------------------|---------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$50,350,884 | \$56,128,872 | 11.5 | \$59,177,578 | 5.4 | \$57,374,090 | -3.0 | \$59,480,362 | 3.7 |
| Personal care | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$181,167 | n/a |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$794,122 | \$475,023 | -40.2 | \$415,319 | -12.6 | \$550,831 | 32.6 | \$882,700 | 60.2 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$5,982,720 | \$6,338,717 | 6.0 | \$7,484,846 | 18.1 | \$9,909,926 | 32.4 | \$13,558,764 | 36.8 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$0 | \$72,654 | 100.0 | \$0 | -100.0 | \$3,543,737 | 100.0 | \$4,378,981 | 23.6 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | n/a | n/a | n/a | n/a | n/a | \$6,235,461 | n/a | \$9,978,984 | 60.0 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$57,127,726 | \$63,015,266 | 10.3 | \$67,077,743 | 6.4 | \$77,614,045 | 15.7 | \$88,460,958 | 14.0 |
| Total Institutional LTSS | \$56,333,604 | \$62,540,243 | 11.0 | \$66,662,424 | 6.6 | \$70,827,753 | 6.2 | \$77,418,107 | 9.3 |
| Total HCBS | \$794,122 | \$475,023 | -40.2 | \$415,319 | -12.6 | \$6,786,292 | 1534.0 | \$11,042,851 | 62.7 |
| Total Medicaid (all services) | \$84,609,534 | \$87,965,104 | 4.0 | \$96,979,421 | 10.2 | \$110,967,289 | 14.4 | \$120,607,177 | 8.7 |

| Percentages | FY 1981 | FY 1982 | FY 1983 | FY 1984 | FY 1985 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 67.5% | 71.6% | 69.2% | 69.9% | 73.3% |
| Percentage of LTSS that is HCBS | 1.4% | 0.8% | 0.6% | 8.7% | 12.5% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data.

Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 31B. Long Term Services and Support Expenditures for New Hampshire, 1986 – 1990

| Service Type | FY 1986 | Percent Change 85-86 | FY 1987 | Percent Change 86-87 | FY 1988 | Percent Change 87-88 | FY 1989 | Percent Change 88-89 | FY 1990 | Percent Change 89-90 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$49,986,453 | -16.0 | \$71,746,121 | 43.5 | \$78,301,244 | 9.1 | \$88,983,304 | 13.6 | \$103,880,630 | 16.7 |
| Personal care | \$651,501 | 259.6 | \$750,336 | 15.2 | \$893,060 | 19.0 | \$1,066,656 | 19.4 | \$1,333,938 | 25.1 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$708,738 | -19.7 | \$694,227 | -2.0 | \$972,454 | 40.1 | \$920,478 | -5.3 | \$1,164,704 | 26.5 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$28,843,207 | 112.7 | \$19,486,014 | -32.4 | \$14,141,600 | -27.4 | \$13,422,900 | -5.1 | \$11,014,394 | -17.9 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$4,594,560 | 4.9 | \$4,611,856 | 0.4 | \$5,783,368 | 25.4 | \$5,127,792 | -11.3 | \$6,272,671 | 22.3 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | \$12,110,173 | 21.4 | \$14,079,165 | 16.3 | \$20,117,222 | 42.9 | \$26,644,318 | 32.4 | \$34,907,996 | 31.0 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$96,894,632 | 9.5 | \$111,367,719 | 14.9 | \$120,208,948 | 7.9 | \$136,165,448 | 13.3 | \$158,574,333 | 16.5 |
| Total Institutional LTSS | \$83,424,220 | 7.8 | \$95,843,991 | 14.9 | \$98,226,212 | 2.5 | \$107,533,996 | 9.5 | \$121,167,695 | 12.7 |
| Total HCBS | \$13,470,412 | 22.0 | \$15,523,728 | 15.2 | \$21,982,736 | 41.6 | \$28,631,452 | 30.2 | \$37,406,638 | 30.6 |
| Total Medicaid (all services) | \$134,987,256 | 11.9 | \$143,662,833 | 6.4 | \$169,132,242 | 17.7 | \$194,574,818 | 15.0 | \$226,305,686 | 16.3 |

| Percentages | FY 1986 | FY 1987 | FY 1988 | FY 1989 | FY 1990 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 71.8% | 77.5% | 71.1% | 70.0% | 70.1% |
| Percentage of LTSS that is HCBS | 13.9% | 13.9% | 18.3% | 21.0% | 23.6% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997. ICF/IID 1987 data were greater than 1986 and 1988 data for an unknown reason.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 31C. Long Term Services and Support Expenditures for New Hampshire, 1991 – 1995

| Service Type | FY 1991 | Percent Change 90-91 | FY 1992 | Percent Change 91-92 | FY 1993 | Percent Change 92-93 | FY 1994 | Percent Change 93-94 | FY 1995 | Percent Change 94-95 |
|---|----------------------|----------------------|------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$212,259,707 | n/a |
| Nursing facilities | \$129,525,829 | 24.7 | \$141,122,138 | 9.0 | \$147,529,613 | 4.5 | \$180,477,254 | 22.3 | \$195,697,839 | 8.4 |
| Personal care | \$1,477,718 | 10.8 | \$1,487,681 | 0.7 | \$1,748,754 | 17.5 | \$1,908,012 | 9.1 | \$2,345,856 | 22.9 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$11,450,769 | n/a |
| Home health | \$1,209,254 | 3.8 | \$1,607,276 | 32.9 | \$2,140,892 | 33.2 | \$2,344,959 | 9.5 | \$2,765,243 | 17.9 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$78,798,664 | n/a |
| ICF/IID - public | \$6,808,131 | -38.2 | \$6,127,254 | -10.0 | \$5,364,387 | -12.5 | \$5,979,764 | 11.5 | \$8,813,283 | 47.4 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$69,985,381 | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$112,313,379 | n/a |
| Mental health facilities | \$27,351,288 | 336.0 | \$43,875,769 | 60.4 | \$8,701,435 | -80.2 | \$10,226,561 | 17.5 | \$9,555,328 | -6.6 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | \$37,601,820 | n/a | \$169,185,739 | 349.9 | \$102,758,051 | -39.3 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$4,450,457 | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified/other | \$43,876,623 | 25.7 | \$52,352,553 | 19.3 | \$62,218,846 | 18.8 | \$70,246,975 | 12.9 | \$4,450,457 | n/a |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$210,248,843 | 32.6 | \$246,572,671 | 17.3 | \$265,305,747 | 7.6 | \$440,369,264 | 66.0 | \$407,822,207 | -7.4 |
| Total Institutional LTSS | \$163,685,248 | 35.1 | \$191,125,161 | 16.8 | \$199,197,255 | 4.2 | \$365,869,318 | 83.7 | \$316,824,501 | -13.4 |
| Total HCBS | \$46,563,595 | 24.5 | \$55,447,510 | 19.1 | \$66,108,492 | 19.2 | \$74,499,946 | 12.7 | \$90,997,706 | 22.1 |
| Total Medicaid (all services) | \$389,838,170 | 72.3 | \$1,106,074,742 | 183.7 | \$417,626,588 | -62.2 | \$829,956,605 | 98.7 | \$848,335,981 | 2.2 |

| Percentages | FY 1991 | FY 1992 | FY 1993 | FY 1994 | FY 1995 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 53.9% | 22.3% | 63.5% | 53.1% | 48.1% |
| Percentage of LTSS that is HCBS | 22.1% | 22.5% | 24.9% | 16.9% | 22.3% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | 7.8% |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | 88.8% |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included except for 1915(c) waivers for 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 31D. Long Term Services and Support Expenditures for New Hampshire, 1996 – 2000

| Service Type | FY 1996 | Percent Change 95-96 | FY 1997 | Percent Change 96-97 | FY 1998 | Percent Change 97-98 | FY 1999 | Percent Change 98-99 | FY 2000 | Percent Change 99-00 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | \$223,426,210 | 5.3 | \$223,004,248 | -0.2 | \$225,948,314 | 1.3 | \$233,743,370 | 3.4 | \$237,790,533 | 1.7 |
| Nursing facilities | \$205,674,091 | 5.1 | \$204,920,984 | -0.4 | \$207,839,374 | 1.4 | \$212,933,741 | 2.5 | \$214,262,748 | 0.6 |
| Personal care | \$2,071,996 | -11.7 | \$2,162,113 | 4.3 | \$2,294,653 | 6.1 | \$2,554,884 | 11.3 | \$2,743,289 | 7.4 |
| 1915(c) waivers - AD | \$11,814,706 | 3.2 | \$11,940,244 | 1.1 | \$11,948,502 | 0.1 | \$13,426,552 | 12.4 | \$15,298,937 | 13.9 |
| Home health | \$3,865,417 | 39.8 | \$3,980,907 | 3.0 | \$3,865,785 | -2.9 | \$4,828,193 | 24.9 | \$5,485,559 | 13.6 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$79,785,125 | 1.3 | \$87,236,967 | 9.3 | \$98,877,575 | 13.3 | \$102,121,399 | 3.3 | \$114,211,193 | 11.8 |
| ICF/IID - public | \$3,290,787 | -62.7 | \$1,299,177 | -60.5 | \$1,502,299 | 15.6 | \$1,593,018 | 6.0 | \$1,660,413 | 4.2 |
| ICF/IID - private | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - DD | \$76,494,338 | 9.3 | \$85,937,790 | 12.3 | \$97,375,276 | 13.3 | \$100,528,381 | 3.2 | \$112,550,780 | 12.0 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$141,727,089 | 26.2 | \$44,502,062 | -68.6 | \$26,909,935 | -39.5 | \$32,201,438 | 19.7 | \$27,580,313 | -14.4 |
| Mental health facilities | \$3,194,319 | -66.6 | \$2,695,312 | -15.6 | \$1,909,935 | -29.1 | \$2,298,822 | 20.4 | \$1,749,887 | -23.9 |
| Mental health facilities-DSH | \$138,532,770 | 34.8 | \$41,806,750 | -69.8 | \$25,000,000 | -40.2 | \$29,902,616 | 19.6 | \$25,830,426 | -13.6 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$9,437,537 | 112.1 | \$15,000,574 | 58.9 | \$7,058,885 | -52.9 | \$14,654,414 | 107.6 | \$12,539,700 | -14.4 |
| Case management | n/a | n/a | \$4,522,822 | n/a | \$1,316,023 | -70.9 | \$8,970,820 | 581.7 | \$6,134,436 | -31.6 |
| 1915(c) waivers - other | \$9,437,537 | 112.1 | \$10,477,752 | 11.0 | \$5,742,862 | -45.2 | \$5,683,594 | -1.0 | \$6,405,264 | 12.7 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$454,375,961 | 11.4 | \$369,743,851 | -18.6 | \$358,794,709 | -3.0 | \$382,720,621 | 6.7 | \$392,121,739 | 2.5 |
| Total Institutional LTSS | \$350,691,967 | 10.7 | \$250,722,223 | -28.5 | \$236,251,608 | -5.8 | \$246,728,197 | 4.4 | \$243,503,474 | -1.3 |
| Total HCBS | \$103,683,994 | 13.9 | \$119,021,628 | 14.8 | \$122,543,101 | 3.0 | \$135,992,424 | 11.0 | \$148,618,265 | 9.3 |
| Total Medicaid (all services) | \$799,016,317 | -5.8 | \$731,879,670 | -8.4 | \$768,143,994 | 5.0 | \$787,062,321 | 2.5 | \$843,696,102 | 7.2 |

| Percentages | FY 1996 | FY 1997 | FY 1998 | FY 1999 | FY 2000 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 56.9% | 50.5% | 46.7% | 48.6% | 46.5% |
| Percentage of LTSS that is HCBS | 22.8% | 32.2% | 34.2% | 35.5% | 37.9% |
| Percentage of LTSS that is HCBS - AD | 7.9% | 8.1% | 8.0% | 8.9% | 9.9% |
| Percentage of LTSS that is HCBS - DD | 95.9% | 98.5% | 98.5% | 98.4% | 98.5% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included except for 1915(c) waivers. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 31E. Long Term Services and Support Expenditures for New Hampshire, 2001 – 2005

| Service Type | FY 2001 | Percent Change 00-01 | FY 2002 | Percent Change 01-02 | FY 2003 | Percent Change 02-03 | FY 2004 | Percent Change 03-04 | FY 2005 | Percent Change 04-05 |
|---|----------------------|----------------------|------------------------|----------------------|----------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$236,304,253 | -0.6 | \$264,255,047 | 11.8 | \$238,336,047 | -9.8 | \$292,789,506 | 22.8 | \$388,898,497 | 32.8 |
| Nursing facilities | \$209,805,127 | -2.1 | \$234,968,529 | 12.0 | \$205,660,658 | -12.5 | \$255,249,749 | 24.1 | \$348,149,110 | 36.4 |
| Personal care | \$3,438,532 | 25.3 | \$4,265,560 | 24.1 | \$4,266,144 | 0.0 | \$4,519,712 | 5.9 | \$5,100,936 | 12.9 |
| 1915(c) waivers - AD | \$17,818,351 | 16.5 | \$19,442,604 | 9.1 | \$23,633,285 | 21.6 | \$26,201,441 | 10.9 | \$27,849,101 | 6.3 |
| Home health | \$5,242,243 | -4.4 | \$5,578,354 | 6.4 | \$4,775,960 | -14.4 | \$6,818,604 | 42.8 | \$7,799,350 | 14.4 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$116,414,723 | 1.9 | \$126,412,662 | 8.6 | \$118,652,130 | -6.1 | \$126,736,159 | 6.8 | \$131,721,730 | 3.9 |
| ICF/IID - public | \$2,146,938 | 29.3 | \$1,952,826 | -9.0 | \$1,865,866 | -4.5 | \$2,290,044 | 22.7 | \$2,348,269 | 2.5 |
| ICF/IID - private | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - DD | \$114,267,785 | 1.5 | \$124,459,836 | 8.9 | \$116,786,264 | -6.2 | \$124,446,115 | 6.6 | \$129,373,461 | 4.0 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$30,544,216 | 10.7 | \$34,209,451 | 12.0 | \$37,622,882 | 10.0 | \$77,004,830 | 104.7 | \$75,272,386 | -2.2 |
| Mental health facilities | \$2,912,748 | 66.5 | \$1,684,216 | -42.2 | \$2,934,531 | 74.2 | \$3,032,367 | 3.3 | \$3,175,112 | 4.7 |
| Mental health facilities-DSH | \$27,631,468 | 7.0 | \$32,525,235 | 17.7 | \$34,688,351 | 6.7 | \$73,972,463 | 113.2 | \$72,097,274 | -2.5 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$5,694,489 | -54.6 | \$14,727,771 | 158.6 | \$12,100,650 | -17.8 | \$14,309,399 | 18.3 | \$10,223,998 | -28.6 |
| Case management | \$36,990 | -99.4 | \$7,714,971 | 20756.9 | \$3,673,999 | -52.4 | \$4,414,437 | 20.2 | \$101,069 | -97.7 |
| 1915(c) waivers - other | \$5,657,499 | -11.7 | \$7,012,800 | 24.0 | \$8,426,651 | 20.2 | \$9,894,962 | 17.4 | \$10,122,929 | 2.3 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$388,957,681 | -0.8 | \$439,604,931 | 13.0 | \$406,711,709 | -7.5 | \$510,839,894 | 25.6 | \$606,116,611 | 18.7 |
| Total Institutional LTSS | \$242,496,281 | -0.4 | \$271,130,806 | 11.8 | \$245,149,406 | -9.6 | \$334,544,623 | 36.5 | \$425,769,765 | 27.3 |
| Total HCBS | \$146,461,400 | -1.5 | \$168,474,125 | 15.0 | \$161,562,303 | -4.1 | \$176,295,271 | 9.1 | \$180,346,846 | 2.3 |
| Total Medicaid (all services) | \$878,037,464 | 4.1 | \$1,029,745,190 | 17.3 | \$892,359,473 | -13.3 | \$1,141,453,064 | 27.9 | \$1,282,652,570 | 12.4 |

| Percentages | FY 2001 | FY 2002 | FY 2003 | FY 2004 | FY 2005 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 44.3% | 42.7% | 45.6% | 44.8% | 47.3% |
| Percentage of LTSS that is HCBS | 37.7% | 38.3% | 39.7% | 34.5% | 29.8% |
| Percentage of LTSS that is HCBS - AD | 11.2% | 11.1% | 13.7% | 12.8% | 10.5% |
| Percentage of LTSS that is HCBS - DD | 98.2% | 98.5% | 98.4% | 98.2% | 98.2% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments were included starting in 1995 for Section 1915(c) waivers, in 2002 for nursing facilities, personal care, ICF/IID, and mental health facilities (including DSH); and in 2004 for PACE. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 31F. Long Term Services and Support Expenditures for New Hampshire, 2006 – 2010

| Service Type | FY 2006 | Percent Change 05-06 | FY 2007 | Percent Change 06-07 | FY 2008 | Percent Change 07-08 | FY 2009 | Percent Change 08-09 | FY 2010 | Percent Change 09-10 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$336,375,007 | -13.5 | \$347,388,538 | 3.3 | \$361,891,002 | 4.2 | \$382,182,041 | 5.6 | \$379,929,200 | -0.6 |
| Nursing facilities | \$291,346,508 | -16.3 | \$295,239,964 | 1.3 | \$303,216,132 | 2.7 | \$314,619,705 | 3.8 | \$309,381,926 | -1.7 |
| Personal care | \$4,943,161 | -3.1 | \$5,167,542 | 4.5 | \$5,097,465 | -1.4 | \$6,211,595 | 21.9 | \$7,586,122 | 22.1 |
| 1915(c) waivers - AD | \$33,184,726 | 19.2 | \$39,787,638 | 19.9 | \$46,520,474 | 16.9 | \$53,479,792 | 15.0 | \$54,257,768 | 1.5 |
| Home health | \$6,900,612 | -11.5 | \$7,193,394 | 4.2 | \$7,056,931 | -1.9 | \$7,870,949 | 11.5 | \$8,703,384 | 10.6 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with DD | \$140,244,853 | 6.5 | \$147,531,476 | 5.2 | \$160,119,349 | 8.5 | \$171,948,150 | 7.4 | \$176,255,337 | 2.5 |
| ICF/IID - public | \$2,483,541 | 5.8 | \$2,521,518 | 1.5 | \$3,005,371 | 19.2 | \$3,252,472 | 8.2 | \$3,106,085 | -4.5 |
| ICF/IID - private | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - DD | \$137,761,312 | 6.5 | \$145,009,958 | 5.3 | \$157,113,978 | 8.3 | \$168,695,678 | 7.4 | \$173,149,252 | 2.6 |
| HCBS - managed care authorities - DD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with SMI or SED | \$40,474,417 | -46.2 | \$44,491,699 | 9.9 | \$42,713,046 | -4.0 | \$38,992,504 | -8.7 | \$39,400,783 | 1.0 |
| Mental health facilities | \$3,321,412 | 4.6 | \$3,169,721 | -4.6 | \$3,233,611 | 2.0 | \$4,600,087 | 42.3 | \$4,117,000 | -10.5 |
| Mental health facilities-DSH | \$37,153,005 | -48.5 | \$41,321,978 | 11.2 | \$39,479,435 | -4.5 | \$34,392,417 | -12.9 | \$35,283,783 | 2.6 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-Other/Multiple Populations | \$11,179,148 | 9.3 | \$11,733,751 | 5.0 | \$13,809,849 | 17.7 | \$14,748,474 | 6.8 | \$16,174,962 | 9.7 |
| Case management | \$52,517 | -48.0 | \$64,228 | 22.3 | \$56,499 | -12.0 | \$68,117 | 20.6 | \$83,081 | 22.0 |
| 1915(c) waivers - other | \$11,126,631 | 9.9 | \$11,669,523 | 4.9 | \$13,308,301 | 14.0 | \$13,738,672 | 3.2 | \$15,142,455 | 10.2 |
| HCBS - managed care authorities - other | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | \$445,049 | n/a | \$941,685 | 111.6 | \$949,426 | 0.8 |
| Total LTSS | \$528,273,425 | -12.8 | \$551,145,464 | 4.3 | \$578,533,246 | 5.0 | \$607,871,169 | 5.1 | \$611,760,282 | 0.6 |
| Total Institutional LTSS | \$334,304,466 | -21.5 | \$342,253,181 | 2.4 | \$348,934,549 | 2.0 | \$356,864,681 | 2.3 | \$351,888,794 | -1.4 |
| Total HCBS | \$193,968,959 | 7.6 | \$208,892,283 | 7.7 | \$229,598,697 | 9.9 | \$251,006,488 | 9.3 | \$259,871,488 | 3.5 |
| Total Medicaid (all services) | \$1,107,077,902 | -13.7 | \$1,165,367,299 | 5.3 | \$1,256,961,433 | 7.9 | \$1,327,798,329 | 5.6 | \$1,331,146,034 | 0.3 |

| Percentages | FY 2006 | FY 2007 | FY 2008 | FY 2009 | FY 2010 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 47.7% | 47.3% | 46.0% | 45.8% | 46.0% |
| Percentage of LTSS that is HCBS | 36.7% | 37.9% | 39.7% | 41.3% | 42.5% |
| Percentage of LTSS that is HCBS - AD | 13.4% | 15.0% | 16.2% | 17.7% | 18.6% |
| Percentage of LTSS that is HCBS - DD | 98.2% | 98.3% | 98.1% | 98.1% | 98.2% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data. Starting in 2008, managed care data are included for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities. "n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included for several categories of service until 2009. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

For data before 2009, prior period adjustments were included for the following categories of service: nursing home, personal care, Section 1915(c) waivers, PACE, ICF/IID, and mental health facilities (including DSH).

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 31G. Long Term Services and Support Expenditures for New Hampshire, 2011 – 2014

| Service Type | FY 2011 | Percent Change 10-11 | FY 2012 | Percent Change 11-12 | FY 2013 | Percent Change 12-13 | FY 2014 | Percent Change 13-14 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$385,022,873 | 1.3 | \$399,537,594 | 3.8 | \$392,232,254 | -1.8 | \$423,961,167 | 8.1 |
| Nursing facilities | \$313,339,583 | 1.3 | \$324,511,092 | 3.6 | \$317,801,107 | -2.1 | \$356,936,305 | 12.3 |
| Personal care | \$7,815,904 | 3.0 | \$7,106,204 | -9.1 | \$6,835,181 | -3.8 | \$4,576,000 | -33.1 |
| 1915(c) waivers - AD | \$52,989,030 | -2.3 | \$50,389,212 | -4.9 | \$49,210,835 | -2.3 | \$50,130,161 | 1.9 |
| Home health | \$10,878,356 | 25.0 | \$11,392,145 | 4.7 | \$10,613,894 | -6.8 | \$6,683,966 | -37.0 |
| Community first choice | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Private duty nursing | \$0 | 0.0 | \$6,138,941 | 100.0 | \$7,771,237 | 26.6 | \$5,634,735 | -27.5 |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with DD | \$194,867,435 | 10.6 | \$195,963,420 | 0.6 | \$192,381,667 | -1.8 | \$219,037,283 | 13.9 |
| ICF/IID - public | \$2,991,337 | -3.7 | \$3,252,890 | 8.7 | \$1,841,199 | -43.4 | \$0 | -100.0 |
| ICF/IID - private | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$641,458 | 100.0 |
| 1915(c) waivers - DD | \$191,876,098 | 10.8 | \$192,710,530 | 0.4 | \$190,540,468 | -1.1 | \$218,395,825 | 14.6 |
| HCBS - managed care authorities - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with SMI or SED | \$31,861,622 | -19.1 | \$100,013,703 | 213.9 | \$111,871,117 | 11.9 | \$77,202,586 | -31.0 |
| Mental health facilities | \$4,312,237 | 4.7 | \$7,541,582 | 74.9 | \$7,447,459 | -1.2 | \$2,605,674 | -65.0 |
| Mental health facilities-DSH | \$27,549,385 | -21.9 | \$19,751,409 | -28.3 | \$22,360,196 | 13.2 | \$25,948,042 | 16.0 |
| Rehabilitative services | \$0 | 0.0 | \$72,720,712 | 100.0 | \$82,063,462 | 12.8 | \$48,648,870 | -40.7 |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-Other/Multiple Populations | \$17,674,063 | 9.3 | \$19,167,838 | 8.5 | \$37,446,701 | 95.4 | \$52,671,089 | 40.7 |
| Case management | \$83,805 | 0.9 | \$59,637 | -28.8 | \$17,790,849 | 29731.9 | \$20,667,200 | 16.2 |
| 1915(c) waivers - other | \$16,096,094 | 6.3 | \$17,481,231 | 8.6 | \$18,178,347 | 4.0 | \$22,254,385 | 22.4 |
| HCBS - managed care authorities - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$7,982,904 | 100.0 |
| Health homes | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| MFP demonstration | \$1,494,164 | 57.4 | \$1,626,970 | 8.9 | \$1,477,505 | -9.2 | \$1,766,600 | 19.6 |
| Total LTSS | \$629,425,993 | 2.9 | \$714,682,555 | 13.5 | \$733,931,739 | 2.7 | \$772,872,125 | 5.3 |
| Total Institutional LTSS | \$348,192,542 | -1.1 | \$355,056,973 | 2.0 | \$349,449,961 | -1.6 | \$386,131,479 | 10.5 |
| Total HCBS | \$281,233,451 | 8.2 | \$359,625,582 | 27.9 | \$384,481,778 | 6.9 | \$386,740,646 | 0.6 |
| Total Medicaid (all services) | \$1,367,952,112 | 2.8 | \$1,213,656,890 | -11.3 | \$1,203,621,178 | -0.8 | \$1,387,019,856 | 15.2 |

| Percentages | FY 2011 | FY 2012 | FY 2013 | FY 2014 |
|--|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 46.0% | 58.9% | 61.0% | 55.7% |
| Percentage of LTSS that is HCBS | 44.7% | 50.3% | 52.4% | 50.0% |
| Percentage of LTSS that is HCBS - AD | 18.6% | 18.8% | 19.0% | 15.8% |
| Percentage of LTSS that is HCBS - DD | 98.5% | 98.3% | 99.0% | 99.7% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 72.7% | 73.4% | 63.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Managed care data are included only for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care.

Institutional MLTSS – unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 32A. Long Term Services and Support Expenditures for New Jersey, 1981 – 1985

| Service Type | FY 1981 | FY 1982 | Percent Change 81-82 | FY 1983 | Percent Change 82-83 | FY 1984 | Percent Change 83-84 | FY 1985 | Percent Change 84-85 |
|---|----------------------|----------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$239,189,654 | \$253,283,158 | 5.9 | \$289,495,992 | 14.3 | \$287,929,894 | -0.5 | \$339,851,923 | 18.0 |
| Personal care | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$2,325,546 | n/a |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$11,042,408 | \$11,673,908 | 5.7 | \$14,261,806 | 22.2 | \$16,607,225 | 16.4 | \$21,441,382 | 29.1 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$113,759,876 | \$122,552,250 | 7.7 | \$144,156,674 | 17.6 | \$173,742,455 | 20.5 | \$173,643,403 | -0.1 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$46,307,112 | \$61,821,958 | 33.5 | \$63,945,556 | 3.4 | \$58,441,703 | -8.6 | \$55,604,799 | -4.9 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | n/a | n/a | n/a | n/a | n/a | \$18,387,367 | n/a | \$20,633,931 | 12.2 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$410,299,050 | \$449,331,274 | 9.5 | \$511,860,028 | 13.9 | \$555,108,644 | 8.4 | \$613,500,984 | 10.5 |
| Total Institutional LTSS | \$399,256,642 | \$437,657,366 | 9.6 | \$497,598,222 | 13.7 | \$520,114,052 | 4.5 | \$569,100,125 | 9.4 |
| Total HCBS | \$11,042,408 | \$11,673,908 | 5.7 | \$14,261,806 | 22.2 | \$34,994,592 | 145.4 | \$44,400,859 | 26.9 |
| Total Medicaid (all services) | \$850,791,944 | \$889,843,590 | 4.6 | \$1,003,575,190 | 12.8 | \$1,053,935,511 | 5.0 | \$1,173,136,725 | 11.3 |

| Percentages | FY 1981 | FY 1982 | FY 1983 | FY 1984 | FY 1985 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 48.2% | 50.5% | 51.0% | 52.7% | 52.3% |
| Percentage of LTSS that is HCBS | 2.7% | 2.6% | 2.8% | 6.3% | 7.2% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data.

Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 32B. Long Term Services and Support Expenditures for New Jersey, 1986 – 1990

| Service Type | FY 1986 | Percent Change 85-86 | FY 1987 | Percent Change 86-87 | FY 1988 | Percent Change 87-88 | FY 1989 | Percent Change 88-89 | FY 1990 | Percent Change 89-90 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$386,685,186 | 13.8 | \$525,943,341 | 36.0 | \$551,387,015 | 4.8 | \$616,056,503 | 11.7 | \$721,945,195 | 17.2 |
| Personal care | \$5,260,948 | 126.2 | \$6,598,227 | 25.4 | \$7,823,527 | 18.6 | \$11,471,059 | 46.6 | \$12,808,998 | 11.7 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$26,333,876 | 22.8 | \$31,690,453 | 20.3 | \$37,295,459 | 17.7 | \$42,815,795 | 14.8 | \$53,735,071 | 25.5 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$183,298,613 | 5.6 | \$377,479,713 | 105.9 | \$237,997,341 | -37.0 | \$253,874,333 | 6.7 | \$267,258,597 | 5.3 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$62,333,468 | 12.1 | \$56,995,433 | -8.6 | \$70,746,821 | 24.1 | \$57,182,782 | -19.2 | \$45,718,751 | -20.0 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | \$34,346,570 | 66.5 | \$40,876,424 | 19.0 | \$62,937,229 | 54.0 | \$87,139,326 | 38.5 | \$122,443,318 | 40.5 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$698,258,661 | 13.8 | \$1,039,583,591 | 48.9 | \$968,187,392 | -6.9 | \$1,068,539,798 | 10.4 | \$1,223,909,930 | 14.5 |
| Total Institutional LTSS | \$632,317,267 | 11.1 | \$960,418,487 | 51.9 | \$860,131,177 | -10.4 | \$927,113,618 | 7.8 | \$1,034,922,543 | 11.6 |
| Total HCBS | \$65,941,394 | 48.5 | \$79,165,104 | 20.1 | \$108,056,215 | 36.5 | \$141,426,180 | 30.9 | \$188,987,387 | 33.6 |
| Total Medicaid (all services) | \$1,290,313,871 | 10.0 | \$1,579,102,217 | 22.4 | \$1,739,601,754 | 10.2 | \$1,966,122,011 | 13.0 | \$2,374,439,202 | 20.8 |

| Percentages | FY 1986 | FY 1987 | FY 1988 | FY 1989 | FY 1990 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 54.1% | 65.8% | 55.7% | 54.3% | 51.5% |
| Percentage of LTSS that is HCBS | 9.4% | 7.6% | 11.2% | 13.2% | 15.4% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997. ICF/IID 1987 data were greater than 1986 and 1988 data for an unknown reason.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 32C. Long Term Services and Support Expenditures for New Jersey, 1991 – 1995

| Service Type | FY 1991 | Percent Change 90-91 | FY 1992 | Percent Change 91-92 | FY 1993 | Percent Change 92-93 | FY 1994 | Percent Change 93-94 | FY 1995 | Percent Change 94-95 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$1,337,710,173 | n/a |
| Nursing facilities | \$836,205,849 | 15.8 | \$848,658,356 | 1.5 | \$987,833,123 | 16.4 | \$1,051,543,938 | 6.4 | \$1,096,997,977 | 4.3 |
| Personal care | \$22,199,547 | 73.3 | \$34,237,097 | 54.2 | \$50,892,049 | 48.6 | \$71,891,910 | 41.3 | \$92,353,007 | 28.5 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$42,469,658 | n/a |
| Home health | \$60,958,937 | 13.4 | \$69,102,064 | 13.4 | \$93,567,595 | 35.4 | \$99,794,562 | 6.7 | \$105,889,531 | 6.1 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$524,697,661 | n/a |
| ICF/IID - public | \$286,052,933 | 7.0 | \$276,342,092 | -3.4 | \$286,201,207 | 3.6 | \$357,321,411 | 24.8 | \$380,191,658 | 6.4 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$144,506,003 | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$441,698,671 | n/a |
| Mental health facilities | \$135,169,348 | 195.7 | \$690,150,478 | 410.6 | \$66,072,357 | -90.4 | \$64,362,881 | -2.6 | \$73,882,054 | 14.8 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | \$318,550,579 | n/a | \$345,218,543 | 8.4 | \$367,816,617 | 6.5 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$13,624,676 | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified/other | \$147,280,567 | 20.3 | \$131,938,201 | -10.4 | \$157,900,813 | 19.7 | \$176,880,799 | 12.0 | \$13,624,676 | n/a |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$1,487,867,181 | 21.6 | \$2,050,428,288 | 37.8 | \$1,961,017,723 | -4.4 | \$2,167,014,044 | 10.5 | \$2,317,731,181 | 7.0 |
| Total Institutional LTSS | \$1,257,428,130 | 21.5 | \$1,815,150,926 | 44.4 | \$1,658,657,266 | -8.6 | \$1,818,446,773 | 9.6 | \$1,918,888,306 | 5.5 |
| Total HCBS | \$230,439,051 | 21.9 | \$235,277,362 | 2.1 | \$302,360,457 | 28.5 | \$348,567,271 | 15.3 | \$398,842,875 | 14.4 |
| Total Medicaid (all services) | \$3,101,964,529 | 30.6 | \$4,178,899,060 | 34.7 | \$4,706,049,166 | 12.6 | \$4,792,969,652 | 1.8 | \$5,391,186,144 | 12.5 |

| Percentages | FY 1991 | FY 1992 | FY 1993 | FY 1994 | FY 1995 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 48.0% | 49.1% | 41.7% | 45.2% | 43.0% |
| Percentage of LTSS that is HCBS | 15.5% | 11.5% | 15.4% | 16.1% | 17.2% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | 18.0% |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | 27.5% |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included except for 1915(c) waivers for 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 32D. Long Term Services and Support Expenditures for New Jersey, 1996 – 2000

| Service Type | FY 1996 | Percent Change 95-96 | FY 1997 | Percent Change 96-97 | FY 1998 | Percent Change 97-98 | FY 1999 | Percent Change 98-99 | FY 2000 | Percent Change 99-00 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$1,362,382,915 | 1.8 | \$1,443,940,842 | 6.0 | \$1,502,788,490 | 4.1 | \$1,525,335,454 | 1.5 | \$1,828,577,543 | 19.9 |
| Nursing facilities | \$1,104,041,625 | 0.6 | \$1,166,290,664 | 5.6 | \$1,195,059,732 | 2.5 | \$1,216,525,638 | 1.8 | \$1,646,347,103 | 35.3 |
| Personal care | \$115,310,974 | 24.9 | \$136,921,546 | 18.7 | \$169,711,230 | 23.9 | \$176,319,982 | 3.9 | \$91,615,808 | -48.0 |
| 1915(c) waivers - AD | \$43,498,867 | 2.4 | \$48,988,537 | 12.6 | \$51,341,524 | 4.8 | \$57,224,475 | 11.5 | \$56,879,597 | -0.6 |
| Home health | \$99,531,449 | -6.0 | \$91,740,095 | -7.8 | \$86,676,004 | -5.5 | \$75,265,359 | -13.2 | \$33,735,035 | -55.2 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$503,939,110 | -4.0 | \$569,514,169 | 13.0 | \$531,669,346 | -6.6 | \$591,156,677 | 11.2 | \$671,618,004 | 13.6 |
| ICF/IID - public | \$359,085,307 | -5.6 | \$364,987,112 | 1.6 | \$338,962,594 | -7.1 | \$369,227,856 | 8.9 | \$371,345,529 | 0.6 |
| ICF/IID - private | n/a | n/a | \$8,090,340 | n/a | \$8,253,900 | 2.0 | \$8,651,063 | 4.8 | \$9,234,196 | 6.7 |
| 1915(c) waivers - DD | \$144,853,803 | 0.2 | \$196,436,717 | 35.6 | \$184,452,852 | -6.1 | \$213,277,758 | 15.6 | \$291,038,279 | 36.5 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$409,866,650 | -7.2 | \$413,754,167 | 0.9 | \$388,668,815 | -6.1 | \$452,372,290 | 16.4 | \$442,897,533 | -2.1 |
| Mental health facilities | \$78,777,186 | 6.6 | \$87,401,154 | 10.9 | \$85,665,419 | -2.0 | \$94,758,856 | 10.6 | \$88,961,973 | -6.1 |
| Mental health facilities-DSH | \$331,089,464 | -10.0 | \$326,353,013 | -1.4 | \$303,003,396 | -7.2 | \$357,613,434 | 18.0 | \$353,935,560 | -1.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$16,369,247 | 20.1 | \$19,725,948 | 20.5 | \$20,925,072 | 6.1 | \$21,556,922 | 3.0 | \$19,868,951 | -7.8 |
| Case management | n/a | n/a | \$1,498,209 | n/a | \$2,251,702 | 50.3 | \$3,013,369 | 33.8 | \$1,241,973 | -58.8 |
| 1915(c) waivers - other | \$16,369,247 | 20.1 | \$18,227,739 | 11.4 | \$18,673,370 | 2.4 | \$18,543,553 | -0.7 | \$18,626,978 | 0.4 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$2,292,557,922 | -1.1 | \$2,446,935,126 | 6.7 | \$2,444,051,723 | -0.1 | \$2,590,421,343 | 6.0 | \$2,962,962,031 | 14.4 |
| Total Institutional LTSS | \$1,872,993,582 | -2.4 | \$1,953,122,283 | 4.3 | \$1,930,945,041 | -1.1 | \$2,046,776,847 | 6.0 | \$2,469,824,361 | 20.7 |
| Total HCBS | \$419,564,340 | 5.2 | \$493,812,843 | 17.7 | \$513,106,682 | 3.9 | \$543,644,496 | 6.0 | \$493,137,670 | -9.3 |
| Total Medicaid (all services) | \$5,277,769,902 | -2.1 | \$5,478,127,337 | 3.8 | \$5,451,429,002 | -0.5 | \$5,772,631,914 | 5.9 | \$6,065,966,175 | 5.1 |

| Percentages | FY 1996 | FY 1997 | FY 1998 | FY 1999 | FY 2000 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 43.4% | 44.7% | 44.8% | 44.9% | 48.8% |
| Percentage of LTSS that is HCBS | 18.3% | 20.2% | 21.0% | 21.0% | 16.6% |
| Percentage of LTSS that is HCBS - AD | 19.0% | 19.2% | 20.5% | 20.2% | 10.0% |
| Percentage of LTSS that is HCBS - DD | 28.7% | 34.5% | 34.7% | 36.1% | 43.3% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included except for 1915(c) waivers. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 32E. Long Term Services and Support Expenditures for New Jersey, 2001 – 2005

| Service Type | FY 2001 | Percent Change 00-01 | FY 2002 | Percent Change 01-02 | FY 2003 | Percent Change 02-03 | FY 2004 | Percent Change 03-04 | FY 2005 | Percent Change 04-05 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$2,515,320,767 | 37.6 | \$2,661,438,603 | 5.8 | \$1,856,898,500 | -30.2 | \$1,943,331,534 | 4.7 | \$2,394,102,269 | 23.2 |
| Nursing facilities | \$2,193,181,880 | 33.2 | \$2,295,945,166 | 4.7 | \$1,424,143,510 | -38.0 | \$1,479,893,872 | 3.9 | \$1,928,693,361 | 30.3 |
| Personal care | \$198,196,349 | 116.3 | \$239,111,735 | 20.6 | \$292,849,366 | 22.5 | \$319,294,973 | 9.0 | \$322,589,560 | 1.0 |
| 1915(c) waivers - AD | \$70,567,837 | 24.1 | \$85,283,905 | 20.9 | \$91,595,064 | 7.4 | \$103,553,174 | 13.1 | \$110,192,809 | 6.4 |
| Home health | \$53,374,701 | 58.2 | \$41,097,797 | -23.0 | \$48,310,560 | 17.6 | \$40,134,013 | -16.9 | \$32,119,746 | -20.0 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$455,502 | n/a | \$506,793 | 11.3 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$655,991,229 | -2.3 | \$760,374,155 | 15.9 | \$807,847,705 | 6.2 | \$948,179,249 | 17.4 | \$932,566,109 | -1.6 |
| ICF/IID - public | \$411,843,275 | 10.9 | \$453,244,502 | 10.1 | \$426,354,203 | -5.9 | \$510,261,076 | 19.7 | \$516,562,729 | 1.2 |
| ICF/IID - private | \$9,616,103 | 4.1 | \$9,724,265 | 1.1 | \$10,510,355 | 8.1 | \$10,682,550 | 1.6 | \$11,120,677 | 4.1 |
| 1915(c) waivers - DD | \$234,531,851 | -19.4 | \$297,405,388 | 26.8 | \$370,983,147 | 24.7 | \$427,235,623 | 15.2 | \$404,882,703 | -5.2 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$514,541,062 | 16.2 | \$520,415,848 | 1.1 | \$581,304,646 | 11.7 | \$558,656,753 | -3.9 | \$593,698,347 | 6.3 |
| Mental health facilities | \$101,720,694 | 14.3 | \$103,326,642 | 1.6 | \$157,072,040 | 52.0 | \$156,943,789 | -0.1 | \$136,717,139 | -12.9 |
| Mental health facilities-DSH | \$412,820,368 | 16.6 | \$417,089,206 | 1.0 | \$424,232,606 | 1.7 | \$401,712,964 | -5.3 | \$456,981,208 | 13.8 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$23,571,790 | 18.6 | \$23,193,655 | -1.6 | \$24,483,112 | 5.6 | \$25,691,714 | 4.9 | \$29,657,635 | 15.4 |
| Case management | \$2,725,080 | 119.4 | \$2,600,166 | -4.6 | \$3,255,485 | 25.2 | \$4,251,391 | 30.6 | \$6,613,517 | 55.6 |
| 1915(c) waivers - other | \$20,846,710 | 11.9 | \$20,593,489 | -1.2 | \$21,227,627 | 3.1 | \$21,440,323 | 1.0 | \$23,044,118 | 7.5 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$3,709,424,848 | 25.2 | \$3,965,422,261 | 6.9 | \$3,270,533,963 | -17.5 | \$3,475,859,250 | 6.3 | \$3,950,024,360 | 13.6 |
| Total Institutional LTSS | \$3,129,182,320 | 26.7 | \$3,279,329,781 | 4.8 | \$2,442,312,714 | -25.5 | \$2,559,494,251 | 4.8 | \$3,050,075,114 | 19.2 |
| Total HCBS | \$580,242,528 | 17.7 | \$686,092,480 | 18.2 | \$828,221,249 | 20.7 | \$916,364,999 | 10.6 | \$899,949,246 | -1.8 |
| Total Medicaid (all services) | \$7,197,164,314 | 18.6 | \$7,736,775,148 | 7.5 | \$7,260,314,868 | -6.2 | \$7,982,195,507 | 9.9 | \$8,625,430,688 | 8.1 |

| Percentages | FY 2001 | FY 2002 | FY 2003 | FY 2004 | FY 2005 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 51.5% | 51.3% | 45.0% | 43.5% | 45.8% |
| Percentage of LTSS that is HCBS | 15.6% | 17.3% | 25.3% | 26.4% | 22.8% |
| Percentage of LTSS that is HCBS - AD | 12.8% | 13.7% | 23.3% | 23.8% | 19.4% |
| Percentage of LTSS that is HCBS - DD | 35.8% | 39.1% | 45.9% | 45.1% | 43.4% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments were included starting in 1995 for Section 1915(c) waivers, in 2002 for nursing facilities, personal care, ICF/IID, and mental health facilities (including DSH); and in 2004 for PACE. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 32F. Long Term Services and Support Expenditures for New Jersey, 2006 – 2010

| Service Type | FY 2006 | Percent Change 05-06 | FY 2007 | Percent Change 06-07 | FY 2008 | Percent Change 07-08 | FY 2009 | Percent Change 08-09 | FY 2010 | Percent Change 09-10 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|-------------------------|----------------------|
| Total-Older People, People with PD | \$2,284,681,062 | -4.6 | \$2,286,724,801 | 0.1 | \$2,396,929,224 | 4.8 | \$2,517,301,794 | 5.0 | \$2,482,853,550 | -1.4 |
| Nursing facilities | \$1,825,194,987 | -5.4 | \$1,814,945,690 | -0.6 | \$1,910,408,539 | 5.3 | \$1,993,193,271 | 4.3 | \$1,913,718,015 | -4.0 |
| Personal care | \$309,468,029 | -4.1 | \$318,487,596 | 2.9 | \$325,368,210 | 2.2 | \$343,720,739 | 5.6 | \$359,856,175 | 4.7 |
| 1915(c) waivers - AD | \$118,513,957 | 7.6 | \$126,481,277 | 6.7 | \$134,869,225 | 6.6 | \$152,046,042 | 12.7 | \$173,332,777 | 14.0 |
| Home health | \$31,077,860 | -3.2 | \$26,810,238 | -13.7 | \$26,283,250 | -2.0 | \$27,220,802 | 3.6 | \$26,317,990 | -3.3 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$1,120,940 | 100.0 | \$9,656,806 | 761.5 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | -\$28,213 | n/a |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$426,229 | -15.9 | \$0 | -100.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with DD | \$1,339,433,153 | 43.6 | \$1,140,926,818 | -14.8 | \$1,146,155,139 | 0.5 | \$1,253,784,244 | 9.4 | \$1,223,974,135 | -2.4 |
| ICF/IID - public | \$631,969,863 | 22.3 | \$616,591,194 | -2.4 | \$612,538,832 | -0.7 | \$651,079,961 | 6.3 | \$598,823,503 | -8.0 |
| ICF/IID - private | \$11,723,207 | 5.4 | \$11,829,663 | 0.9 | \$8,520,457 | -28.0 | \$13,621,967 | 59.9 | \$11,764,211 | -13.6 |
| 1915(c) waivers - DD | \$695,740,083 | 71.8 | \$512,505,961 | -26.3 | \$525,095,850 | 2.5 | \$589,082,316 | 12.2 | \$613,386,421 | 4.1 |
| HCBS - managed care authorities - DD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with SMI or SED | \$628,843,141 | 5.9 | \$602,579,885 | -4.2 | \$734,928,995 | 22.0 | \$661,788,869 | -10.0 | \$502,007,223 | -24.1 |
| Mental health facilities | \$145,555,592 | 6.5 | \$144,494,035 | -0.7 | \$137,751,384 | -4.7 | \$155,567,834 | 12.9 | \$144,636,762 | -7.0 |
| Mental health facilities-DSH | \$483,287,549 | 5.8 | \$458,085,850 | -5.2 | \$597,177,611 | 30.4 | \$506,221,035 | -15.2 | \$357,370,461 | -29.4 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-Other/Multiple Populations | \$36,222,985 | 22.1 | \$40,529,206 | 11.9 | \$45,893,480 | 13.2 | \$49,500,831 | 7.9 | \$52,326,740 | 5.7 |
| Case management | \$11,121,063 | 68.2 | \$13,650,828 | 22.7 | \$16,839,305 | 23.4 | \$18,483,867 | 9.8 | \$20,159,945 | 9.1 |
| 1915(c) waivers - other | \$25,101,922 | 8.9 | \$26,878,378 | 7.1 | \$29,054,175 | 8.1 | \$30,555,666 | 5.2 | \$29,240,019 | -4.3 |
| HCBS - managed care authorities - other | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | \$0 | n/a | \$461,298 | 100.0 | \$2,926,776 | 534.5 |
| Total LTSS | \$4,289,180,341 | 8.6 | \$4,070,760,710 | -5.1 | \$4,323,906,838 | 6.2 | \$4,482,375,738 | 3.7 | \$4,261,161,648 | -4.9 |
| Total Institutional LTSS | \$3,097,731,198 | 1.6 | \$3,045,946,432 | -1.7 | \$3,266,396,823 | 7.2 | \$3,319,684,068 | 1.6 | \$3,026,312,952 | -8.8 |
| Total HCBS | \$1,191,449,143 | 32.4 | \$1,024,814,278 | -14.0 | \$1,057,510,015 | 3.2 | \$1,162,691,670 | 9.9 | \$1,234,848,696 | 6.2 |
| Total Medicaid (all services) | \$9,040,759,428 | 4.8 | \$8,952,478,924 | -1.0 | \$9,439,560,546 | 5.4 | \$9,942,443,764 | 5.3 | \$10,066,747,030 | 1.3 |

| Percentages | FY 2006 | FY 2007 | FY 2008 | FY 2009 | FY 2010 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 47.4% | 45.5% | 45.8% | 45.1% | 42.3% |
| Percentage of LTSS that is HCBS | 27.8% | 25.2% | 24.5% | 25.9% | 29.0% |
| Percentage of LTSS that is HCBS - AD | 20.1% | 20.6% | 20.3% | 20.8% | 22.9% |
| Percentage of LTSS that is HCBS - DD | 51.9% | 44.9% | 45.8% | 47.0% | 50.1% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data. Starting in 2008, managed care data are included for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities. "n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included for several categories of service until 2009. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

For data before 2009, prior period adjustments were included for the following categories of service: nursing home, personal care, Section 1915(c) waivers, PACE, ICF/IID, and mental health facilities (including DSH).

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 32G. Long Term Services and Support Expenditures for New Jersey, 2011 – 2014

| Service Type | FY 2011 | Percent Change 10-11 | FY 2012 | Percent Change 11-12 | FY 2013 | Percent Change 12-13 | FY 2014 | Percent Change 13-14 |
|---|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|
| Total-Older People, People with PD | \$2,461,242,155 | -0.9 | \$2,161,961,323 | -12.2 | \$2,182,906,438 | 1.0 | \$2,190,884,682 | 0.4 |
| Nursing facilities | \$1,892,884,455 | -1.1 | \$1,823,551,529 | -3.7 | \$1,828,596,548 | 0.3 | \$1,840,133,277 | 0.6 |
| Personal care | \$343,072,534 | -4.7 | \$83,412,009 | -75.7 | \$64,895,913 | -22.2 | \$65,144,011 | 0.4 |
| 1915(c) waivers - AD | \$182,936,125 | 5.5 | \$197,280,915 | 7.8 | \$20,477,638 | -89.6 | \$268,406 | -98.7 |
| Home health | \$23,562,405 | -10.5 | \$4,403,940 | -81.3 | \$2,379,163 | -46.0 | \$1,635,716 | -31.2 |
| Community first choice | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - AD | \$0 | 0.0 | \$0 | 0.0 | \$198,602,042 | 100.0 | \$8,007,502 | -96.0 |
| PACE | \$19,064,859 | 97.4 | \$30,395,969 | 59.4 | \$39,273,430 | 29.2 | \$44,055,745 | 12.2 |
| Private duty nursing | -\$278,223 | 886.2 | \$1,399,112 | -602.9 | \$1,007,425 | -28.0 | \$1,488,894 | 47.8 |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | -\$9,658,682 | 100.0 | \$190,701,768 | -2074.4 |
| Personal care - 1915(j) | \$0 | 0.0 | \$21,517,849 | 100.0 | \$37,332,961 | 73.5 | \$39,449,363 | 5.7 |
| HCBS - 1915(i) - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with DD | \$1,232,037,705 | 0.7 | \$1,347,830,098 | 9.4 | \$1,412,227,090 | 4.8 | \$1,502,284,418 | 6.4 |
| ICF/IID - public | \$623,773,667 | 4.2 | \$638,993,352 | 2.4 | \$686,514,965 | 7.4 | \$652,624,819 | -4.9 |
| ICF/IID - private | \$11,203,897 | -4.8 | \$11,879,917 | 6.0 | \$10,613,297 | -10.7 | \$11,724,153 | 10.5 |
| 1915(c) waivers - DD | \$597,060,141 | -2.7 | \$696,956,829 | 16.7 | \$708,497,828 | 1.7 | \$824,873,688 | 16.4 |
| HCBS- managed care authorities - DD | \$0 | 0.0 | \$0 | 0.0 | \$6,601,000 | 100.0 | \$13,061,758 | 97.9 |
| HCBS - 1915(i) - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with SMI or SED | \$476,697,016 | -5.0 | \$474,908,745 | -0.4 | \$469,246,242 | -1.2 | \$481,260,752 | 2.6 |
| Mental health facilities | \$119,330,685 | -17.5 | \$105,395,811 | -11.7 | \$95,383,334 | -9.5 | \$106,260,435 | 11.4 |
| Mental health facilities-DSH | \$357,370,462 | 0.0 | \$357,370,460 | 0.0 | \$357,370,462 | 0.0 | \$357,370,460 | 0.0 |
| Rehabilitative services | -\$4,131 | 100.0 | \$12,142,474 | -294035.5 | \$16,492,446 | 35.8 | \$17,629,857 | 6.9 |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-Other/Multiple Populations | \$57,794,092 | 10.4 | \$58,879,316 | 1.9 | \$409,585,764 | 595.6 | \$881,253,565 | 115.2 |
| Case management | \$23,611,240 | 17.1 | \$23,910,348 | 1.3 | \$23,666,911 | -1.0 | \$91,790,703 | 287.8 |
| 1915(c) waivers - other | \$27,465,169 | -6.1 | \$29,124,950 | 6.0 | \$4,888,450 | -83.2 | \$56,827 | -98.8 |
| HCBS- managed care authorities - other | \$0 | 0.0 | \$0 | 0.0 | \$367,915,252 | 100.0 | \$732,317,141 | 99.0 |
| Health homes | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | \$2,340,857 | n/a | \$35,635,312 | 1422.3 |
| MFP demonstration | \$6,717,683 | 129.5 | \$5,844,018 | -13.0 | \$10,774,294 | 84.4 | \$21,453,582 | 99.1 |
| Total LTSS | \$4,227,770,968 | -0.8 | \$4,043,579,482 | -4.4 | \$4,473,965,534 | 10.6 | \$5,055,683,417 | 13.0 |
| Total Institutional LTSS | \$3,004,563,166 | -0.7 | \$2,937,191,069 | -2.2 | \$2,980,819,463 | 1.5 | \$3,003,748,456 | 0.8 |
| Total HCBS | \$1,223,207,802 | -0.9 | \$1,106,388,413 | -9.6 | \$1,493,146,071 | 35.0 | \$2,051,934,961 | 37.4 |
| Total Medicaid (all services) | \$10,216,404,421 | 1.5 | \$10,589,779,972 | 3.7 | \$10,685,665,989 | 0.9 | \$12,530,154,185 | 17.3 |

| Percentages | FY 2011 | FY 2012 | FY 2013 | FY 2014 |
|--|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 41.4% | 38.2% | 41.9% | 40.4% |
| Percentage of LTSS that is HCBS | 28.9% | 27.4% | 33.4% | 40.6% |
| Percentage of LTSS that is HCBS - AD | 23.1% | 15.7% | 16.2% | 16.0% |
| Percentage of LTSS that is HCBS - DD | 48.5% | 51.7% | 50.6% | 55.8% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 2.6% | 3.5% | 3.7% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Managed care data are included only for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 33A. Long Term Services and Support Expenditures for New Mexico, 1981 – 1985

| Service Type | FY 1981 | FY 1982 | Percent Change 81-82 | FY 1983 | Percent Change 82-83 | FY 1984 | Percent Change 83-84 | FY 1985 | Percent Change 84-85 |
|---|---------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$21,664,062 | \$23,657,254 | 9.2 | \$23,891,710 | 1.0 | \$33,927,882 | 42.0 | \$40,997,876 | 20.8 |
| Personal care | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$610,278 | \$698,400 | 14.4 | \$738,626 | 5.8 | \$925,531 | 25.3 | \$1,320,062 | 42.6 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$9,333,446 | \$12,077,857 | 29.4 | \$13,016,187 | 7.8 | \$17,353,302 | 33.3 | \$17,408,846 | 0.3 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$381 | \$0 | -100.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | n/a | n/a | n/a | n/a | n/a | \$556,771 | n/a | \$2,066,476 | 271.2 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$31,608,167 | \$36,433,511 | 15.3 | \$37,646,523 | 3.3 | \$52,763,486 | 40.2 | \$61,793,260 | 17.1 |
| Total Institutional LTSS | \$30,997,889 | \$35,735,111 | 15.3 | \$36,907,897 | 3.3 | \$51,281,184 | 38.9 | \$58,406,722 | 13.9 |
| Total HCBS | \$610,278 | \$698,400 | 14.4 | \$738,626 | 5.8 | \$1,482,302 | 100.7 | \$3,386,538 | 128.5 |
| Total Medicaid (all services) | \$92,681,553 | \$101,697,205 | 9.7 | \$105,257,199 | 3.5 | \$135,571,057 | 28.8 | \$155,858,552 | 15.0 |

| Percentages | FY 1981 | FY 1982 | FY 1983 | FY 1984 | FY 1985 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 34.1% | 35.8% | 35.8% | 38.9% | 39.6% |
| Percentage of LTSS that is HCBS | 1.9% | 1.9% | 2.0% | 2.8% | 5.5% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data.

Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 33B. Long Term Services and Support Expenditures for New Mexico, 1986 – 1990

| Service Type | FY 1986 | Percent Change 85-86 | FY 1987 | Percent Change 86-87 | FY 1988 | Percent Change 87-88 | FY 1989 | Percent Change 88-89 | FY 1990 | Percent Change 89-90 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$44,356,752 | 8.2 | \$51,697,591 | 16.5 | \$58,088,850 | 12.4 | \$60,108,450 | 3.5 | \$67,741,535 | 12.7 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$2,048,582 | 55.2 | \$2,140,626 | 4.5 | \$2,103,217 | -1.7 | \$2,488,493 | 18.3 | \$2,732,199 | 9.8 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$19,824,613 | 13.9 | \$37,810,440 | 90.7 | \$23,586,513 | -37.6 | \$25,935,085 | 10.0 | \$28,361,540 | 9.4 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | \$2,922,879 | 41.4 | \$3,701,164 | 26.6 | \$7,768,675 | 109.9 | \$9,267,027 | 19.3 | \$10,373,431 | 11.9 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$69,152,826 | 11.9 | \$95,349,821 | 37.9 | \$91,547,255 | -4.0 | \$97,799,055 | 6.8 | \$109,208,705 | 11.7 |
| Total Institutional LTSS | \$64,181,365 | 9.9 | \$89,508,031 | 39.5 | \$81,675,363 | -8.8 | \$86,043,535 | 5.3 | \$96,103,075 | 11.7 |
| Total HCBS | \$4,971,461 | 46.8 | \$5,841,790 | 17.5 | \$9,871,892 | 69.0 | \$11,755,520 | 19.1 | \$13,105,630 | 11.5 |
| Total Medicaid (all services) | \$172,026,634 | 10.4 | \$192,711,021 | 12.0 | \$231,361,399 | 20.1 | \$250,722,395 | 8.4 | \$294,372,921 | 17.4 |

| Percentages | FY 1986 | FY 1987 | FY 1988 | FY 1989 | FY 1990 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 40.2% | 49.5% | 39.6% | 39.0% | 37.1% |
| Percentage of LTSS that is HCBS | 7.2% | 6.1% | 10.8% | 12.0% | 12.0% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997. ICF/IID 1987 data were greater than 1986 and 1988 data for an unknown reason.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 33C. Long Term Services and Support Expenditures for New Mexico, 1991 – 1995

| Service Type | FY 1991 | Percent Change 90-91 | FY 1992 | Percent Change 91-92 | FY 1993 | Percent Change 92-93 | FY 1994 | Percent Change 93-94 | FY 1995 | Percent Change 94-95 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$132,449,147 | n/a |
| Nursing facilities | \$84,720,913 | 25.1 | \$94,171,440 | 11.2 | \$99,617,318 | 5.8 | \$107,203,337 | 7.6 | \$113,811,328 | 6.2 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$12,285,942 | n/a |
| Home health | \$3,219,813 | 17.8 | \$4,411,722 | 37.0 | \$4,856,152 | 10.1 | \$5,940,131 | 22.3 | \$6,351,877 | 6.9 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$82,112,651 | n/a |
| ICF/IID - public | \$34,769,500 | 22.6 | \$39,164,075 | 12.6 | \$42,832,979 | 9.4 | \$38,311,007 | -10.6 | \$32,372,158 | -15.5 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$49,740,493 | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$19,325,189 | n/a |
| Mental health facilities | \$223,533 | 100.0 | \$14,190,253 | 6248.2 | \$20,420,851 | 43.9 | \$18,502,229 | -9.4 | \$19,325,189 | 4.4 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | \$0 | n/a | \$7,652 | 100.0 | \$0 | -100.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$3,679,133 | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified/other | \$15,359,520 | 48.1 | \$19,373,125 | 26.1 | \$20,239,937 | 4.5 | \$32,908,012 | 62.6 | \$3,679,133 | n/a |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$138,293,279 | 26.6 | \$171,310,615 | 23.9 | \$187,967,237 | 9.7 | \$202,872,368 | 7.9 | \$237,566,120 | 17.1 |
| Total Institutional LTSS | \$119,713,946 | 24.6 | \$147,525,768 | 23.2 | \$162,871,148 | 10.4 | \$164,024,225 | 0.7 | \$165,508,675 | 0.9 |
| Total HCBS | \$18,579,333 | 41.8 | \$23,784,847 | 28.0 | \$25,096,089 | 5.5 | \$38,848,143 | 54.8 | \$72,057,445 | 85.5 |
| Total Medicaid (all services) | \$370,195,475 | 25.8 | \$507,740,425 | 37.2 | \$571,200,107 | 12.5 | \$664,757,251 | 16.4 | \$744,658,748 | 12.0 |

| Percentages | FY 1991 | FY 1992 | FY 1993 | FY 1994 | FY 1995 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 37.4% | 33.7% | 32.9% | 30.5% | 31.9% |
| Percentage of LTSS that is HCBS | 13.4% | 13.9% | 13.4% | 19.1% | 30.3% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | 14.1% |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | 60.6% |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included except for 1915(c) waivers for 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 33D. Long Term Services and Support Expenditures for New Mexico, 1996 – 2000

| Service Type | FY 1996 | Percent Change 95-96 | FY 1997 | Percent Change 96-97 | FY 1998 | Percent Change 97-98 | FY 1999 | Percent Change 98-99 | FY 2000 | Percent Change 99-00 |
|---|----------------------|----------------------|----------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$144,331,484 | 9.0 | \$152,632,652 | 5.8 | \$160,258,388 | 5.0 | \$178,615,147 | 11.5 | \$185,463,336 | 3.8 |
| Nursing facilities | \$120,183,514 | 5.6 | \$132,991,922 | 10.7 | \$138,664,093 | 4.3 | \$158,413,366 | 14.2 | \$164,300,355 | 3.7 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | \$15,930,690 | 29.7 | \$11,610,168 | -27.1 | \$17,574,372 | 51.4 | \$18,258,679 | 3.9 | \$19,425,186 | 6.4 |
| Home health | \$8,217,280 | 29.4 | \$8,030,562 | -2.3 | \$4,019,923 | -49.9 | \$1,943,102 | -51.7 | \$1,737,795 | -10.6 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$106,062,556 | 29.2 | \$109,755,182 | 3.5 | \$111,564,856 | 1.6 | \$115,012,829 | 3.1 | \$145,081,718 | 26.1 |
| ICF/IID - public | \$31,852,627 | -1.6 | \$5,800,985 | -81.8 | \$1,363,740 | -76.5 | \$106,455 | -92.2 | \$11,351,093 | 10562.8 |
| ICF/IID - private | n/a | n/a | \$15,927,688 | n/a | \$14,952,012 | -6.1 | \$15,225,445 | 1.8 | \$16,464,133 | 8.1 |
| 1915(c) waivers - DD | \$74,209,929 | 49.2 | \$88,026,509 | 18.6 | \$95,249,104 | 8.2 | \$99,680,929 | 4.7 | \$117,266,492 | 17.6 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$19,585,083 | 1.3 | \$10,221,821 | -47.8 | \$2,077,536 | -79.7 | \$1,273,800 | -38.7 | \$1,493,824 | 17.3 |
| Mental health facilities | \$19,585,083 | 1.3 | \$10,221,821 | -47.8 | \$2,077,536 | -79.7 | \$1,181,308 | -43.1 | \$1,263,239 | 6.9 |
| Mental health facilities-DSH | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$92,492 | 100.0 | \$230,585 | 149.3 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$3,095,531 | -15.9 | \$11,419,548 | 268.9 | \$16,021,856 | 40.3 | \$16,987,991 | 6.0 | \$14,898,261 | -12.3 |
| Case management | n/a | n/a | \$10,737,167 | n/a | \$15,479,383 | 44.2 | \$16,469,275 | 6.4 | \$14,316,922 | -13.1 |
| 1915(c) waivers - other | \$3,095,531 | -15.9 | \$682,381 | -78.0 | \$542,473 | -20.5 | \$518,716 | -4.4 | \$581,339 | 12.1 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$273,074,654 | 14.9 | \$284,029,203 | 4.0 | \$289,922,636 | 2.1 | \$311,889,767 | 7.6 | \$346,937,139 | 11.2 |
| Total Institutional LTSS | \$171,621,224 | 3.7 | \$164,942,416 | -3.9 | \$157,057,381 | -4.8 | \$175,019,066 | 11.4 | \$193,609,405 | 10.6 |
| Total HCBS | \$101,453,430 | 40.8 | \$119,086,787 | 17.4 | \$132,865,255 | 11.6 | \$136,870,701 | 3.0 | \$153,327,734 | 12.0 |
| Total Medicaid (all services) | \$898,622,319 | 20.7 | \$945,547,063 | 5.2 | \$1,019,057,724 | 7.8 | \$1,103,690,464 | 8.3 | \$1,220,314,472 | 10.6 |

| Percentages | FY 1996 | FY 1997 | FY 1998 | FY 1999 | FY 2000 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 30.4% | 30.0% | 28.5% | 28.3% | 28.4% |
| Percentage of LTSS that is HCBS | 37.2% | 41.9% | 45.8% | 43.9% | 44.2% |
| Percentage of LTSS that is HCBS - AD | 16.7% | 12.9% | 13.5% | 11.3% | 11.4% |
| Percentage of LTSS that is HCBS - DD | 70.0% | 80.2% | 85.4% | 86.7% | 80.8% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included except for 1915(c) waivers. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 33E. Long Term Services and Support Expenditures for New Mexico, 2001 – 2005

| Service Type | FY 2001 | Percent Change 00-01 | FY 2002 | Percent Change 01-02 | FY 2003 | Percent Change 02-03 | FY 2004 | Percent Change 03-04 | FY 2005 | Percent Change 04-05 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$253,734,037 | 36.8 | \$305,434,621 | 20.4 | \$314,580,098 | 3.0 | \$399,786,800 | 27.1 | \$415,961,663 | 4.0 |
| Nursing facilities | \$165,806,822 | 0.9 | \$168,772,600 | 1.8 | \$165,104,133 | -2.2 | \$179,709,320 | 8.8 | \$198,830,886 | 10.6 |
| Personal care | \$65,568,791 | 100.0 | \$109,037,723 | 66.3 | \$112,820,912 | 3.5 | \$178,169,419 | 57.9 | \$160,183,165 | -10.1 |
| 1915(c) waivers - AD | \$21,552,331 | 11.0 | \$26,690,666 | 23.8 | \$36,206,362 | 35.7 | \$42,857,483 | 18.4 | \$51,032,297 | 19.1 |
| Home health | \$806,093 | -53.6 | \$933,632 | 15.8 | \$448,691 | -51.9 | \$436,468 | -2.7 | \$546,076 | 25.1 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | -\$1,385,890 | 100.0 | \$5,369,239 | -487.4 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$152,376,840 | 5.0 | \$181,542,041 | 19.1 | \$201,543,989 | 11.0 | \$217,652,435 | 8.0 | \$253,797,477 | 16.6 |
| ICF/IID - public | \$0 | -100.0 | -\$27,873 | 100.0 | \$0 | -100.0 | \$687,232 | 100.0 | -\$352,009 | -151.2 |
| ICF/IID - private | \$18,412,417 | 11.8 | \$19,020,936 | 3.3 | \$19,693,560 | 3.5 | \$20,300,450 | 3.1 | \$20,920,190 | 3.1 |
| 1915(c) waivers - DD | \$133,964,423 | 14.2 | \$162,548,978 | 21.3 | \$181,850,429 | 11.9 | \$196,664,753 | 8.1 | \$233,229,296 | 18.6 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$1,723,614 | 15.4 | \$1,161,760 | -32.6 | \$1,125,279 | -3.1 | \$7,862,620 | 598.7 | \$10,930,114 | 39.0 |
| Mental health facilities | \$1,586,418 | 25.6 | \$1,023,136 | -35.5 | \$902,333 | -11.8 | \$7,817,354 | 766.3 | \$10,930,114 | 39.8 |
| Mental health facilities-DSH | \$137,196 | -40.5 | \$138,624 | 1.0 | \$222,946 | 60.8 | \$45,266 | -79.7 | \$0 | -100.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$17,750,185 | 19.1 | \$16,977,884 | -4.4 | \$17,386,928 | 2.4 | \$18,799,662 | 8.1 | \$13,571,957 | -27.8 |
| Case management | \$13,569,093 | -5.2 | \$12,629,999 | -6.9 | \$13,059,622 | 3.4 | \$14,373,481 | 10.1 | \$7,564,318 | -47.4 |
| 1915(c) waivers - other | \$4,181,092 | 619.2 | \$4,347,885 | 4.0 | \$4,327,306 | -0.5 | \$4,426,181 | 2.3 | \$6,007,639 | 35.7 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$425,584,676 | 22.7 | \$505,116,306 | 18.7 | \$534,636,294 | 5.8 | \$644,101,517 | 20.5 | \$694,261,211 | 7.8 |
| Total Institutional LTSS | \$185,942,853 | -4.0 | \$188,927,423 | 1.6 | \$185,922,972 | -1.6 | \$208,559,622 | 12.2 | \$230,329,181 | 10.4 |
| Total HCBS | \$239,641,823 | 56.3 | \$316,188,883 | 31.9 | \$348,713,322 | 10.3 | \$435,541,895 | 24.9 | \$463,932,030 | 6.5 |
| Total Medicaid (all services) | \$1,424,513,281 | 16.7 | \$1,744,116,612 | 22.4 | \$2,015,018,161 | 15.5 | \$2,241,118,504 | 11.2 | \$2,392,874,779 | 6.8 |

| Percentages | FY 2001 | FY 2002 | FY 2003 | FY 2004 | FY 2005 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 29.9% | 29.0% | 26.5% | 28.7% | 29.0% |
| Percentage of LTSS that is HCBS | 56.3% | 62.6% | 65.2% | 67.6% | 66.8% |
| Percentage of LTSS that is HCBS - AD | 34.7% | 44.7% | 47.5% | 55.0% | 52.2% |
| Percentage of LTSS that is HCBS - DD | 87.9% | 89.5% | 90.2% | 90.4% | 91.9% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments were included starting in 1995 for Section 1915(c) waivers, in 2002 for nursing facilities, personal care, ICF/IID, and mental health facilities (including DSH); and in 2004 for PACE. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 33F. Long Term Services and Support Expenditures for New Mexico, 2006 – 2010

| Service Type | FY 2006 | Percent Change 05-06 | FY 2007 | Percent Change 06-07 | FY 2008 | Percent Change 07-08 | FY 2009 | Percent Change 08-09 | FY 2010 | Percent Change 09-10 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$430,286,967 | 3.4 | \$451,990,725 | 5.0 | \$491,367,041 | 8.7 | \$613,982,520 | 25.0 | \$635,267,405 | 3.5 |
| Nursing facilities | \$195,240,791 | -1.8 | \$174,595,231 | -10.6 | \$173,981,173 | -0.4 | \$130,733,763 | -24.9 | \$219,637,957 | 68.0 |
| Personal care | \$178,704,336 | 11.6 | \$206,377,019 | 15.5 | \$226,009,489 | 9.5 | \$61,409,369 | -72.8 | \$362,733,148 | 490.7 |
| 1915(c) waivers - AD | \$47,995,043 | -6.0 | \$61,406,382 | 27.9 | \$80,905,604 | 31.8 | \$410,776,279 | 407.7 | \$40,787,529 | -90.1 |
| Home health | \$610,991 | 11.9 | \$522,343 | -14.5 | \$544,757 | 4.3 | \$305,962 | -43.8 | \$356,530 | 16.5 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$7,735,806 | 44.1 | \$9,089,750 | 17.5 | \$9,926,018 | 9.2 | \$10,757,147 | 8.4 | \$11,242,646 | 4.5 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$509,595 | n/a |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with DD | \$226,043,142 | -10.9 | \$273,163,535 | 20.8 | \$299,672,040 | 9.7 | \$310,234,654 | 3.5 | \$319,033,880 | 2.8 |
| ICF/IID - public | \$0 | -100.0 | \$505,308 | 100.0 | \$329,092 | -34.9 | \$1,110,872 | 237.6 | \$1,457,795 | 31.2 |
| ICF/IID - private | \$21,712,361 | 3.8 | \$20,757,694 | -4.4 | \$22,842,801 | 10.0 | \$22,903,957 | 0.3 | \$23,236,717 | 1.5 |
| 1915(c) waivers - DD | \$204,330,781 | -12.4 | \$251,900,533 | 23.3 | \$276,500,147 | 9.8 | \$286,219,825 | 3.5 | \$294,339,368 | 2.8 |
| HCBS - managed care authorities - DD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with SMI or SED | \$76,957 | -99.3 | \$16,202,761 | 20954.3 | \$4,272,816 | -73.6 | \$5,284,261 | 23.7 | \$3,475,500 | -34.2 |
| Mental health facilities | -\$177,829 | -101.6 | \$15,947,974 | -9068.2 | \$4,018,030 | -74.8 | \$5,029,475 | 25.2 | \$3,178,107 | -36.8 |
| Mental health facilities-DSH | \$254,786 | 100.0 | \$254,787 | 0.0 | \$254,786 | 0.0 | \$254,786 | 0.0 | \$254,786 | 0.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$42,607 | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-Other/Multiple Populations | \$12,272,250 | -9.6 | \$7,153,587 | -41.7 | \$2,107,663 | -70.5 | \$1,935,138 | -8.2 | \$2,235,266 | 15.5 |
| Case management | \$6,427,049 | -15.0 | \$4,318,625 | -32.8 | \$203,927 | -95.3 | \$94,848 | -53.5 | \$65,564 | -30.9 |
| 1915(c) waivers - other | \$5,845,201 | -2.7 | \$2,834,962 | -51.5 | \$1,903,736 | -32.8 | \$1,840,290 | -3.3 | \$2,169,702 | 17.9 |
| HCBS - managed care authorities - other | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total LTSS | \$668,679,316 | -3.7 | \$748,510,608 | 11.9 | \$797,419,560 | 6.5 | \$931,436,573 | 16.8 | \$960,012,051 | 3.1 |
| Total Institutional LTSS | \$217,030,109 | -5.8 | \$212,060,994 | -2.3 | \$201,425,882 | -5.0 | \$160,032,853 | -20.6 | \$247,765,362 | 54.8 |
| Total HCBS | \$451,649,207 | -2.6 | \$536,449,614 | 18.8 | \$595,993,678 | 11.1 | \$771,403,720 | 29.4 | \$712,246,689 | -7.7 |
| Total Medicaid (all services) | \$2,443,602,468 | 2.1 | \$2,643,350,408 | 8.2 | \$3,079,261,022 | 16.5 | \$3,225,589,230 | 4.8 | \$3,491,937,048 | 8.3 |

| Percentages | FY 2006 | FY 2007 | FY 2008 | FY 2009 | FY 2010 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 27.4% | 28.3% | 25.9% | 28.9% | 27.5% |
| Percentage of LTSS that is HCBS | 67.5% | 71.7% | 74.7% | 82.8% | 74.2% |
| Percentage of LTSS that is HCBS - AD | 54.6% | 61.4% | 64.6% | 78.7% | 65.4% |
| Percentage of LTSS that is HCBS - DD | 90.4% | 92.2% | 92.3% | 92.3% | 92.3% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 1.2% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments. Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes. Data before 2008 do not include state-reported managed care data. Starting in 2008, managed care data are included for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities. "n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included for several categories of service until 2009. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures. For data before 2009, prior period adjustments were included for the following categories of service: nursing home, personal care, Section 1915(c) waivers, PACE, ICF/IID, and mental health facilities (including DSH). HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont. Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j)). Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS. Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010. New Mexico 2009 1915(c) waiver data include expenditures for state plan non-institutional services within a managed care program. New Mexico provided an estimate of total non-institutional services, but did not distinguish between state plan and 1915(c) waiver services.

Table 33G. Long Term Services and Support Expenditures for New Mexico, 2011 – 2014

| Service Type | FY 2011 | Percent Change 10-11 | FY 2012 | Percent Change 11-12 | FY 2013 | Percent Change 12-13 | FY 2014 | Percent Change 13-14 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$43,572,446 | -93.1 | \$46,446,318 | 6.6 | \$52,334,948 | 12.7 | \$622,200,015 | 1088.9 |
| Nursing facilities | \$3,529,642 | -98.4 | \$2,708,830 | -23.3 | \$3,350,884 | 23.7 | \$223,089,495 | 6557.6 |
| Personal care | \$794,275 | -99.8 | \$576,513 | -27.4 | \$637,067 | 10.5 | \$291,849,319 | 45711.4 |
| 1915(c) waivers - AD | \$26,112,160 | -36.0 | \$27,821,245 | 6.5 | \$32,792,706 | 17.9 | \$12,148,339 | -63.0 |
| Home health | \$1,799,254 | 404.7 | \$3,415,519 | 89.8 | \$3,455,616 | 1.2 | \$36,151,116 | 946.2 |
| Community first choice | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$46,853,589 | 100.0 |
| PACE | \$10,946,665 | -2.6 | \$11,556,837 | 5.6 | \$11,738,681 | 1.6 | \$11,873,948 | 1.2 |
| Private duty nursing | \$390,450 | -23.4 | \$367,374 | -5.9 | \$359,994 | -2.0 | \$234,209 | -34.9 |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with DD | \$310,343,206 | -2.7 | \$302,973,903 | -2.4 | \$309,753,246 | 2.2 | \$324,444,048 | 4.7 |
| ICF/IID - public | \$1,803,773 | 23.7 | \$781,353 | -56.7 | \$782,441 | 0.1 | \$1,039,709 | 32.9 |
| ICF/IID - private | \$23,220,883 | -0.1 | \$24,027,964 | 3.5 | \$24,194,633 | 0.7 | \$24,714,468 | 2.1 |
| 1915(c) waivers - DD | \$285,318,550 | -3.1 | \$278,164,586 | -2.5 | \$284,776,172 | 2.4 | \$298,689,871 | 4.9 |
| HCBS - managed care authorities - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with SMI or SED | \$4,840,735 | 39.3 | \$4,265,273 | -11.9 | \$2,689,771 | -36.9 | \$1,895,258 | -29.5 |
| Mental health facilities | \$4,537,821 | 42.8 | \$4,228,269 | -6.8 | \$2,651,117 | -37.3 | \$1,862,702 | -29.7 |
| Mental health facilities-DSH | \$254,786 | 0.0 | \$0 | -100.0 | \$0 | 0.0 | \$0 | 0.0 |
| Rehabilitative services | \$48,128 | 13.0 | \$37,004 | -23.1 | \$38,654 | 4.5 | \$32,556 | -15.8 |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-Other/Multiple Populations | \$2,039,841 | -8.7 | \$2,065,282 | 1.2 | \$1,978,902 | -4.2 | \$1,690,457 | -14.6 |
| Case management | \$58,758 | -10.4 | \$35,906 | -38.9 | \$37,948 | 5.7 | \$23,429 | -38.3 |
| 1915(c) waivers - other | \$1,981,083 | -8.7 | \$2,029,376 | 2.4 | \$1,940,954 | -4.4 | \$1,667,028 | -14.1 |
| HCBS - managed care authorities - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| MFP demonstration | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total LTSS | \$360,796,228 | -62.4 | \$355,750,776 | -1.4 | \$366,756,867 | 3.1 | \$950,229,778 | 159.1 |
| Total Institutional LTSS | \$33,346,905 | -86.5 | \$31,746,416 | -4.8 | \$30,979,075 | -2.4 | \$250,706,374 | 709.3 |
| Total HCBS | \$327,449,323 | -54.0 | \$324,004,360 | -1.1 | \$335,777,792 | 3.6 | \$699,523,404 | 108.3 |
| Total Medicaid (all services) | \$3,465,422,257 | -0.8 | \$3,340,773,979 | -3.6 | \$3,274,703,117 | -2.0 | \$4,264,502,489 | 30.2 |

| Percentages | FY 2011 | FY 2012 | FY 2013 | FY 2014 |
|--|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 10.4% | 10.7% | 11.2% | 22.3% |
| Percentage of LTSS that is HCBS | 90.8% | 91.1% | 91.6% | 73.6% |
| Percentage of LTSS that is HCBS - AD | 91.9% | 94.2% | 93.6% | 64.2% |
| Percentage of LTSS that is HCBS - DD | 91.9% | 91.8% | 91.9% | 92.1% |
| Percentage of LTSS that is HCBS - SMI or SED | 1.0% | 0.9% | 1.4% | 1.7% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Managed care data are included only for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care.

Institutional MLTSS – unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

New Mexico nursing facility, personal care, and 1915(c) waiver data for 2011 through 2013 do not include expenditures for a managed care program for older adults and people with physical disabilities.

Table 34A. Long Term Services and Support Expenditures for New York, 1981 – 1985

| Service Type | FY 1981 | FY 1982 | Percent Change 81-82 | FY 1983 | Percent Change 82-83 | FY 1984 | Percent Change 83-84 | FY 1985 | Percent Change 84-85 |
|---|------------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$1,461,415,750 | \$1,599,182,624 | 9.4 | \$1,735,823,390 | 8.5 | \$1,952,054,323 | 12.5 | \$2,096,548,247 | 7.4 |
| Personal care | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$597,733,003 | n/a |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$47,944,164 | \$48,667,205 | 1.5 | \$45,414,595 | -6.7 | \$68,533,738 | 50.9 | \$57,373,601 | -16.3 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$775,742,254 | \$797,385,360 | 2.8 | \$764,634,361 | -4.1 | \$771,598,766 | 0.9 | \$974,014,423 | 26.2 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$474,345,814 | \$511,175,535 | 7.8 | \$481,784,638 | -5.7 | \$586,362,155 | 21.7 | \$655,939,560 | 11.9 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | n/a | n/a | n/a | n/a | n/a | \$10,894,472 | n/a | \$31,905,266 | 192.9 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$2,759,447,982 | \$2,956,410,724 | 7.1 | \$3,027,656,984 | 2.4 | \$3,389,443,454 | 11.9 | \$4,413,514,100 | 30.2 |
| Total Institutional LTSS | \$2,711,503,818 | \$2,907,743,519 | 7.2 | \$2,982,242,389 | 2.6 | \$3,310,015,244 | 11.0 | \$3,726,502,230 | 12.6 |
| Total HCBS | \$47,944,164 | \$48,667,205 | 1.5 | \$45,414,595 | -6.7 | \$79,428,210 | 74.9 | \$687,011,870 | 764.9 |
| Total Medicaid (all services) | \$5,114,674,810 | \$5,630,014,206 | 10.1 | \$6,152,150,328 | 9.3 | \$6,806,357,822 | 10.6 | \$7,623,621,159 | 12.0 |

| Percentages | FY 1981 | FY 1982 | FY 1983 | FY 1984 | FY 1985 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 54.0% | 52.5% | 49.2% | 49.8% | 57.9% |
| Percentage of LTSS that is HCBS | 1.7% | 1.6% | 1.5% | 2.3% | 15.6% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data.

Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 34B. Long Term Services and Support Expenditures for New York, 1986 – 1990

| Service Type | FY 1986 | Percent Change 85-86 | FY 1987 | Percent Change 86-87 | FY 1988 | Percent Change 87-88 | FY 1989 | Percent Change 88-89 | FY 1990 | Percent Change 89-90 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$2,238,397,790 | 6.8 | \$2,407,689,717 | 7.6 | \$2,539,679,078 | 5.5 | \$2,758,382,258 | 8.6 | \$2,947,067,884 | 6.8 |
| Personal care | \$662,201,178 | 10.8 | \$835,190,662 | 26.1 | \$908,229,926 | 8.7 | \$1,189,823,150 | 31.0 | \$1,330,936,872 | 11.9 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$92,475,632 | 61.2 | \$130,571,062 | 41.2 | \$162,546,103 | 24.5 | \$231,456,896 | 42.4 | \$304,060,760 | 31.4 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$1,024,603,959 | 5.2 | \$1,967,475,122 | 92.0 | \$1,158,161,443 | -41.1 | \$1,351,196,585 | 16.7 | \$1,524,113,043 | 12.8 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$542,905,373 | -17.2 | \$493,699,479 | -9.1 | \$580,686,336 | 17.6 | \$614,122,864 | 5.8 | \$760,247,616 | 23.8 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | \$11,673,115 | -63.4 | \$2,626,244 | -77.5 | \$4,221,581 | 60.7 | \$6,296,127 | 49.1 | \$8,721,194 | 38.5 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$4,572,257,047 | 3.6 | \$5,837,252,286 | 27.7 | \$5,353,524,467 | -8.3 | \$6,151,277,880 | 14.9 | \$6,875,147,369 | 11.8 |
| Total Institutional LTSS | \$3,805,907,122 | 2.1 | \$4,868,864,318 | 27.9 | \$4,278,526,857 | -12.1 | \$4,723,701,707 | 10.4 | \$5,231,428,543 | 10.7 |
| Total HCBS | \$766,349,925 | 11.5 | \$968,387,968 | 26.4 | \$1,074,997,610 | 11.0 | \$1,427,576,173 | 32.8 | \$1,643,718,826 | 15.1 |
| Total Medicaid (all services) | \$8,261,749,228 | 8.4 | \$8,928,860,841 | 8.1 | \$9,603,340,907 | 7.6 | \$10,729,555,696 | 11.7 | \$12,187,014,640 | 13.6 |

| Percentages | FY 1986 | FY 1987 | FY 1988 | FY 1989 | FY 1990 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 55.3% | 65.4% | 55.7% | 57.3% | 56.4% |
| Percentage of LTSS that is HCBS | 16.8% | 16.6% | 20.1% | 23.2% | 23.9% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997. ICF/IID 1987 data were greater than 1986 and 1988 data for an unknown reason.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 34C. Long Term Services and Support Expenditures for New York, 1991 – 1995

| Service Type | FY 1991 | Percent Change 90-91 | FY 1992 | Percent Change 91-92 | FY 1993 | Percent Change 92-93 | FY 1994 | Percent Change 93-94 | FY 1995 | Percent Change 94-95 |
|---|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$7,080,000,928 | n/a |
| Nursing facilities | \$3,345,513,236 | 13.5 | \$3,645,666,868 | 9.0 | \$4,095,372,034 | 12.3 | \$4,274,926,890 | 4.4 | \$4,598,398,332 | 7.6 |
| Personal care | \$1,505,472,286 | 13.1 | \$1,662,235,238 | 10.4 | \$1,621,841,750 | -2.4 | \$1,843,255,872 | 13.7 | \$1,779,792,743 | -3.4 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$21,926,628 | n/a |
| Home health | \$396,132,050 | 30.3 | \$435,155,772 | 9.9 | \$497,560,800 | 14.3 | \$576,494,200 | 15.9 | \$679,883,225 | 17.9 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$2,726,328,281 | n/a |
| ICF/IID - public | \$1,644,037,537 | 7.9 | \$1,715,103,364 | 4.3 | \$2,051,827,216 | 19.6 | \$2,011,018,234 | -2.0 | \$2,041,743,551 | 1.5 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$684,584,730 | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$1,005,389,082 | n/a |
| Mental health facilities | \$853,250,437 | 12.2 | \$1,249,941,127 | 46.5 | \$627,846,772 | -49.8 | \$575,794,924 | -8.3 | \$580,389,082 | 0.8 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | \$499,592,902 | n/a | \$163,414,730 | -67.3 | \$425,000,000 | 160.1 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$554,038 | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified/other | \$12,348,209 | 41.6 | \$15,863,686 | 28.5 | \$119,842,182 | 655.4 | \$314,605,506 | 162.5 | \$554,038 | n/a |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$7,756,753,755 | 12.8 | \$8,723,966,055 | 12.5 | \$9,513,883,656 | 9.1 | \$9,759,510,356 | 2.6 | \$10,812,272,329 | 10.8 |
| Total Institutional LTSS | \$5,842,801,210 | 11.7 | \$6,610,711,359 | 13.1 | \$7,274,638,924 | 10.0 | \$7,025,154,778 | -3.4 | \$7,645,530,965 | 8.8 |
| Total HCBS | \$1,913,952,545 | 16.4 | \$2,113,254,696 | 10.4 | \$2,239,244,732 | 6.0 | \$2,734,355,578 | 22.1 | \$3,166,741,364 | 15.8 |
| Total Medicaid (all services) | \$15,007,222,120 | 23.1 | \$18,054,918,794 | 20.3 | \$19,980,837,802 | 10.7 | \$21,222,617,120 | 6.2 | \$23,524,895,423 | 10.8 |

| Percentages | FY 1991 | FY 1992 | FY 1993 | FY 1994 | FY 1995 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 51.7% | 48.3% | 47.6% | 46.0% | 46.0% |
| Percentage of LTSS that is HCBS | 24.7% | 24.2% | 23.5% | 28.0% | 29.3% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | 35.1% |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | 25.1% |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included except for 1915(c) waivers for 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 34D. Long Term Services and Support Expenditures for New York, 1996 – 2000

| Service Type | FY 1996 | Percent Change 95-96 | FY 1997 | Percent Change 96-97 | FY 1998 | Percent Change 97-98 | FY 1999 | Percent Change 98-99 | FY 2000 | Percent Change 99-00 |
|---|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|
| Total-Older People, People with PD | \$7,652,883,778 | 8.1 | \$7,717,536,928 | 0.8 | \$8,311,664,372 | 7.7 | \$8,648,683,046 | 4.1 | \$9,030,849,643 | 4.4 |
| Nursing facilities | \$5,265,294,180 | 14.5 | \$5,344,418,820 | 1.5 | \$5,792,331,648 | 8.4 | \$6,075,979,118 | 4.9 | \$6,331,531,654 | 4.2 |
| Personal care | \$1,594,822,768 | -10.4 | \$1,556,396,956 | -2.4 | \$1,655,085,940 | 6.3 | \$1,717,217,056 | 3.8 | \$1,762,644,814 | 2.6 |
| 1915(c) waivers - AD | \$23,274,416 | 6.1 | \$24,006,972 | 3.1 | \$25,236,232 | 5.1 | \$25,824,520 | 2.3 | \$25,090,910 | -2.8 |
| Home health | \$769,492,414 | 13.2 | \$792,714,180 | 3.0 | \$839,010,552 | 5.8 | \$829,662,352 | -1.1 | \$911,582,265 | 9.9 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$3,003,202,328 | 10.2 | \$3,322,551,514 | 10.6 | \$3,513,056,872 | 5.7 | \$3,779,367,218 | 7.6 | \$3,957,200,050 | 4.7 |
| ICF/IID - public | \$2,112,557,194 | 3.5 | \$1,255,736,982 | -40.6 | \$1,277,061,252 | 1.7 | \$1,382,764,096 | 8.3 | \$1,388,865,676 | 0.4 |
| ICF/IID - private | n/a | n/a | \$754,268,648 | n/a | \$770,467,952 | 2.1 | \$744,022,184 | -3.4 | \$740,521,790 | -0.5 |
| 1915(c) waivers - DD | \$890,645,134 | 30.1 | \$1,312,545,884 | 47.4 | \$1,465,527,668 | 11.7 | \$1,652,580,938 | 12.8 | \$1,827,812,584 | 10.6 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$923,091,769 | -8.2 | \$770,345,354 | -16.5 | \$1,025,949,886 | 33.2 | \$1,043,719,424 | 1.7 | \$843,307,572 | -19.2 |
| Mental health facilities | \$640,841,769 | 10.4 | \$413,626,804 | -35.5 | \$421,149,886 | 1.8 | \$450,919,424 | 7.1 | \$466,107,572 | 3.4 |
| Mental health facilities-DSH | \$282,250,000 | -33.6 | \$356,718,550 | 26.4 | \$604,800,000 | 69.5 | \$592,800,000 | -2.0 | \$377,200,000 | -36.4 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$497,952 | -10.1 | \$80,132,708 | 15992.5 | \$92,351,196 | 15.2 | \$100,076,604 | 8.4 | \$158,628,790 | 58.5 |
| Case management | n/a | n/a | \$79,630,344 | n/a | \$91,875,912 | 15.4 | \$99,625,588 | 8.4 | \$158,145,748 | 58.7 |
| 1915(c) waivers - other | \$497,952 | -10.1 | \$502,364 | 0.9 | \$475,284 | -5.4 | \$451,016 | -5.1 | \$483,042 | 7.1 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$11,579,675,827 | 7.1 | \$11,890,566,504 | 2.7 | \$12,943,022,326 | 8.9 | \$13,571,846,292 | 4.9 | \$13,989,986,055 | 3.1 |
| Total Institutional LTSS | \$8,300,943,143 | 8.6 | \$8,124,769,804 | -2.1 | \$8,865,810,738 | 9.1 | \$9,246,484,822 | 4.3 | \$9,304,226,692 | 0.6 |
| Total HCBS | \$3,278,732,684 | 3.5 | \$3,765,796,700 | 14.9 | \$4,077,211,588 | 8.3 | \$4,325,361,470 | 6.1 | \$4,685,759,363 | 8.3 |
| Total Medicaid (all services) | \$25,196,837,866 | 7.1 | \$24,525,116,698 | -2.7 | \$26,993,244,413 | 10.1 | \$28,673,589,131 | 6.2 | \$29,922,397,365 | 4.4 |

| Percentages | FY 1996 | FY 1997 | FY 1998 | FY 1999 | FY 2000 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 46.0% | 48.5% | 47.9% | 47.3% | 46.8% |
| Percentage of LTSS that is HCBS | 28.3% | 31.7% | 31.5% | 31.9% | 33.5% |
| Percentage of LTSS that is HCBS - AD | 31.2% | 30.7% | 30.3% | 29.7% | 29.9% |
| Percentage of LTSS that is HCBS - DD | 29.7% | 39.5% | 41.7% | 43.7% | 46.2% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data.

Prior period adjustments are not included except for 1915(c) waivers. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

New York data from 1998 through 2007 do not include expenditures for a managed care program for older adults and people with physical disabilities.

Table 34E. Long Term Services and Support Expenditures for New York, 2001 – 2005

| Service Type | FY 2001 | Percent Change 00-01 | FY 2002 | Percent Change 01-02 | FY 2003 | Percent Change 02-03 | FY 2004 | Percent Change 03-04 | FY 2005 | Percent Change 04-05 |
|---|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|
| Total-Older People, People with PD | \$9,325,743,647 | 3.3 | \$9,959,751,434 | 6.8 | \$10,471,359,274 | 5.1 | \$10,215,193,741 | -2.4 | \$10,884,667,322 | 6.6 |
| Nursing facilities | \$6,392,186,391 | 1.0 | \$6,875,315,483 | 7.6 | \$7,121,130,437 | 3.6 | \$6,487,096,923 | -8.9 | \$6,936,890,672 | 6.9 |
| Personal care | \$1,869,690,794 | 6.1 | \$1,976,420,260 | 5.7 | \$2,183,016,173 | 10.5 | \$2,265,249,838 | 3.8 | \$2,415,103,881 | 6.6 |
| 1915(c) waivers - AD | \$27,205,115 | 8.4 | \$31,525,517 | 15.9 | \$31,736,084 | 0.7 | \$92,967,903 | 192.9 | \$32,019,933 | -65.6 |
| Home health | \$1,036,661,347 | 13.7 | \$1,076,490,174 | 3.8 | \$1,135,476,580 | 5.5 | \$1,343,198,333 | 18.3 | \$1,310,003,674 | -2.5 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$26,680,744 | 100.0 | \$190,649,162 | 614.6 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$4,229,447,670 | 6.9 | \$4,863,093,713 | 15.0 | \$5,418,812,584 | 11.4 | \$6,095,604,096 | 12.5 | \$6,322,249,594 | 3.7 |
| ICF/IID - public | \$1,398,262,327 | 0.7 | \$1,632,857,511 | 16.8 | \$1,754,117,887 | 7.4 | \$1,864,115,306 | 6.3 | \$2,002,533,907 | 7.4 |
| ICF/IID - private | \$761,122,784 | 2.8 | \$839,764,940 | 10.3 | \$852,658,624 | 1.5 | \$855,286,778 | 0.3 | \$825,855,058 | -3.4 |
| 1915(c) waivers - DD | \$2,070,062,559 | 13.3 | \$2,390,471,262 | 15.5 | \$2,812,036,073 | 17.6 | \$3,376,202,012 | 20.1 | \$3,493,860,629 | 3.5 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$996,465,713 | 18.2 | \$1,075,872,823 | 8.0 | \$960,927,373 | -10.7 | \$1,055,634,394 | 9.9 | \$1,039,586,784 | -1.5 |
| Mental health facilities | \$437,065,713 | -6.2 | \$470,872,823 | 7.7 | \$439,022,305 | -6.8 | \$450,634,394 | 2.6 | \$434,586,784 | -3.6 |
| Mental health facilities-DSH | \$559,400,000 | 48.3 | \$605,000,000 | 8.2 | \$521,905,068 | -13.7 | \$605,000,000 | 15.9 | \$605,000,000 | 0.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$221,121,034 | 39.4 | \$325,543,440 | 47.2 | \$330,521,149 | 1.5 | \$362,991,899 | 9.8 | \$459,211,278 | 26.5 |
| Case management | \$220,533,373 | 39.4 | \$325,543,440 | 47.6 | \$317,478,193 | -2.5 | \$362,991,899 | 14.3 | \$459,211,278 | 26.5 |
| 1915(c) waivers - other | \$587,661 | 21.7 | \$0 | -100.0 | \$13,042,956 | 100.0 | \$0 | -100.0 | \$0 | 0.0 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$14,772,778,064 | 5.6 | \$16,224,261,410 | 9.8 | \$17,181,620,380 | 5.9 | \$17,729,424,130 | 3.2 | \$18,705,714,978 | 5.5 |
| Total Institutional LTSS | \$9,548,037,215 | 2.6 | \$10,423,810,757 | 9.2 | \$10,688,834,321 | 2.5 | \$10,262,133,401 | -4.0 | \$10,804,866,421 | 5.3 |
| Total HCBS | \$5,224,740,849 | 11.5 | \$5,800,450,653 | 11.0 | \$6,492,786,059 | 11.9 | \$7,467,290,729 | 15.0 | \$7,900,848,557 | 5.8 |
| Total Medicaid (all services) | \$31,605,930,404 | 5.6 | \$36,046,583,243 | 14.1 | \$38,741,724,604 | 7.5 | \$41,451,951,869 | 7.0 | \$43,294,678,211 | 4.4 |

| Percentages | FY 2001 | FY 2002 | FY 2003 | FY 2004 | FY 2005 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 46.7% | 45.0% | 44.3% | 42.8% | 43.2% |
| Percentage of LTSS that is HCBS | 35.4% | 35.8% | 37.8% | 42.1% | 42.2% |
| Percentage of LTSS that is HCBS - AD | 31.5% | 31.0% | 32.0% | 36.5% | 36.3% |
| Percentage of LTSS that is HCBS - DD | 48.9% | 49.2% | 51.9% | 55.4% | 55.3% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments were included starting in 1995 for Section 1915(c) waivers, in 2002 for nursing facilities, personal care, ICF/IID, and mental health facilities (including DSH); and in 2004 for PACE. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

New York data from 1998 through 2007 do not include expenditures for a managed care program for older adults and people with physical disabilities.

Table 34F. Long Term Services and Support Expenditures for New York, 2006 – 2010

| Service Type | FY 2006 | Percent Change 05-06 | FY 2007 | Percent Change 06-07 | FY 2008 | Percent Change 07-08 | FY 2009 | Percent Change 08-09 | FY 2010 | Percent Change 09-10 |
|---|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|
| Total-Older People, People with PD | \$10,978,245,475 | 0.9 | \$11,459,494,546 | 4.4 | \$12,701,917,656 | 10.8 | \$13,157,482,778 | 3.6 | \$13,011,673,137 | -1.1 |
| Nursing facilities | \$6,950,722,159 | 0.2 | \$6,771,786,735 | -2.6 | \$7,306,724,259 | 7.9 | \$7,758,357,529 | 6.2 | \$7,093,727,477 | -8.6 |
| Personal care | \$2,428,916,383 | 0.6 | \$2,866,119,684 | 18.0 | \$3,496,363,639 | 22.0 | \$3,352,314,106 | -4.1 | \$3,336,074,218 | -0.5 |
| 1915(c) waivers - AD | \$34,745,776 | 8.5 | \$39,435,232 | 13.5 | \$37,738,696 | -4.3 | \$40,488,773 | 7.3 | \$55,421,451 | 36.9 |
| Home health | \$1,430,383,669 | 9.2 | \$1,640,182,874 | 14.7 | \$1,713,985,186 | 4.5 | \$1,849,607,170 | 7.9 | \$2,358,321,128 | 27.5 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$133,477,488 | -30.0 | \$141,970,021 | 6.4 | \$147,105,876 | 3.6 | \$156,715,200 | 6.5 | \$168,128,863 | 7.3 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with DD | \$7,437,438,515 | 17.6 | \$7,323,512,068 | -1.5 | \$7,248,668,124 | -1.0 | \$8,091,487,099 | 11.6 | \$9,187,675,044 | 13.5 |
| ICF/IID - public | \$2,215,767,495 | 10.6 | \$2,247,080,471 | 1.4 | \$2,320,698,700 | 3.3 | \$2,453,136,635 | 5.7 | \$2,640,526,580 | 7.6 |
| ICF/IID - private | \$1,172,814,134 | 42.0 | \$810,096,058 | -30.9 | \$834,628,490 | 3.0 | \$822,177,996 | -1.5 | \$927,696,370 | 12.8 |
| 1915(c) waivers - DD | \$4,048,856,886 | 15.9 | \$4,266,335,539 | 5.4 | \$4,093,340,934 | -4.1 | \$4,816,172,468 | 17.7 | \$5,619,452,094 | 16.7 |
| HCBS - managed care authorities - DD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with SMI or SED | \$1,102,984,739 | 6.1 | \$1,148,649,149 | 4.1 | \$1,079,364,154 | -6.0 | \$1,116,938,973 | 3.5 | \$1,159,437,831 | 3.8 |
| Mental health facilities | \$497,984,739 | 14.6 | \$543,649,149 | 9.2 | \$474,364,154 | -12.7 | \$504,271,229 | 6.3 | \$523,396,306 | 3.8 |
| Mental health facilities-DSH | \$605,000,000 | 0.0 | \$605,000,000 | 0.0 | \$605,000,000 | 0.0 | \$605,000,000 | 0.0 | \$605,000,000 | 0.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$24,752 | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$7,667,744 | 100.0 | \$31,016,773 | 304.5 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-Other/Multiple Populations | \$419,814,691 | -8.6 | \$442,726,276 | 5.5 | \$565,378,348 | 27.7 | \$679,045,643 | 20.1 | \$763,317,405 | 12.4 |
| Case management | \$419,814,691 | -8.6 | \$442,726,276 | 5.5 | \$539,912,059 | 22.0 | \$572,818,607 | 6.1 | \$639,155,598 | 11.6 |
| 1915(c) waivers - other | \$0 | 0.0 | \$0 | 0.0 | \$25,466,289 | 100.0 | \$105,372,815 | 313.8 | \$115,577,844 | 9.7 |
| HCBS - managed care authorities - other | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | \$0 | n/a | \$854,221 | 100.0 | \$8,583,963 | 904.9 |
| Total LTSS | \$19,938,483,420 | 6.6 | \$20,374,382,039 | 2.2 | \$21,595,328,282 | 6.0 | \$23,044,954,493 | 6.7 | \$24,122,103,417 | 4.7 |
| Total Institutional LTSS | \$11,442,288,527 | 5.9 | \$10,977,612,413 | -4.1 | \$11,541,415,603 | 5.1 | \$12,142,943,389 | 5.2 | \$11,790,346,733 | -2.9 |
| Total HCBS | \$8,496,194,893 | 7.5 | \$9,396,769,626 | 10.6 | \$10,053,912,679 | 7.0 | \$10,902,011,104 | 8.4 | \$12,331,756,684 | 13.1 |
| Total Medicaid (all services) | \$44,869,514,188 | 3.6 | \$44,856,051,087 | 0.0 | \$47,426,211,292 | 5.7 | \$50,491,331,560 | 6.5 | \$52,625,245,454 | 4.2 |

| Percentages | FY 2006 | FY 2007 | FY 2008 | FY 2009 | FY 2010 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 44.4% | 45.4% | 45.5% | 45.6% | 45.8% |
| Percentage of LTSS that is HCBS | 42.6% | 46.1% | 46.6% | 47.3% | 51.1% |
| Percentage of LTSS that is HCBS - AD | 36.7% | 40.9% | 42.5% | 41.0% | 45.5% |
| Percentage of LTSS that is HCBS - DD | 54.4% | 58.3% | 56.5% | 59.5% | 61.2% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.7% | 2.7% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments. Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes. Data before 2008 do not include state-reported managed care data. Starting in 2008, managed care data are included for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities. "n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included for several categories of service until 2009. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures. For data before 2009, prior period adjustments were included for the following categories of service: nursing home, personal care, Section 1915(c) waivers, PACE, ICF/IID, and mental health facilities (including DSH). HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont. Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j). Institutional MLTSS – unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS. Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010. New York data from 1998 through 2007 do not include expenditures for a managed care program for older adults and people with physical disabilities.

Table 34G. Long Term Services and Support Expenditures for New York, 2011 – 2014

| Service Type | FY 2011 | Percent Change 10-11 | FY 2012 | Percent Change 11-12 | FY 2013 | Percent Change 12-13 | FY 2014 | Percent Change 13-14 |
|---|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|
| Total-Older People, People with PD | \$13,636,147,770 | 4.8 | \$13,110,411,008 | -3.9 | \$13,737,568,477 | 4.8 | \$13,103,941,356 | -4.6 |
| Nursing facilities | \$7,835,791,705 | 10.5 | \$7,103,388,971 | -9.3 | \$7,259,214,728 | 2.2 | \$6,946,258,415 | -4.3 |
| Personal care | \$3,232,007,022 | -3.1 | \$3,856,888,096 | 19.3 | \$4,355,003,424 | 12.9 | \$4,514,351,916 | 3.7 |
| 1915(c) waivers - AD | \$78,293,885 | 41.3 | \$106,348,757 | 35.8 | \$135,572,972 | 27.5 | \$132,008,969 | -2.6 |
| Home health | \$2,314,416,173 | -1.9 | \$1,807,652,842 | -21.9 | \$1,654,725,050 | -8.5 | \$1,116,567,860 | -32.5 |
| Community first choice | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - AD | \$0 | 0.0 | \$0 | 0.0 | \$49,812,991 | 100.0 | \$64,465,573 | 29.4 |
| PACE | \$175,638,985 | 4.5 | \$236,132,342 | 34.4 | \$283,239,312 | 19.9 | \$330,288,623 | 16.6 |
| Private duty nursing | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with DD | \$7,923,142,745 | -13.8 | \$8,910,817,212 | 12.5 | \$7,353,038,484 | -17.5 | \$6,233,759,302 | -15.2 |
| ICF/IID - public | \$1,254,154,695 | -52.5 | \$2,302,619,635 | 83.6 | \$921,002,506 | -60.0 | \$431,052,773 | -53.2 |
| ICF/IID - private | \$1,086,154,573 | 17.1 | \$1,079,775,306 | -0.6 | \$1,179,775,837 | 9.3 | \$1,093,380,500 | -7.3 |
| 1915(c) waivers - DD | \$5,582,833,477 | -0.7 | \$5,528,422,271 | -1.0 | \$5,252,260,141 | -5.0 | \$4,709,326,029 | -10.3 |
| HCBS - managed care authorities - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with SMI or SED | \$1,153,442,324 | -0.5 | \$1,190,399,447 | 3.2 | \$1,163,035,262 | -2.3 | \$927,968,484 | -20.2 |
| Mental health facilities | \$493,031,778 | -5.8 | \$510,562,873 | 3.6 | \$479,092,847 | -6.2 | \$452,635,982 | -5.5 |
| Mental health facilities-DSH | \$605,000,000 | 0.0 | \$605,000,000 | 0.0 | \$605,000,000 | 0.0 | \$340,678,812 | -43.7 |
| Rehabilitative services | \$25,417 | 2.7 | \$17,836 | -29.8 | \$214 | -98.8 | \$0 | -100.0 |
| 1915(c) waivers - SMI or SED | \$55,385,129 | 78.6 | \$74,818,738 | 35.1 | \$78,942,201 | 5.5 | \$134,653,690 | 70.6 |
| HCBS - 1915(i) - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-Other/Multiple Populations | \$708,004,010 | -7.2 | \$551,251,137 | -22.1 | \$641,468,339 | 16.4 | \$1,849,749,718 | 188.4 |
| Case management | \$566,843,737 | -11.3 | \$388,037,326 | -31.5 | \$292,302,802 | -24.7 | \$252,568,599 | -13.6 |
| 1915(c) waivers - other | \$119,875,593 | 3.7 | \$127,277,872 | 6.2 | \$148,780,365 | 16.9 | \$159,686,274 | 7.3 |
| HCBS - managed care authorities - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$1,122,263,276 | 100.0 |
| Health homes | n/a | n/a | \$11,767,759 | n/a | \$178,765,959 | 1419.1 | \$292,350,240 | 63.5 |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| MFP demonstration | \$21,284,680 | 148.0 | \$24,168,180 | 13.5 | \$21,619,213 | -10.5 | \$22,881,329 | 5.8 |
| Total LTSS | \$23,420,736,849 | -2.9 | \$23,762,878,804 | 1.5 | \$22,895,110,562 | -3.7 | \$22,115,418,860 | -3.4 |
| Total Institutional LTSS | \$11,274,132,751 | -4.4 | \$11,601,346,785 | 2.9 | \$10,444,085,918 | -10.0 | \$9,264,006,482 | -11.3 |
| Total HCBS | \$12,146,604,098 | -1.5 | \$12,161,532,019 | 0.1 | \$12,451,024,644 | 2.4 | \$12,851,412,378 | 3.2 |
| Total Medicaid (all services) | \$52,569,347,372 | -0.1 | \$53,383,500,937 | 1.5 | \$53,140,348,234 | -0.5 | \$53,941,831,542 | 1.5 |

| Percentages | FY 2011 | FY 2012 | FY 2013 | FY 2014 |
|--|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 44.6% | 44.5% | 43.1% | 41.0% |
| Percentage of LTSS that is HCBS | 51.9% | 51.2% | 54.4% | 58.1% |
| Percentage of LTSS that is HCBS - AD | 42.5% | 45.8% | 47.2% | 47.0% |
| Percentage of LTSS that is HCBS - DD | 70.5% | 62.0% | 71.4% | 75.6% |
| Percentage of LTSS that is HCBS - SMI or SED | 4.8% | 6.3% | 6.8% | 14.5% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Managed care data are included only for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care.

Institutional MLTSS – unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 35A. Long Term Services and Support Expenditures for North Carolina, 1981 – 1985

| Service Type | FY 1981 | FY 1982 | Percent Change 81-82 | FY 1983 | Percent Change 82-83 | FY 1984 | Percent Change 83-84 | FY 1985 | Percent Change 84-85 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$152,424,145 | \$166,771,602 | 9.4 | \$184,773,181 | 10.8 | \$203,055,442 | 9.9 | \$212,626,679 | 4.7 |
| Personal care | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$2,182,528 | \$2,662,332 | 22.0 | \$2,890,049 | 8.6 | \$4,764,483 | 64.9 | \$7,896,054 | 65.7 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$61,477,380 | \$79,191,812 | 28.8 | \$85,073,690 | 7.4 | \$96,730,580 | 13.7 | \$112,840,859 | 16.7 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$7,455,843 | \$6,226,201 | -16.5 | \$9,592,163 | 54.1 | \$10,769,298 | 12.3 | \$15,533,433 | 44.2 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | n/a | n/a | n/a | n/a | n/a | \$1,019,414 | n/a | \$2,535,736 | 148.7 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$223,539,896 | \$254,851,947 | 14.0 | \$282,329,083 | 10.8 | \$316,339,217 | 12.0 | \$351,432,761 | 11.1 |
| Total Institutional LTSS | \$221,357,368 | \$252,189,615 | 13.9 | \$279,439,034 | 10.8 | \$310,555,320 | 11.1 | \$341,000,971 | 9.8 |
| Total HCBS | \$2,182,528 | \$2,662,332 | 22.0 | \$2,890,049 | 8.6 | \$5,783,897 | 100.1 | \$10,431,790 | 80.4 |
| Total Medicaid (all services) | \$487,571,060 | \$495,002,245 | 1.5 | \$574,909,699 | 16.1 | \$616,479,875 | 7.2 | \$665,438,647 | 7.9 |

| Percentages | FY 1981 | FY 1982 | FY 1983 | FY 1984 | FY 1985 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 45.8% | 51.5% | 49.1% | 51.3% | 52.8% |
| Percentage of LTSS that is HCBS | 1.0% | 1.0% | 1.0% | 1.8% | 3.0% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data.

Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 35B. Long Term Services and Support Expenditures for North Carolina, 1986 – 1990

| Service Type | FY 1986 | Percent Change 85-86 | FY 1987 | Percent Change 86-87 | FY 1988 | Percent Change 87-88 | FY 1989 | Percent Change 88-89 | FY 1990 | Percent Change 89-90 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$224,345,096 | 5.5 | \$237,858,268 | 6.0 | \$258,177,374 | 8.5 | \$281,212,601 | 8.9 | \$343,686,351 | 22.2 |
| Personal care | \$824,649 | 100.0 | \$6,370,321 | 672.5 | \$9,628,197 | 51.1 | \$13,615,839 | 41.4 | \$17,472,840 | 28.3 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$12,570,107 | 59.2 | \$17,079,955 | 35.9 | \$22,162,769 | 29.8 | \$31,560,820 | 42.4 | \$36,758,496 | 16.5 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$124,265,216 | 10.1 | \$244,416,022 | 96.7 | \$158,440,075 | -35.2 | \$181,919,313 | 14.8 | \$222,635,386 | 22.4 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$19,388,672 | 24.8 | \$22,395,376 | 15.5 | \$27,718,340 | 23.8 | \$30,670,418 | 10.7 | \$35,534,912 | 15.9 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | \$7,108,350 | 180.3 | \$11,731,786 | 65.0 | \$16,737,935 | 42.7 | \$25,342,291 | 51.4 | \$32,725,902 | 29.1 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$388,502,090 | 10.5 | \$539,851,728 | 39.0 | \$492,864,690 | -8.7 | \$564,321,282 | 14.5 | \$688,813,887 | 22.1 |
| Total Institutional LTSS | \$367,998,984 | 7.9 | \$504,669,666 | 37.1 | \$444,335,789 | -12.0 | \$493,802,332 | 11.1 | \$601,856,649 | 21.9 |
| Total HCBS | \$20,503,106 | 96.5 | \$35,182,062 | 71.6 | \$48,528,901 | 37.9 | \$70,518,950 | 45.3 | \$86,957,238 | 23.3 |
| Total Medicaid (all services) | \$771,116,151 | 15.9 | \$851,108,317 | 10.4 | \$991,177,891 | 16.5 | \$1,210,931,211 | 22.2 | \$1,498,778,346 | 23.8 |

| Percentages | FY 1986 | FY 1987 | FY 1988 | FY 1989 | FY 1990 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 50.4% | 63.4% | 49.7% | 46.6% | 46.0% |
| Percentage of LTSS that is HCBS | 5.3% | 6.5% | 9.8% | 12.5% | 12.6% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997. ICF/IID 1987 data were greater than 1986 and 1988 data for an unknown reason.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 35C. Long Term Services and Support Expenditures for North Carolina, 1991 – 1995

| Service Type | FY 1991 | Percent Change 90-91 | FY 1992 | Percent Change 91-92 | FY 1993 | Percent Change 92-93 | FY 1994 | Percent Change 93-94 | FY 1995 | Percent Change 94-95 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$912,002,513 | n/a |
| Nursing facilities | \$426,548,775 | 24.1 | \$488,160,328 | 14.4 | \$585,854,186 | 20.0 | \$639,005,952 | 9.1 | \$718,310,386 | 12.4 |
| Personal care | \$23,843,667 | 36.5 | \$29,010,829 | 21.7 | \$35,741,819 | 23.2 | \$37,061,170 | 3.7 | \$46,673,069 | 25.9 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$73,043,759 | n/a |
| Home health | \$36,371,507 | -1.1 | \$45,589,241 | 25.3 | \$54,029,757 | 18.5 | \$60,769,621 | 12.5 | \$73,975,299 | 21.7 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$392,170,233 | n/a |
| ICF/IID - public | \$250,823,563 | 12.7 | \$278,484,521 | 11.0 | \$316,571,784 | 13.7 | \$331,537,743 | 4.7 | \$363,118,837 | 9.5 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$29,051,396 | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$331,994,048 | n/a |
| Mental health facilities | \$42,298,601 | 19.0 | \$45,590,827 | 7.8 | \$33,749,336 | -26.0 | \$30,615,546 | -9.3 | \$34,129,485 | 11.5 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | \$332,339,308 | n/a | \$374,304,912 | 12.6 | \$297,864,563 | -20.4 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$2,231,393 | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified/other | \$42,298,743 | 29.3 | \$50,246,945 | 18.8 | \$66,633,145 | 32.6 | \$81,935,570 | 23.0 | \$2,231,393 | n/a |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$822,184,856 | 19.4 | \$937,082,691 | 14.0 | \$1,424,919,335 | 52.1 | \$1,555,230,514 | 9.1 | \$1,638,398,187 | 5.3 |
| Total Institutional LTSS | \$719,670,939 | 19.6 | \$812,235,676 | 12.9 | \$1,268,514,614 | 56.2 | \$1,375,464,153 | 8.4 | \$1,413,423,271 | 2.8 |
| Total HCBS | \$102,513,917 | 17.9 | \$124,847,015 | 21.8 | \$156,404,721 | 25.3 | \$179,766,361 | 14.9 | \$224,974,916 | 25.1 |
| Total Medicaid (all services) | \$2,069,736,334 | 38.1 | \$2,481,075,562 | 19.9 | \$2,896,330,493 | 16.7 | \$3,174,842,923 | 9.6 | \$3,891,156,535 | 22.6 |

| Percentages | FY 1991 | FY 1992 | FY 1993 | FY 1994 | FY 1995 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 39.7% | 37.8% | 49.2% | 49.0% | 42.1% |
| Percentage of LTSS that is HCBS | 12.5% | 13.3% | 11.0% | 11.6% | 13.7% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | 21.2% |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | 7.4% |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included except for 1915(c) waivers for 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 35D. Long Term Services and Support Expenditures for North Carolina, 1996 – 2000

| Service Type | FY 1996 | Percent Change 95-96 | FY 1997 | Percent Change 96-97 | FY 1998 | Percent Change 97-98 | FY 1999 | Percent Change 98-99 | FY 2000 | Percent Change 99-00 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$1,015,756,301 | 11.4 | \$1,096,711,955 | 8.0 | \$1,119,556,854 | 2.1 | \$1,201,392,375 | 7.3 | \$1,273,093,702 | 6.0 |
| Nursing facilities | \$744,176,297 | 3.6 | \$779,787,409 | 4.8 | \$778,853,641 | -0.1 | \$812,806,762 | 4.4 | \$832,715,476 | 2.4 |
| Personal care | \$108,600,881 | 132.7 | \$132,649,092 | 22.1 | \$135,870,664 | 2.4 | \$153,648,159 | 13.1 | \$181,578,642 | 18.2 |
| 1915(c) waivers - AD | \$93,323,693 | 27.8 | \$115,887,913 | 24.2 | \$136,247,425 | 17.6 | \$158,674,755 | 16.5 | \$175,386,785 | 10.5 |
| Home health | \$69,655,430 | -5.8 | \$68,387,541 | -1.8 | \$68,585,124 | 0.3 | \$76,262,699 | 11.2 | \$83,412,799 | 9.4 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$420,988,155 | 7.3 | \$478,217,244 | 13.6 | \$512,688,323 | 7.2 | \$543,324,265 | 6.0 | \$587,360,328 | 8.1 |
| ICF/IID - public | \$347,958,338 | -4.2 | \$182,297,020 | -47.6 | \$192,986,263 | 5.9 | \$198,921,469 | 3.1 | \$199,779,469 | 0.4 |
| ICF/IID - private | n/a | n/a | \$180,855,939 | n/a | \$187,170,829 | 3.5 | \$194,491,856 | 3.9 | \$197,083,901 | 1.3 |
| 1915(c) waivers - DD | \$73,029,817 | 151.4 | \$115,064,285 | 57.6 | \$132,531,231 | 15.2 | \$149,910,940 | 13.1 | \$190,496,958 | 27.1 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$234,705,149 | -29.3 | \$178,057,559 | -24.1 | \$193,933,475 | 8.9 | \$187,139,205 | -3.5 | \$201,170,714 | 7.5 |
| Mental health facilities | \$36,459,070 | 6.8 | \$29,542,298 | -19.0 | \$27,493,929 | -6.9 | \$16,846,455 | -38.7 | \$24,327,737 | 44.4 |
| Mental health facilities-DSH | \$198,246,079 | -33.4 | \$148,515,261 | -25.1 | \$166,439,546 | 12.1 | \$170,292,750 | 2.3 | \$176,842,977 | 3.8 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$4,254,362 | 90.7 | \$67,829,302 | 1494.3 | \$76,968,896 | 13.5 | \$79,367,821 | 3.1 | \$85,450,128 | 7.7 |
| Case management | n/a | n/a | \$62,699,584 | n/a | \$68,310,498 | 8.9 | \$67,102,065 | -1.8 | \$72,276,927 | 7.7 |
| 1915(c) waivers - other | \$4,254,362 | 90.7 | \$5,129,718 | 20.6 | \$8,658,398 | 68.8 | \$12,265,756 | 41.7 | \$13,173,201 | 7.4 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$1,675,703,967 | 2.3 | \$1,820,816,060 | 8.7 | \$1,903,147,548 | 4.5 | \$2,011,223,666 | 5.7 | \$2,147,074,872 | 6.8 |
| Total Institutional LTSS | \$1,326,839,784 | -6.1 | \$1,320,997,927 | -0.4 | \$1,352,944,208 | 2.4 | \$1,393,359,292 | 3.0 | \$1,430,749,560 | 2.7 |
| Total HCBS | \$348,864,183 | 55.1 | \$499,818,133 | 43.3 | \$550,203,340 | 10.1 | \$617,864,374 | 12.3 | \$716,325,312 | 15.9 |
| Total Medicaid (all services) | \$4,235,586,425 | 8.9 | \$4,529,992,284 | 7.0 | \$4,688,609,177 | 3.5 | \$4,987,172,053 | 6.4 | \$5,571,242,345 | 11.7 |

| Percentages | FY 1996 | FY 1997 | FY 1998 | FY 1999 | FY 2000 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 39.6% | 40.2% | 40.6% | 40.3% | 38.5% |
| Percentage of LTSS that is HCBS | 20.8% | 27.5% | 28.9% | 30.7% | 33.4% |
| Percentage of LTSS that is HCBS - AD | 26.7% | 28.9% | 30.4% | 32.3% | 34.6% |
| Percentage of LTSS that is HCBS - DD | 17.3% | 24.1% | 25.9% | 27.6% | 32.4% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included except for 1915(c) waivers. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 35E. Long Term Services and Support Expenditures for North Carolina, 2001 – 2005

| Service Type | FY 2001 | Percent Change 00-01 | FY 2002 | Percent Change 01-02 | FY 2003 | Percent Change 02-03 | FY 2004 | Percent Change 03-04 | FY 2005 | Percent Change 04-05 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$1,383,654,015 | 8.7 | \$1,465,288,993 | 5.9 | \$1,484,294,431 | 1.3 | \$1,790,214,941 | 20.6 | \$1,966,587,036 | 9.9 |
| Nursing facilities | \$876,233,835 | 5.2 | \$893,679,778 | 2.0 | \$904,730,226 | 1.2 | \$1,118,252,101 | 23.6 | \$1,144,670,259 | 2.4 |
| Personal care | \$221,200,189 | 21.8 | \$269,054,608 | 21.6 | \$299,929,413 | 11.5 | \$362,126,229 | 20.7 | \$450,484,528 | 24.4 |
| 1915(c) waivers - AD | \$201,447,795 | 14.9 | \$205,384,679 | 2.0 | \$183,297,444 | -10.8 | \$208,165,328 | 13.6 | \$246,608,795 | 18.5 |
| Home health | \$84,772,196 | 1.6 | \$97,169,928 | 14.6 | \$96,337,348 | -0.9 | \$101,671,283 | 5.5 | \$124,823,454 | 22.8 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$635,362,238 | 8.2 | \$670,658,649 | 5.6 | \$681,955,204 | 1.7 | \$714,427,120 | 4.8 | \$752,198,467 | 5.3 |
| ICF/IID - public | \$201,603,802 | 0.9 | \$217,447,498 | 7.9 | \$218,325,512 | 0.4 | \$234,362,403 | 7.3 | \$230,900,371 | -1.5 |
| ICF/IID - private | \$198,525,661 | 0.7 | \$199,175,861 | 0.3 | \$200,442,803 | 0.6 | \$210,760,999 | 5.1 | \$222,555,850 | 5.6 |
| 1915(c) waivers - DD | \$235,232,775 | 23.5 | \$254,035,290 | 8.0 | \$263,186,889 | 3.6 | \$269,303,718 | 2.3 | \$298,742,246 | 10.9 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$200,820,202 | -0.2 | \$209,244,840 | 4.2 | \$162,467,320 | -22.4 | \$186,100,674 | 14.5 | \$187,240,245 | 0.6 |
| Mental health facilities | \$25,885,125 | 6.4 | \$32,442,979 | 25.3 | \$39,513,153 | 21.8 | \$40,209,608 | 1.8 | \$43,482,163 | 8.1 |
| Mental health facilities-DSH | \$174,935,077 | -1.1 | \$176,801,861 | 1.1 | \$122,954,167 | -30.5 | \$145,891,066 | 18.7 | \$143,758,082 | -1.5 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$103,803,620 | 21.5 | \$121,086,857 | 16.6 | \$123,442,026 | 1.9 | \$142,051,359 | 15.1 | \$172,071,645 | 21.1 |
| Case management | \$85,574,303 | 18.4 | \$99,014,845 | 15.7 | \$98,216,787 | -0.8 | \$116,061,608 | 18.2 | \$142,292,886 | 22.6 |
| 1915(c) waivers - other | \$18,229,317 | 38.4 | \$22,072,012 | 21.1 | \$25,225,239 | 14.3 | \$25,989,751 | 3.0 | \$29,778,759 | 14.6 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$2,323,640,075 | 8.2 | \$2,466,279,339 | 6.1 | \$2,452,158,981 | -0.6 | \$2,832,794,094 | 15.5 | \$3,078,097,393 | 8.7 |
| Total Institutional LTSS | \$1,477,183,500 | 3.2 | \$1,519,547,977 | 2.9 | \$1,485,965,861 | -2.2 | \$1,749,476,177 | 17.7 | \$1,785,366,725 | 2.1 |
| Total HCBS | \$846,456,575 | 18.2 | \$946,731,362 | 11.8 | \$966,193,120 | 2.1 | \$1,083,317,917 | 12.1 | \$1,292,730,668 | 19.3 |
| Total Medicaid (all services) | \$6,239,709,423 | 12.0 | \$6,803,298,105 | 9.0 | \$7,234,428,886 | 6.3 | \$8,379,872,476 | 15.8 | \$9,197,837,959 | 9.8 |

| Percentages | FY 2001 | FY 2002 | FY 2003 | FY 2004 | FY 2005 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 37.2% | 36.3% | 33.9% | 33.8% | 33.5% |
| Percentage of LTSS that is HCBS | 36.4% | 38.4% | 39.4% | 38.2% | 42.0% |
| Percentage of LTSS that is HCBS - AD | 36.7% | 39.0% | 39.0% | 37.5% | 41.8% |
| Percentage of LTSS that is HCBS - DD | 37.0% | 37.9% | 38.6% | 37.7% | 39.7% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments were included starting in 1995 for Section 1915(c) waivers, in 2002 for nursing facilities, personal care, ICF/IID, and mental health facilities (including DSH); and in 2004 for PACE. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 35F. Long Term Services and Support Expenditures for North Carolina, 2006 – 2010

| Service Type | FY 2006 | Percent Change 05-06 | FY 2007 | Percent Change 06-07 | FY 2008 | Percent Change 07-08 | FY 2009 | Percent Change 08-09 | FY 2010 | Percent Change 09-10 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|
| Total-Older People, People with PD | \$1,919,437,558 | -2.4 | \$1,925,087,190 | 0.3 | \$2,022,360,448 | 5.1 | \$2,256,896,484 | 11.6 | \$2,152,806,891 | -4.6 |
| Nursing facilities | \$1,113,024,096 | -2.8 | \$1,118,697,344 | 0.5 | \$1,114,886,086 | -0.3 | \$1,293,008,727 | 16.0 | \$1,225,788,836 | -5.2 |
| Personal care | \$415,391,978 | -7.8 | \$416,347,839 | 0.2 | \$474,524,179 | 14.0 | \$525,729,238 | 10.8 | \$505,612,379 | -3.8 |
| 1915(c) waivers - AD | \$267,805,941 | 8.6 | \$264,125,379 | -1.4 | \$283,692,109 | 7.4 | \$276,977,600 | -2.4 | \$260,372,480 | -6.0 |
| Home health | \$123,215,543 | -1.3 | \$125,916,628 | 2.2 | \$149,258,074 | 18.5 | \$161,180,919 | 8.0 | \$80,151,333 | -50.3 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$3,704,860 | 100.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$77,177,003 | n/a |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with DD | \$793,017,071 | 5.4 | \$893,952,971 | 12.7 | \$977,886,319 | 9.4 | \$1,045,939,427 | 7.0 | \$1,025,008,387 | -2.0 |
| ICF/IID - public | \$239,268,128 | 3.6 | \$243,613,852 | 1.8 | \$256,520,267 | 5.3 | \$255,194,195 | -0.5 | \$258,309,421 | 1.2 |
| ICF/IID - private | \$214,858,187 | -3.5 | \$223,175,145 | 3.9 | \$246,162,360 | 10.3 | \$264,169,993 | 7.3 | \$236,519,016 | -10.5 |
| 1915(c) waivers - DD | \$338,890,756 | 13.4 | \$427,163,974 | 26.0 | \$475,203,692 | 11.2 | \$526,575,239 | 10.8 | \$530,179,950 | 0.7 |
| HCBS - managed care authorities - DD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with SMI or SED | \$194,578,869 | 3.9 | \$211,670,496 | 8.8 | \$213,555,171 | 0.9 | \$238,118,038 | 11.5 | \$1,193,413,359 | 401.2 |
| Mental health facilities | \$50,153,114 | 15.3 | \$69,552,606 | 38.7 | \$70,402,562 | 1.2 | \$88,209,254 | 25.3 | \$70,656,688 | -19.9 |
| Mental health facilities-DSH | \$144,425,755 | 0.5 | \$142,117,890 | -1.6 | \$143,152,609 | 0.7 | \$149,908,784 | 4.7 | \$154,424,472 | 3.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$968,332,199 | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-Other/Multiple Populations | \$194,789,791 | 13.2 | \$133,328,193 | -31.6 | \$146,629,397 | 10.0 | \$158,078,485 | 7.8 | \$219,235,628 | 38.7 |
| Case management | \$163,883,680 | 15.2 | \$99,379,565 | -39.4 | \$108,061,563 | 8.7 | \$117,948,827 | 9.1 | \$176,634,824 | 49.8 |
| 1915(c) waivers - other | \$30,906,111 | 3.8 | \$33,948,628 | 9.8 | \$38,567,834 | 13.6 | \$39,956,885 | 3.6 | \$41,666,982 | 4.3 |
| HCBS - managed care authorities - other | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | \$0 | n/a | \$172,773 | 100.0 | \$933,822 | 440.5 |
| Total LTSS | \$3,101,823,289 | 0.8 | \$3,164,038,850 | 2.0 | \$3,360,431,335 | 6.2 | \$3,699,032,434 | 10.1 | \$4,590,464,265 | 24.1 |
| Total Institutional LTSS | \$1,761,729,280 | -1.3 | \$1,797,156,837 | 2.0 | \$1,831,123,884 | 1.9 | \$2,050,490,953 | 12.0 | \$1,945,698,433 | -5.1 |
| Total HCBS | \$1,340,094,009 | 3.7 | \$1,366,882,013 | 2.0 | \$1,529,307,451 | 11.9 | \$1,648,541,481 | 7.8 | \$2,644,765,832 | 60.4 |
| Total Medicaid (all services) | \$9,100,250,107 | -1.1 | \$9,716,746,639 | 6.8 | \$9,957,092,259 | 2.5 | \$11,560,839,133 | 16.1 | \$10,847,690,296 | -6.2 |

| Percentages | FY 2006 | FY 2007 | FY 2008 | FY 2009 | FY 2010 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 34.1% | 32.6% | 33.7% | 32.0% | 42.3% |
| Percentage of LTSS that is HCBS | 43.2% | 43.2% | 45.5% | 44.6% | 57.6% |
| Percentage of LTSS that is HCBS - AD | 42.0% | 41.9% | 44.9% | 42.7% | 43.1% |
| Percentage of LTSS that is HCBS - DD | 42.7% | 47.8% | 48.6% | 50.3% | 51.7% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 81.1% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data. Starting in 2008, managed care data are included for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities. "n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included for several categories of service until 2009. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

For data before 2009, prior period adjustments were included for the following categories of service: nursing home, personal care, Section 1915(c) waivers, PACE, ICF/IID, and mental health facilities (including DSH).

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

North Carolina home health data decreased significantly in 2010, offset by private duty nursing expenditures. The state may have reported private duty nursing spending under home health before 2010.

Table 35G. Long Term Services and Support Expenditures for North Carolina, 2011 – 2014

| Service Type | FY 2011 | Percent Change 10-11 | FY 2012 | Percent Change 11-12 | FY 2013 | Percent Change 12-13 | FY 2014 | Percent Change 13-14 |
|---|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|
| Total-Older People, People with PD | \$2,027,501,187 | -5.8 | \$2,030,741,423 | 0.2 | \$1,979,874,086 | -2.5 | \$2,096,117,920 | 5.9 |
| Nursing facilities | \$1,213,525,699 | -1.0 | \$1,223,400,434 | 0.8 | \$1,160,063,770 | -5.2 | \$1,206,828,666 | 4.0 |
| Personal care | \$420,567,557 | -16.8 | \$419,390,273 | -0.3 | \$451,748,994 | 7.7 | \$479,569,951 | 6.2 |
| 1915(c) waivers - AD | \$242,854,247 | -6.7 | \$243,144,141 | 0.1 | \$220,130,697 | -9.5 | \$246,977,595 | 12.2 |
| Home health | \$75,194,559 | -6.2 | \$60,752,514 | -19.2 | \$52,756,445 | -13.2 | \$47,166,718 | -10.6 |
| Community first choice | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$6,060,847 | 63.6 | \$12,304,147 | 103.0 | \$21,590,714 | 75.5 | \$31,688,995 | 46.8 |
| Private duty nursing | \$69,298,278 | -10.2 | \$71,749,914 | 3.5 | \$73,583,466 | 2.6 | \$83,885,995 | 14.0 |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with DD | \$1,051,152,113 | 2.6 | \$1,029,602,225 | -2.1 | \$778,273,286 | -24.4 | \$674,859,287 | -13.3 |
| ICF/IID - public | \$258,025,201 | -0.1 | \$209,561,015 | -18.8 | \$73,362,117 | -65.0 | \$2,773,483 | -96.2 |
| ICF/IID - private | \$238,855,653 | 1.0 | \$234,239,847 | -1.9 | \$71,974,614 | -69.3 | \$1,058,498 | -98.5 |
| 1915(c) waivers - DD | \$554,271,259 | 4.5 | \$585,801,363 | 5.7 | \$632,936,555 | 8.0 | \$671,027,306 | 6.0 |
| HCBS - managed care authorities - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with SMI or SED | \$968,834,231 | -18.8 | \$954,448,665 | -1.5 | \$495,267,249 | -48.1 | \$244,082,717 | -50.7 |
| Mental health facilities | \$87,279,949 | 23.5 | \$101,078,382 | 15.8 | \$39,318,283 | -61.1 | -\$126,294 | -100.3 |
| Mental health facilities-DSH | \$150,452,714 | -2.6 | \$152,718,355 | 1.5 | \$156,138,910 | 2.2 | \$157,830,493 | 1.1 |
| Rehabilitative services | \$731,101,568 | -24.5 | \$700,651,928 | -4.2 | \$299,810,056 | -57.2 | \$86,378,518 | -71.2 |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-Other/Multiple Populations | \$151,011,959 | -31.1 | \$201,815,184 | 33.6 | \$179,397,838 | -11.1 | \$107,178,501 | -40.3 |
| Case management | \$102,723,039 | -41.8 | \$88,069,505 | -14.3 | \$36,570,462 | -58.5 | \$19,007,980 | -48.0 |
| 1915(c) waivers - other | \$46,066,045 | 10.6 | \$57,306,169 | 24.4 | \$71,320,104 | 24.5 | \$86,894,464 | 21.8 |
| HCBS - managed care authorities - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | \$54,661,419 | n/a | \$69,974,727 | 28.0 | \$0 | -100.0 |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| MFP demonstration | \$2,222,875 | 138.0 | \$1,778,091 | -20.0 | \$1,532,545 | -13.8 | \$1,276,057 | -16.7 |
| Total LTSS | \$4,198,499,490 | -8.5 | \$4,216,607,497 | 0.4 | \$3,432,812,459 | -18.6 | \$3,122,238,425 | -9.0 |
| Total Institutional LTSS | \$1,948,139,216 | 0.1 | \$1,920,998,033 | -1.4 | \$1,500,857,694 | -21.9 | \$1,368,364,846 | -8.8 |
| Total HCBS | \$2,250,360,274 | -14.9 | \$2,295,609,464 | 2.0 | \$1,931,954,765 | -15.8 | \$1,753,873,579 | -9.2 |
| Total Medicaid (all services) | \$10,874,902,782 | 0.3 | \$12,505,650,297 | 15.0 | \$11,947,521,781 | -4.5 | \$12,224,999,230 | 2.3 |

| Percentages | FY 2011 | FY 2012 | FY 2013 | FY 2014 |
|--|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 38.6% | 33.7% | 28.7% | 25.5% |
| Percentage of LTSS that is HCBS | 53.6% | 54.4% | 56.3% | 56.2% |
| Percentage of LTSS that is HCBS - AD | 40.2% | 39.8% | 41.4% | 42.4% |
| Percentage of LTSS that is HCBS - DD | 52.7% | 56.9% | 81.3% | 99.4% |
| Percentage of LTSS that is HCBS - SMI or SED | 75.5% | 73.4% | 60.5% | 35.4% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Managed care data are included only for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care.

Institutional MLTSS – unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

North Carolina data from 2013 through 2014 do not include ICF/IID expenditures for a managed care program for people with developmental disabilities.

North Carolina has a health homes program targeting people with SMI/SED, but this program is not listed as part of services for people with SMI/SED. All health homes expenditures data in this report are presented within services for other or multiple populations.

Table 36A. Long Term Services and Support Expenditures for North Dakota, 1981 – 1985

| Service Type | FY 1981 | FY 1982 | Percent Change 81-82 | FY 1983 | Percent Change 82-83 | FY 1984 | Percent Change 83-84 | FY 1985 | Percent Change 84-85 |
|---|---------------------|---------------------|----------------------|---------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$31,993,258 | \$37,707,778 | 17.9 | \$42,890,984 | 13.7 | \$46,830,500 | 9.2 | \$54,730,127 | 16.9 |
| Personal care | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$30,026 | \$78,226 | 160.5 | \$220,760 | 182.2 | \$386,548 | 75.1 | \$612,541 | 58.5 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$0 | \$498,116 | 100.0 | \$5,438,656 | 991.8 | \$9,818,944 | 80.5 | \$18,505,288 | 88.5 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$2,387,043 | \$2,689,433 | 12.7 | \$2,822,528 | 4.9 | \$4,162,592 | 47.5 | \$3,699,849 | -11.1 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | n/a | n/a | n/a | n/a | n/a | \$1,534,171 | n/a | \$3,750,844 | 144.5 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$34,410,327 | \$40,973,553 | 19.1 | \$51,372,928 | 25.4 | \$62,732,755 | 22.1 | \$81,298,649 | 29.6 |
| Total Institutional LTSS | \$34,380,301 | \$40,895,327 | 18.9 | \$51,152,168 | 25.1 | \$60,812,036 | 18.9 | \$76,935,264 | 26.5 |
| Total HCBS | \$30,026 | \$78,226 | 160.5 | \$220,760 | 182.2 | \$1,920,719 | 770.0 | \$4,363,385 | 127.2 |
| Total Medicaid (all services) | \$60,905,788 | \$67,220,206 | 10.4 | \$84,822,233 | 26.2 | \$100,089,175 | 18.0 | \$123,378,462 | 23.3 |

| Percentages | FY 1981 | FY 1982 | FY 1983 | FY 1984 | FY 1985 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 56.5% | 61.0% | 60.6% | 62.7% | 65.9% |
| Percentage of LTSS that is HCBS | 0.1% | 0.2% | 0.4% | 3.1% | 5.4% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data.

Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 36B. Long Term Services and Support Expenditures for North Dakota, 1986 – 1990

| Service Type | FY 1986 | Percent Change 85-86 | FY 1987 | Percent Change 86-87 | FY 1988 | Percent Change 87-88 | FY 1989 | Percent Change 88-89 | FY 1990 | Percent Change 89-90 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$55,468,022 | 1.3 | \$99,443,591 | 79.3 | \$70,361,228 | -29.2 | \$55,130,895 | -21.6 | \$66,456,175 | 20.5 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$709,718 | 15.9 | \$1,479,349 | 108.4 | \$1,875,275 | 26.8 | \$2,335,735 | 24.6 | \$2,406,816 | 3.0 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$24,618,802 | 33.0 | \$91,913,483 | 273.3 | \$40,215,637 | -56.2 | \$41,789,491 | 3.9 | \$36,902,683 | -11.7 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$3,836,445 | 3.7 | \$3,280,426 | -14.5 | \$3,832,610 | 16.8 | \$3,450,093 | -10.0 | \$2,949,546 | -14.5 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | \$5,253,091 | 40.1 | \$8,130,841 | 54.8 | \$11,991,491 | 47.5 | \$14,273,626 | 19.0 | \$16,539,675 | 15.9 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$89,886,078 | 10.6 | \$204,247,690 | 127.2 | \$128,276,241 | -37.2 | \$116,979,840 | -8.8 | \$125,254,895 | 7.1 |
| Total Institutional LTSS | \$83,923,269 | 9.1 | \$194,637,500 | 131.9 | \$114,409,475 | -41.2 | \$100,370,479 | -12.3 | \$106,308,404 | 5.9 |
| Total HCBS | \$5,962,809 | 36.7 | \$9,610,190 | 61.2 | \$13,866,766 | 44.3 | \$16,609,361 | 19.8 | \$18,946,491 | 14.1 |
| Total Medicaid (all services) | \$131,254,528 | 6.4 | \$215,966,769 | 64.5 | \$183,746,995 | -14.9 | \$179,674,007 | -2.2 | \$199,401,956 | 11.0 |

| Percentages | FY 1986 | FY 1987 | FY 1988 | FY 1989 | FY 1990 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 68.5% | 94.6% | 69.8% | 65.1% | 62.8% |
| Percentage of LTSS that is HCBS | 6.6% | 4.7% | 10.8% | 14.2% | 15.1% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997. ICF/IID 1987 data were greater than 1986 and 1988 data for an unknown reason.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 36C. Long Term Services and Support Expenditures for North Dakota, 1991 – 1995

| Service Type | FY 1991 | Percent Change 90-91 | FY 1992 | Percent Change 91-92 | FY 1993 | Percent Change 92-93 | FY 1994 | Percent Change 93-94 | FY 1995 | Percent Change 94-95 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$106,205,677 | n/a |
| Nursing facilities | \$77,063,017 | 16.0 | \$86,741,811 | 12.6 | \$92,645,646 | 6.8 | \$94,620,717 | 2.1 | \$102,971,396 | 8.8 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$1,799,459 | n/a |
| Home health | \$2,571,497 | 6.8 | \$2,233,054 | -13.2 | \$2,217,413 | -0.7 | \$1,636,667 | -26.2 | \$1,434,822 | -12.3 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$64,136,725 | n/a |
| ICF/IID - public | \$40,624,799 | 10.1 | \$39,980,236 | -1.6 | \$37,077,368 | -7.3 | \$38,746,760 | 4.5 | \$38,863,741 | 0.3 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$25,272,984 | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$9,280,161 | n/a |
| Mental health facilities | \$3,521,947 | 19.4 | \$1,668,617 | -52.6 | \$4,253,141 | 154.9 | \$3,345,160 | -21.3 | \$8,291,683 | 147.9 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | \$0 | n/a | \$1,078,944 | 100.0 | \$988,478 | -8.4 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$310,499 | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified/other | \$19,014,546 | 15.0 | \$20,777,431 | 9.3 | \$22,999,123 | 10.7 | \$26,272,704 | 14.2 | \$310,499 | n/a |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$142,795,806 | 14.0 | \$151,401,149 | 6.0 | \$159,192,691 | 5.1 | \$165,700,952 | 4.1 | \$179,933,062 | 8.6 |
| Total Institutional LTSS | \$121,209,763 | 14.0 | \$128,390,664 | 5.9 | \$133,976,155 | 4.4 | \$137,791,581 | 2.8 | \$151,115,298 | 9.7 |
| Total HCBS | \$21,586,043 | 13.9 | \$23,010,485 | 6.6 | \$25,216,536 | 9.6 | \$27,909,371 | 10.7 | \$28,817,764 | 3.3 |
| Total Medicaid (all services) | \$227,134,116 | 13.9 | \$249,742,726 | 10.0 | \$269,674,763 | 8.0 | \$278,947,289 | 3.4 | \$299,614,985 | 7.4 |

| Percentages | FY 1991 | FY 1992 | FY 1993 | FY 1994 | FY 1995 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 62.9% | 60.6% | 59.0% | 59.4% | 60.1% |
| Percentage of LTSS that is HCBS | 15.1% | 15.2% | 15.8% | 16.8% | 16.0% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | 3.0% |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | 39.4% |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included except for 1915(c) waivers for 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 36D. Long Term Services and Support Expenditures for North Dakota, 1996 – 2000

| Service Type | FY 1996 | Percent Change 95-96 | FY 1997 | Percent Change 96-97 | FY 1998 | Percent Change 97-98 | FY 1999 | Percent Change 98-99 | FY 2000 | Percent Change 99-00 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | \$110,949,093 | 4.5 | \$114,315,742 | 3.0 | \$116,241,170 | 1.7 | \$118,637,220 | 2.1 | \$186,255,553 | 57.0 |
| Nursing facilities | \$107,473,625 | 4.4 | \$110,083,225 | 2.4 | \$111,651,947 | 1.4 | \$113,268,837 | 1.4 | \$179,939,473 | 58.9 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | \$2,065,563 | 14.8 | \$2,361,237 | 14.3 | \$2,855,016 | 20.9 | \$3,313,100 | 16.0 | \$3,733,173 | 12.7 |
| Home health | \$1,409,905 | -1.7 | \$1,871,280 | 32.7 | \$1,734,207 | -7.3 | \$2,055,283 | 18.5 | \$2,582,907 | 25.7 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$68,283,713 | 6.5 | \$72,187,661 | 5.7 | \$77,130,525 | 6.8 | \$81,252,955 | 5.3 | \$89,787,453 | 10.5 |
| ICF/IID - public | \$41,528,253 | 6.9 | \$17,191,298 | -58.6 | \$16,653,575 | -3.1 | \$16,621,843 | -0.2 | \$18,627,480 | 12.1 |
| ICF/IID - private | n/a | n/a | \$26,461,632 | n/a | \$27,652,519 | 4.5 | \$28,435,452 | 2.8 | \$31,353,050 | 10.3 |
| 1915(c) waivers - DD | \$26,755,460 | 5.9 | \$28,534,731 | 6.7 | \$32,824,431 | 15.0 | \$36,195,660 | 10.3 | \$39,806,923 | 10.0 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$4,939,326 | -46.8 | \$6,984,004 | 41.4 | \$5,116,780 | -26.7 | \$3,888,441 | -24.0 | \$3,504,591 | -9.9 |
| Mental health facilities | \$4,187,905 | -49.5 | \$5,207,876 | 24.4 | \$4,128,302 | -20.7 | \$2,899,963 | -29.8 | \$2,516,113 | -13.2 |
| Mental health facilities-DSH | \$751,421 | -24.0 | \$1,776,128 | 136.4 | \$988,478 | -44.3 | \$988,478 | 0.0 | \$988,478 | 0.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$315,028 | 1.5 | \$5,621,030 | 1684.3 | \$4,435,583 | -21.1 | \$4,709,879 | 6.2 | \$5,118,803 | 8.7 |
| Case management | n/a | n/a | \$5,335,517 | n/a | \$4,115,081 | -22.9 | \$4,385,964 | 6.6 | \$4,757,471 | 8.5 |
| 1915(c) waivers - other | \$315,028 | 1.5 | \$285,513 | -9.4 | \$320,502 | 12.3 | \$323,915 | 1.1 | \$361,332 | 11.6 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$184,487,160 | 2.5 | \$199,108,437 | 7.9 | \$202,924,058 | 1.9 | \$208,488,495 | 2.7 | \$284,666,400 | 36.5 |
| Total Institutional LTSS | \$153,941,204 | 1.9 | \$160,720,159 | 4.4 | \$161,074,821 | 0.2 | \$162,214,573 | 0.7 | \$233,424,594 | 43.9 |
| Total HCBS | \$30,545,956 | 6.0 | \$38,388,278 | 25.7 | \$41,849,237 | 9.0 | \$46,273,922 | 10.6 | \$51,241,806 | 10.7 |
| Total Medicaid (all services) | \$312,475,433 | 4.3 | \$331,970,747 | 6.2 | \$339,704,109 | 2.3 | \$346,720,664 | 2.1 | \$432,996,507 | 24.9 |

| Percentages | FY 1996 | FY 1997 | FY 1998 | FY 1999 | FY 2000 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 59.0% | 60.0% | 59.7% | 60.1% | 65.7% |
| Percentage of LTSS that is HCBS | 16.6% | 19.3% | 20.6% | 22.2% | 18.0% |
| Percentage of LTSS that is HCBS - AD | 3.1% | 3.7% | 3.9% | 4.5% | 3.4% |
| Percentage of LTSS that is HCBS - DD | 39.2% | 39.5% | 42.6% | 44.5% | 44.3% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included except for 1915(c) waivers. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 36E. Long Term Services and Support Expenditures for North Dakota, 2001 – 2005

| Service Type | FY 2001 | Percent Change 00-01 | FY 2002 | Percent Change 01-02 | FY 2003 | Percent Change 02-03 | FY 2004 | Percent Change 03-04 | FY 2005 | Percent Change 04-05 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | \$158,448,129 | -14.9 | \$182,329,868 | 15.1 | \$178,649,475 | -2.0 | \$174,931,894 | -2.1 | \$168,276,647 | -3.8 |
| Nursing facilities | \$151,258,893 | -15.9 | \$174,850,425 | 15.6 | \$170,997,214 | -2.2 | \$164,343,477 | -3.9 | \$158,222,671 | -3.7 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$859,566 | 100.0 | \$2,048,196 | 138.3 |
| 1915(c) waivers - AD | \$4,499,649 | 20.5 | \$5,096,179 | 13.3 | \$5,434,871 | 6.6 | \$7,058,014 | 29.9 | \$6,301,766 | -10.7 |
| Home health | \$2,689,587 | 4.1 | \$2,383,264 | -11.4 | \$2,217,390 | -7.0 | \$2,670,837 | 20.4 | \$1,704,014 | -36.2 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$91,503,672 | 1.9 | \$101,561,640 | 11.0 | \$99,469,815 | -2.1 | \$106,813,455 | 7.4 | \$120,935,673 | 13.2 |
| ICF/IID - public | \$15,142,406 | -18.7 | \$18,705,631 | 23.5 | \$17,579,078 | -6.0 | \$17,133,055 | -2.5 | \$26,007,131 | 51.8 |
| ICF/IID - private | \$32,992,566 | 5.2 | \$35,977,637 | 9.0 | \$33,232,313 | -7.6 | \$35,859,489 | 7.9 | \$38,507,465 | 7.4 |
| 1915(c) waivers - DD | \$43,368,700 | 8.9 | \$46,878,372 | 8.1 | \$48,658,424 | 3.8 | \$53,820,911 | 10.6 | \$56,421,077 | 4.8 |
| HCBS- managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$3,348,681 | -4.4 | \$3,948,572 | 17.9 | \$3,689,017 | -6.6 | \$3,064,733 | -16.9 | \$3,852,529 | 25.7 |
| Mental health facilities | \$2,747,196 | 9.2 | \$2,573,100 | -6.3 | \$2,700,538 | 5.0 | \$2,076,255 | -23.1 | \$2,864,051 | 37.9 |
| Mental health facilities-DSH | \$601,485 | -39.2 | \$1,375,472 | 128.7 | \$988,479 | -28.1 | \$988,478 | 0.0 | \$988,478 | 0.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$5,295,769 | 3.5 | \$4,785,088 | -9.6 | \$3,300,869 | -31.0 | \$3,554,236 | 7.7 | \$3,390,018 | -4.6 |
| Case management | \$4,714,787 | -0.9 | \$4,785,088 | 1.5 | \$3,300,869 | -31.0 | \$3,554,236 | 7.7 | \$3,390,018 | -4.6 |
| 1915(c) waivers - other | \$580,982 | 60.8 | \$781,645 | 34.5 | \$817,096 | 4.5 | \$0 | -100.0 | \$0 | 0.0 |
| HCBS- managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$258,596,251 | -9.2 | \$293,406,813 | 13.5 | \$285,926,272 | -2.5 | \$288,364,318 | 0.9 | \$296,454,867 | 2.8 |
| Total Institutional LTSS | \$202,742,546 | -13.1 | \$233,482,265 | 15.2 | \$225,497,622 | -3.4 | \$220,400,754 | -2.3 | \$226,589,796 | 2.8 |
| Total HCBS | \$55,853,705 | 9.0 | \$59,924,548 | 7.3 | \$60,428,650 | 0.8 | \$67,963,564 | 12.5 | \$69,865,071 | 2.8 |
| Total Medicaid (all services) | \$415,967,653 | -3.9 | \$468,881,461 | 12.7 | \$472,353,761 | 0.7 | \$490,222,596 | 3.8 | \$515,587,131 | 5.2 |

| Percentages | FY 2001 | FY 2002 | FY 2003 | FY 2004 | FY 2005 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 62.2% | 62.6% | 60.5% | 58.8% | 57.5% |
| Percentage of LTSS that is HCBS | 21.6% | 20.4% | 21.1% | 23.6% | 23.6% |
| Percentage of LTSS that is HCBS - AD | 4.5% | 4.1% | 4.3% | 6.1% | 6.0% |
| Percentage of LTSS that is HCBS - DD | 47.4% | 46.2% | 48.9% | 50.4% | 46.7% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments were included starting in 1995 for Section 1915(c) waivers, in 2002 for nursing facilities, personal care, ICF/IID, and mental health facilities (including DSH); and in 2004 for PACE. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 36F. Long Term Services and Support Expenditures for North Dakota, 2006 – 2010

| Service Type | FY 2006 | Percent Change 05-06 | FY 2007 | Percent Change 06-07 | FY 2008 | Percent Change 07-08 | FY 2009 | Percent Change 08-09 | FY 2010 | Percent Change 09-10 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | \$176,990,536 | 5.2 | \$178,042,616 | 0.6 | \$184,214,074 | 3.5 | \$191,570,610 | 4.0 | \$213,536,990 | 11.5 |
| Nursing facilities | \$166,175,502 | 5.0 | \$166,949,324 | 0.5 | \$166,988,061 | 0.0 | \$172,083,717 | 3.1 | \$187,496,497 | 9.0 |
| Personal care | \$6,951,994 | 239.4 | \$7,152,796 | 2.9 | \$12,506,828 | 74.9 | \$13,854,471 | 10.8 | \$17,487,355 | 26.2 |
| 1915(c) waivers - AD | \$2,371,680 | -62.4 | \$2,447,243 | 3.2 | \$3,174,032 | 29.7 | \$3,419,334 | 7.7 | \$4,154,542 | 21.5 |
| Home health | \$1,491,360 | -12.5 | \$1,493,253 | 0.1 | \$1,545,153 | 3.5 | \$1,439,599 | -6.8 | \$2,309,565 | 60.4 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$773,489 | 100.0 | \$2,089,031 | 170.1 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with DD | \$123,670,643 | 2.3 | \$128,065,456 | 3.6 | \$148,487,863 | 15.9 | \$158,874,880 | 7.0 | \$185,892,194 | 17.0 |
| ICF/IID - public | \$20,397,254 | -21.6 | \$20,642,532 | 1.2 | \$18,730,495 | -9.3 | \$24,672,277 | 31.7 | \$24,761,991 | 0.4 |
| ICF/IID - private | \$42,038,567 | 9.2 | \$41,012,566 | -2.4 | \$48,316,236 | 17.8 | \$49,695,663 | 2.9 | \$58,054,934 | 16.8 |
| 1915(c) waivers - DD | \$61,234,822 | 8.5 | \$66,410,358 | 8.5 | \$81,441,132 | 22.6 | \$84,506,940 | 3.8 | \$103,075,269 | 22.0 |
| HCBS - managed care authorities - DD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with SMI or SED | \$3,974,656 | 3.2 | \$9,540,255 | 140.0 | \$12,581,243 | 31.9 | \$12,837,957 | 2.0 | \$20,294,089 | 58.1 |
| Mental health facilities | \$2,986,178 | 4.3 | \$8,551,777 | 186.4 | \$11,592,763 | 35.6 | \$11,850,222 | 2.2 | \$10,566,082 | -10.8 |
| Mental health facilities-DSH | \$988,478 | 0.0 | \$988,478 | 0.0 | \$988,480 | 0.0 | \$987,735 | -0.1 | \$988,478 | 0.1 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$8,739,529 | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-Other/Multiple Populations | \$3,402,542 | 0.4 | \$3,858,757 | 13.4 | \$4,115,080 | 6.6 | \$10,514,424 | 155.5 | \$10,254,063 | -2.5 |
| Case management | \$3,402,542 | 0.4 | \$3,858,757 | 13.4 | \$4,115,103 | 6.6 | \$10,099,232 | 145.4 | \$9,327,997 | -7.6 |
| 1915(c) waivers - other | \$0 | 0.0 | \$0 | 0.0 | -\$23 | 100.0 | \$20,402 | -88804.3 | \$22,970 | 12.6 |
| HCBS - managed care authorities - other | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | \$0 | n/a | \$394,790 | 100.0 | \$903,096 | 128.8 |
| Total LTSS | \$308,038,377 | 3.9 | \$319,507,084 | 3.7 | \$349,398,260 | 9.4 | \$373,797,871 | 7.0 | \$429,977,336 | 15.0 |
| Total Institutional LTSS | \$232,585,979 | 2.6 | \$238,144,677 | 2.4 | \$246,616,035 | 3.6 | \$259,289,614 | 5.1 | \$281,867,982 | 8.7 |
| Total HCBS | \$75,452,398 | 8.0 | \$81,362,407 | 7.8 | \$102,782,225 | 26.3 | \$114,508,257 | 11.4 | \$148,109,354 | 29.3 |
| Total Medicaid (all services) | \$507,559,534 | -1.6 | \$495,038,935 | -2.5 | \$547,403,549 | 10.6 | \$582,950,796 | 6.5 | \$677,521,280 | 16.2 |

| Percentages | FY 2006 | FY 2007 | FY 2008 | FY 2009 | FY 2010 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 60.7% | 64.5% | 63.8% | 64.1% | 63.5% |
| Percentage of LTSS that is HCBS | 24.5% | 25.5% | 29.4% | 30.6% | 34.5% |
| Percentage of LTSS that is HCBS - AD | 6.1% | 6.2% | 9.4% | 10.2% | 12.2% |
| Percentage of LTSS that is HCBS - DD | 49.5% | 51.9% | 54.8% | 53.2% | 55.5% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 43.1% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments. Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes. Data before 2008 do not include state-reported managed care data. Starting in 2008, managed care data are included for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities. "n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included for several categories of service until 2009. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures. For data before 2009, prior period adjustments were included for the following categories of service: nursing home, personal care, Section 1915(c) waivers, PACE, ICF/IID, and mental health facilities (including DSH). HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont. Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j)). Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS. Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 36G. Long Term Services and Support Expenditures for North Dakota, 2011 – 2014

| Service Type | FY 2011 | Percent Change 10-11 | FY 2012 | Percent Change 11-12 | FY 2013 | Percent Change 12-13 | FY 2014 | Percent Change 13-14 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | \$227,153,887 | 6.4 | \$235,244,374 | 3.6 | \$248,747,605 | 5.7 | \$270,604,668 | 8.8 |
| Nursing facilities | \$196,293,759 | 4.7 | \$202,282,084 | 3.1 | \$211,759,719 | 4.7 | \$230,827,022 | 9.0 |
| Personal care | \$19,114,271 | 9.3 | \$19,866,264 | 3.9 | \$21,111,754 | 6.3 | \$22,870,849 | 8.3 |
| 1915(c) waivers - AD | \$4,544,816 | 9.4 | \$4,706,661 | 3.6 | \$5,113,323 | 8.6 | \$5,492,513 | 7.4 |
| Home health | \$4,409,880 | 90.9 | \$5,197,247 | 17.9 | \$7,075,105 | 36.1 | \$7,092,308 | 0.2 |
| Community first choice | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$2,791,161 | 33.6 | \$3,192,118 | 14.4 | \$3,687,704 | 15.5 | \$4,321,976 | 17.2 |
| Private duty nursing | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with DD | \$204,086,975 | 9.8 | \$222,700,777 | 9.1 | \$239,369,797 | 7.5 | \$265,764,343 | 11.0 |
| ICF/IID - public | \$24,325,200 | -1.8 | \$23,084,463 | -5.1 | \$21,410,940 | -7.2 | \$23,737,004 | 10.9 |
| ICF/IID - private | \$64,498,205 | 11.1 | \$69,061,280 | 7.1 | \$74,321,047 | 7.6 | \$73,147,143 | -1.6 |
| 1915(c) waivers - DD | \$115,263,570 | 11.8 | \$130,555,034 | 13.3 | \$143,637,810 | 10.0 | \$168,880,196 | 17.6 |
| HCBS - managed care authorities - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with SMI or SED | \$17,891,510 | -11.8 | \$19,230,752 | 7.5 | \$16,515,561 | -14.1 | \$24,512,563 | 48.4 |
| Mental health facilities | \$8,161,323 | -22.8 | \$8,740,228 | 7.1 | \$7,633,039 | -12.7 | \$12,345,796 | 61.7 |
| Mental health facilities-DSH | \$988,477 | 0.0 | \$988,478 | 0.0 | \$741,360 | -25.0 | \$1,235,596 | 66.7 |
| Rehabilitative services | \$8,741,710 | 0.0 | \$9,502,046 | 8.7 | \$8,141,162 | -14.3 | \$10,931,171 | 34.3 |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-Other/Multiple Populations | \$11,304,631 | 10.2 | \$11,856,278 | 4.9 | \$10,041,616 | -15.3 | \$12,878,108 | 28.2 |
| Case management | \$8,983,076 | -3.7 | \$9,228,017 | 2.7 | \$8,422,682 | -8.7 | \$10,550,609 | 25.3 |
| 1915(c) waivers - other | \$37,002 | 61.1 | \$40,848 | 10.4 | \$29,029 | -28.9 | \$91,347 | 214.7 |
| HCBS - managed care authorities - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| MFP demonstration | \$2,284,553 | 153.0 | \$2,587,413 | 13.3 | \$1,589,905 | -38.6 | \$2,236,152 | 40.6 |
| Total LTSS | \$460,437,003 | 7.1 | \$489,032,181 | 6.2 | \$514,674,579 | 5.2 | \$573,759,682 | 11.5 |
| Total Institutional LTSS | \$294,266,964 | 4.4 | \$304,156,533 | 3.4 | \$315,866,105 | 3.8 | \$341,292,561 | 8.0 |
| Total HCBS | \$166,170,039 | 12.2 | \$184,875,648 | 11.3 | \$198,808,474 | 7.5 | \$232,467,121 | 16.9 |
| Total Medicaid (all services) | \$708,452,902 | 4.6 | \$747,805,089 | 5.6 | \$792,848,027 | 6.0 | \$937,155,255 | 18.2 |

| Percentages | FY 2011 | FY 2012 | FY 2013 | FY 2014 |
|--|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 65.0% | 65.4% | 64.9% | 61.2% |
| Percentage of LTSS that is HCBS | 36.1% | 37.8% | 38.6% | 40.5% |
| Percentage of LTSS that is HCBS - AD | 13.6% | 14.0% | 14.9% | 14.7% |
| Percentage of LTSS that is HCBS - DD | 56.5% | 58.6% | 60.0% | 63.6% |
| Percentage of LTSS that is HCBS - SMI or SED | 48.9% | 49.4% | 49.3% | 44.6% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Managed care data are included only for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care.

Institutional MLTSS – unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 37A. Long Term Services and Support Expenditures for Ohio, 1981 – 1985

| Service Type | FY 1981 | FY 1982 | Percent Change 81-82 | FY 1983 | Percent Change 82-83 | FY 1984 | Percent Change 83-84 | FY 1985 | Percent Change 84-85 |
|---|------------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$395,706,051 | \$439,523,392 | 11.1 | \$462,656,537 | 5.3 | \$524,030,641 | 13.3 | \$589,482,820 | 12.5 |
| Personal care | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$1,228,966 | \$1,754,648 | 42.8 | \$1,912,691 | 9.0 | \$2,310,313 | 20.8 | \$2,478,382 | 7.3 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$24,282,642 | \$36,633,650 | 50.9 | \$52,337,889 | 42.9 | \$79,531,740 | 52.0 | \$209,484,159 | 163.4 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$85,914,365 | \$114,334,713 | 33.1 | \$125,496,724 | 9.8 | \$148,177,047 | 18.1 | \$46,573,135 | -68.6 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | n/a | n/a | n/a | n/a | n/a | \$142,663 | n/a | \$1,599,818 | 1021.4 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$507,132,024 | \$592,246,403 | 16.8 | \$642,403,841 | 8.5 | \$754,192,404 | 17.4 | \$849,618,314 | 12.7 |
| Total Institutional LTSS | \$505,903,058 | \$590,491,755 | 16.7 | \$640,491,150 | 8.5 | \$751,739,428 | 17.4 | \$845,540,114 | 12.5 |
| Total HCBS | \$1,228,966 | \$1,754,648 | 42.8 | \$1,912,691 | 9.0 | \$2,452,976 | 28.2 | \$4,078,200 | 66.3 |
| Total Medicaid (all services) | \$1,062,118,368 | \$1,271,641,454 | 19.7 | \$1,481,801,630 | 16.5 | \$1,643,394,609 | 10.9 | \$1,785,588,629 | 8.7 |

| Percentages | FY 1981 | FY 1982 | FY 1983 | FY 1984 | FY 1985 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 47.7% | 46.6% | 43.4% | 45.9% | 47.6% |
| Percentage of LTSS that is HCBS | 0.2% | 0.3% | 0.3% | 0.3% | 0.5% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data.

Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 37B. Long Term Services and Support Expenditures for Ohio, 1986 – 1990

| Service Type | FY 1986 | Percent Change 85-86 | FY 1987 | Percent Change 86-87 | FY 1988 | Percent Change 87-88 | FY 1989 | Percent Change 88-89 | FY 1990 | Percent Change 89-90 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$663,767,696 | 12.6 | \$727,336,422 | 9.6 | \$797,062,011 | 9.6 | \$855,638,996 | 7.3 | \$1,044,791,908 | 22.1 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$16,740 | 100.0 | \$0 | -100.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$3,555,195 | 43.4 | \$5,251,613 | 47.7 | \$6,723,248 | 28.0 | \$7,798,700 | 16.0 | \$12,452,608 | 59.7 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$247,323,165 | 18.1 | \$504,747,146 | 104.1 | \$278,623,574 | -44.8 | \$323,711,074 | 16.2 | \$378,352,004 | 16.9 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$34,672,131 | -25.6 | \$48,122,617 | 38.8 | \$62,605,361 | 30.1 | \$61,607,225 | -1.6 | \$60,881,558 | -1.2 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | \$834,840 | -47.8 | \$914,338 | 9.5 | \$1,785,013 | 95.2 | \$8,734,717 | 389.3 | \$5,157,223 | -41.0 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$950,153,027 | 11.8 | \$1,286,372,136 | 35.4 | \$1,146,815,947 | -10.8 | \$1,257,490,712 | 9.7 | \$1,501,635,301 | 19.4 |
| Total Institutional LTSS | \$945,762,992 | 11.9 | \$1,280,206,185 | 35.4 | \$1,138,290,946 | -11.1 | \$1,240,957,295 | 9.0 | \$1,484,025,470 | 19.6 |
| Total HCBS | \$4,390,035 | 7.6 | \$6,165,951 | 40.5 | \$8,525,001 | 38.3 | \$16,533,417 | 93.9 | \$17,609,831 | 6.5 |
| Total Medicaid (all services) | \$2,083,993,734 | 16.7 | \$2,378,925,340 | 14.2 | \$2,415,086,123 | 1.5 | \$2,758,504,957 | 14.2 | \$3,262,020,156 | 18.3 |

| Percentages | FY 1986 | FY 1987 | FY 1988 | FY 1989 | FY 1990 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 45.6% | 54.1% | 47.5% | 45.6% | 46.0% |
| Percentage of LTSS that is HCBS | 0.5% | 0.5% | 0.7% | 1.3% | 1.2% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997. ICF/IID 1987 data were greater than 1986 and 1988 data for an unknown reason.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 37C. Long Term Services and Support Expenditures for Ohio, 1991 – 1995

| Service Type | FY 1991 | Percent Change 90-91 | FY 1992 | Percent Change 91-92 | FY 1993 | Percent Change 92-93 | FY 1994 | Percent Change 93-94 | FY 1995 | Percent Change 94-95 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$1,897,842,513 | n/a |
| Nursing facilities | \$1,241,874,829 | 18.9 | \$1,395,338,397 | 12.4 | \$1,497,412,882 | 7.3 | \$1,601,959,090 | 7.0 | \$1,767,096,384 | 10.3 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$99,336,067 | n/a |
| Home health | \$14,038,535 | 12.7 | \$21,398,961 | 52.4 | \$25,079,024 | 17.2 | \$26,872,925 | 7.2 | \$31,410,062 | 16.9 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$614,543,536 | n/a |
| ICF/IID - public | \$373,457,126 | -1.3 | \$468,321,849 | 25.4 | \$449,570,809 | -4.0 | \$453,032,866 | 0.8 | \$521,038,297 | 15.0 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$93,505,239 | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$205,295,566 | n/a |
| Mental health facilities | \$102,559,186 | 68.5 | \$126,780,225 | 23.6 | \$115,532,180 | -8.9 | \$165,088,022 | 42.9 | \$111,862,808 | -32.2 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$93,432,758 | 100.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$2,395,657 | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified/other | \$15,347,920 | 197.6 | \$46,150,787 | 200.7 | \$88,161,233 | 91.0 | \$135,973,467 | 54.2 | \$2,395,657 | n/a |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$1,747,277,596 | 16.4 | \$2,057,990,219 | 17.8 | \$2,175,756,128 | 5.7 | \$2,382,926,370 | 9.5 | \$2,720,077,272 | 14.1 |
| Total Institutional LTSS | \$1,717,891,141 | 15.8 | \$1,990,440,471 | 15.9 | \$2,062,515,871 | 3.6 | \$2,220,079,978 | 7.6 | \$2,493,430,247 | 12.3 |
| Total HCBS | \$29,386,455 | 66.9 | \$67,549,748 | 129.9 | \$113,240,257 | 67.6 | \$162,846,392 | 43.8 | \$226,647,025 | 39.2 |
| Total Medicaid (all services) | \$3,803,524,561 | 16.6 | \$4,816,453,566 | 26.6 | \$5,179,121,147 | 7.5 | \$5,498,582,049 | 6.2 | \$6,143,087,050 | 11.7 |

| Percentages | FY 1991 | FY 1992 | FY 1993 | FY 1994 | FY 1995 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 45.9% | 42.7% | 42.0% | 43.3% | 44.3% |
| Percentage of LTSS that is HCBS | 1.7% | 3.3% | 5.2% | 6.8% | 8.3% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | 6.9% |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | 15.2% |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data.

Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included except for 1915(c) waivers for 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 37D. Long Term Services and Support Expenditures for Ohio, 1996 – 2000

| Service Type | FY 1996 | Percent Change 95-96 | FY 1997 | Percent Change 96-97 | FY 1998 | Percent Change 97-98 | FY 1999 | Percent Change 98-99 | FY 2000 | Percent Change 99-00 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$1,721,341,564 | -9.3 | \$1,946,310,727 | 13.1 | \$2,158,315,781 | 10.9 | \$2,347,950,921 | 8.8 | \$2,474,072,779 | 5.4 |
| Nursing facilities | \$1,591,973,852 | -9.9 | \$1,817,621,756 | 14.2 | \$1,968,896,936 | 8.3 | \$2,076,660,135 | 5.5 | \$2,179,409,253 | 4.9 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | \$95,302,039 | -4.1 | \$95,610,899 | 0.3 | \$145,232,815 | 51.9 | \$207,872,060 | 43.1 | \$248,938,622 | 19.8 |
| Home health | \$34,065,673 | 8.5 | \$33,078,072 | -2.9 | \$44,186,030 | 33.6 | \$61,484,357 | 39.1 | \$40,613,351 | -33.9 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | \$1,934,369 | n/a | \$5,111,553 | 164.2 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$561,341,531 | -8.7 | \$479,845,307 | -14.5 | \$662,571,222 | 38.1 | \$689,233,518 | 4.0 | \$743,059,318 | 7.8 |
| ICF/IID - public | \$473,811,904 | -9.1 | \$106,568,199 | -77.5 | \$243,549,670 | 128.5 | \$211,649,596 | -13.1 | \$244,180,066 | 15.4 |
| ICF/IID - private | n/a | n/a | \$285,062,829 | n/a | \$291,346,468 | 2.2 | \$300,329,327 | 3.1 | \$314,432,168 | 4.7 |
| 1915(c) waivers - DD | \$87,529,627 | -6.4 | \$88,214,279 | 0.8 | \$127,675,084 | 44.7 | \$177,254,595 | 38.8 | \$184,447,084 | 4.1 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$203,903,747 | -0.7 | \$151,673,013 | -25.6 | \$318,186,430 | 109.8 | \$301,343,678 | -5.3 | \$342,816,082 | 13.8 |
| Mental health facilities | \$203,903,747 | 82.3 | \$151,673,013 | -25.6 | \$224,753,671 | 48.2 | \$207,910,920 | -7.5 | \$250,935,160 | 20.7 |
| Mental health facilities-DSH | \$0 | -100.0 | \$0 | 0.0 | \$93,432,759 | 100.0 | \$93,432,758 | 0.0 | \$91,880,922 | -1.7 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$30,166,193 | 1159.2 | \$62,771,486 | 108.1 | \$25,299,450 | -59.7 | \$19,610,266 | -22.5 | \$23,375,947 | 19.2 |
| Case management | n/a | n/a | \$15,759,829 | n/a | \$19,813,754 | 25.7 | \$19,307,791 | -2.6 | \$23,361,082 | 21.0 |
| 1915(c) waivers - other | \$30,166,193 | 1159.2 | \$47,011,657 | 55.8 | \$5,485,696 | -88.3 | \$302,475 | -94.5 | \$14,865 | -95.1 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$2,516,753,035 | -7.5 | \$2,640,600,533 | 4.9 | \$3,164,372,883 | 19.8 | \$3,358,138,383 | 6.1 | \$3,583,324,126 | 6.7 |
| Total Institutional LTSS | \$2,269,689,503 | -9.0 | \$2,360,925,797 | 4.0 | \$2,821,979,504 | 19.5 | \$2,889,982,736 | 2.4 | \$3,080,837,569 | 6.6 |
| Total HCBS | \$247,063,532 | 9.0 | \$279,674,736 | 13.2 | \$342,393,379 | 22.4 | \$468,155,647 | 36.7 | \$502,486,557 | 7.3 |
| Total Medicaid (all services) | \$6,272,977,013 | 2.1 | \$6,443,156,403 | 2.7 | \$6,728,728,669 | 4.4 | \$6,908,994,760 | 2.7 | \$7,582,352,606 | 9.7 |

| Percentages | FY 1996 | FY 1997 | FY 1998 | FY 1999 | FY 2000 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 40.1% | 41.0% | 47.0% | 48.6% | 47.3% |
| Percentage of LTSS that is HCBS | 9.8% | 10.6% | 10.8% | 13.9% | 14.0% |
| Percentage of LTSS that is HCBS - AD | 7.5% | 6.6% | 8.8% | 11.6% | 11.9% |
| Percentage of LTSS that is HCBS - DD | 15.6% | 18.4% | 19.3% | 25.7% | 24.8% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included except for 1915(c) waivers. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 37E. Long Term Services and Support Expenditures for Ohio, 2001 – 2005

| Service Type | FY 2001 | Percent Change 00-01 | FY 2002 | Percent Change 01-02 | FY 2003 | Percent Change 02-03 | FY 2004 | Percent Change 03-04 | FY 2005 | Percent Change 04-05 |
|---|------------------------|----------------------|------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|
| Total-Older People, People with PD | \$2,664,435,842 | 7.7 | \$2,947,680,121 | 10.6 | \$3,133,426,363 | 6.3 | \$3,299,354,176 | 5.3 | \$3,375,533,235 | 2.3 |
| Nursing facilities | \$2,313,461,329 | 6.2 | \$2,499,740,154 | 8.1 | \$2,649,276,900 | 6.0 | \$2,726,071,776 | 2.9 | \$2,736,270,383 | 0.4 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | \$281,201,191 | 13.0 | \$341,842,428 | 21.6 | \$353,722,931 | 3.5 | \$423,973,627 | 19.9 | \$468,324,582 | 10.5 |
| Home health | \$61,923,051 | 52.5 | \$95,976,143 | 55.0 | \$118,530,433 | 23.5 | \$133,841,338 | 12.9 | \$153,140,637 | 14.4 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | \$7,850,271 | 53.6 | \$10,121,396 | 28.9 | \$11,896,099 | 17.5 | \$15,467,435 | 30.0 | \$17,797,633 | 15.1 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$985,441,355 | 32.6 | \$1,200,817,674 | 21.9 | \$1,458,948,021 | 21.5 | \$1,361,639,302 | -6.7 | \$1,552,617,067 | 14.0 |
| ICF/IID - public | \$448,438,060 | 83.7 | \$611,855,660 | 36.4 | \$686,470,933 | 12.2 | \$522,438,195 | -23.9 | \$661,648,682 | 26.6 |
| ICF/IID - private | \$338,627,693 | 7.7 | \$350,651,351 | 3.6 | \$365,196,388 | 4.1 | \$379,463,670 | 3.9 | \$394,797,705 | 4.0 |
| 1915(c) waivers - DD | \$198,375,602 | 7.6 | \$238,310,663 | 20.1 | \$407,280,700 | 70.9 | \$459,737,437 | 12.9 | \$496,170,680 | 7.9 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$373,170,053 | 8.9 | \$376,286,100 | 0.8 | \$429,197,983 | 14.1 | \$497,364,764 | 15.9 | \$483,335,629 | -2.8 |
| Mental health facilities | \$279,737,295 | 11.5 | \$282,853,342 | 1.1 | \$345,928,596 | 22.3 | \$403,932,005 | 16.8 | \$389,902,871 | -3.5 |
| Mental health facilities-DSH | \$93,432,758 | 1.7 | \$93,432,758 | 0.0 | \$83,269,387 | -10.9 | \$93,432,759 | 12.2 | \$93,432,758 | 0.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$30,731,186 | 31.5 | \$37,835,892 | 23.1 | \$49,011,046 | 29.5 | \$32,368,264 | -34.0 | \$44,664,337 | 38.0 |
| Case management | \$30,731,186 | 31.5 | \$37,835,892 | 23.1 | \$49,011,046 | 29.5 | \$32,368,264 | -34.0 | \$44,664,337 | 38.0 |
| 1915(c) waivers - other | \$0 | -100.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$4,053,778,436 | 13.1 | \$4,562,619,787 | 12.6 | \$5,070,583,413 | 11.1 | \$5,190,726,506 | 2.4 | \$5,456,150,268 | 5.1 |
| Total Institutional LTSS | \$3,473,697,135 | 12.8 | \$3,838,533,265 | 10.5 | \$4,130,142,204 | 7.6 | \$4,125,338,405 | -0.1 | \$4,276,052,399 | 3.7 |
| Total HCBS | \$580,081,301 | 15.4 | \$724,086,522 | 24.8 | \$940,441,209 | 29.9 | \$1,065,388,101 | 13.3 | \$1,180,097,869 | 10.8 |
| Total Medicaid (all services) | \$8,480,062,022 | 11.8 | \$9,801,660,191 | 15.6 | \$10,715,729,863 | 9.3 | \$11,515,700,394 | 7.5 | \$12,265,413,893 | 6.5 |

| Percentages | FY 2001 | FY 2002 | FY 2003 | FY 2004 | FY 2005 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 47.8% | 46.5% | 47.3% | 45.1% | 44.5% |
| Percentage of LTSS that is HCBS | 14.3% | 15.9% | 18.5% | 20.5% | 21.6% |
| Percentage of LTSS that is HCBS - AD | 13.2% | 15.2% | 15.5% | 17.4% | 18.9% |
| Percentage of LTSS that is HCBS - DD | 20.1% | 19.8% | 27.9% | 33.8% | 32.0% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments were included starting in 1995 for Section 1915(c) waivers, in 2002 for nursing facilities, personal care, ICF/IID, and mental health facilities (including DSH); and in 2004 for PACE. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 37F. Long Term Services and Support Expenditures for Ohio, 2006 – 2010

| Service Type | FY 2006 | Percent Change 05-06 | FY 2007 | Percent Change 06-07 | FY 2008 | Percent Change 07-08 | FY 2009 | Percent Change 08-09 | FY 2010 | Percent Change 09-10 |
|---|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|
| Total-Older People, People with PD | \$3,393,587,545 | 0.5 | \$3,414,071,861 | 0.6 | \$3,316,139,886 | -2.9 | \$3,384,052,429 | 2.0 | \$3,748,820,073 | 10.8 |
| Nursing facilities | \$2,665,252,537 | -2.6 | \$2,663,377,611 | -0.1 | \$2,560,188,710 | -3.9 | \$2,566,326,290 | 0.2 | \$2,714,864,696 | 5.8 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | \$527,064,992 | 12.5 | \$576,157,116 | 9.3 | \$572,185,413 | -0.7 | \$607,483,693 | 6.2 | \$688,495,745 | 13.3 |
| Home health | \$177,617,514 | 16.0 | \$150,260,369 | -15.4 | \$158,956,746 | 5.8 | \$188,487,051 | 18.6 | \$215,437,181 | 14.3 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$23,652,502 | 32.9 | \$24,276,765 | 2.6 | \$24,809,017 | 2.2 | \$21,755,395 | -12.3 | \$24,258,944 | 11.5 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$105,763,507 | n/a |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with DD | \$1,447,641,075 | -6.8 | \$1,457,756,254 | 0.7 | \$1,532,761,735 | 5.1 | \$1,772,948,667 | 15.7 | \$1,859,734,197 | 4.9 |
| ICF/IID - public | \$333,465,938 | -49.6 | \$260,178,412 | -22.0 | \$240,359,794 | -7.6 | \$290,342,014 | 20.8 | \$307,522,569 | 5.9 |
| ICF/IID - private | \$445,438,180 | 12.8 | \$437,510,893 | -1.8 | \$451,633,735 | 3.2 | \$447,864,912 | -0.8 | \$455,607,480 | 1.7 |
| 1915(c) waivers - DD | \$668,736,957 | 34.8 | \$760,066,949 | 13.7 | \$840,768,206 | 10.6 | \$1,034,741,741 | 23.1 | \$1,096,604,148 | 6.0 |
| HCBS - managed care authorities - DD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with SMI or SED | \$490,715,556 | 1.5 | \$495,150,340 | 0.9 | \$588,271,280 | 18.8 | \$535,942,110 | -8.9 | \$600,736,029 | 12.1 |
| Mental health facilities | \$397,282,798 | 1.9 | \$401,717,582 | 1.1 | \$494,838,522 | 23.2 | \$442,509,352 | -10.6 | \$507,303,271 | 14.6 |
| Mental health facilities-DSH | \$93,432,758 | 0.0 | \$93,432,758 | 0.0 | \$93,432,758 | 0.0 | \$93,432,758 | 0.0 | \$93,432,758 | 0.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-Other/Multiple Populations | \$23,149,071 | -48.2 | \$22,663,060 | -2.1 | \$15,293,771 | -32.5 | \$51,220,192 | 234.9 | \$69,330,276 | 35.4 |
| Case management | \$23,149,071 | -48.2 | \$22,663,060 | -2.1 | \$15,293,771 | -32.5 | \$38,297,376 | 150.4 | \$40,760,843 | 6.4 |
| 1915(c) waivers - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - other | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | \$0 | n/a | \$12,922,816 | 100.0 | \$28,569,433 | 121.1 |
| Total LTSS | \$5,355,093,247 | -1.9 | \$5,389,641,515 | 0.6 | \$5,452,466,672 | 1.2 | \$5,744,163,398 | 5.3 | \$6,278,620,575 | 9.3 |
| Total Institutional LTSS | \$3,934,872,211 | -8.0 | \$3,856,217,256 | -2.0 | \$3,840,453,519 | -0.4 | \$3,840,475,326 | 0.0 | \$4,078,730,774 | 6.2 |
| Total HCBS | \$1,420,221,036 | 20.3 | \$1,533,424,259 | 8.0 | \$1,612,013,153 | 5.1 | \$1,903,688,072 | 18.1 | \$2,199,889,801 | 15.6 |
| Total Medicaid (all services) | \$11,970,034,550 | -2.4 | \$12,503,131,636 | 4.5 | \$12,977,258,403 | 3.8 | \$14,097,709,588 | 8.6 | \$15,152,097,135 | 7.5 |

| Percentages | FY 2006 | FY 2007 | FY 2008 | FY 2009 | FY 2010 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 44.7% | 43.1% | 42.0% | 40.8% | 41.4% |
| Percentage of LTSS that is HCBS | 26.5% | 28.5% | 29.6% | 33.1% | 35.0% |
| Percentage of LTSS that is HCBS - AD | 21.5% | 22.0% | 22.8% | 24.2% | 27.6% |
| Percentage of LTSS that is HCBS - DD | 46.2% | 52.1% | 54.9% | 58.4% | 59.0% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data. Starting in 2008, managed care data are included for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities. "n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included for several categories of service until 2009. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

For data before 2009, prior period adjustments were included for the following categories of service: nursing home, personal care, Section 1915(c) waivers, PACE, ICF/IID, and mental health facilities (including DSH).

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 37G. Long Term Services and Support Expenditures for Ohio, 2011 – 2014

| Service Type | FY 2011 | Percent Change 10-11 | FY 2012 | Percent Change 11-12 | FY 2013 | Percent Change 12-13 | FY 2014 | Percent Change 13-14 |
|---|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|
| Total-Older People, People with PD | \$3,801,917,990 | 1.4 | \$3,629,447,993 | -4.5 | \$3,660,631,124 | 0.9 | \$3,837,878,917 | 4.8 |
| Nursing facilities | \$2,625,006,277 | -3.3 | \$2,454,341,021 | -6.5 | \$2,450,452,939 | -0.2 | \$2,563,370,981 | 4.6 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | \$757,367,666 | 10.0 | \$711,514,731 | -6.1 | \$686,913,626 | -3.5 | \$744,318,402 | 8.4 |
| Home health | \$263,514,305 | 22.3 | \$380,786,540 | 44.5 | \$440,608,974 | 15.7 | \$438,280,677 | -0.5 |
| Community first choice | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$25,944,595 | 6.9 | \$22,605,111 | -12.9 | \$17,457,400 | -22.8 | \$25,830,850 | 48.0 |
| Private duty nursing | \$130,085,147 | 23.0 | \$60,200,590 | -53.7 | \$65,198,185 | 8.3 | \$66,078,007 | 1.3 |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with DD | \$1,909,432,909 | 2.7 | \$1,998,660,173 | 4.7 | \$2,098,903,217 | 5.0 | \$2,123,509,344 | 1.2 |
| ICF/IID - public | \$201,774,372 | -34.4 | \$194,005,279 | -3.9 | \$186,536,671 | -3.8 | \$175,562,566 | -5.9 |
| ICF/IID - private | \$545,818,232 | 19.8 | \$563,782,595 | 3.3 | \$560,062,308 | -0.7 | \$554,245,629 | -1.0 |
| 1915(c) waivers - DD | \$1,161,840,305 | 5.9 | \$1,240,872,299 | 6.8 | \$1,352,304,238 | 9.0 | \$1,393,701,149 | 3.1 |
| HCBS - managed care authorities - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with SMI or SED | \$625,421,681 | 4.1 | \$551,622,984 | -11.8 | \$718,216,641 | 30.2 | \$681,248,271 | -5.1 |
| Mental health facilities | \$531,988,923 | 4.9 | \$458,190,226 | -13.9 | \$484,290,577 | 5.7 | \$177,506 | -100.0 |
| Mental health facilities-DSH | \$93,432,758 | 0.0 | \$93,432,758 | 0.0 | \$93,432,758 | 0.0 | \$93,432,758 | 0.0 |
| Rehabilitative services | \$0 | 0.0 | \$0 | 0.0 | \$140,493,306 | 100.0 | \$587,638,007 | 318.3 |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-Other/Multiple Populations | \$71,360,921 | 2.9 | \$93,230,834 | 30.6 | \$185,780,329 | 99.3 | \$474,382,722 | 155.3 |
| Case management | \$48,233,615 | 18.3 | \$68,409,408 | 41.8 | \$74,639,845 | 9.1 | \$73,697,746 | -1.3 |
| 1915(c) waivers - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - other | \$0 | 0.0 | \$0 | 0.0 | \$26,543,658 | 100.0 | \$309,637,903 | 1066.5 |
| Health homes | n/a | n/a | \$0 | n/a | \$39,996,016 | 100.0 | \$43,758,127 | 9.4 |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | \$5,182,342 | n/a | \$0 | -100.0 |
| MFP demonstration | \$23,127,306 | -19.0 | \$24,821,426 | 7.3 | \$39,418,468 | 58.8 | \$47,288,946 | 20.0 |
| Total LTSS | \$6,408,133,501 | 2.1 | \$6,272,961,984 | -2.1 | \$6,663,531,311 | 6.2 | \$7,117,019,254 | 6.8 |
| Total Institutional LTSS | \$3,998,020,562 | -2.0 | \$3,763,751,879 | -5.9 | \$3,779,957,595 | 0.4 | \$3,386,789,440 | -10.4 |
| Total HCBS | \$2,410,112,939 | 9.6 | \$2,509,210,105 | 4.1 | \$2,883,573,716 | 14.9 | \$3,730,229,814 | 29.4 |
| Total Medicaid (all services) | \$15,783,102,435 | 4.2 | \$16,475,589,577 | 4.4 | \$16,952,587,071 | 2.9 | \$18,655,970,406 | 10.0 |

| Percentages | FY 2011 | FY 2012 | FY 2013 | FY 2014 |
|--|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 40.6% | 38.1% | 39.3% | 38.2% |
| Percentage of LTSS that is HCBS | 37.6% | 40.0% | 43.3% | 52.4% |
| Percentage of LTSS that is HCBS - AD | 31.0% | 32.4% | 33.1% | 33.2% |
| Percentage of LTSS that is HCBS - DD | 60.9% | 62.1% | 64.4% | 65.6% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 19.6% | 86.3% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Managed care data are included only for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care.

Institutional MLTSS – unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Ohio has a health homes program targeting people with SMI/SED, but this program is not listed as part of services for people with SMI/SED. All health homes expenditures data in this report are presented within services for other or multiple populations.

Table 38A. Long Term Services and Support Expenditures for Oklahoma, 1981 – 1985

| Service Type | FY 1981 | FY 1982 | Percent Change 81-82 | FY 1983 | Percent Change 82-83 | FY 1984 | Percent Change 83-84 | FY 1985 | Percent Change 84-85 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$140,860,874 | \$145,211,037 | 3.1 | \$133,782,550 | -7.9 | \$142,003,120 | 6.1 | \$143,194,294 | 0.8 |
| Personal care | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$24,636,181 | n/a |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$6,856 | \$11,723 | 71.0 | \$7,935 | -32.3 | \$8,159 | 2.8 | \$9,166 | 12.3 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$34,010,160 | \$32,395,470 | -4.7 | \$38,511,324 | 18.9 | \$39,886,526 | 3.6 | \$53,675,015 | 34.6 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$4,491,084 | \$6,269,544 | 39.6 | \$6,907,258 | 10.2 | \$7,715,551 | 11.7 | \$23,292,030 | 201.9 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$179,368,974 | \$183,887,774 | 2.5 | \$179,209,067 | -2.5 | \$189,613,356 | 5.8 | \$244,806,686 | 29.1 |
| Total Institutional LTSS | \$179,362,118 | \$183,876,051 | 2.5 | \$179,201,132 | -2.5 | \$189,605,197 | 5.8 | \$220,161,339 | 16.1 |
| Total HCBS | \$6,856 | \$11,723 | 71.0 | \$7,935 | -32.3 | \$8,159 | 2.8 | \$24,645,347 | 301963.3 |
| Total Medicaid (all services) | \$362,183,583 | \$371,751,127 | 2.6 | \$401,324,809 | 8.0 | \$414,774,255 | 3.4 | \$472,487,916 | 13.9 |

| Percentages | FY 1981 | FY 1982 | FY 1983 | FY 1984 | FY 1985 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 49.5% | 49.5% | 44.7% | 45.7% | 51.8% |
| Percentage of LTSS that is HCBS | 0.0% | 0.0% | 0.0% | 0.0% | 10.1% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data.

Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 38B. Long Term Services and Support Expenditures for Oklahoma, 1986 – 1990

| Service Type | FY 1986 | Percent Change 85-86 | FY 1987 | Percent Change 86-87 | FY 1988 | Percent Change 87-88 | FY 1989 | Percent Change 88-89 | FY 1990 | Percent Change 89-90 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$136,740,989 | -4.5 | \$132,407,627 | -3.2 | \$143,337,689 | 8.3 | \$163,983,674 | 14.4 | \$177,666,748 | 8.3 |
| Personal care | \$33,647,632 | 36.6 | \$31,741,603 | -5.7 | \$32,424,600 | 2.2 | \$31,824,271 | -1.9 | \$30,744,142 | -3.4 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$26,272 | 186.6 | \$57,421 | 118.6 | \$58,308 | 1.5 | \$35,856 | -38.5 | \$26,620 | -25.8 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$66,072,471 | 23.1 | \$134,225,664 | 103.1 | \$83,724,996 | -37.6 | \$97,426,854 | 16.4 | \$99,526,022 | 2.2 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$18,741,611 | -19.5 | \$29,514,800 | 57.5 | \$39,629,573 | 34.3 | \$46,147,270 | 16.4 | \$40,619,292 | -12.0 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | \$70,848 | 100.0 | \$516,333 | 628.8 | \$1,324,829 | 156.6 | \$3,196,400 | 141.3 | \$5,398,189 | 68.9 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$255,299,823 | 4.3 | \$328,463,448 | 28.7 | \$300,499,995 | -8.5 | \$342,614,325 | 14.0 | \$353,981,013 | 3.3 |
| Total Institutional LTSS | \$221,555,071 | 0.6 | \$296,148,091 | 33.7 | \$266,692,258 | -9.9 | \$307,557,798 | 15.3 | \$317,812,062 | 3.3 |
| Total HCBS | \$33,744,752 | 36.9 | \$32,315,357 | -4.2 | \$33,807,737 | 4.6 | \$35,056,527 | 3.7 | \$36,168,951 | 3.2 |
| Total Medicaid (all services) | \$482,368,879 | 2.1 | \$542,684,225 | 12.5 | \$607,018,798 | 11.9 | \$684,342,975 | 12.7 | \$723,282,183 | 5.7 |

| Percentages | FY 1986 | FY 1987 | FY 1988 | FY 1989 | FY 1990 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 52.9% | 60.5% | 49.5% | 50.1% | 48.9% |
| Percentage of LTSS that is HCBS | 13.2% | 9.8% | 11.3% | 10.2% | 10.2% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997. ICF/IID 1987 data were greater than 1986 and 1988 data for an unknown reason.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 38C. Long Term Services and Support Expenditures for Oklahoma, 1991 – 1995

| Service Type | FY 1991 | Percent Change 90-91 | FY 1992 | Percent Change 91-92 | FY 1993 | Percent Change 92-93 | FY 1994 | Percent Change 93-94 | FY 1995 | Percent Change 94-95 |
|---|----------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$293,531,162 | n/a |
| Nursing facilities | \$214,110,252 | 20.5 | \$228,360,258 | 6.7 | \$237,486,122 | 4.0 | \$253,097,097 | 6.6 | \$270,506,430 | 6.9 |
| Personal care | \$30,101,356 | -2.1 | \$31,869,863 | 5.9 | \$29,548,793 | -7.3 | \$26,062,738 | -11.8 | \$22,030,337 | -15.5 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$236,333 | n/a |
| Home health | \$57,833 | 117.3 | \$229,400 | 296.7 | \$509,626 | 122.2 | \$509,668 | 0.0 | \$758,062 | 48.7 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$176,057,759 | n/a |
| ICF/IID - public | \$110,832,629 | 11.4 | \$111,772,704 | 0.8 | \$132,075,921 | 18.2 | \$91,297,595 | -30.9 | \$98,743,607 | 8.2 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$77,314,152 | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$39,404,175 | n/a |
| Mental health facilities | \$45,554,779 | 12.2 | \$74,713,661 | 64.0 | \$48,534,993 | -35.0 | \$26,942,487 | -44.5 | \$36,798,482 | 36.6 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | \$4,846,746 | n/a | \$2,794,310 | -42.3 | \$2,605,693 | -6.8 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified/other | \$11,827,366 | 119.1 | \$27,191,342 | 129.9 | \$43,728,612 | 60.8 | \$61,316,249 | 40.2 | \$0 | n/a |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$412,484,215 | 16.5 | \$474,137,228 | 14.9 | \$496,730,813 | 4.8 | \$462,020,144 | -7.0 | \$508,993,096 | 10.2 |
| Total Institutional LTSS | \$370,497,660 | 16.6 | \$414,846,623 | 12.0 | \$422,943,782 | 2.0 | \$374,131,489 | -11.5 | \$408,654,212 | 9.2 |
| Total HCBS | \$41,986,555 | 16.1 | \$59,290,605 | 41.2 | \$73,787,031 | 24.4 | \$87,888,655 | 19.1 | \$100,338,884 | 14.2 |
| Total Medicaid (all services) | \$856,579,958 | 18.4 | \$1,044,376,033 | 21.9 | \$1,089,729,560 | 4.3 | \$1,040,689,007 | -4.5 | \$1,129,844,440 | 8.6 |

| Percentages | FY 1991 | FY 1992 | FY 1993 | FY 1994 | FY 1995 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 48.2% | 45.4% | 45.6% | 44.4% | 45.0% |
| Percentage of LTSS that is HCBS | 10.2% | 12.5% | 14.9% | 19.0% | 19.7% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | 7.8% |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | 43.9% |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data.

Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included except for 1915(c) waivers for 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 38D. Long Term Services and Support Expenditures for Oklahoma, 1996 – 2000

| Service Type | FY 1996 | Percent Change 95-96 | FY 1997 | Percent Change 96-97 | FY 1998 | Percent Change 97-98 | FY 1999 | Percent Change 98-99 | FY 2000 | Percent Change 99-00 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$295,812,492 | 0.8 | \$309,799,207 | 4.7 | \$348,060,571 | 12.4 | \$370,199,431 | 6.4 | \$373,259,457 | 0.8 |
| Nursing facilities | \$278,301,335 | 2.9 | \$289,996,792 | 4.2 | \$315,956,421 | 9.0 | \$320,208,505 | 1.3 | \$312,238,431 | -2.5 |
| Personal care | \$15,679,471 | -28.8 | \$17,068,337 | 8.9 | \$24,184,928 | 41.7 | \$31,299,814 | 29.4 | \$35,080,926 | 12.1 |
| 1915(c) waivers - AD | \$886,682 | 275.2 | \$1,573,320 | 77.4 | \$6,684,683 | 324.9 | \$17,559,773 | 162.7 | \$25,105,199 | 43.0 |
| Home health | \$945,004 | 24.7 | \$1,160,758 | 22.8 | \$1,234,539 | 6.4 | \$1,131,339 | -8.4 | \$834,901 | -26.2 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$177,289,931 | 0.7 | \$198,783,967 | 12.1 | \$235,173,247 | 18.3 | \$241,133,545 | 2.5 | \$261,952,334 | 8.6 |
| ICF/IID - public | \$92,345,139 | -6.5 | \$62,369,140 | -32.5 | \$63,871,936 | 2.4 | \$58,124,434 | -9.0 | \$59,612,022 | 2.6 |
| ICF/IID - private | n/a | n/a | \$38,530,458 | n/a | \$42,542,313 | 10.4 | \$43,577,398 | 2.4 | \$43,566,324 | 0.0 |
| 1915(c) waivers - DD | \$84,944,792 | 9.9 | \$97,884,369 | 15.2 | \$128,758,998 | 31.5 | \$139,431,713 | 8.3 | \$158,773,988 | 13.9 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$37,942,764 | -3.7 | \$37,820,405 | -0.3 | \$42,125,715 | 11.4 | \$43,813,115 | 4.0 | \$30,249,889 | -31.0 |
| Mental health facilities | \$35,567,905 | -3.3 | \$33,639,891 | -5.4 | \$38,932,524 | 15.7 | \$40,541,655 | 4.1 | \$27,320,934 | -32.6 |
| Mental health facilities-DSH | \$2,374,859 | -8.9 | \$4,180,514 | 76.0 | \$3,193,191 | -23.6 | \$3,271,460 | 2.5 | \$2,928,955 | -10.5 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$0 | 0.0 | \$7,055,974 | 100.0 | \$7,634,255 | 8.2 | \$34,575,252 | 352.9 | \$22,199,715 | -35.8 |
| Case management | n/a | n/a | \$7,055,974 | n/a | \$7,634,255 | 8.2 | \$34,575,252 | 352.9 | \$22,199,715 | -35.8 |
| 1915(c) waivers - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$511,045,187 | 0.4 | \$553,459,553 | 8.3 | \$632,993,788 | 14.4 | \$689,721,343 | 9.0 | \$687,661,395 | -0.3 |
| Total Institutional LTSS | \$408,589,238 | 0.0 | \$428,716,795 | 4.9 | \$464,496,385 | 8.3 | \$465,723,452 | 0.3 | \$445,666,666 | -4.3 |
| Total HCBS | \$102,455,949 | 2.1 | \$124,742,758 | 21.8 | \$168,497,403 | 35.1 | \$223,997,891 | 32.9 | \$241,994,729 | 8.0 |
| Total Medicaid (all services) | \$1,153,579,976 | 2.1 | \$1,195,881,195 | 3.7 | \$1,339,052,772 | 12.0 | \$1,498,146,904 | 11.9 | \$1,648,813,029 | 10.1 |

| Percentages | FY 1996 | FY 1997 | FY 1998 | FY 1999 | FY 2000 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 44.3% | 46.3% | 47.3% | 46.0% | 41.7% |
| Percentage of LTSS that is HCBS | 20.0% | 22.5% | 26.6% | 32.5% | 35.2% |
| Percentage of LTSS that is HCBS - AD | 5.9% | 6.4% | 9.2% | 13.5% | 16.3% |
| Percentage of LTSS that is HCBS - DD | 47.9% | 49.2% | 54.8% | 57.8% | 60.6% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included except for 1915(c) waivers. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 38E. Long Term Services and Support Expenditures for Oklahoma, 2001 – 2005

| Service Type | FY 2001 | Percent Change 00-01 | FY 2002 | Percent Change 01-02 | FY 2003 | Percent Change 02-03 | FY 2004 | Percent Change 03-04 | FY 2005 | Percent Change 04-05 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$502,009,850 | 34.5 | \$547,990,119 | 9.2 | \$553,855,459 | 1.1 | \$583,972,208 | 5.4 | \$591,838,010 | 1.3 |
| Nursing facilities | \$426,227,567 | 36.5 | \$453,531,423 | 6.4 | \$439,518,888 | -3.1 | \$462,935,020 | 5.3 | \$450,918,625 | -2.6 |
| Personal care | \$38,396,733 | 9.5 | \$43,800,753 | 14.1 | \$39,771,217 | -9.2 | \$30,263,481 | -23.9 | \$15,584,422 | -48.5 |
| 1915(c) waivers - AD | \$36,700,383 | 46.2 | \$49,379,070 | 34.5 | \$70,751,956 | 43.3 | \$81,752,840 | 15.5 | \$114,082,331 | 39.5 |
| Home health | \$685,167 | -17.9 | \$1,278,873 | 86.7 | \$3,813,398 | 198.2 | \$9,020,867 | 136.6 | \$11,252,632 | 24.7 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$309,178,605 | 18.0 | \$337,394,552 | 9.1 | \$328,318,476 | -2.7 | \$338,532,143 | 3.1 | \$341,223,549 | 0.8 |
| ICF/IID - public | \$63,189,316 | 6.0 | \$59,963,104 | -5.1 | \$64,418,870 | 7.4 | \$69,664,965 | 8.1 | \$72,848,552 | 4.6 |
| ICF/IID - private | \$50,934,646 | 16.9 | \$52,329,054 | 2.7 | \$51,738,804 | -1.1 | \$50,812,480 | -1.8 | \$48,689,759 | -4.2 |
| 1915(c) waivers - DD | \$195,054,643 | 22.9 | \$225,102,394 | 15.4 | \$212,160,802 | -5.7 | \$218,054,698 | 2.8 | \$219,685,238 | 0.7 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$26,649,888 | -11.9 | \$49,738,573 | 86.6 | \$52,924,084 | 6.4 | \$60,392,557 | 14.1 | \$61,864,806 | 2.4 |
| Mental health facilities | \$25,329,866 | -7.3 | \$46,465,325 | 83.4 | \$49,689,810 | 6.9 | \$57,119,310 | 15.0 | \$58,726,151 | 2.8 |
| Mental health facilities-DSH | \$1,320,022 | -54.9 | \$3,273,248 | 148.0 | \$3,234,274 | -1.2 | \$3,273,247 | 1.2 | \$3,138,655 | -4.1 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$29,327,880 | 32.1 | \$34,603,108 | 18.0 | \$31,602,482 | -8.7 | \$43,563,654 | 37.8 | \$36,513,152 | -16.2 |
| Case management | \$29,327,880 | 32.1 | \$34,603,108 | 18.0 | \$31,602,482 | -8.7 | \$43,563,654 | 37.8 | \$36,513,152 | -16.2 |
| 1915(c) waivers - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$867,166,223 | 26.1 | \$969,726,352 | 11.8 | \$966,700,501 | -0.3 | \$1,026,460,562 | 6.2 | \$1,031,439,517 | 0.5 |
| Total Institutional LTSS | \$567,001,417 | 27.2 | \$615,562,154 | 8.6 | \$608,600,646 | -1.1 | \$643,805,022 | 5.8 | \$634,321,742 | -1.5 |
| Total HCBS | \$300,164,806 | 24.0 | \$354,164,198 | 18.0 | \$358,099,855 | 1.1 | \$382,655,540 | 6.9 | \$397,117,775 | 3.8 |
| Total Medicaid (all services) | \$2,053,773,185 | 24.6 | \$2,296,667,052 | 11.8 | \$2,354,462,555 | 2.5 | \$2,574,244,473 | 9.3 | \$2,810,114,321 | 9.2 |

| Percentages | FY 2001 | FY 2002 | FY 2003 | FY 2004 | FY 2005 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 42.2% | 42.2% | 41.1% | 39.9% | 36.7% |
| Percentage of LTSS that is HCBS | 34.6% | 36.5% | 37.0% | 37.3% | 38.5% |
| Percentage of LTSS that is HCBS - AD | 15.1% | 17.2% | 20.6% | 20.7% | 23.8% |
| Percentage of LTSS that is HCBS - DD | 63.1% | 66.7% | 64.6% | 64.4% | 64.4% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments were included starting in 1995 for Section 1915(c) waivers, in 2002 for nursing facilities, personal care, ICF/IID, and mental health facilities (including DSH); and in 2004 for PACE. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 38F. Long Term Services and Support Expenditures for Oklahoma, 2006 – 2010

| Service Type | FY 2006 | Percent Change 05-06 | FY 2007 | Percent Change 06-07 | FY 2008 | Percent Change 07-08 | FY 2009 | Percent Change 08-09 | FY 2010 | Percent Change 09-10 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$620,427,127 | 4.8 | \$709,356,541 | 14.3 | \$761,869,217 | 7.4 | \$783,272,169 | 2.8 | \$751,269,261 | -4.1 |
| Nursing facilities | \$454,948,372 | 0.9 | \$505,734,511 | 11.2 | \$528,366,521 | 4.5 | \$529,503,379 | 0.2 | \$508,370,052 | -4.0 |
| Personal care | \$12,577,124 | -19.3 | \$10,608,204 | -15.7 | \$10,622,830 | 0.1 | \$11,662,984 | 9.8 | \$12,952,903 | 11.1 |
| 1915(c) waivers - AD | \$138,979,049 | 21.8 | \$174,928,008 | 25.9 | \$206,428,390 | 18.0 | \$222,354,905 | 7.7 | \$207,415,515 | -6.7 |
| Home health | \$13,922,582 | 23.7 | \$18,085,818 | 29.9 | \$16,439,822 | -9.1 | \$18,990,636 | 15.5 | \$20,924,956 | 10.2 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$11,654 | 100.0 | \$760,265 | 6423.6 | \$1,605,835 | 111.2 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with DD | \$368,843,955 | 8.1 | \$391,128,475 | 6.0 | \$400,766,508 | 2.5 | \$411,475,462 | 2.7 | \$402,297,072 | -2.2 |
| ICF/IID - public | \$74,909,522 | 2.8 | \$72,631,200 | -3.0 | \$71,789,431 | -1.2 | \$69,614,919 | -3.0 | \$67,176,209 | -3.5 |
| ICF/IID - private | \$50,151,219 | 3.0 | \$54,660,249 | 9.0 | \$55,120,549 | 0.8 | \$56,591,943 | 2.7 | \$56,415,308 | -0.3 |
| 1915(c) waivers - DD | \$243,783,214 | 11.0 | \$263,837,026 | 8.2 | \$273,856,528 | 3.8 | \$285,268,600 | 4.2 | \$278,705,555 | -2.3 |
| HCBS - managed care authorities - DD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with SMI or SED | \$65,086,168 | 5.2 | \$82,414,165 | 26.6 | \$97,948,175 | 18.8 | \$103,187,222 | 5.3 | \$83,993,558 | -18.6 |
| Mental health facilities | \$61,812,920 | 5.3 | \$79,140,918 | 28.0 | \$94,674,928 | 19.6 | \$99,913,974 | 5.5 | \$80,720,310 | -19.2 |
| Mental health facilities-DSH | \$3,273,248 | 4.3 | \$3,273,247 | 0.0 | \$3,273,247 | 0.0 | \$3,273,248 | 0.0 | \$3,273,248 | 0.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-Other/Multiple Populations | \$42,494,800 | 16.4 | \$40,044,910 | -5.8 | \$47,195,581 | 17.9 | \$53,208,406 | 12.7 | \$74,593,070 | 40.2 |
| Case management | \$42,494,800 | 16.4 | \$40,044,910 | -5.8 | \$47,195,581 | 17.9 | \$52,775,846 | 11.8 | \$71,287,648 | 35.1 |
| 1915(c) waivers - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$528 | 100.0 |
| HCBS - managed care authorities - other | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | \$0 | n/a | \$432,560 | 100.0 | \$3,304,894 | 664.0 |
| Total LTSS | \$1,096,852,050 | 6.3 | \$1,222,944,091 | 11.5 | \$1,307,779,481 | 6.9 | \$1,351,143,259 | 3.3 | \$1,312,152,961 | -2.9 |
| Total Institutional LTSS | \$645,095,281 | 1.7 | \$715,440,125 | 10.9 | \$753,224,676 | 5.3 | \$758,897,463 | 0.8 | \$715,955,127 | -5.7 |
| Total HCBS | \$451,756,769 | 13.8 | \$507,503,966 | 12.3 | \$554,554,805 | 9.3 | \$592,245,796 | 6.8 | \$596,197,834 | 0.7 |
| Total Medicaid (all services) | \$2,964,715,837 | 5.5 | \$3,361,354,139 | 13.4 | \$3,526,999,141 | 4.9 | \$3,934,969,749 | 11.6 | \$4,127,033,257 | 4.9 |

| Percentages | FY 2006 | FY 2007 | FY 2008 | FY 2009 | FY 2010 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 37.0% | 36.4% | 37.1% | 34.3% | 31.8% |
| Percentage of LTSS that is HCBS | 41.2% | 41.5% | 42.4% | 43.8% | 45.4% |
| Percentage of LTSS that is HCBS - AD | 26.7% | 28.7% | 30.6% | 32.4% | 32.3% |
| Percentage of LTSS that is HCBS - DD | 66.1% | 67.5% | 68.3% | 69.3% | 69.3% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data. Starting in 2008, managed care data are included for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities. "n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included for several categories of service until 2009. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

For data before 2009, prior period adjustments were included for the following categories of service: nursing home, personal care, Section 1915(c) waivers, PACE, ICF/IID, and mental health facilities (including DSH).

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 38G. Long Term Services and Support Expenditures for Oklahoma, 2011 – 2014

| Service Type | FY 2011 | Percent Change 10-11 | FY 2012 | Percent Change 11-12 | FY 2013 | Percent Change 12-13 | FY 2014 | Percent Change 13-14 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$718,936,738 | -4.3 | \$719,488,491 | 0.1 | \$789,179,320 | 9.7 | \$810,296,816 | 2.7 |
| Nursing facilities | \$494,455,738 | -2.7 | \$498,177,896 | 0.8 | \$561,789,425 | 12.8 | \$580,907,519 | 3.4 |
| Personal care | \$12,298,890 | -5.0 | \$11,991,353 | -2.5 | \$11,621,665 | -3.1 | \$11,909,232 | 2.5 |
| 1915(c) waivers - AD | \$189,009,926 | -8.9 | \$185,546,315 | -1.8 | \$191,768,361 | 3.4 | \$194,020,517 | 1.2 |
| Home health | \$20,608,446 | -1.5 | \$20,581,227 | -0.1 | \$19,973,751 | -3.0 | \$19,271,371 | -3.5 |
| Community first choice | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$2,563,738 | 59.7 | \$3,191,700 | 24.5 | \$4,026,118 | 26.1 | \$4,188,177 | 4.0 |
| Private duty nursing | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with DD | \$406,312,413 | 1.0 | \$392,323,639 | -3.4 | \$396,817,326 | 1.1 | \$389,007,171 | -2.0 |
| ICF/IID - public | \$72,278,419 | 7.6 | \$55,362,595 | -23.4 | \$52,381,143 | -5.4 | \$32,712,449 | -37.5 |
| ICF/IID - private | \$56,536,017 | 0.2 | \$57,865,390 | 2.4 | \$59,249,461 | 2.4 | \$59,466,969 | 0.4 |
| 1915(c) waivers - DD | \$277,497,977 | -0.4 | \$279,095,654 | 0.6 | \$285,186,722 | 2.2 | \$296,827,753 | 4.1 |
| HCBS- managed care authorities - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with SMI or SED | \$67,357,552 | -19.8 | \$68,445,616 | 1.6 | \$72,704,206 | 6.2 | \$98,549,560 | 35.5 |
| Mental health facilities | \$64,084,302 | -20.6 | \$67,627,310 | 5.5 | \$72,160,757 | 6.7 | \$95,276,312 | 32.0 |
| Mental health facilities-DSH | \$3,273,250 | 0.0 | \$818,306 | -75.0 | \$543,449 | -33.6 | \$3,273,248 | 502.3 |
| Rehabilitative services | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-Other/Multiple Populations | \$56,365,184 | -24.4 | \$50,263,700 | -10.8 | \$64,665,309 | 28.7 | \$68,968,474 | 6.7 |
| Case management | \$51,440,930 | -27.8 | \$44,900,325 | -12.7 | \$57,785,991 | 28.7 | \$50,949,864 | -11.8 |
| 1915(c) waivers - other | \$564,897 | 106888.1 | \$1,608,885 | 184.8 | \$2,733,110 | 69.9 | \$3,743,859 | 37.0 |
| HCBS- managed care authorities - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| MFP demonstration | \$4,359,357 | 31.9 | \$3,754,490 | -13.9 | \$4,146,208 | 10.4 | \$14,274,751 | 244.3 |
| Total LTSS | \$1,248,971,887 | -4.8 | \$1,230,521,446 | -1.5 | \$1,323,366,161 | 7.5 | \$1,366,822,021 | 3.3 |
| Total Institutional LTSS | \$690,627,726 | -3.5 | \$679,851,497 | -1.6 | \$746,124,235 | 9.7 | \$771,636,497 | 3.4 |
| Total HCBS | \$558,344,161 | -6.3 | \$550,669,949 | -1.4 | \$577,241,926 | 4.8 | \$595,185,524 | 3.1 |
| Total Medicaid (all services) | \$4,266,791,383 | 3.4 | \$4,654,117,095 | 9.1 | \$4,808,515,257 | 3.3 | \$4,958,490,251 | 3.1 |

| Percentages | FY 2011 | FY 2012 | FY 2013 | FY 2014 |
|--|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 29.3% | 26.4% | 27.5% | 27.6% |
| Percentage of LTSS that is HCBS | 44.7% | 44.8% | 43.6% | 43.6% |
| Percentage of LTSS that is HCBS - AD | 31.2% | 30.8% | 28.8% | 28.3% |
| Percentage of LTSS that is HCBS - DD | 68.3% | 71.1% | 71.9% | 76.3% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Managed care data are included only for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care.

Institutional MLTSS – unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 39A. Long Term Services and Support Expenditures for Oregon, 1981 – 1985

| Service Type | FY 1981 | FY 1982 | Percent Change 81-82 | FY 1983 | Percent Change 82-83 | FY 1984 | Percent Change 83-84 | FY 1985 | Percent Change 84-85 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$63,103,017 | \$65,713,899 | 4.1 | \$66,394,778 | 1.0 | \$69,395,749 | 4.5 | \$77,054,985 | 11.0 |
| Personal care | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$668,130 | n/a |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$1,297,386 | \$1,304,340 | 0.5 | \$1,755,274 | 34.6 | \$1,631,358 | -7.1 | \$433,950 | -73.4 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$3,958,043 | \$5,286,751 | 33.6 | \$5,604,600 | 6.0 | \$5,970,512 | 6.5 | \$52,911,506 | 786.2 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$40,894,112 | \$41,574,461 | 1.7 | \$49,522,467 | 19.1 | \$51,780,739 | 4.6 | \$5,609,749 | -89.2 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | n/a | n/a | n/a | n/a | n/a | \$19,684,383 | n/a | \$22,687,751 | 15.3 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$109,252,558 | \$113,879,451 | 4.2 | \$123,277,119 | 8.3 | \$148,462,741 | 20.4 | \$159,366,071 | 7.3 |
| Total Institutional LTSS | \$107,955,172 | \$112,575,111 | 4.3 | \$121,521,845 | 7.9 | \$127,147,000 | 4.6 | \$135,576,240 | 6.6 |
| Total HCBS | \$1,297,386 | \$1,304,340 | 0.5 | \$1,755,274 | 34.6 | \$21,315,741 | 1114.4 | \$23,789,831 | 11.6 |
| Total Medicaid (all services) | \$199,320,318 | \$201,225,588 | 1.0 | \$224,670,708 | 11.7 | \$236,112,838 | 5.1 | \$260,768,371 | 10.4 |

| Percentages | FY 1981 | FY 1982 | FY 1983 | FY 1984 | FY 1985 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 54.8% | 56.6% | 54.9% | 62.9% | 61.1% |
| Percentage of LTSS that is HCBS | 1.2% | 1.1% | 1.4% | 14.4% | 14.9% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data.

Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 39B. Long Term Services and Support Expenditures for Oregon, 1986 – 1990

| Service Type | FY 1986 | Percent Change 85-86 | FY 1987 | Percent Change 86-87 | FY 1988 | Percent Change 87-88 | FY 1989 | Percent Change 88-89 | FY 1990 | Percent Change 89-90 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$79,658,953 | 3.4 | \$79,765,161 | 0.1 | \$88,966,518 | 11.5 | \$99,308,347 | 11.6 | \$115,296,797 | 16.1 |
| Personal care | \$880,792 | 31.8 | \$842,060 | -4.4 | \$1,087,473 | 29.1 | \$1,031,613 | -5.1 | \$1,479,393 | 43.4 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$372,400 | -14.2 | \$373,466 | 0.3 | \$406,318 | 8.8 | \$509,013 | 25.3 | \$828,976 | 62.9 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$53,328,386 | 0.8 | \$78,810,010 | 47.8 | \$73,726,772 | -6.4 | \$81,421,645 | 10.4 | \$96,781,665 | 18.9 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$6,539,397 | 16.6 | \$4,460,968 | -31.8 | \$7,058,604 | 58.2 | \$8,631,131 | 22.3 | \$10,773,737 | 24.8 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | \$23,398,406 | 3.1 | \$27,477,762 | 17.4 | \$35,230,476 | 28.2 | \$41,486,399 | 17.8 | \$57,886,878 | 39.5 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$164,178,334 | 3.0 | \$191,729,427 | 16.8 | \$206,476,161 | 7.7 | \$232,388,148 | 12.5 | \$283,047,446 | 21.8 |
| Total Institutional LTSS | \$139,526,736 | 2.9 | \$163,036,139 | 16.8 | \$169,751,894 | 4.1 | \$189,361,123 | 11.6 | \$222,852,199 | 17.7 |
| Total HCBS | \$24,651,598 | 3.6 | \$28,693,288 | 16.4 | \$36,724,267 | 28.0 | \$43,027,025 | 17.2 | \$60,195,247 | 39.9 |
| Total Medicaid (all services) | \$290,592,166 | 11.4 | \$288,098,937 | -0.9 | \$377,448,978 | 31.0 | \$441,662,825 | 17.0 | \$536,556,175 | 21.5 |

| Percentages | FY 1986 | FY 1987 | FY 1988 | FY 1989 | FY 1990 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 56.5% | 66.5% | 54.7% | 52.6% | 52.8% |
| Percentage of LTSS that is HCBS | 15.0% | 15.0% | 17.8% | 18.5% | 21.3% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997. ICF/IID 1987 data were greater than 1986 and 1988 data for an unknown reason.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 39C. Long Term Services and Support Expenditures for Oregon, 1991 – 1995

| Service Type | FY 1991 | Percent Change 90-91 | FY 1992 | Percent Change 91-92 | FY 1993 | Percent Change 92-93 | FY 1994 | Percent Change 93-94 | FY 1995 | Percent Change 94-95 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$276,292,413 | n/a |
| Nursing facilities | \$132,696,634 | 15.1 | \$153,896,122 | 16.0 | \$159,060,993 | 3.4 | \$157,330,852 | -1.1 | \$159,663,845 | 1.5 |
| Personal care | \$5,685,383 | 284.3 | \$8,178,409 | 43.8 | \$12,712,442 | 55.4 | \$15,492,437 | 21.9 | \$22,099,038 | 42.6 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$92,759,742 | n/a |
| Home health | \$1,065,606 | 28.5 | \$1,103,383 | 3.5 | \$1,491,521 | 35.2 | \$1,831,547 | 22.8 | \$1,769,788 | -3.4 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$186,182,629 | n/a |
| ICF/IID - public | \$97,902,659 | 1.2 | \$83,138,263 | -15.1 | \$80,043,415 | -3.7 | \$78,885,481 | -1.4 | \$75,644,899 | -4.1 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$110,537,730 | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$40,559,047 | n/a |
| Mental health facilities | \$13,181,041 | 22.3 | \$16,059,463 | 21.8 | \$17,476,496 | 8.8 | \$22,713,305 | 30.0 | \$24,984,632 | 10.0 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | \$10,301,198 | n/a | \$13,270,178 | 28.8 | \$15,574,415 | 17.4 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified/other | \$80,000,252 | 38.2 | \$119,819,051 | 49.8 | \$159,934,469 | 33.5 | \$167,890,492 | 5.0 | \$0 | n/a |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$330,531,575 | 16.8 | \$382,194,691 | 15.6 | \$441,020,534 | 15.4 | \$457,414,292 | 3.7 | \$503,034,089 | 10.0 |
| Total Institutional LTSS | \$243,780,334 | 9.4 | \$253,093,848 | 3.8 | \$266,882,102 | 5.4 | \$272,199,816 | 2.0 | \$275,867,791 | 1.3 |
| Total HCBS | \$86,751,241 | 44.1 | \$129,100,843 | 48.8 | \$174,138,432 | 34.9 | \$185,214,476 | 6.4 | \$227,166,298 | 22.7 |
| Total Medicaid (all services) | \$660,229,557 | 23.0 | \$804,776,700 | 21.9 | \$955,605,171 | 18.7 | \$1,104,777,011 | 15.6 | \$1,437,685,904 | 30.1 |

| Percentages | FY 1991 | FY 1992 | FY 1993 | FY 1994 | FY 1995 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 50.1% | 47.5% | 46.2% | 41.4% | 35.0% |
| Percentage of LTSS that is HCBS | 26.2% | 33.8% | 39.5% | 40.5% | 45.2% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | 42.2% |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | 59.4% |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included except for 1915(c) waivers for 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 39D. Long Term Services and Support Expenditures for Oregon, 1996 – 2000

| Service Type | FY 1996 | Percent Change 95-96 | FY 1997 | Percent Change 96-97 | FY 1998 | Percent Change 97-98 | FY 1999 | Percent Change 98-99 | FY 2000 | Percent Change 99-00 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$295,236,684 | 6.9 | \$308,754,504 | 4.6 | \$340,934,670 | 10.4 | \$414,854,313 | 21.7 | \$462,031,128 | 11.4 |
| Nursing facilities | \$164,869,085 | 3.3 | \$169,156,589 | 2.6 | \$183,579,304 | 8.5 | \$229,373,550 | 24.9 | \$240,302,134 | 4.8 |
| Personal care | \$21,699,074 | -1.8 | \$21,521,781 | -0.8 | \$19,961,594 | -7.2 | \$19,606,537 | -1.8 | \$23,985,771 | 22.3 |
| 1915(c) waivers - AD | \$107,975,437 | 16.4 | \$117,578,199 | 8.9 | \$136,977,894 | 16.5 | \$165,417,228 | 20.8 | \$197,080,119 | 19.1 |
| Home health | \$693,088 | -60.8 | \$497,935 | -28.2 | \$415,878 | -16.5 | \$456,998 | 9.9 | \$663,104 | 45.1 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$191,180,522 | 2.7 | \$168,408,161 | -11.9 | \$218,109,611 | 29.5 | \$251,066,323 | 15.1 | \$251,716,729 | 0.3 |
| ICF/IID - public | \$77,571,160 | 2.5 | \$75,273,311 | -3.0 | \$76,395,976 | 1.5 | \$66,732,222 | -12.6 | \$24,519,821 | -63.3 |
| ICF/IID - private | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - DD | \$113,609,362 | 2.8 | \$93,134,850 | -18.0 | \$141,713,635 | 52.2 | \$184,334,101 | 30.1 | \$227,196,908 | 23.3 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$46,614,511 | 14.9 | \$48,484,475 | 4.0 | \$50,929,009 | 5.0 | \$49,522,298 | -2.8 | \$57,000,928 | 15.1 |
| Mental health facilities | \$25,293,528 | 1.2 | \$27,153,487 | 7.4 | \$33,108,374 | 21.9 | \$33,010,633 | -0.3 | \$36,843,463 | 11.6 |
| Mental health facilities-DSH | \$21,320,983 | 36.9 | \$21,330,988 | 0.0 | \$17,820,635 | -16.5 | \$16,511,665 | -7.3 | \$20,157,465 | 22.1 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$0 | 0.0 | \$57,589,557 | 100.0 | \$62,551,764 | 8.6 | \$72,712,025 | 16.2 | \$75,772,340 | 4.2 |
| Case management | n/a | n/a | \$57,589,557 | n/a | \$62,551,764 | 8.6 | \$72,712,025 | 16.2 | \$75,772,340 | 4.2 |
| 1915(c) waivers - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$533,031,717 | 6.0 | \$583,236,697 | 9.4 | \$672,525,054 | 15.3 | \$788,154,959 | 17.2 | \$846,521,125 | 7.4 |
| Total Institutional LTSS | \$289,054,756 | 4.8 | \$292,914,375 | 1.3 | \$310,904,289 | 6.1 | \$345,628,070 | 11.2 | \$321,822,883 | -6.9 |
| Total HCBS | \$243,976,961 | 7.4 | \$290,322,322 | 19.0 | \$361,620,765 | 24.6 | \$442,526,889 | 22.4 | \$524,698,242 | 18.6 |
| Total Medicaid (all services) | \$1,531,826,198 | 6.5 | \$1,544,061,944 | 0.8 | \$1,728,948,917 | 12.0 | \$1,962,544,049 | 13.5 | \$2,144,112,767 | 9.3 |

| Percentages | FY 1996 | FY 1997 | FY 1998 | FY 1999 | FY 2000 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 34.8% | 37.8% | 38.9% | 40.2% | 39.5% |
| Percentage of LTSS that is HCBS | 45.8% | 49.8% | 53.8% | 56.1% | 62.0% |
| Percentage of LTSS that is HCBS - AD | 44.2% | 45.2% | 46.2% | 44.7% | 48.0% |
| Percentage of LTSS that is HCBS - DD | 59.4% | 55.3% | 65.0% | 73.4% | 90.3% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included except for 1915(c) waivers. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 39E. Long Term Services and Support Expenditures for Oregon, 2001 – 2005

| Service Type | FY 2001 | Percent Change 00-01 | FY 2002 | Percent Change 01-02 | FY 2003 | Percent Change 02-03 | FY 2004 | Percent Change 03-04 | FY 2005 | Percent Change 04-05 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$798,377,238 | 72.8 | \$426,793,213 | -46.5 | \$513,216,304 | 20.2 | \$582,105,033 | 13.4 | \$582,249,395 | 0.0 |
| Nursing facilities | \$542,756,584 | 125.9 | \$157,773,898 | -70.9 | \$236,416,693 | 49.8 | \$269,885,459 | 14.2 | \$255,636,038 | -5.3 |
| Personal care | \$32,233,659 | 34.4 | \$34,894,409 | 8.3 | \$34,702,886 | -0.5 | \$25,320,226 | -27.0 | \$34,136,172 | 34.8 |
| 1915(c) waivers - AD | \$222,662,274 | 13.0 | \$233,144,445 | 4.7 | \$241,115,237 | 3.4 | \$257,314,027 | 6.7 | \$251,010,796 | -2.4 |
| Home health | \$724,721 | 9.3 | \$980,461 | 35.3 | \$981,488 | 0.1 | \$781,773 | -20.3 | \$729,006 | -6.7 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$3,709,233 | 100.0 | \$14,930,376 | 302.5 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$25,094,315 | n/a | \$25,807,007 | 2.8 |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$272,762,563 | 8.4 | \$296,783,724 | 8.8 | \$294,552,169 | -0.8 | \$293,759,091 | -0.3 | \$325,377,712 | 10.8 |
| ICF/IID - public | \$11,216,811 | -54.3 | \$11,346,249 | 1.2 | \$8,643,411 | -23.8 | \$0 | -100.0 | \$0 | 0.0 |
| ICF/IID - private | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - DD | \$261,545,752 | 15.1 | \$285,437,475 | 9.1 | \$285,908,758 | 0.2 | \$293,759,091 | 2.7 | \$325,377,712 | 10.8 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$56,166,519 | -1.5 | \$57,650,263 | 2.6 | \$51,048,688 | -11.5 | \$51,817,927 | 1.5 | \$54,912,164 | 6.0 |
| Mental health facilities | \$38,774,099 | 5.2 | \$44,447,998 | 14.6 | \$43,745,003 | -1.6 | \$40,637,617 | -7.1 | \$40,721,995 | 0.2 |
| Mental health facilities-DSH | \$17,392,420 | -13.7 | \$13,202,265 | -24.1 | \$7,303,685 | -44.7 | \$11,180,310 | 53.1 | \$14,190,169 | 26.9 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$85,757,821 | 13.2 | \$88,755,245 | 3.5 | \$94,125,301 | 6.1 | \$83,109,471 | -11.7 | \$93,537,224 | 12.5 |
| Case management | \$85,757,821 | 13.2 | \$88,751,746 | 3.5 | \$93,970,197 | 5.9 | \$82,814,797 | -11.9 | \$93,428,675 | 12.8 |
| 1915(c) waivers - other | \$0 | 0.0 | \$3,499 | 100.0 | \$155,104 | 4332.8 | \$294,674 | 90.0 | \$108,549 | -63.2 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$1,213,064,141 | 43.3 | \$869,982,445 | -28.3 | \$952,942,462 | 9.5 | \$1,010,791,522 | 6.1 | \$1,056,076,495 | 4.5 |
| Total Institutional LTSS | \$610,139,914 | 89.6 | \$226,770,410 | -62.8 | \$296,108,792 | 30.6 | \$321,703,386 | 8.6 | \$310,548,202 | -3.5 |
| Total HCBS | \$602,924,227 | 14.9 | \$643,212,035 | 6.7 | \$656,833,670 | 2.1 | \$689,088,136 | 4.9 | \$745,528,293 | 8.2 |
| Total Medicaid (all services) | \$2,668,512,151 | 24.5 | \$2,590,086,239 | -2.9 | \$2,616,231,500 | 1.0 | \$2,626,214,254 | 0.4 | \$2,862,152,995 | 9.0 |

| Percentages | FY 2001 | FY 2002 | FY 2003 | FY 2004 | FY 2005 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 45.5% | 33.6% | 36.4% | 38.5% | 36.9% |
| Percentage of LTSS that is HCBS | 49.7% | 73.9% | 68.9% | 68.2% | 70.6% |
| Percentage of LTSS that is HCBS - AD | 32.0% | 63.0% | 53.9% | 53.6% | 56.1% |
| Percentage of LTSS that is HCBS - DD | 95.9% | 96.2% | 97.1% | 100.0% | 100.0% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments were included starting in 1995 for Section 1915(c) waivers, in 2002 for nursing facilities, personal care, ICF/IID, and mental health facilities (including DSH); and in 2004 for PACE. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 39F. Long Term Services and Support Expenditures for Oregon, 2006 – 2010

| Service Type | FY 2006 | Percent Change 05-06 | FY 2007 | Percent Change 06-07 | FY 2008 | Percent Change 07-08 | FY 2009 | Percent Change 08-09 | FY 2010 | Percent Change 09-10 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$638,229,620 | 9.6 | \$672,482,661 | 5.4 | \$708,975,653 | 5.4 | \$749,928,633 | 5.8 | \$806,009,828 | 7.5 |
| Nursing facilities | \$280,370,060 | 9.7 | \$291,260,022 | 3.9 | \$319,638,841 | 9.7 | \$311,380,778 | -2.6 | \$358,553,554 | 15.1 |
| Personal care | \$54,693,946 | 60.2 | \$72,691,155 | 32.9 | \$75,264,792 | 3.5 | \$27,531,545 | -63.4 | \$7,916,026 | -71.2 |
| 1915(c) waivers - AD | \$264,551,853 | 5.4 | \$270,685,170 | 2.3 | \$296,352,338 | 9.5 | \$369,699,104 | 24.7 | \$401,677,093 | 8.6 |
| Home health | \$547,367 | -24.9 | \$461,841 | -15.6 | \$775,276 | 67.9 | \$957,814 | 23.5 | \$899,163 | -6.1 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$10,984,209 | -26.4 | \$14,804,573 | 34.8 | \$16,741,110 | 13.1 | \$26,160,809 | 56.3 | \$29,537,857 | 12.9 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - 1915(j) | \$27,082,185 | 4.9 | \$22,579,900 | -16.6 | \$203,296 | -99.1 | \$14,198,583 | 6884.2 | \$7,426,135 | -47.7 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with DD | \$376,277,541 | 15.6 | \$434,922,252 | 15.6 | \$422,870,757 | -2.8 | \$525,838,384 | 24.3 | \$594,984,627 | 13.1 |
| ICF/IID - public | \$0 | 0.0 | \$22,407,372 | 100.0 | \$13,946,950 | -37.8 | \$6,763,791 | -51.5 | \$2,248,244 | -66.8 |
| ICF/IID - private | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - DD | \$376,277,541 | 15.6 | \$412,514,880 | 9.6 | \$408,923,807 | -0.9 | \$519,074,593 | 26.9 | \$592,736,383 | 14.2 |
| HCBS - managed care authorities - DD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with SMI or SED | \$45,072,922 | -17.9 | \$37,303,840 | -17.2 | \$37,147,719 | -0.4 | \$22,600,676 | -39.2 | \$148,105,740 | 555.3 |
| Mental health facilities | \$28,089,911 | -31.0 | \$17,442,252 | -37.9 | \$17,172,629 | -1.5 | \$2,745,784 | -84.0 | \$6,834,492 | 148.9 |
| Mental health facilities-DSH | \$16,983,011 | 19.7 | \$19,861,588 | 16.9 | \$19,975,090 | 0.6 | \$19,854,892 | -0.6 | \$19,975,092 | 0.6 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$120,688,093 | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$608,063 | n/a |
| Total-Other/Multiple Populations | \$96,992,397 | 3.7 | \$105,564,179 | 8.8 | \$84,563,208 | -19.9 | \$71,415,266 | -15.5 | \$80,244,497 | 12.4 |
| Case management | \$96,876,921 | 3.7 | \$105,413,152 | 8.8 | \$84,257,012 | -20.1 | \$65,889,077 | -21.8 | \$68,755,006 | 4.3 |
| 1915(c) waivers - other | \$115,476 | 6.4 | \$151,027 | 30.8 | \$53,104 | -64.8 | \$1,651,528 | 3010.0 | \$1,577,207 | -4.5 |
| HCBS - managed care authorities - other | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | \$253,092 | n/a | \$3,874,661 | 1430.9 | \$9,912,284 | 155.8 |
| Total LTSS | \$1,156,572,480 | 9.5 | \$1,250,272,932 | 8.1 | \$1,253,557,337 | 0.3 | \$1,369,782,959 | 9.3 | \$1,629,344,692 | 18.9 |
| Total Institutional LTSS | \$325,442,982 | 4.8 | \$350,971,234 | 7.8 | \$370,733,510 | 5.6 | \$340,745,245 | -8.1 | \$387,611,382 | 13.8 |
| Total HCBS | \$831,129,498 | 11.5 | \$899,301,698 | 8.2 | \$882,823,827 | -1.8 | \$1,029,037,714 | 16.6 | \$1,241,733,310 | 20.7 |
| Total Medicaid (all services) | \$2,879,682,550 | 0.6 | \$2,944,665,590 | 2.3 | \$3,206,498,166 | 8.9 | \$3,588,076,247 | 11.9 | \$4,143,620,685 | 15.5 |

| Percentages | FY 2006 | FY 2007 | FY 2008 | FY 2009 | FY 2010 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 40.2% | 42.5% | 39.1% | 38.2% | 39.3% |
| Percentage of LTSS that is HCBS | 71.9% | 71.9% | 70.4% | 75.1% | 76.2% |
| Percentage of LTSS that is HCBS - AD | 56.1% | 56.7% | 54.9% | 58.5% | 55.5% |
| Percentage of LTSS that is HCBS - DD | 100.0% | 94.8% | 96.7% | 98.7% | 99.6% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 81.9% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data. Starting in 2008, managed care data are included for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities. "n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included for several categories of service until 2009. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

For data before 2009, prior period adjustments were included for the following categories of service: nursing home, personal care, Section 1915(c) waivers, PACE, ICF/IID, and mental health facilities (including DSH).

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 39G. Long Term Services and Support Expenditures for Oregon, 2011 – 2014

| Service Type | FY 2011 | Percent Change 10-11 | FY 2012 | Percent Change 11-12 | FY 2013 | Percent Change 12-13 | FY 2014 | Percent Change 13-14 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$781,382,216 | -3.1 | \$834,797,387 | 6.8 | \$905,062,180 | 8.4 | \$1,617,276,533 | 78.7 |
| Nursing facilities | \$337,036,881 | -6.0 | \$331,371,034 | -1.7 | \$331,703,727 | 0.1 | \$387,100,012 | 16.7 |
| Personal care | \$5,477,705 | -30.8 | \$37,556,277 | 585.6 | \$44,499,423 | 18.5 | \$58,188,116 | 30.8 |
| 1915(c) waivers - AD | \$414,540,273 | 3.2 | \$436,120,750 | 5.2 | \$416,568,816 | -4.5 | -\$38,724,495 | -109.3 |
| Home health | \$548,857 | -39.0 | \$557,971 | 1.7 | \$510,620 | -8.5 | \$529,735 | 3.7 |
| Community first choice | n/a | n/a | \$0 | n/a | \$76,774,273 | 100.0 | \$1,167,665,938 | 1420.9 |
| HCBS - managed care authorities - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$16,458,688 | -44.3 | \$29,018,628 | 76.3 | \$31,939,638 | 10.1 | \$39,082,144 | 22.4 |
| Private duty nursing | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(j) | \$7,319,812 | -1.4 | \$0 | -100.0 | \$1,380,050 | 100.0 | \$3,435,083 | 148.9 |
| Personal care - 1915(j) | \$0 | 0.0 | \$172,727 | 100.0 | \$1,685,633 | 875.9 | \$0 | -100.0 |
| HCBS - 1915(i) - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with DD | \$591,732,330 | -0.5 | \$620,382,355 | 4.8 | \$578,570,298 | -6.7 | \$142,051,599 | -75.4 |
| ICF/IID - public | \$0 | -100.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| ICF/IID - private | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - DD | \$591,732,330 | -0.2 | \$620,382,355 | 4.8 | \$578,570,298 | -6.7 | \$142,051,599 | -75.4 |
| HCBS- managed care authorities - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with SMI or SED | \$130,888,459 | -11.6 | \$102,906,034 | -21.4 | \$60,458,215 | -41.2 | \$143,856,016 | 137.9 |
| Mental health facilities | \$3,180,437 | -53.5 | \$955,286 | -70.0 | \$2,871,054 | 200.5 | \$5,537,044 | 92.9 |
| Mental health facilities-DSH | \$15,100,751 | -24.4 | \$24,844,783 | 64.5 | \$18,941,552 | -23.8 | \$16,122,288 | -14.9 |
| Rehabilitative services | \$112,606,997 | -6.7 | \$77,105,366 | -31.5 | \$42,111,553 | -45.4 | \$36,155,140 | -14.1 |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | \$274 | -100.0 | \$599 | 118.6 | -\$3,465,944 | -578721.7 | \$86,041,544 | -2582.5 |
| Total-Other/Multiple Populations | \$70,939,141 | -11.6 | \$90,003,063 | 26.9 | \$83,226,210 | -7.5 | \$66,433,351 | -20.2 |
| Case management | \$64,388,114 | -6.4 | \$88,962,810 | 38.2 | \$65,007,392 | -26.9 | \$59,361,763 | -8.7 |
| 1915(c) waivers - other | \$1,574,410 | -0.2 | \$1,262,078 | -19.8 | \$1,614,811 | 27.9 | \$2,445,695 | 51.5 |
| HCBS- managed care authorities - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | -\$130,081 | n/a | \$16,527,967 | -12805.9 | \$4,625,893 | -72.0 |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| MFP demonstration | \$4,976,617 | -49.8 | -\$91,744 | -101.8 | \$76,040 | -182.9 | \$0 | -100.0 |
| Total LTSS | \$1,574,942,146 | -3.3 | \$1,648,088,839 | 4.6 | \$1,627,316,903 | -1.3 | \$1,969,617,499 | 21.0 |
| Total Institutional LTSS | \$355,318,069 | -8.3 | \$357,171,103 | 0.5 | \$353,516,333 | -1.0 | \$408,759,344 | 15.6 |
| Total HCBS | \$1,219,624,077 | -1.8 | \$1,290,917,736 | 5.8 | \$1,273,800,570 | -1.3 | \$1,560,858,155 | 22.5 |
| Total Medicaid (all services) | \$4,397,230,356 | 6.1 | \$4,631,041,965 | 5.3 | \$5,144,703,084 | 11.1 | \$6,716,849,455 | 30.6 |

| Percentages | FY 2011 | FY 2012 | FY 2013 | FY 2014 |
|--|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 35.8% | 35.6% | 31.6% | 29.3% |
| Percentage of LTSS that is HCBS | 77.4% | 78.3% | 78.3% | 79.3% |
| Percentage of LTSS that is HCBS - AD | 56.9% | 60.3% | 63.4% | 76.1% |
| Percentage of LTSS that is HCBS - DD | 100.0% | 100.0% | 100.0% | 100.0% |
| Percentage of LTSS that is HCBS - SMI or SED | 86.0% | 74.9% | 63.9% | 84.9% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Managed care data are included only for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care.

Institutional MLTSS – unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 40A. Long Term Services and Support Expenditures for Pennsylvania, 1981 – 1985

| Service Type | FY 1981 | FY 1982 | Percent Change 81-82 | FY 1983 | Percent Change 82-83 | FY 1984 | Percent Change 83-84 | FY 1985 | Percent Change 84-85 |
|---|------------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$511,323,558 | \$536,176,085 | 4.9 | \$564,654,917 | 5.3 | \$556,005,127 | -1.5 | \$612,153,358 | 10.1 |
| Personal care | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$5,808,426 | \$6,326,516 | 8.9 | \$7,311,592 | 15.6 | \$8,527,814 | 16.6 | \$10,542,558 | 23.6 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$262,438,003 | \$326,339,634 | 24.3 | \$365,573,760 | 12.0 | \$360,120,557 | -1.5 | \$342,691,999 | -4.8 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$132,874,726 | \$136,779,625 | 2.9 | \$171,409,787 | 25.3 | \$154,827,504 | -9.7 | \$164,551,885 | 6.3 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | n/a | n/a | n/a | n/a | n/a | \$3,861,906 | n/a | \$8,208,041 | 112.5 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$912,444,713 | \$1,005,621,860 | 10.2 | \$1,108,950,056 | 10.3 | \$1,083,342,908 | -2.3 | \$1,138,147,841 | 5.1 |
| Total Institutional LTSS | \$906,636,287 | \$999,295,344 | 10.2 | \$1,101,638,464 | 10.2 | \$1,070,953,188 | -2.8 | \$1,119,397,242 | 4.5 |
| Total HCBS | \$5,808,426 | \$6,326,516 | 8.9 | \$7,311,592 | 15.6 | \$12,389,720 | 69.5 | \$18,750,599 | 51.3 |
| Total Medicaid (all services) | \$1,495,471,250 | \$1,659,045,132 | 10.9 | \$1,777,219,694 | 7.1 | \$1,792,138,318 | 0.8 | \$1,919,492,481 | 7.1 |

| Percentages | FY 1981 | FY 1982 | FY 1983 | FY 1984 | FY 1985 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 61.0% | 60.6% | 62.4% | 60.4% | 59.3% |
| Percentage of LTSS that is HCBS | 0.6% | 0.6% | 0.7% | 1.1% | 1.6% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data.

Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 40B. Long Term Services and Support Expenditures for Pennsylvania, 1986 – 1990

| Service Type | FY 1986 | Percent Change 85-86 | FY 1987 | Percent Change 86-87 | FY 1988 | Percent Change 87-88 | FY 1989 | Percent Change 88-89 | FY 1990 | Percent Change 89-90 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$657,925,342 | 7.5 | \$714,435,299 | 8.6 | \$812,575,018 | 13.7 | \$857,751,695 | 5.6 | \$976,593,569 | 13.9 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$13,753,262 | 30.5 | \$13,600,224 | -1.1 | \$15,577,352 | 14.5 | \$19,544,083 | 25.5 | \$25,524,181 | 30.6 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$347,153,357 | 1.3 | \$615,862,760 | 77.4 | \$384,251,708 | -37.6 | \$424,030,537 | 10.4 | \$448,720,472 | 5.8 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$152,589,568 | -7.3 | \$157,265,370 | 3.1 | \$183,626,132 | 16.8 | \$195,022,970 | 6.2 | \$213,566,840 | 9.5 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | \$17,558,434 | 113.9 | \$31,999,626 | 82.2 | \$37,465,158 | 17.1 | \$78,354,530 | 109.1 | \$95,026,328 | 21.3 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$1,188,979,963 | 4.5 | \$1,533,163,279 | 28.9 | \$1,433,495,368 | -6.5 | \$1,574,703,815 | 9.9 | \$1,759,431,390 | 11.7 |
| Total Institutional LTSS | \$1,157,668,267 | 3.4 | \$1,487,563,429 | 28.5 | \$1,380,452,858 | -7.2 | \$1,476,805,202 | 7.0 | \$1,638,880,881 | 11.0 |
| Total HCBS | \$31,311,696 | 67.0 | \$45,599,850 | 45.6 | \$53,042,510 | 16.3 | \$97,898,613 | 84.6 | \$120,550,509 | 23.1 |
| Total Medicaid (all services) | \$2,150,916,945 | 12.1 | \$2,234,615,273 | 3.9 | \$2,475,423,496 | 10.8 | \$2,727,166,427 | 10.2 | \$3,033,513,125 | 11.2 |

| Percentages | FY 1986 | FY 1987 | FY 1988 | FY 1989 | FY 1990 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 55.3% | 68.6% | 57.9% | 57.7% | 58.0% |
| Percentage of LTSS that is HCBS | 2.6% | 3.0% | 3.7% | 6.2% | 6.9% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data.

Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997. ICF/IID 1987 data were greater than 1986 and 1988 data for an unknown reason.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 40C. Long Term Services and Support Expenditures for Pennsylvania, 1991 – 1995

| Service Type | FY 1991 | Percent Change 90-91 | FY 1992 | Percent Change 91-92 | FY 1993 | Percent Change 92-93 | FY 1994 | Percent Change 93-94 | FY 1995 | Percent Change 94-95 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$2,156,891,973 | n/a |
| Nursing facilities | \$1,073,753,399 | 9.9 | \$1,741,814,921 | 62.2 | \$1,524,916,888 | -12.5 | \$1,872,856,773 | 22.8 | \$2,087,627,486 | 11.5 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Home health | \$28,728,964 | 12.6 | \$36,244,827 | 26.2 | \$39,929,421 | 10.2 | \$55,922,619 | 40.1 | \$69,264,487 | 23.9 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$762,369,882 | n/a |
| ICF/IID - public | \$466,266,190 | 3.9 | \$502,754,669 | 7.8 | \$500,105,694 | -0.5 | \$501,094,381 | 0.2 | \$499,551,217 | -0.3 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$262,818,665 | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$737,615,455 | n/a |
| Mental health facilities | \$226,574,933 | 6.1 | \$878,895,594 | 287.9 | \$293,669,469 | -66.6 | \$324,135,989 | 10.4 | \$310,384,686 | -4.2 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | \$480,456,828 | n/a | \$446,947,775 | -7.0 | \$427,230,769 | -4.4 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$7,635,501 | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified/other | \$115,088,325 | 21.1 | \$140,424,370 | 22.0 | \$175,699,085 | 25.1 | \$218,639,866 | 24.4 | \$7,635,501 | n/a |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$1,910,411,811 | 8.6 | \$3,300,134,381 | 72.7 | \$3,014,777,385 | -8.6 | \$3,419,597,403 | 13.4 | \$3,664,512,811 | 7.2 |
| Total Institutional LTSS | \$1,766,594,522 | 7.8 | \$3,123,465,184 | 76.8 | \$2,799,148,879 | -10.4 | \$3,145,034,918 | 12.4 | \$3,324,794,158 | 5.7 |
| Total HCBS | \$143,817,289 | 19.3 | \$176,669,197 | 22.8 | \$215,628,506 | 22.1 | \$274,562,485 | 27.3 | \$339,718,653 | 23.7 |
| Total Medicaid (all services) | \$4,072,729,747 | 34.3 | \$5,999,154,062 | 47.3 | \$5,612,713,551 | -6.4 | \$6,431,511,240 | 14.6 | \$6,936,941,624 | 7.9 |

| Percentages | FY 1991 | FY 1992 | FY 1993 | FY 1994 | FY 1995 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 46.9% | 55.0% | 53.7% | 53.2% | 52.8% |
| Percentage of LTSS that is HCBS | 7.5% | 5.4% | 7.2% | 8.0% | 9.3% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | 3.2% |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | 34.5% |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included except for 1915(c) waivers for 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 40D. Long Term Services and Support Expenditures for Pennsylvania, 1996 – 2000

| Service Type | FY 1996 | Percent Change 95-96 | FY 1997 | Percent Change 96-97 | FY 1998 | Percent Change 97-98 | FY 1999 | Percent Change 98-99 | FY 2000 | Percent Change 99-00 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|-------------------------|----------------------|
| Total-Older People, People with PD | \$2,341,662,989 | 8.6 | \$2,962,824,991 | 26.5 | \$3,001,348,451 | 1.3 | \$3,591,493,359 | 19.7 | \$3,923,879,701 | 9.3 |
| Nursing facilities | \$2,262,195,523 | 8.4 | \$2,869,493,875 | 26.8 | \$2,910,859,903 | 1.4 | \$3,479,066,396 | 19.5 | \$3,799,559,977 | 9.2 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | \$2,660,676 | 100.0 | \$23,432,680 | 780.7 | \$34,821,305 | 48.6 | \$49,694,241 | 42.7 | \$66,723,641 | 34.3 |
| Home health | \$76,806,790 | 10.9 | \$69,898,436 | -9.0 | \$55,667,243 | -20.4 | \$62,732,722 | 12.7 | \$57,596,083 | -8.2 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$854,950,244 | 12.1 | \$921,012,971 | 7.7 | \$1,044,011,479 | 13.4 | \$1,082,673,418 | 3.7 | \$1,156,237,270 | 6.8 |
| ICF/IID - public | \$554,620,590 | 11.0 | \$291,635,767 | -47.4 | \$303,487,780 | 4.1 | \$293,584,415 | -3.3 | \$271,487,395 | -7.5 |
| ICF/IID - private | n/a | n/a | \$235,958,555 | n/a | \$251,113,126 | 6.4 | \$224,758,588 | -10.5 | \$225,431,234 | 0.3 |
| 1915(c) waivers - DD | \$300,329,654 | 14.3 | \$393,418,649 | 31.0 | \$489,410,573 | 24.4 | \$564,330,415 | 15.3 | \$659,318,641 | 16.8 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$647,487,176 | -12.2 | \$640,735,106 | -1.0 | \$526,256,660 | -17.9 | \$485,830,473 | -7.7 | \$472,904,446 | -2.7 |
| Mental health facilities | \$318,483,991 | 2.6 | \$256,942,560 | -19.3 | \$196,001,740 | -23.7 | \$178,231,955 | -9.1 | \$144,834,264 | -18.7 |
| Mental health facilities-DSH | \$329,003,185 | -23.0 | \$383,792,546 | 16.7 | \$330,254,920 | -13.9 | \$307,598,518 | -6.9 | \$328,070,182 | 6.7 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$4,842,994 | -36.6 | \$97,462,064 | 1912.4 | \$77,858,213 | -20.1 | \$72,234,607 | -7.2 | \$62,469,867 | -13.5 |
| Case management | n/a | n/a | \$92,618,536 | n/a | \$73,799,636 | -20.3 | \$68,392,241 | -7.3 | \$58,441,820 | -14.5 |
| 1915(c) waivers - other | \$4,842,994 | -36.6 | \$4,843,528 | 0.0 | \$4,058,577 | -16.2 | \$3,842,366 | -5.3 | \$4,028,047 | 4.8 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$3,848,943,403 | 5.0 | \$4,622,035,132 | 20.1 | \$4,649,474,803 | 0.6 | \$5,232,231,857 | 12.5 | \$5,615,491,284 | 7.3 |
| Total Institutional LTSS | \$3,464,303,289 | 4.2 | \$4,037,823,303 | 16.6 | \$3,991,717,469 | -1.1 | \$4,483,239,872 | 12.3 | \$4,769,383,052 | 6.4 |
| Total HCBS | \$384,640,114 | 13.2 | \$584,211,829 | 51.9 | \$657,757,334 | 12.6 | \$748,991,985 | 13.9 | \$846,108,232 | 13.0 |
| Total Medicaid (all services) | \$7,465,917,874 | 7.6 | \$8,075,706,681 | 8.2 | \$8,522,057,264 | 5.5 | \$9,598,752,320 | 12.6 | \$10,322,164,905 | 7.5 |

| Percentages | FY 1996 | FY 1997 | FY 1998 | FY 1999 | FY 2000 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 51.6% | 57.2% | 54.6% | 54.5% | 54.4% |
| Percentage of LTSS that is HCBS | 10.0% | 12.6% | 14.1% | 14.3% | 15.1% |
| Percentage of LTSS that is HCBS - AD | 3.4% | 3.2% | 3.0% | 3.1% | 3.2% |
| Percentage of LTSS that is HCBS - DD | 35.1% | 42.7% | 46.9% | 52.1% | 57.0% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included except for 1915(c) waivers. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j). All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 40E. Long Term Services and Support Expenditures for Pennsylvania, 2001 – 2005

| Service Type | FY 2001 | Percent Change 00-01 | FY 2002 | Percent Change 01-02 | FY 2003 | Percent Change 02-03 | FY 2004 | Percent Change 03-04 | FY 2005 | Percent Change 04-05 |
|---|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|
| Total-Older People, People with PD | \$3,848,628,705 | -1.9 | \$4,130,251,481 | 7.3 | \$4,280,946,266 | 3.6 | \$4,458,496,076 | 4.1 | \$4,849,317,323 | 8.8 |
| Nursing facilities | \$3,684,029,775 | -3.0 | \$3,933,227,816 | 6.8 | \$4,036,788,098 | 2.6 | \$4,135,469,966 | 2.4 | \$4,372,891,645 | 5.7 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | \$99,872,940 | 49.7 | \$133,637,621 | 33.8 | \$180,848,004 | 35.3 | \$253,535,151 | 40.2 | \$385,919,962 | 52.2 |
| Home health | \$64,725,990 | 12.4 | \$62,040,381 | -4.1 | \$57,364,438 | -7.5 | \$61,147,597 | 6.6 | \$80,228,508 | 31.2 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | \$0 | 0.0 | \$1,345,663 | 100.0 | \$5,945,726 | 341.8 | \$8,343,362 | 40.3 | \$10,277,208 | 23.2 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$1,286,673,956 | 11.3 | \$1,394,317,222 | 8.4 | \$1,512,069,123 | 8.4 | \$1,546,688,334 | 2.3 | \$1,684,785,138 | 8.9 |
| ICF/IID - public | \$255,320,864 | -6.0 | \$265,105,144 | 3.8 | \$259,485,999 | -2.1 | \$260,801,180 | 0.5 | \$285,024,540 | 9.3 |
| ICF/IID - private | \$230,827,983 | 2.4 | \$241,106,921 | 4.5 | \$252,467,017 | 4.7 | \$245,884,488 | -2.6 | \$305,939,804 | 24.4 |
| 1915(c) waivers - DD | \$800,525,109 | 21.4 | \$888,105,157 | 10.9 | \$1,000,116,107 | 12.6 | \$1,040,002,666 | 4.0 | \$1,093,820,794 | 5.2 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$496,807,775 | 5.1 | \$522,696,562 | 5.2 | \$414,316,503 | -20.7 | \$456,139,673 | 10.1 | \$473,399,283 | 3.8 |
| Mental health facilities | \$142,565,526 | -1.6 | \$145,414,394 | 2.0 | \$139,687,385 | -3.9 | \$137,557,941 | -1.5 | \$149,373,730 | 8.6 |
| Mental health facilities-DSH | \$354,242,249 | 8.0 | \$377,282,168 | 6.5 | \$274,629,118 | -27.2 | \$318,581,732 | 16.0 | \$324,025,553 | 1.7 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$66,147,729 | 5.9 | \$86,120,773 | 30.2 | \$100,900,588 | 17.2 | \$109,592,022 | 8.6 | \$109,438,850 | -0.1 |
| Case management | \$66,115,962 | 13.1 | \$86,092,371 | 30.2 | \$100,220,820 | 16.4 | \$106,839,188 | 6.6 | \$101,395,663 | -5.1 |
| 1915(c) waivers - other | \$31,767 | -99.2 | \$28,402 | -10.6 | \$679,768 | 2293.4 | \$2,752,834 | 305.0 | \$8,043,187 | 192.2 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$5,698,258,165 | 1.5 | \$6,133,386,038 | 7.6 | \$6,308,232,480 | 2.9 | \$6,570,916,105 | 4.2 | \$7,116,940,594 | 8.3 |
| Total Institutional LTSS | \$4,666,986,397 | -2.1 | \$4,962,136,443 | 6.3 | \$4,963,057,617 | 0.0 | \$5,098,295,307 | 2.7 | \$5,437,255,272 | 6.6 |
| Total HCBS | \$1,031,271,768 | 21.9 | \$1,171,249,595 | 13.6 | \$1,345,174,863 | 14.8 | \$1,472,620,798 | 9.5 | \$1,679,685,322 | 14.1 |
| Total Medicaid (all services) | \$10,886,949,361 | 5.5 | \$12,134,392,078 | 11.5 | \$13,182,879,527 | 8.6 | \$14,178,234,270 | 7.6 | \$15,877,055,868 | 12.0 |

| Percentages | FY 2001 | FY 2002 | FY 2003 | FY 2004 | FY 2005 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 52.3% | 50.5% | 47.9% | 46.3% | 44.8% |
| Percentage of LTSS that is HCBS | 18.1% | 19.1% | 21.3% | 22.4% | 23.6% |
| Percentage of LTSS that is HCBS - AD | 4.3% | 4.8% | 5.7% | 7.2% | 9.8% |
| Percentage of LTSS that is HCBS - DD | 62.2% | 63.7% | 66.1% | 67.2% | 64.9% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments were included starting in 1995 for Section 1915(c) waivers, in 2002 for nursing facilities, personal care, ICF/IID, and mental health facilities (including DSH); and in 2004 for PACE. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 40F. Long Term Services and Support Expenditures for Pennsylvania, 2006 – 2010

| Service Type | FY 2006 | Percent Change 05-06 | FY 2007 | Percent Change 06-07 | FY 2008 | Percent Change 07-08 | FY 2009 | Percent Change 08-09 | FY 2010 | Percent Change 09-10 |
|---|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|
| Total-Older People, People with PD | \$4,480,638,242 | -7.6 | \$4,379,089,208 | -2.3 | \$4,629,508,468 | 5.7 | \$4,474,280,340 | -3.4 | \$4,501,406,598 | 0.6 |
| Nursing facilities | \$3,938,590,712 | -9.9 | \$3,798,184,903 | -3.6 | \$3,946,407,696 | 3.9 | \$3,685,498,884 | -6.6 | \$3,598,171,010 | -2.4 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | \$440,133,420 | 14.0 | \$453,841,934 | 3.1 | \$495,348,948 | 9.1 | \$569,441,819 | 15.0 | \$648,866,565 | 13.9 |
| Home health | \$88,423,635 | 10.2 | \$109,058,542 | 23.3 | \$116,663,239 | 7.0 | \$129,610,152 | 11.1 | \$141,333,567 | 9.0 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$13,490,475 | 31.3 | \$18,003,829 | 33.5 | \$71,088,585 | 294.9 | \$89,729,485 | 26.2 | \$113,035,456 | 26.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with DD | \$1,809,403,880 | 7.4 | \$1,868,727,994 | 3.3 | \$1,920,572,821 | 2.8 | \$2,102,985,839 | 9.5 | \$2,337,526,737 | 11.2 |
| ICF/IID - public | \$282,114,715 | -1.0 | \$278,938,491 | -1.1 | \$277,246,987 | -0.6 | \$282,187,447 | 1.8 | \$282,918,877 | 0.3 |
| ICF/IID - private | \$288,511,395 | -5.7 | \$305,472,526 | 5.9 | \$307,057,048 | 0.5 | \$338,184,537 | 10.1 | \$317,128,792 | -6.2 |
| 1915(c) waivers - DD | \$1,238,777,770 | 13.3 | \$1,284,316,977 | 3.7 | \$1,336,268,786 | 4.0 | \$1,482,585,310 | 10.9 | \$1,736,656,004 | 17.1 |
| HCBS - managed care authorities - DD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$28,545 | 100.0 | \$823,064 | 2783.4 |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with SMI or SED | \$471,315,785 | -0.4 | \$429,093,993 | -9.0 | \$396,605,949 | -7.6 | \$404,568,682 | 2.0 | \$387,197,692 | -4.3 |
| Mental health facilities | \$154,412,322 | 3.4 | \$108,345,035 | -29.8 | \$74,167,325 | -31.5 | \$75,847,627 | 2.3 | \$72,942,410 | -3.8 |
| Mental health facilities-DSH | \$316,903,463 | -2.2 | \$320,748,958 | 1.2 | \$322,438,624 | 0.5 | \$328,721,055 | 1.9 | \$313,623,657 | -4.6 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$631,625 | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-Other/Multiple Populations | \$114,609,328 | 4.7 | \$106,432,703 | -7.1 | \$102,414,247 | -3.8 | \$66,367,573 | -35.2 | \$81,609,229 | 23.0 |
| Case management | \$102,280,355 | 0.9 | \$86,789,692 | -15.1 | \$71,967,959 | -17.1 | \$23,524,451 | -67.3 | \$28,728,103 | 22.1 |
| 1915(c) waivers - other | \$12,328,973 | 53.3 | \$19,643,011 | 59.3 | \$30,437,376 | 55.0 | \$40,776,957 | 34.0 | \$47,495,824 | 16.5 |
| HCBS - managed care authorities - other | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | \$8,912 | n/a | \$2,066,165 | 23084.1 | \$5,385,302 | 160.6 |
| Total LTSS | \$6,875,967,235 | -3.4 | \$6,783,343,898 | -1.3 | \$7,049,101,485 | 3.9 | \$7,048,202,434 | 0.0 | \$7,307,740,256 | 3.7 |
| Total Institutional LTSS | \$4,980,532,607 | -8.4 | \$4,811,689,913 | -3.4 | \$4,927,317,680 | 2.4 | \$4,710,439,550 | -4.4 | \$4,584,784,746 | -2.7 |
| Total HCBS | \$1,895,434,628 | 12.8 | \$1,971,653,985 | 4.0 | \$2,121,783,805 | 7.6 | \$2,337,762,884 | 10.2 | \$2,722,955,510 | 16.5 |
| Total Medicaid (all services) | \$15,416,342,340 | -2.9 | \$15,774,063,853 | 2.3 | \$16,244,331,122 | 3.0 | \$17,280,771,488 | 6.4 | \$18,765,692,911 | 8.6 |

| Percentages | FY 2006 | FY 2007 | FY 2008 | FY 2009 | FY 2010 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 44.6% | 43.0% | 43.4% | 40.8% | 38.9% |
| Percentage of LTSS that is HCBS | 27.6% | 29.1% | 30.1% | 33.2% | 37.3% |
| Percentage of LTSS that is HCBS - AD | 12.1% | 13.3% | 14.8% | 17.6% | 20.1% |
| Percentage of LTSS that is HCBS - DD | 68.5% | 68.7% | 69.6% | 70.5% | 74.3% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.2% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data. Starting in 2008, managed care data are included for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities. "n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included for several categories of service until 2009. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

For data before 2009, prior period adjustments were included for the following categories of service: nursing home, personal care, Section 1915(c) waivers, PACE, ICF/IID, and mental health facilities (including DSH).

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 40G. Long Term Services and Support Expenditures for Pennsylvania, 2011 – 2014

| Service Type | FY 2011 | Percent Change 10-11 | FY 2012 | Percent Change 11-12 | FY 2013 | Percent Change 12-13 | FY 2014 | Percent Change 13-14 |
|---|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|
| Total-Older People, People with PD | \$4,816,965,910 | 7.0 | \$4,747,894,726 | -1.4 | \$5,175,398,573 | 9.0 | \$5,398,061,805 | 4.3 |
| Nursing facilities | \$3,774,755,299 | 4.9 | \$3,576,325,570 | -5.3 | \$3,838,934,290 | 7.3 | \$3,890,502,795 | 1.3 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | \$739,925,731 | 14.0 | \$859,550,499 | 16.2 | \$1,066,460,021 | 24.1 | \$1,251,583,558 | 17.4 |
| Home health | \$163,980,242 | 16.0 | \$162,882,020 | -0.7 | \$102,361,425 | -37.2 | \$61,759,972 | -39.7 |
| Community first choice | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$138,304,638 | 22.4 | \$149,136,637 | 7.8 | \$167,642,837 | 12.4 | \$194,215,480 | 15.9 |
| Private duty nursing | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with DD | \$2,282,575,888 | -2.4 | \$2,484,454,958 | 8.8 | \$2,655,127,540 | 6.9 | \$2,775,802,918 | 4.5 |
| ICF/IID - public | \$278,197,995 | -1.7 | \$288,744,900 | 3.8 | \$293,612,556 | 1.7 | \$296,978,127 | 1.1 |
| ICF/IID - private | \$316,200,894 | -0.3 | \$292,130,942 | -7.6 | \$324,346,714 | 11.0 | \$307,902,147 | -5.1 |
| 1915(c) waivers - DD | \$1,685,768,070 | -2.9 | \$1,900,072,492 | 12.7 | \$2,032,402,002 | 7.0 | \$2,165,344,528 | 6.5 |
| HCBS- managed care authorities - DD | \$2,408,929 | 192.7 | \$3,506,624 | 45.6 | \$4,766,268 | 35.9 | \$5,578,116 | 17.0 |
| HCBS - 1915(i) - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with SMI or SED | \$390,967,903 | 1.0 | \$377,952,774 | -3.3 | \$384,805,553 | 1.8 | \$393,626,041 | 2.3 |
| Mental health facilities | \$78,289,556 | 7.3 | \$71,052,265 | -9.2 | \$73,891,899 | 4.0 | \$79,231,430 | 7.2 |
| Mental health facilities-DSH | \$310,846,070 | -0.9 | \$304,925,621 | -1.9 | \$308,882,708 | 1.3 | \$312,456,607 | 1.2 |
| Rehabilitative services | \$1,832,277 | 190.1 | \$1,974,888 | 7.8 | \$2,030,946 | 2.8 | \$1,938,004 | -4.6 |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-Other/Multiple Populations | \$95,508,351 | 17.0 | \$97,884,152 | 2.5 | \$106,224,558 | 8.5 | \$112,956,783 | 6.3 |
| Case management | \$38,697,697 | 34.7 | \$42,743,579 | 10.5 | \$42,795,261 | 0.1 | \$43,676,112 | 2.1 |
| 1915(c) waivers - other | \$49,671,253 | 4.6 | \$47,882,715 | -3.6 | \$49,594,917 | 3.6 | \$51,684,575 | 4.2 |
| HCBS- managed care authorities - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| MFP demonstration | \$7,139,401 | 32.6 | \$7,257,858 | 1.7 | \$13,834,380 | 90.6 | \$17,596,096 | 27.2 |
| Total LTSS | \$7,586,018,052 | 3.8 | \$7,708,186,610 | 1.6 | \$8,321,556,224 | 8.0 | \$8,680,447,547 | 4.3 |
| Total Institutional LTSS | \$4,758,289,814 | 3.8 | \$4,533,179,298 | -4.7 | \$4,839,668,167 | 6.8 | \$4,887,071,106 | 1.0 |
| Total HCBS | \$2,827,728,238 | 3.8 | \$3,175,007,312 | 12.3 | \$3,481,888,057 | 9.7 | \$3,793,376,441 | 8.9 |
| Total Medicaid (all services) | \$20,396,776,386 | 8.7 | \$20,291,526,251 | -0.5 | \$21,181,750,273 | 4.4 | \$23,575,455,779 | 11.3 |

| Percentages | FY 2011 | FY 2012 | FY 2013 | FY 2014 |
|--|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 37.2% | 38.0% | 39.3% | 36.8% |
| Percentage of LTSS that is HCBS | 37.3% | 41.2% | 41.8% | 43.7% |
| Percentage of LTSS that is HCBS - AD | 21.6% | 24.7% | 25.8% | 27.9% |
| Percentage of LTSS that is HCBS - DD | 74.0% | 76.6% | 76.7% | 78.2% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.5% | 0.5% | 0.5% | 0.5% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Managed care data are included only for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care.

Institutional MLTSS – unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 41A. Long Term Services and Support Expenditures for Rhode Island, 1981 – 1985

| Service Type | FY 1981 | FY 1982 | Percent Change 81-82 | FY 1983 | Percent Change 82-83 | FY 1984 | Percent Change 83-84 | FY 1985 | Percent Change 84-85 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$60,379,777 | \$68,021,191 | 12.7 | \$76,578,362 | 12.6 | \$87,092,237 | 13.7 | \$89,977,820 | 3.3 |
| Personal care | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$336,660 | \$336,055 | -0.2 | \$420,473 | 25.1 | \$615,761 | 46.4 | \$788,359 | 28.0 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$23,275,525 | \$28,759,032 | 23.6 | \$37,058,323 | 28.9 | \$41,362,153 | 11.6 | \$47,468,136 | 14.8 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$1,598 | \$0 | -100.0 | \$0 | 0.0 | \$1,641,839 | 100.0 | \$1,281,135 | -22.0 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | n/a | n/a | n/a | n/a | n/a | \$1,427,422 | n/a | \$3,200,671 | 124.2 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$83,993,560 | \$97,116,278 | 15.6 | \$114,057,158 | 17.4 | \$132,139,412 | 15.9 | \$142,716,121 | 8.0 |
| Total Institutional LTSS | \$83,656,900 | \$96,780,223 | 15.7 | \$113,636,685 | 17.4 | \$130,096,229 | 14.5 | \$138,727,091 | 6.6 |
| Total HCBS | \$336,660 | \$336,055 | -0.2 | \$420,473 | 25.1 | \$2,043,183 | 385.9 | \$3,989,030 | 95.2 |
| Total Medicaid (all services) | \$183,846,547 | \$197,421,200 | 7.4 | \$220,370,395 | 11.6 | \$239,030,535 | 8.5 | \$257,221,174 | 7.6 |

| Percentages | FY 1981 | FY 1982 | FY 1983 | FY 1984 | FY 1985 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 45.7% | 49.2% | 51.8% | 55.3% | 55.5% |
| Percentage of LTSS that is HCBS | 0.4% | 0.3% | 0.4% | 1.5% | 2.8% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data.

Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 41B. Long Term Services and Support Expenditures for Rhode Island, 1986 – 1990

| Service Type | FY 1986 | Percent Change 85-86 | FY 1987 | Percent Change 86-87 | FY 1988 | Percent Change 87-88 | FY 1989 | Percent Change 88-89 | FY 1990 | Percent Change 89-90 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$97,402,597 | 8.3 | \$98,828,556 | 1.5 | \$105,887,630 | 7.1 | \$116,526,384 | 10.0 | \$144,724,188 | 24.2 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$720,585 | -8.6 | \$953,902 | 32.4 | \$1,347,980 | 41.3 | \$1,241,310 | -7.9 | \$1,440,899 | 16.1 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$53,567,067 | 12.8 | \$90,030,097 | 68.1 | \$60,547,566 | -32.7 | \$62,213,016 | 2.8 | \$78,276,360 | 25.8 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$1,623,729 | 26.7 | \$1,627,004 | 0.2 | \$3,631,271 | 123.2 | \$4,986,001 | 37.3 | \$6,995,817 | 40.3 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | \$6,562,829 | 105.0 | \$8,798,107 | 34.1 | \$7,238,118 | -17.7 | \$13,822,950 | 91.0 | \$17,941,334 | 29.8 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$159,876,807 | 12.0 | \$200,237,666 | 25.2 | \$178,652,565 | -10.8 | \$198,789,661 | 11.3 | \$249,378,598 | 25.4 |
| Total Institutional LTSS | \$152,593,393 | 10.0 | \$190,485,657 | 24.8 | \$170,066,467 | -10.7 | \$183,725,401 | 8.0 | \$229,996,365 | 25.2 |
| Total HCBS | \$7,283,414 | 82.6 | \$9,752,009 | 33.9 | \$8,586,098 | -12.0 | \$15,064,260 | 75.4 | \$19,382,233 | 28.7 |
| Total Medicaid (all services) | \$275,563,151 | 7.1 | \$297,829,060 | 8.1 | \$336,789,862 | 13.1 | \$368,978,004 | 9.6 | \$445,709,395 | 20.8 |

| Percentages | FY 1986 | FY 1987 | FY 1988 | FY 1989 | FY 1990 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 58.0% | 67.2% | 53.0% | 53.9% | 56.0% |
| Percentage of LTSS that is HCBS | 4.6% | 4.9% | 4.8% | 7.6% | 7.8% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997. ICF/IID 1987 data were greater than 1986 and 1988 data for an unknown reason.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 41C. Long Term Services and Support Expenditures for Rhode Island, 1991 – 1995

| Service Type | FY 1991 | Percent Change 90-91 | FY 1992 | Percent Change 91-92 | FY 1993 | Percent Change 92-93 | FY 1994 | Percent Change 93-94 | FY 1995 | Percent Change 94-95 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$233,390,308 | n/a |
| Nursing facilities | \$166,233,942 | 14.9 | \$184,741,573 | 11.1 | \$203,383,295 | 10.1 | \$203,735,761 | 0.2 | \$215,791,575 | 5.9 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$11,871,775 | n/a |
| Home health | \$1,676,484 | 16.3 | \$2,544,187 | 51.8 | \$3,016,834 | 18.6 | \$5,503,079 | 82.4 | \$5,726,958 | 4.1 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$116,238,567 | n/a |
| ICF/IID - public | \$66,307,664 | -15.3 | \$90,367,789 | 36.3 | \$105,169,194 | 16.4 | \$42,164,534 | -59.9 | \$46,650,813 | 10.6 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$69,587,754 | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$14,097,754 | n/a |
| Mental health facilities | \$7,687,467 | 9.9 | \$11,853,899 | 54.2 | \$8,771,686 | -26.0 | \$10,863,316 | 23.8 | \$11,669,088 | 7.4 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | \$75,669 | n/a | \$74,391 | -1.7 | \$2,428,666 | 3164.7 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified/other | \$22,129,672 | 23.3 | \$53,537,183 | 141.9 | \$83,395,669 | 55.8 | \$66,352,326 | -20.4 | \$0 | n/a |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$264,035,229 | 5.9 | \$343,044,631 | 29.9 | \$403,812,347 | 17.7 | \$328,693,407 | -18.6 | \$363,726,629 | 10.7 |
| Total Institutional LTSS | \$240,229,073 | 4.4 | \$286,963,261 | 19.5 | \$317,399,844 | 10.6 | \$256,838,002 | -19.1 | \$276,540,142 | 7.7 |
| Total HCBS | \$23,806,156 | 22.8 | \$56,081,370 | 135.6 | \$86,412,503 | 54.1 | \$71,855,405 | -16.8 | \$87,186,487 | 21.3 |
| Total Medicaid (all services) | \$642,709,676 | 44.2 | \$781,774,465 | 21.6 | \$829,025,974 | 6.0 | \$786,825,599 | -5.1 | \$998,807,456 | 26.9 |

| Percentages | FY 1991 | FY 1992 | FY 1993 | FY 1994 | FY 1995 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 41.1% | 43.9% | 48.7% | 41.8% | 36.4% |
| Percentage of LTSS that is HCBS | 9.0% | 16.3% | 21.4% | 21.9% | 24.0% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | 7.5% |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | 59.9% |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included except for 1915(c) waivers for 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 41D. Long Term Services and Support Expenditures for Rhode Island, 1996 – 2000

| Service Type | FY 1996 | Percent Change 95-96 | FY 1997 | Percent Change 96-97 | FY 1998 | Percent Change 97-98 | FY 1999 | Percent Change 98-99 | FY 2000 | Percent Change 99-00 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$235,057,679 | 0.7 | \$235,782,544 | 0.3 | \$236,851,117 | 0.5 | \$248,108,293 | 4.8 | \$267,777,448 | 7.9 |
| Nursing facilities | \$222,687,065 | 3.2 | \$218,529,517 | -1.9 | \$219,922,014 | 0.6 | \$229,941,785 | 4.6 | \$247,704,110 | 7.7 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | \$9,849,165 | -17.0 | \$13,142,552 | 33.4 | \$12,509,782 | -4.8 | \$14,190,339 | 13.4 | \$17,349,478 | 22.3 |
| Home health | \$2,521,449 | -56.0 | \$4,110,475 | 63.0 | \$4,419,321 | 7.5 | \$3,976,169 | -10.0 | \$2,723,860 | -31.5 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$114,353,671 | -1.6 | \$142,839,136 | 24.9 | \$138,748,321 | -2.9 | \$141,974,423 | 2.3 | \$149,542,114 | 5.3 |
| ICF/IID - public | \$34,010,509 | -27.1 | \$2,761,611 | -91.9 | \$2,433,105 | -11.9 | \$1,734,362 | -28.7 | \$2,676,810 | 54.3 |
| ICF/IID - private | n/a | n/a | \$7,639,952 | n/a | \$3,459,994 | -54.7 | \$3,535,843 | 2.2 | \$3,615,269 | 2.2 |
| 1915(c) waivers - DD | \$80,343,162 | 15.5 | \$132,437,573 | 64.8 | \$132,855,222 | 0.3 | \$136,704,218 | 2.9 | \$143,250,035 | 4.8 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$9,050,684 | -35.8 | \$9,147,855 | 1.1 | \$11,974,771 | 30.9 | \$16,505,380 | 37.8 | \$19,734,674 | 19.6 |
| Mental health facilities | \$9,050,684 | -22.4 | \$9,112,985 | 0.7 | \$11,936,213 | 31.0 | \$16,465,500 | 37.9 | \$19,693,492 | 19.6 |
| Mental health facilities-DSH | \$0 | -100.0 | \$34,870 | 100.0 | \$38,558 | 10.6 | \$39,880 | 3.4 | \$41,182 | 3.3 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$0 | 0.0 | \$1,512,773 | 100.0 | \$1,829,731 | 21.0 | \$1,665,434 | -9.0 | \$1,960,979 | 17.7 |
| Case management | n/a | n/a | \$1,512,773 | n/a | \$1,829,731 | 21.0 | \$1,665,434 | -9.0 | \$1,960,979 | 17.7 |
| 1915(c) waivers - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$358,462,034 | -1.4 | \$389,282,308 | 8.6 | \$389,403,940 | 0.0 | \$408,253,530 | 4.8 | \$439,015,215 | 7.5 |
| Total Institutional LTSS | \$265,748,258 | -3.9 | \$238,078,935 | -10.4 | \$237,789,884 | -0.1 | \$251,717,370 | 5.9 | \$273,730,863 | 8.7 |
| Total HCBS | \$92,713,776 | 6.3 | \$151,203,373 | 63.1 | \$151,614,056 | 0.3 | \$156,536,160 | 3.2 | \$165,284,352 | 5.6 |
| Total Medicaid (all services) | \$763,689,370 | -23.5 | \$917,489,179 | 20.1 | \$973,138,297 | 6.1 | \$1,063,037,589 | 9.2 | \$1,184,652,269 | 11.4 |

| Percentages | FY 1996 | FY 1997 | FY 1998 | FY 1999 | FY 2000 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 46.9% | 42.4% | 40.0% | 38.4% | 37.1% |
| Percentage of LTSS that is HCBS | 25.9% | 38.8% | 38.9% | 38.3% | 37.6% |
| Percentage of LTSS that is HCBS - AD | 5.3% | 7.3% | 7.1% | 7.3% | 7.5% |
| Percentage of LTSS that is HCBS - DD | 70.3% | 92.7% | 95.8% | 96.3% | 95.8% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included except for 1915(c) waivers. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 41E. Long Term Services and Support Expenditures for Rhode Island, 2001 – 2005

| Service Type | FY 2001 | Percent Change 00-01 | FY 2002 | Percent Change 01-02 | FY 2003 | Percent Change 02-03 | FY 2004 | Percent Change 03-04 | FY 2005 | Percent Change 04-05 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$274,602,453 | 2.5 | \$289,136,122 | 5.3 | \$295,379,321 | 2.2 | \$325,741,947 | 10.3 | \$330,629,371 | 1.5 |
| Nursing facilities | \$244,291,659 | -1.4 | \$262,058,305 | 7.3 | \$265,973,053 | 1.5 | \$292,744,235 | 10.1 | \$294,427,160 | 0.6 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | \$26,945,629 | 55.3 | \$24,159,241 | -10.3 | \$26,215,907 | 8.5 | \$29,506,398 | 12.6 | \$32,547,077 | 10.3 |
| Home health | \$3,365,165 | 23.5 | \$2,918,576 | -13.3 | \$3,190,361 | 9.3 | \$3,491,314 | 9.4 | \$3,655,134 | 4.7 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$152,164,210 | 1.8 | \$164,650,790 | 8.2 | \$182,810,408 | 11.0 | \$193,158,385 | 5.7 | \$198,271,515 | 2.6 |
| ICF/IID - public | \$3,083,326 | 15.2 | \$3,644,834 | 18.2 | \$3,250,400 | -10.8 | \$3,587,823 | 10.4 | \$3,105,613 | -13.4 |
| ICF/IID - private | \$4,011,197 | 11.0 | \$3,599,615 | -10.3 | \$3,729,580 | 3.6 | \$4,098,336 | 9.9 | \$3,962,375 | -3.3 |
| 1915(c) waivers - DD | \$145,069,687 | 1.3 | \$157,406,341 | 8.5 | \$175,830,428 | 11.7 | \$185,472,226 | 5.5 | \$191,203,527 | 3.1 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$20,505,004 | 3.9 | \$19,500,179 | -4.9 | \$18,513,703 | -5.1 | \$17,126,320 | -7.5 | \$11,503,565 | -32.8 |
| Mental health facilities | \$18,928,290 | -3.9 | \$17,404,725 | -8.0 | \$16,453,817 | -5.5 | \$14,831,569 | -9.9 | \$9,113,235 | -38.6 |
| Mental health facilities-DSH | \$1,576,714 | 3728.6 | \$2,095,454 | 32.9 | \$2,059,886 | -1.7 | \$2,294,751 | 11.4 | \$2,390,330 | 4.2 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$1,971,847 | 0.6 | \$3,112,058 | 57.8 | \$5,337,107 | 71.5 | \$9,952,747 | 86.5 | \$9,407,217 | -5.5 |
| Case management | \$1,971,847 | 0.6 | \$3,112,058 | 57.8 | \$5,337,107 | 71.5 | \$9,952,747 | 86.5 | \$9,407,217 | -5.5 |
| 1915(c) waivers - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$449,243,514 | 2.3 | \$476,399,149 | 6.0 | \$502,040,539 | 5.4 | \$545,979,399 | 8.8 | \$549,811,668 | 0.7 |
| Total Institutional LTSS | \$271,891,186 | -0.7 | \$288,802,933 | 6.2 | \$291,466,736 | 0.9 | \$317,556,714 | 9.0 | \$312,998,713 | -1.4 |
| Total HCBS | \$177,352,328 | 7.3 | \$187,596,216 | 5.8 | \$210,573,803 | 12.2 | \$228,422,685 | 8.5 | \$236,812,955 | 3.7 |
| Total Medicaid (all services) | \$1,221,804,282 | 3.1 | \$1,386,580,416 | 13.5 | \$1,464,472,620 | 5.6 | \$1,641,574,025 | 12.1 | \$1,758,356,163 | 7.1 |

| Percentages | FY 2001 | FY 2002 | FY 2003 | FY 2004 | FY 2005 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 36.8% | 34.4% | 34.3% | 33.3% | 31.3% |
| Percentage of LTSS that is HCBS | 39.5% | 39.4% | 41.9% | 41.8% | 43.1% |
| Percentage of LTSS that is HCBS - AD | 11.0% | 9.4% | 10.0% | 10.1% | 10.9% |
| Percentage of LTSS that is HCBS - DD | 95.3% | 95.6% | 96.2% | 96.0% | 96.4% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments were included starting in 1995 for Section 1915(c) waivers, in 2002 for nursing facilities, personal care, ICF/IID, and mental health facilities (including DSH); and in 2004 for PACE. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 41F. Long Term Services and Support Expenditures for Rhode Island, 2006 – 2010

| Service Type | FY 2006 | Percent Change 05-06 | FY 2007 | Percent Change 06-07 | FY 2008 | Percent Change 07-08 | FY 2009 | Percent Change 08-09 | FY 2010 | Percent Change 09-10 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$337,323,996 | 2.0 | \$343,286,906 | 1.8 | \$343,282,340 | 0.0 | \$306,699,280 | -10.7 | \$363,458,344 | 18.5 |
| Nursing facilities | \$298,125,294 | 1.3 | \$299,966,521 | 0.6 | \$297,862,677 | -0.7 | \$293,189,722 | -1.6 | \$304,373,238 | 3.8 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | \$35,324,720 | 8.5 | \$38,132,864 | 7.9 | \$42,655,419 | 11.9 | \$11,161,136 | -73.8 | \$0 | -100.0 |
| Home health | \$3,873,982 | 6.0 | \$5,187,521 | 33.9 | \$2,764,244 | -46.7 | \$2,348,422 | -15.0 | \$2,085,106 | -11.2 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$57,000,000 | 100.0 |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with DD | \$211,680,155 | 6.8 | \$222,027,426 | 4.9 | \$229,291,536 | 3.3 | \$65,143,029 | -71.6 | \$240,418,913 | 269.1 |
| ICF/IID - public | \$4,095,308 | 31.9 | \$3,646,845 | -11.0 | \$3,348,914 | -8.2 | \$4,068,886 | 21.5 | \$3,775,676 | -7.2 |
| ICF/IID - private | \$3,717,843 | -6.2 | \$4,163,603 | 12.0 | \$5,388,886 | 29.4 | \$7,355,367 | 36.5 | \$7,643,237 | 3.9 |
| 1915(c) waivers - DD | \$203,867,004 | 6.6 | \$214,216,978 | 5.1 | \$220,553,736 | 3.0 | \$53,718,776 | -75.6 | \$0 | -100.0 |
| HCBS - managed care authorities - DD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$229,000,000 | 100.0 |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with SMI or SED | \$12,157,138 | 5.7 | \$12,240,132 | 0.7 | \$10,425,982 | -14.8 | \$6,921,336 | -33.6 | \$45,388,828 | 555.8 |
| Mental health facilities | \$9,759,305 | 7.1 | \$9,842,299 | 0.9 | \$8,028,149 | -18.4 | \$5,342,942 | -33.4 | \$5,272,067 | -1.3 |
| Mental health facilities-DSH | \$2,397,833 | 0.3 | \$2,397,833 | 0.0 | \$2,397,833 | 0.0 | \$1,578,394 | -34.2 | \$0 | -100.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$40,116,761 | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-Other/Multiple Populations | \$9,250,446 | -1.7 | \$10,716,422 | 15.8 | \$11,468,438 | 7.0 | \$208,595,075 | 1718.9 | \$11,736,442 | -94.4 |
| Case management | \$9,250,446 | -1.7 | \$10,716,422 | 15.8 | \$11,468,438 | 7.0 | \$9,902,732 | -13.7 | \$9,736,442 | -1.7 |
| 1915(c) waivers - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - other | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$198,692,343 | 100.0 | \$2,000,000 | -99.0 |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| Total LTSS | \$570,411,735 | 3.7 | \$588,270,886 | 3.1 | \$594,468,296 | 1.1 | \$587,358,720 | -1.2 | \$661,002,527 | 12.5 |
| Total Institutional LTSS | \$318,095,583 | 1.6 | \$320,017,101 | 0.6 | \$317,026,459 | -0.9 | \$311,535,311 | -1.7 | \$321,064,218 | 3.1 |
| Total HCBS | \$252,316,152 | 6.5 | \$268,253,785 | 6.3 | \$277,441,837 | 3.4 | \$275,823,409 | -0.6 | \$339,938,309 | 23.2 |
| Total Medicaid (all services) | \$1,778,279,673 | 1.1 | \$1,749,344,337 | -1.6 | \$1,845,599,132 | 5.5 | \$1,890,693,838 | 2.4 | \$1,928,050,909 | 2.0 |

| Percentages | FY 2006 | FY 2007 | FY 2008 | FY 2009 | FY 2010 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 32.1% | 33.6% | 32.2% | 31.1% | 34.3% |
| Percentage of LTSS that is HCBS | 44.2% | 45.6% | 46.7% | 47.0% | 51.4% |
| Percentage of LTSS that is HCBS - AD | 11.6% | 12.6% | 13.2% | 4.4% | 16.3% |
| Percentage of LTSS that is HCBS - DD | 96.3% | 96.5% | 96.2% | 82.5% | 95.3% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 88.4% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data. Starting in 2008, managed care data are included for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities. "n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included for several categories of service until 2009. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

For data before 2009, prior period adjustments were included for the following categories of service: nursing home, personal care, Section 1915(c) waivers, PACE, ICF/IID, and mental health facilities (including DSH).

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Rhode Island did not report HCBS - managed care authorities expenditures for its 1115 Demonstration by population category in 2009. All expenditures are included in the table for other populations.

Table 41G. Long Term Services and Support Expenditures for Rhode Island, 2011 – 2014

| Service Type | FY 2011 | Percent Change 10-11 | FY 2012 | Percent Change 11-12 | FY 2013 | Percent Change 12-13 | FY 2014 | Percent Change 13-14 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$378,382,598 | 4.1 | \$398,208,722 | 5.2 | \$422,236,548 | 6.0 | \$442,329,003 | 4.8 |
| Nursing facilities | \$308,336,219 | 1.3 | \$323,345,787 | 4.9 | \$330,268,108 | 2.1 | \$347,534,642 | 5.2 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Home health | \$2,046,379 | -1.9 | \$1,862,935 | -9.0 | \$1,968,440 | 5.7 | \$1,794,361 | -8.8 |
| Community first choice | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - AD | \$68,000,000 | 19.3 | \$73,000,000 | 7.4 | \$90,000,000 | 23.3 | \$93,000,000 | 3.3 |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Private duty nursing | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with DD | \$242,347,035 | 0.8 | \$213,159,578 | -12.0 | \$218,870,914 | 2.7 | \$229,858,210 | 5.0 |
| ICF/IID - public | \$4,477,439 | 18.6 | \$2,489,747 | -44.4 | \$5,321,259 | 113.7 | \$3,183,946 | -40.2 |
| ICF/IID - private | \$6,869,596 | -10.1 | \$6,669,831 | -2.9 | \$4,549,655 | -31.8 | \$5,674,264 | 24.7 |
| 1915(c) waivers - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS- managed care authorities - DD | \$231,000,000 | 0.9 | \$204,000,000 | -11.7 | \$209,000,000 | 2.5 | \$221,000,000 | 5.7 |
| HCBS - 1915(i) - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with SMI or SED | \$213,195,802 | 369.7 | \$138,282,118 | -35.1 | \$140,126,491 | 1.3 | \$167,235,047 | 19.3 |
| Mental health facilities | \$5,552,370 | 5.3 | \$5,461,478 | -1.6 | \$5,619,343 | 2.9 | \$4,528,588 | -19.4 |
| Mental health facilities-DSH | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Rehabilitative services | \$207,643,432 | 417.6 | \$132,820,640 | -36.0 | \$134,507,148 | 1.3 | \$162,706,459 | 21.0 |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-Other/Multiple Populations | \$11,481,880 | -2.2 | \$34,740,453 | 202.6 | \$45,229,748 | 30.2 | \$14,978,541 | -66.9 |
| Case management | \$11,481,880 | 17.9 | \$7,641,505 | -33.4 | \$8,108,537 | 6.1 | \$10,516,733 | 29.7 |
| 1915(c) waivers - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS- managed care authorities - other | \$0 | -100.0 | \$0 | 0.0 | \$0 | 0.0 | -\$2,000,000 | 100.0 |
| Health homes | n/a | n/a | \$26,898,255 | n/a | \$36,348,836 | 35.1 | \$4,757,206 | -86.9 |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| MFP demonstration | \$0 | 0.0 | \$200,693 | 100.0 | \$772,375 | 284.9 | \$1,704,602 | 120.7 |
| Total LTSS | \$845,407,315 | 27.9 | \$784,390,871 | -7.2 | \$826,463,701 | 5.4 | \$854,400,801 | 3.4 |
| Total Institutional LTSS | \$325,235,624 | 1.3 | \$337,966,843 | 3.9 | \$345,758,365 | 2.3 | \$360,921,440 | 4.4 |
| Total HCBS | \$520,171,691 | 53.0 | \$446,424,028 | -14.2 | \$480,705,336 | 7.7 | \$493,479,361 | 2.7 |
| Total Medicaid (all services) | \$2,089,214,148 | 8.4 | \$1,851,740,520 | -11.4 | \$1,940,803,630 | 4.8 | \$2,460,452,163 | 26.8 |

| Percentages | FY 2011 | FY 2012 | FY 2013 | FY 2014 |
|--|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 40.5% | 42.4% | 42.6% | 34.7% |
| Percentage of LTSS that is HCBS | 61.5% | 56.9% | 58.2% | 57.8% |
| Percentage of LTSS that is HCBS - AD | 18.5% | 18.8% | 21.8% | 21.4% |
| Percentage of LTSS that is HCBS - DD | 95.3% | 95.7% | 95.5% | 96.2% |
| Percentage of LTSS that is HCBS - SMI or SED | 97.4% | 96.1% | 96.0% | 97.3% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Managed care data are included only for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Rhode Island has a health homes program targeting people with SMI/SED, but this program is not listed as part of services for people with SMI/SED. All health homes expenditures data in this report are presented within services for other or multiple populations.

Table 42A. Long Term Services and Support Expenditures for South Carolina, 1981 – 1985

| Service Type | FY 1981 | FY 1982 | Percent Change 81-82 | FY 1983 | Percent Change 82-83 | FY 1984 | Percent Change 83-84 | FY 1985 | Percent Change 84-85 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$104,314,840 | \$110,745,225 | 6.2 | \$100,438,077 | -9.3 | \$98,546,585 | -1.9 | \$116,676,967 | 18.4 |
| Personal care | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$1,575,438 | \$1,178,509 | -25.2 | \$1,491,728 | 26.6 | \$1,846,264 | 23.8 | \$3,046,074 | 65.0 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$34,185,871 | \$36,019,948 | 5.4 | \$44,665,970 | 24.0 | \$45,559,712 | 2.0 | \$52,411,476 | 15.0 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$11,812,986 | \$12,978,769 | 9.9 | \$10,974,667 | -15.4 | \$10,155,577 | -7.5 | \$13,256,434 | 30.5 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | n/a | n/a | n/a | n/a | n/a | \$1,676,038 | n/a | \$1,582,246 | -5.6 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$151,889,135 | \$160,922,451 | 5.9 | \$157,570,442 | -2.1 | \$157,784,176 | 0.1 | \$186,973,197 | 18.5 |
| Total Institutional LTSS | \$150,313,697 | \$159,743,942 | 6.3 | \$156,078,714 | -2.3 | \$154,261,874 | -1.2 | \$182,344,877 | 18.2 |
| Total HCBS | \$1,575,438 | \$1,178,509 | -25.2 | \$1,491,728 | 26.6 | \$3,522,302 | 136.1 | \$4,628,320 | 31.4 |
| Total Medicaid (all services) | \$301,336,527 | \$290,882,015 | -3.5 | \$292,864,539 | 0.7 | \$304,700,173 | 4.0 | \$352,555,111 | 15.7 |

| Percentages | FY 1981 | FY 1982 | FY 1983 | FY 1984 | FY 1985 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 50.4% | 55.3% | 53.8% | 51.8% | 53.0% |
| Percentage of LTSS that is HCBS | 1.0% | 0.7% | 0.9% | 2.2% | 2.5% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 42B. Long Term Services and Support Expenditures for South Carolina, 1986 – 1990

| Service Type | FY 1986 | Percent Change 85-86 | FY 1987 | Percent Change 86-87 | FY 1988 | Percent Change 87-88 | FY 1989 | Percent Change 88-89 | FY 1990 | Percent Change 89-90 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$99,943,968 | -14.3 | \$117,019,655 | 17.1 | \$102,907,324 | -12.1 | \$113,836,388 | 10.6 | \$130,687,654 | 14.8 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$17,883 | 100.0 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$3,354,595 | 10.1 | \$3,979,573 | 18.6 | \$4,545,414 | 14.2 | \$5,032,885 | 10.7 | \$6,049,508 | 20.2 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$64,153,487 | 22.4 | \$113,176,503 | 76.4 | \$94,198,457 | -16.8 | \$110,153,977 | 16.9 | \$138,815,667 | 26.0 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$14,841,158 | 12.0 | \$17,456,606 | 17.6 | \$21,966,219 | 25.8 | \$24,851,000 | 13.1 | \$27,348,979 | 10.1 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | \$6,749,988 | 326.6 | \$8,811,758 | 30.5 | \$10,732,384 | 21.8 | \$15,944,529 | 48.6 | \$29,135,466 | 82.7 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$189,043,196 | 1.1 | \$260,444,095 | 37.8 | \$234,349,798 | -10.0 | \$269,818,779 | 15.1 | \$332,055,157 | 23.1 |
| Total Institutional LTSS | \$178,938,613 | -1.9 | \$247,652,764 | 38.4 | \$219,072,000 | -11.5 | \$248,841,365 | 13.6 | \$296,852,300 | 19.3 |
| Total HCBS | \$10,104,583 | 118.3 | \$12,791,331 | 26.6 | \$15,277,798 | 19.4 | \$20,977,414 | 37.3 | \$35,202,857 | 67.8 |
| Total Medicaid (all services) | \$416,792,691 | 18.2 | \$444,872,279 | 6.7 | \$480,255,401 | 8.0 | \$593,216,542 | 23.5 | \$856,722,171 | 44.4 |

| Percentages | FY 1986 | FY 1987 | FY 1988 | FY 1989 | FY 1990 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 45.4% | 58.5% | 48.8% | 45.5% | 38.8% |
| Percentage of LTSS that is HCBS | 5.3% | 4.9% | 6.5% | 7.8% | 10.6% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997. ICF/IID 1987 data were greater than 1986 and 1988 data for an unknown reason.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 42C. Long Term Services and Support Expenditures for South Carolina, 1991 – 1995

| Service Type | FY 1991 | Percent Change 90-91 | FY 1992 | Percent Change 91-92 | FY 1993 | Percent Change 92-93 | FY 1994 | Percent Change 93-94 | FY 1995 | Percent Change 94-95 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$292,549,104 | n/a |
| Nursing facilities | \$170,094,702 | 30.2 | \$202,155,906 | 18.8 | \$208,799,157 | 3.3 | \$233,225,872 | 11.7 | \$245,177,176 | 5.1 |
| Personal care | \$170,222 | 851.9 | \$292,410 | 71.8 | \$601,953 | 105.9 | \$790,143 | 31.3 | \$770,505 | -2.5 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$33,339,728 | n/a |
| Home health | \$7,773,189 | 28.5 | \$6,734,276 | -13.4 | \$6,657,205 | -1.1 | \$8,157,114 | 22.5 | \$13,261,695 | 62.6 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$219,608,993 | n/a |
| ICF/IID - public | \$146,751,899 | 5.7 | \$165,299,433 | 12.6 | \$165,306,409 | 0.0 | \$172,312,260 | 4.2 | \$192,753,577 | 11.9 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$26,855,416 | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$122,296,652 | n/a |
| Mental health facilities | \$41,256,395 | 50.9 | \$68,137,403 | 65.2 | \$39,246,120 | -42.4 | \$48,243,718 | 22.9 | \$49,220,311 | 2.0 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | \$28,193,201 | n/a | \$47,915,064 | 70.0 | \$73,076,341 | 52.5 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$1,073,425 | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified/other | \$28,945,061 | -0.7 | \$29,344,251 | 1.4 | \$43,502,358 | 48.2 | \$49,818,192 | 14.5 | \$1,073,425 | n/a |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$394,991,468 | 19.0 | \$471,963,679 | 19.5 | \$492,306,403 | 4.3 | \$560,462,363 | 13.8 | \$635,528,174 | 13.4 |
| Total Institutional LTSS | \$358,102,996 | 20.6 | \$435,592,742 | 21.6 | \$441,544,887 | 1.4 | \$501,696,914 | 13.6 | \$560,227,405 | 11.7 |
| Total HCBS | \$36,888,472 | 4.8 | \$36,370,937 | -1.4 | \$50,761,516 | 39.6 | \$58,765,449 | 15.8 | \$75,300,769 | 28.1 |
| Total Medicaid (all services) | \$1,286,164,159 | 50.1 | \$1,550,612,698 | 20.6 | \$1,682,379,478 | 8.5 | \$1,900,436,569 | 13.0 | \$2,016,385,770 | 6.1 |

| Percentages | FY 1991 | FY 1992 | FY 1993 | FY 1994 | FY 1995 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 30.7% | 30.4% | 29.3% | 29.5% | 31.5% |
| Percentage of LTSS that is HCBS | 9.3% | 7.7% | 10.3% | 10.5% | 11.8% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | 16.2% |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | 12.2% |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included except for 1915(c) waivers for 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 42D. Long Term Services and Support Expenditures for South Carolina, 1996 – 2000

| Service Type | FY 1996 | Percent Change 95-96 | FY 1997 | Percent Change 96-97 | FY 1998 | Percent Change 97-98 | FY 1999 | Percent Change 98-99 | FY 2000 | Percent Change 99-00 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$324,057,319 | 10.8 | \$345,522,679 | 6.6 | \$376,004,204 | 8.8 | \$419,220,261 | 11.5 | \$462,472,507 | 10.3 |
| Nursing facilities | \$273,131,229 | 11.4 | \$283,648,519 | 3.9 | \$307,243,127 | 8.3 | \$334,971,534 | 9.0 | \$358,277,673 | 7.0 |
| Personal care | \$898,898 | 16.7 | \$1,122,099 | 24.8 | \$1,177,397 | 4.9 | \$1,284,876 | 9.1 | \$1,574,957 | 22.6 |
| 1915(c) waivers - AD | \$34,040,975 | 2.1 | \$43,300,048 | 27.2 | \$51,803,727 | 19.6 | \$68,163,657 | 31.6 | \$87,281,506 | 28.0 |
| Home health | \$15,986,217 | 20.5 | \$17,452,013 | 9.2 | \$15,779,953 | -9.6 | \$14,800,194 | -6.2 | \$15,338,371 | 3.6 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$221,112,612 | 0.7 | \$233,232,480 | 5.5 | \$245,878,702 | 5.4 | \$248,810,891 | 1.2 | \$271,999,936 | 9.3 |
| ICF/IID - public | \$184,919,220 | -4.1 | \$146,146,591 | -21.0 | \$143,775,370 | -1.6 | \$139,170,635 | -3.2 | \$142,170,118 | 2.2 |
| ICF/IID - private | n/a | n/a | \$28,603,523 | n/a | \$28,678,083 | 0.3 | \$28,585,788 | -0.3 | \$29,761,683 | 4.1 |
| 1915(c) waivers - DD | \$36,193,392 | 34.8 | \$58,482,366 | 61.6 | \$73,425,249 | 25.6 | \$81,054,468 | 10.4 | \$100,068,135 | 23.5 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$74,868,281 | -38.8 | \$62,514,807 | -16.5 | \$66,586,755 | 6.5 | \$62,617,048 | -6.0 | \$80,154,730 | 28.0 |
| Mental health facilities | \$30,426,061 | -38.2 | \$24,835,806 | -18.4 | \$29,006,523 | 16.8 | \$26,503,845 | -8.6 | \$33,320,754 | 25.7 |
| Mental health facilities-DSH | \$44,442,220 | -39.2 | \$37,679,001 | -15.2 | \$37,580,232 | -0.3 | \$36,113,203 | -3.9 | \$46,833,976 | 29.7 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$705,615 | -34.3 | \$59,898,532 | 8388.8 | \$60,270,059 | 0.6 | \$74,750,513 | 24.0 | \$70,693,626 | -5.4 |
| Case management | n/a | n/a | \$58,944,289 | n/a | \$57,035,678 | -3.2 | \$71,371,745 | 25.1 | \$67,198,076 | -5.8 |
| 1915(c) waivers - other | \$705,615 | -34.3 | \$954,243 | 35.2 | \$3,234,381 | 238.9 | \$3,378,768 | 4.5 | \$3,495,550 | 3.5 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$620,743,827 | -2.3 | \$701,168,498 | 13.0 | \$748,739,720 | 6.8 | \$805,398,713 | 7.6 | \$885,320,799 | 9.9 |
| Total Institutional LTSS | \$532,918,730 | -4.9 | \$520,913,440 | -2.3 | \$546,283,335 | 4.9 | \$565,345,005 | 3.5 | \$610,364,204 | 8.0 |
| Total HCBS | \$87,825,097 | 16.6 | \$180,255,058 | 105.2 | \$202,456,385 | 12.3 | \$240,053,708 | 18.6 | \$274,956,595 | 14.5 |
| Total Medicaid (all services) | \$2,065,734,743 | 2.4 | \$2,152,056,132 | 4.2 | \$2,318,884,611 | 7.8 | \$2,472,968,395 | 6.6 | \$2,720,951,840 | 10.0 |

| Percentages | FY 1996 | FY 1997 | FY 1998 | FY 1999 | FY 2000 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 30.0% | 32.6% | 32.3% | 32.6% | 32.5% |
| Percentage of LTSS that is HCBS | 14.1% | 25.7% | 27.0% | 29.8% | 31.1% |
| Percentage of LTSS that is HCBS - AD | 15.7% | 17.9% | 18.3% | 20.1% | 22.5% |
| Percentage of LTSS that is HCBS - DD | 16.4% | 25.1% | 29.9% | 32.6% | 36.8% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included except for 1915(c) waivers. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 42E. Long Term Services and Support Expenditures for South Carolina, 2001 – 2005

| Service Type | FY 2001 | Percent Change 00-01 | FY 2002 | Percent Change 01-02 | FY 2003 | Percent Change 02-03 | FY 2004 | Percent Change 03-04 | FY 2005 | Percent Change 04-05 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$488,200,008 | 5.6 | \$500,143,199 | 2.4 | \$521,463,888 | 4.3 | \$573,974,531 | 10.1 | \$628,048,408 | 9.4 |
| Nursing facilities | \$373,646,620 | 4.3 | \$390,303,668 | 4.5 | \$418,568,553 | 7.2 | \$461,865,198 | 10.3 | \$506,621,835 | 9.7 |
| Personal care | \$1,743,521 | 10.7 | \$2,046,279 | 17.4 | \$861,075 | -57.9 | \$1,551,064 | 80.1 | \$4,746,784 | 206.0 |
| 1915(c) waivers - AD | \$92,531,194 | 6.0 | \$94,925,466 | 2.6 | \$89,843,107 | -5.4 | \$89,734,443 | -0.1 | \$94,077,405 | 4.8 |
| Home health | \$20,278,673 | 32.2 | \$12,867,786 | -36.5 | \$12,191,153 | -5.3 | \$12,426,673 | 1.9 | \$13,556,988 | 9.1 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$8,397,153 | 100.0 | \$9,045,396 | 7.7 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$296,746,358 | 9.1 | \$357,015,810 | 20.3 | \$347,184,983 | -2.8 | \$346,918,304 | -0.1 | \$343,832,667 | -0.9 |
| ICF/IID - public | \$137,514,671 | -3.3 | \$143,462,882 | 4.3 | \$137,352,883 | -4.3 | \$145,811,161 | 6.2 | \$138,270,305 | -5.2 |
| ICF/IID - private | \$31,591,817 | 6.1 | \$31,380,272 | -0.7 | \$30,343,224 | -3.3 | \$29,073,079 | -4.2 | \$23,163,176 | -20.3 |
| 1915(c) waivers - DD | \$127,639,870 | 27.6 | \$182,172,656 | 42.7 | \$179,488,876 | -1.5 | \$172,034,064 | -4.2 | \$182,399,186 | 6.0 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$85,271,271 | 6.4 | \$93,625,359 | 9.8 | \$72,590,501 | -22.5 | \$106,508,964 | 46.7 | \$104,085,709 | -2.3 |
| Mental health facilities | \$34,019,376 | 2.1 | \$48,931,561 | 43.8 | \$29,253,950 | -40.2 | \$40,842,324 | 39.6 | \$35,271,613 | -13.6 |
| Mental health facilities-DSH | \$51,251,895 | 9.4 | \$44,693,798 | -12.8 | \$43,336,551 | -3.0 | \$65,666,640 | 51.5 | \$68,814,096 | 4.8 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$121,086,248 | 71.3 | \$88,316,947 | -27.1 | \$85,334,982 | -3.4 | \$83,779,989 | -1.8 | \$81,150,049 | -3.1 |
| Case management | \$117,294,780 | 74.6 | \$81,101,091 | -30.9 | \$81,015,262 | -0.1 | \$78,885,703 | -2.6 | \$75,836,684 | -3.9 |
| 1915(c) waivers - other | \$3,791,468 | 8.5 | \$7,215,856 | 90.3 | \$4,319,720 | -40.1 | \$4,894,286 | 13.3 | \$5,313,365 | 8.6 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$991,303,885 | 12.0 | \$1,039,101,315 | 4.8 | \$1,026,574,354 | -1.2 | \$1,111,181,788 | 8.2 | \$1,157,116,833 | 4.1 |
| Total Institutional LTSS | \$628,024,379 | 2.9 | \$658,772,181 | 4.9 | \$658,855,161 | 0.0 | \$743,258,402 | 12.8 | \$772,141,025 | 3.9 |
| Total HCBS | \$363,279,506 | 32.1 | \$380,329,134 | 4.7 | \$367,719,193 | -3.3 | \$367,923,386 | 0.1 | \$384,975,808 | 4.6 |
| Total Medicaid (all services) | \$3,094,578,743 | 13.7 | \$3,385,221,718 | 9.4 | \$3,578,398,163 | 5.7 | \$3,943,626,097 | 10.2 | \$4,197,065,370 | 6.4 |

| Percentages | FY 2001 | FY 2002 | FY 2003 | FY 2004 | FY 2005 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 32.0% | 30.7% | 28.7% | 28.2% | 27.6% |
| Percentage of LTSS that is HCBS | 36.6% | 36.6% | 35.8% | 33.1% | 33.3% |
| Percentage of LTSS that is HCBS - AD | 23.5% | 22.0% | 19.7% | 19.5% | 19.3% |
| Percentage of LTSS that is HCBS - DD | 43.0% | 51.0% | 51.7% | 49.6% | 53.0% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments were included starting in 1995 for Section 1915(c) waivers, in 2002 for nursing facilities, personal care, ICF/IID, and mental health facilities (including DSH); and in 2004 for PACE. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 42F. Long Term Services and Support Expenditures for South Carolina, 2006 – 2010

| Service Type | FY 2006 | Percent Change 05-06 | FY 2007 | Percent Change 06-07 | FY 2008 | Percent Change 07-08 | FY 2009 | Percent Change 08-09 | FY 2010 | Percent Change 09-10 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$588,920,751 | -6.2 | \$631,168,355 | 7.2 | \$674,306,962 | 6.8 | \$712,027,592 | 5.6 | \$777,352,203 | 9.2 |
| Nursing facilities | \$463,073,029 | -8.6 | \$489,665,170 | 5.7 | \$503,057,848 | 2.7 | \$513,252,844 | 2.0 | \$570,714,864 | 11.2 |
| Personal care | \$5,666,157 | 19.4 | \$6,877,421 | 21.4 | \$7,751,994 | 12.7 | \$9,817,657 | 26.6 | \$11,850,482 | 20.7 |
| 1915(c) waivers - AD | \$98,754,506 | 5.0 | \$114,903,441 | 16.4 | \$141,466,885 | 23.1 | \$164,764,822 | 16.5 | \$170,922,239 | 3.7 |
| Home health | \$11,775,735 | -13.1 | \$9,819,545 | -16.6 | \$11,991,471 | 22.1 | \$12,011,359 | 0.2 | \$8,828,261 | -26.5 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$9,651,324 | 6.7 | \$9,902,778 | 2.6 | \$10,038,764 | 1.4 | \$12,180,910 | 21.3 | \$11,710,846 | -3.9 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$3,325,511 | n/a |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with DD | \$351,494,838 | 2.2 | \$350,516,926 | -0.3 | \$429,220,641 | 22.5 | \$455,008,991 | 6.0 | \$437,242,331 | -3.9 |
| ICF/IID - public | \$160,157,347 | 15.8 | \$156,696,182 | -2.2 | \$154,255,458 | -1.6 | \$166,524,666 | 8.0 | \$140,569,551 | -15.6 |
| ICF/IID - private | \$1,121,176 | -95.2 | \$483,766 | -56.9 | \$0 | -100.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - DD | \$190,216,315 | 4.3 | \$193,336,978 | 1.6 | \$274,965,183 | 42.2 | \$288,484,325 | 4.9 | \$296,672,780 | 2.8 |
| HCBS - managed care authorities - DD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with SMI or SED | \$92,780,096 | -10.9 | \$89,318,556 | -3.7 | \$92,625,960 | 3.7 | \$109,423,297 | 18.1 | \$130,335,053 | 19.1 |
| Mental health facilities | \$39,954,665 | 13.3 | \$36,913,703 | -7.6 | \$38,790,785 | 5.1 | \$56,661,502 | 46.1 | \$52,852,242 | -6.7 |
| Mental health facilities-DSH | \$52,825,431 | -23.2 | \$52,404,853 | -0.8 | \$53,835,175 | 2.7 | \$52,761,795 | -2.0 | \$52,624,613 | -0.3 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$24,858,198 | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-Other/Multiple Populations | \$76,817,038 | -5.3 | \$39,080,672 | -49.1 | \$46,073,610 | 17.9 | \$48,161,580 | 4.5 | \$39,158,513 | -18.7 |
| Case management | \$72,496,455 | -4.4 | \$35,561,120 | -50.9 | \$42,335,113 | 19.0 | \$43,845,536 | 3.6 | \$33,705,305 | -23.1 |
| 1915(c) waivers - other | \$4,320,583 | -18.7 | \$3,519,552 | -18.5 | \$3,738,497 | 6.2 | \$4,316,044 | 15.4 | \$5,453,208 | 26.3 |
| HCBS - managed care authorities - other | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| Total LTSS | \$1,110,012,723 | -4.1 | \$1,110,084,509 | 0.0 | \$1,242,227,173 | 11.9 | \$1,324,621,460 | 6.6 | \$1,384,088,100 | 4.5 |
| Total Institutional LTSS | \$717,131,648 | -7.1 | \$736,163,674 | 2.7 | \$749,939,266 | 1.9 | \$789,200,807 | 5.2 | \$816,761,270 | 3.5 |
| Total HCBS | \$392,881,075 | 2.1 | \$373,920,835 | -4.8 | \$492,287,907 | 31.7 | \$535,420,653 | 8.8 | \$567,326,830 | 6.0 |
| Total Medicaid (all services) | \$4,070,300,879 | -3.0 | \$4,164,004,373 | 2.3 | \$4,435,150,197 | 6.5 | \$5,091,267,600 | 14.8 | \$5,224,475,762 | 2.6 |

| Percentages | FY 2006 | FY 2007 | FY 2008 | FY 2009 | FY 2010 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 27.3% | 26.7% | 28.0% | 26.0% | 26.5% |
| Percentage of LTSS that is HCBS | 35.4% | 33.7% | 39.6% | 40.4% | 41.0% |
| Percentage of LTSS that is HCBS - AD | 21.4% | 22.4% | 25.4% | 27.9% | 26.6% |
| Percentage of LTSS that is HCBS - DD | 54.1% | 55.2% | 64.1% | 63.4% | 67.9% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 19.1% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data. Starting in 2008, managed care data are included for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities. "n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included for several categories of service until 2009. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

For data before 2009, prior period adjustments were included for the following categories of service: nursing home, personal care, Section 1915(c) waivers, PACE, ICF/IID, and mental health facilities (including DSH).

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

South Carolina home health data decreased significantly in 2010, offset by private duty nursing expenditures. The state may have reported private duty nursing spending under home health before 2010.

Table 42G. Long Term Services and Support Expenditures for South Carolina, 2011 – 2014

| Service Type | FY 2011 | Percent Change 10-11 | FY 2012 | Percent Change 11-12 | FY 2013 | Percent Change 12-13 | FY 2014 | Percent Change 13-14 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$742,636,761 | -4.5 | \$749,873,182 | 1.0 | \$735,301,054 | -1.9 | \$784,898,792 | 6.7 |
| Nursing facilities | \$531,769,520 | -6.8 | \$553,342,116 | 4.1 | \$531,556,194 | -3.9 | \$569,196,129 | 7.1 |
| Personal care | \$13,869,763 | 17.0 | \$13,661,618 | -1.5 | \$12,679,352 | -7.2 | \$9,866,323 | -22.2 |
| 1915(c) waivers - AD | \$171,006,179 | 0.0 | \$156,671,356 | -8.4 | \$159,590,572 | 1.9 | \$166,006,346 | 4.0 |
| Home health | \$8,129,875 | -7.9 | \$6,974,713 | -14.2 | \$9,750,048 | 39.8 | \$13,226,926 | 35.7 |
| Community first choice | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$11,897,118 | 1.6 | \$12,155,354 | 2.2 | \$12,074,593 | -0.7 | \$13,427,420 | 11.2 |
| Private duty nursing | \$5,964,306 | 79.4 | \$7,068,025 | 18.5 | \$9,650,295 | 36.5 | \$13,175,648 | 36.5 |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with DD | \$431,023,455 | -1.4 | \$446,280,517 | 3.5 | \$436,842,595 | -2.1 | \$445,360,553 | 1.9 |
| ICF/IID - public | \$136,350,495 | -3.0 | \$155,037,462 | 13.7 | \$140,204,579 | -9.6 | \$138,751,670 | -1.0 |
| ICF/IID - private | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - DD | \$294,672,960 | -0.7 | \$291,243,055 | -1.2 | \$296,638,016 | 1.9 | \$306,608,883 | 3.4 |
| HCBS - managed care authorities - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with SMI or SED | \$122,023,244 | -6.4 | \$118,617,065 | -2.8 | \$128,173,764 | 8.1 | \$141,121,356 | 10.1 |
| Mental health facilities | \$45,558,238 | -13.8 | \$40,332,230 | -11.5 | \$49,853,499 | 23.6 | \$55,153,912 | 10.6 |
| Mental health facilities-DSH | \$52,023,489 | -1.1 | \$52,323,602 | 0.6 | \$52,175,304 | -0.3 | \$49,069,197 | -6.0 |
| Rehabilitative services | \$24,441,517 | -1.7 | \$25,961,233 | 6.2 | \$26,144,961 | 0.7 | \$36,898,247 | 41.1 |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-Other/Multiple Populations | \$41,504,537 | 6.0 | \$42,978,599 | 3.6 | \$25,242,603 | -41.3 | \$46,646,965 | 84.8 |
| Case management | \$35,258,708 | 4.6 | \$37,663,607 | 6.8 | \$19,954,852 | -47.0 | \$41,520,747 | 108.1 |
| 1915(c) waivers - other | \$6,245,829 | 14.5 | \$5,314,992 | -14.9 | \$5,242,338 | -1.4 | \$4,887,731 | -6.8 |
| HCBS - managed care authorities - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| MFP demonstration | \$0 | 0.0 | \$0 | 0.0 | \$45,413 | 100.0 | \$238,487 | 425.2 |
| Total LTSS | \$1,337,187,997 | -3.4 | \$1,357,749,363 | 1.5 | \$1,325,560,016 | -2.4 | \$1,418,027,666 | 7.0 |
| Total Institutional LTSS | \$765,701,742 | -6.3 | \$801,035,410 | 4.6 | \$773,789,576 | -3.4 | \$812,170,908 | 5.0 |
| Total HCBS | \$571,486,255 | 0.7 | \$556,713,953 | -2.6 | \$551,770,440 | -0.9 | \$605,856,758 | 9.8 |
| Total Medicaid (all services) | \$5,076,824,114 | -2.8 | \$4,792,403,503 | -5.6 | \$4,949,056,058 | 3.3 | \$5,562,271,150 | 12.4 |

| Percentages | FY 2011 | FY 2012 | FY 2013 | FY 2014 |
|--|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 26.3% | 28.3% | 26.8% | 25.5% |
| Percentage of LTSS that is HCBS | 42.7% | 41.0% | 41.6% | 42.7% |
| Percentage of LTSS that is HCBS - AD | 28.4% | 26.2% | 27.7% | 27.5% |
| Percentage of LTSS that is HCBS - DD | 68.4% | 65.3% | 67.9% | 68.9% |
| Percentage of LTSS that is HCBS - SMI or SED | 20.0% | 21.9% | 20.4% | 26.2% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Managed care data are included only for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care.

Institutional MLTSS – unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 43A. Long Term Services and Support Expenditures for South Dakota, 1981 – 1985

| Service Type | FY 1981 | FY 1982 | Percent Change 81-82 | FY 1983 | Percent Change 82-83 | FY 1984 | Percent Change 83-84 | FY 1985 | Percent Change 84-85 |
|---|---------------------|---------------------|----------------------|---------------------|----------------------|---------------------|----------------------|---------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$31,261,573 | \$31,323,547 | 0.2 | \$30,223,223 | -3.5 | \$34,119,355 | 12.9 | \$36,031,784 | 5.6 |
| Personal care | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$871,428 | n/a |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$33,292 | \$44,971 | 35.1 | \$51,975 | 15.6 | \$59,467 | 14.4 | \$90,059 | 51.4 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$14,688,984 | \$14,889,821 | 1.4 | \$13,569,544 | -8.9 | \$15,638,839 | 15.2 | \$15,877,898 | 1.5 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$2,530,531 | \$2,573,128 | 1.7 | \$2,320,309 | -9.8 | \$2,699,630 | 16.3 | \$2,589,068 | -4.1 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | n/a | n/a | n/a | n/a | n/a | \$3,596,662 | n/a | \$4,510,496 | 25.4 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$48,514,380 | \$48,831,467 | 0.7 | \$46,165,051 | -5.5 | \$56,113,953 | 21.6 | \$59,970,733 | 6.9 |
| Total Institutional LTSS | \$48,481,088 | \$48,786,496 | 0.6 | \$46,113,076 | -5.5 | \$52,457,824 | 13.8 | \$54,498,750 | 3.9 |
| Total HCBS | \$33,292 | \$44,971 | 35.1 | \$51,975 | 15.6 | \$3,656,129 | 6934.4 | \$5,471,983 | 49.7 |
| Total Medicaid (all services) | \$72,796,579 | \$78,644,358 | 8.0 | \$79,374,964 | 0.9 | \$90,721,007 | 14.3 | \$95,514,237 | 5.3 |

| Percentages | FY 1981 | FY 1982 | FY 1983 | FY 1984 | FY 1985 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 66.6% | 62.1% | 58.2% | 61.9% | 62.8% |
| Percentage of LTSS that is HCBS | 0.1% | 0.1% | 0.1% | 6.5% | 9.1% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data.

Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 43B. Long Term Services and Support Expenditures for South Dakota, 1986 – 1990

| Service Type | FY 1986 | Percent Change 85-86 | FY 1987 | Percent Change 86-87 | FY 1988 | Percent Change 87-88 | FY 1989 | Percent Change 88-89 | FY 1990 | Percent Change 89-90 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$38,618,285 | 7.2 | \$41,679,063 | 7.9 | \$43,688,948 | 4.8 | \$47,902,568 | 9.6 | \$53,261,456 | 11.2 |
| Personal care | \$913,543 | 4.8 | \$849,845 | -7.0 | \$989,119 | 16.4 | \$1,059,422 | 7.1 | \$1,154,553 | 9.0 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$197,243 | 119.0 | \$372,053 | 88.6 | \$326,497 | -12.2 | \$326,031 | -0.1 | \$1,049,337 | 221.9 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$17,175,634 | 8.2 | \$34,854,888 | 102.9 | \$22,004,514 | -36.9 | \$23,498,408 | 6.8 | \$25,305,576 | 7.7 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$2,602,385 | 0.5 | \$2,571,134 | -1.2 | \$2,760,510 | 7.4 | \$3,177,613 | 15.1 | \$3,901,143 | 22.8 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | \$5,315,999 | 17.9 | \$6,325,741 | 19.0 | \$7,294,643 | 15.3 | \$9,760,688 | 33.8 | \$11,392,037 | 16.7 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$64,823,089 | 8.1 | \$86,652,724 | 33.7 | \$77,064,231 | -11.1 | \$85,724,730 | 11.2 | \$96,064,102 | 12.1 |
| Total Institutional LTSS | \$58,396,304 | 7.2 | \$79,105,085 | 35.5 | \$68,453,972 | -13.5 | \$74,578,589 | 8.9 | \$82,468,175 | 10.6 |
| Total HCBS | \$6,426,785 | 17.4 | \$7,547,639 | 17.4 | \$8,610,259 | 14.1 | \$11,146,141 | 29.5 | \$13,595,927 | 22.0 |
| Total Medicaid (all services) | \$104,406,362 | 9.3 | \$117,734,786 | 12.8 | \$127,590,581 | 8.4 | \$145,929,876 | 14.4 | \$170,549,755 | 16.9 |

| Percentages | FY 1986 | FY 1987 | FY 1988 | FY 1989 | FY 1990 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 62.1% | 73.6% | 60.4% | 58.7% | 56.3% |
| Percentage of LTSS that is HCBS | 9.9% | 8.7% | 11.2% | 13.0% | 14.2% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997. ICF/IID 1987 data were greater than 1986 and 1988 data for an unknown reason.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 43C. Long Term Services and Support Expenditures for South Dakota, 1991 – 1995

| Service Type | FY 1991 | Percent Change 90-91 | FY 1992 | Percent Change 91-92 | FY 1993 | Percent Change 92-93 | FY 1994 | Percent Change 93-94 | FY 1995 | Percent Change 94-95 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$97,731,860 | n/a |
| Nursing facilities | \$60,575,572 | 13.7 | \$71,647,547 | 18.3 | \$78,072,795 | 9.0 | \$86,820,113 | 11.2 | \$93,898,261 | 8.2 |
| Personal care | \$1,236,277 | 7.1 | \$1,408,516 | 13.9 | \$1,530,911 | 8.7 | \$1,189,014 | -22.3 | \$1,147,291 | -3.5 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$702,389 | n/a |
| Home health | \$1,254,511 | 19.6 | \$1,450,157 | 15.6 | \$1,599,740 | 10.3 | \$1,763,267 | 10.2 | \$1,983,919 | 12.5 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$60,225,114 | n/a |
| ICF/IID - public | \$26,645,345 | 5.3 | \$29,221,372 | 9.7 | \$29,613,205 | 1.3 | \$31,815,475 | 7.4 | \$30,935,770 | -2.8 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$29,289,344 | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$5,932,631 | n/a |
| Mental health facilities | \$4,441,337 | 13.8 | \$5,378,191 | 21.1 | \$5,230,928 | -2.7 | \$5,647,869 | 8.0 | \$5,932,631 | 5.0 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified/other | \$14,417,930 | 26.6 | \$16,979,914 | 17.8 | \$20,945,780 | 23.4 | \$24,139,668 | 15.2 | \$0 | n/a |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$108,570,972 | 13.0 | \$126,085,697 | 16.1 | \$136,993,359 | 8.7 | \$151,375,406 | 10.5 | \$163,889,605 | 8.3 |
| Total Institutional LTSS | \$91,662,254 | 11.1 | \$106,247,110 | 15.9 | \$112,916,928 | 6.3 | \$124,283,457 | 10.1 | \$130,766,662 | 5.2 |
| Total HCBS | \$16,908,718 | 24.4 | \$19,838,587 | 17.3 | \$24,076,431 | 21.4 | \$27,091,949 | 12.5 | \$33,122,943 | 22.3 |
| Total Medicaid (all services) | \$202,742,649 | 18.9 | \$238,753,614 | 17.8 | \$266,293,718 | 11.5 | \$290,583,027 | 9.1 | \$315,729,178 | 8.7 |

| Percentages | FY 1991 | FY 1992 | FY 1993 | FY 1994 | FY 1995 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 53.6% | 52.8% | 51.4% | 52.1% | 51.9% |
| Percentage of LTSS that is HCBS | 15.6% | 15.7% | 17.6% | 17.9% | 20.2% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | 3.9% |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | 48.6% |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included except for 1915(c) waivers for 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 43D. Long Term Services and Support Expenditures for South Dakota, 1996 – 2000

| Service Type | FY 1996 | Percent Change 95-96 | FY 1997 | Percent Change 96-97 | FY 1998 | Percent Change 97-98 | FY 1999 | Percent Change 98-99 | FY 2000 | Percent Change 99-00 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | \$101,883,210 | 4.2 | \$103,624,726 | 1.7 | \$107,881,321 | 4.1 | \$109,588,019 | 1.6 | \$110,221,499 | 0.6 |
| Nursing facilities | \$98,030,182 | 4.4 | \$99,374,081 | 1.4 | \$102,375,844 | 3.0 | \$103,831,737 | 1.4 | \$103,334,633 | -0.5 |
| Personal care | \$747,957 | -34.8 | \$636,730 | -14.9 | \$732,931 | 15.1 | \$671,149 | -8.4 | \$1,113,877 | 66.0 |
| 1915(c) waivers - AD | \$1,154,690 | 64.4 | \$1,184,183 | 2.6 | \$1,798,859 | 51.9 | \$2,284,719 | 27.0 | \$2,873,663 | 25.8 |
| Home health | \$1,950,381 | -1.7 | \$2,429,732 | 24.6 | \$2,973,687 | 22.4 | \$2,800,414 | -5.8 | \$2,899,326 | 3.5 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$63,673,206 | 5.7 | \$58,825,856 | -7.6 | \$62,367,958 | 6.0 | \$66,053,265 | 5.9 | \$68,718,676 | 4.0 |
| ICF/IID - public | \$28,309,137 | -8.5 | \$14,834,703 | -47.6 | \$16,330,109 | 10.1 | \$16,214,404 | -0.7 | \$15,621,946 | -3.7 |
| ICF/IID - private | n/a | n/a | \$5,359,403 | n/a | \$4,138,512 | -22.8 | \$2,269,093 | -45.2 | \$2,377,261 | 4.8 |
| 1915(c) waivers - DD | \$35,364,069 | 20.7 | \$38,631,750 | 9.2 | \$41,899,337 | 8.5 | \$47,569,768 | 13.5 | \$50,719,469 | 6.6 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$5,290,102 | -10.8 | \$5,895,044 | 11.4 | \$3,958,501 | -32.9 | \$3,416,691 | -13.7 | \$4,941,986 | 44.6 |
| Mental health facilities | \$4,540,102 | -23.5 | \$4,645,044 | 2.3 | \$3,208,501 | -30.9 | \$2,665,393 | -16.9 | \$4,190,687 | 57.2 |
| Mental health facilities-DSH | \$750,000 | 100.0 | \$1,250,000 | 66.7 | \$750,000 | -40.0 | \$751,298 | 0.2 | \$751,299 | 0.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$0 | 0.0 | \$1,312,354 | 100.0 | \$2,928 | -99.8 | \$0 | -100.0 | \$0 | 0.0 |
| Case management | n/a | n/a | \$1,312,354 | n/a | \$2,928 | -99.8 | \$0 | -100.0 | \$0 | 0.0 |
| 1915(c) waivers - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$170,846,518 | 4.2 | \$169,657,980 | -0.7 | \$174,210,708 | 2.7 | \$179,057,975 | 2.8 | \$183,882,161 | 2.7 |
| Total Institutional LTSS | \$131,629,421 | 0.7 | \$125,463,231 | -4.7 | \$126,802,966 | 1.1 | \$125,731,925 | -0.8 | \$126,275,826 | 0.4 |
| Total HCBS | \$39,217,097 | 18.4 | \$44,194,749 | 12.7 | \$47,407,742 | 7.3 | \$53,326,050 | 12.5 | \$57,606,335 | 8.0 |
| Total Medicaid (all services) | \$329,578,741 | 4.4 | \$331,629,892 | 0.6 | \$360,221,250 | 8.6 | \$377,830,154 | 4.9 | \$404,409,215 | 7.0 |

| Percentages | FY 1996 | FY 1997 | FY 1998 | FY 1999 | FY 2000 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 51.8% | 51.2% | 48.4% | 47.4% | 45.5% |
| Percentage of LTSS that is HCBS | 23.0% | 26.0% | 27.2% | 29.8% | 31.3% |
| Percentage of LTSS that is HCBS - AD | 3.8% | 4.1% | 5.1% | 5.3% | 6.2% |
| Percentage of LTSS that is HCBS - DD | 55.5% | 65.7% | 67.2% | 72.0% | 73.8% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included except for 1915(c) waivers. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 43E. Long Term Services and Support Expenditures for South Dakota, 2001 – 2005

| Service Type | FY 2001 | Percent Change 00-01 | FY 2002 | Percent Change 01-02 | FY 2003 | Percent Change 02-03 | FY 2004 | Percent Change 03-04 | FY 2005 | Percent Change 04-05 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | \$162,501,263 | 47.4 | \$181,362,270 | 11.6 | \$141,588,814 | -21.9 | \$130,900,873 | -7.5 | \$142,182,903 | 8.6 |
| Nursing facilities | \$155,279,939 | 50.3 | \$171,569,783 | 10.5 | \$130,295,078 | -24.1 | \$118,369,554 | -9.2 | \$127,472,842 | 7.7 |
| Personal care | \$909,148 | -18.4 | \$1,342,600 | 47.7 | \$1,727,476 | 28.7 | \$1,402,573 | -18.8 | \$1,421,726 | 1.4 |
| 1915(c) waivers - AD | \$3,556,514 | 23.8 | \$4,640,589 | 30.5 | \$5,009,204 | 7.9 | \$6,060,583 | 21.0 | \$7,312,250 | 20.7 |
| Home health | \$2,755,662 | -5.0 | \$3,809,298 | 38.2 | \$4,557,056 | 19.6 | \$5,068,163 | 11.2 | \$5,976,085 | 17.9 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$74,075,154 | 7.8 | \$78,142,647 | 5.5 | \$81,671,768 | 4.5 | \$86,756,285 | 6.2 | \$95,580,593 | 10.2 |
| ICF/IID - public | \$16,898,053 | 8.2 | \$18,101,836 | 7.1 | \$18,165,553 | 0.4 | \$18,793,990 | 3.5 | \$21,296,554 | 13.3 |
| ICF/IID - private | \$1,605,099 | -32.5 | \$345,873 | -78.5 | \$0 | -100.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - DD | \$55,572,002 | 9.6 | \$59,694,938 | 7.4 | \$63,506,215 | 6.4 | \$67,962,295 | 7.0 | \$74,284,039 | 9.3 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$4,171,886 | -15.6 | \$4,134,995 | -0.9 | \$3,874,752 | -6.3 | \$3,395,675 | -12.4 | \$3,846,856 | 13.3 |
| Mental health facilities | \$3,420,588 | -18.4 | \$3,383,697 | -1.1 | \$3,123,453 | -7.7 | \$2,644,376 | -15.3 | \$3,095,557 | 17.1 |
| Mental health facilities-DSH | \$751,298 | 0.0 | \$751,298 | 0.0 | \$751,299 | 0.0 | \$751,299 | 0.0 | \$751,299 | 0.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Case management | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$240,748,303 | 30.9 | \$263,639,912 | 9.5 | \$227,135,334 | -13.8 | \$221,052,833 | -2.7 | \$241,610,352 | 9.3 |
| Total Institutional LTSS | \$177,954,977 | 40.9 | \$194,152,487 | 9.1 | \$152,335,383 | -21.5 | \$140,559,219 | -7.7 | \$152,616,252 | 8.6 |
| Total HCBS | \$62,793,326 | 9.0 | \$69,487,425 | 10.7 | \$74,799,951 | 7.6 | \$80,493,614 | 7.6 | \$88,994,100 | 10.6 |
| Total Medicaid (all services) | \$472,298,828 | 16.8 | \$554,403,668 | 17.4 | \$545,867,838 | -1.5 | \$568,600,316 | 4.2 | \$612,798,453 | 7.8 |

| Percentages | FY 2001 | FY 2002 | FY 2003 | FY 2004 | FY 2005 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 51.0% | 47.6% | 41.6% | 38.9% | 39.4% |
| Percentage of LTSS that is HCBS | 26.1% | 26.4% | 32.9% | 36.4% | 36.8% |
| Percentage of LTSS that is HCBS - AD | 4.4% | 5.4% | 8.0% | 9.6% | 10.3% |
| Percentage of LTSS that is HCBS - DD | 75.0% | 76.4% | 77.8% | 78.3% | 77.7% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments were included starting in 1995 for Section 1915(c) waivers, in 2002 for nursing facilities, personal care, ICF/IID, and mental health facilities (including DSH); and in 2004 for PACE. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 43F. Long Term Services and Support Expenditures for South Dakota, 2006 – 2010

| Service Type | FY 2006 | Percent Change 05-06 | FY 2007 | Percent Change 06-07 | FY 2008 | Percent Change 07-08 | FY 2009 | Percent Change 08-09 | FY 2010 | Percent Change 09-10 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | \$148,922,413 | 4.7 | \$153,533,088 | 3.1 | \$157,533,155 | 2.6 | \$165,468,481 | 5.0 | \$169,706,498 | 2.6 |
| Nursing facilities | \$133,199,613 | 4.5 | \$135,932,699 | 2.1 | \$138,111,126 | 1.6 | \$142,270,612 | 3.0 | \$144,038,021 | 1.2 |
| Personal care | \$1,405,738 | -1.1 | \$1,375,064 | -2.2 | \$1,509,701 | 9.8 | \$1,706,709 | 13.0 | \$1,743,977 | 2.2 |
| 1915(c) waivers - AD | \$7,699,037 | 5.3 | \$9,283,091 | 20.6 | \$10,771,288 | 16.0 | \$12,709,244 | 18.0 | \$12,863,481 | 1.2 |
| Home health | \$6,618,025 | 10.7 | \$6,942,234 | 4.9 | \$7,141,040 | 2.9 | \$8,781,916 | 23.0 | \$11,061,019 | 26.0 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with DD | \$98,814,134 | 3.4 | \$102,687,574 | 3.9 | \$110,305,849 | 7.4 | \$115,834,693 | 5.0 | \$123,893,180 | 7.0 |
| ICF/IID - public | \$20,785,289 | -2.4 | \$20,148,861 | -3.1 | \$22,366,403 | 11.0 | \$23,336,646 | 4.3 | \$26,585,788 | 13.9 |
| ICF/IID - private | \$0 | 0.0 | \$0 | 0.0 | \$147 | 100.0 | \$0 | -100.0 | \$0 | 0.0 |
| 1915(c) waivers - DD | \$78,028,845 | 5.0 | \$82,538,713 | 5.8 | \$87,939,299 | 6.5 | \$92,498,047 | 5.2 | \$97,307,392 | 5.2 |
| HCBS - managed care authorities - DD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with SMI or SED | \$4,274,483 | 11.1 | \$4,369,222 | 2.2 | \$4,771,423 | 9.2 | \$4,400,747 | -7.8 | \$11,016,328 | 150.3 |
| Mental health facilities | \$3,523,184 | 13.8 | \$3,810,338 | 8.2 | \$4,020,124 | 5.5 | \$3,649,448 | -9.2 | \$2,596,160 | -28.9 |
| Mental health facilities-DSH | \$751,299 | 0.0 | \$558,884 | -25.6 | \$751,299 | 34.4 | \$751,299 | 0.0 | \$648,496 | -13.7 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$7,771,672 | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-Other/Multiple Populations | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Case management | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - other | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| Total LTSS | \$252,011,030 | 4.3 | \$260,589,884 | 3.4 | \$272,610,427 | 4.6 | \$285,703,921 | 4.8 | \$304,616,006 | 6.6 |
| Total Institutional LTSS | \$158,259,385 | 3.7 | \$160,450,782 | 1.4 | \$165,249,099 | 3.0 | \$170,008,005 | 2.9 | \$173,868,465 | 2.3 |
| Total HCBS | \$93,751,645 | 5.3 | \$100,139,102 | 6.8 | \$107,361,328 | 7.2 | \$115,695,916 | 7.8 | \$130,747,541 | 13.0 |
| Total Medicaid (all services) | \$605,206,043 | -1.2 | \$617,373,056 | 2.0 | \$671,124,456 | 8.7 | \$715,060,938 | 6.5 | \$786,328,758 | 10.0 |

| Percentages | FY 2006 | FY 2007 | FY 2008 | FY 2009 | FY 2010 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 41.6% | 42.2% | 40.6% | 40.0% | 38.7% |
| Percentage of LTSS that is HCBS | 37.2% | 38.4% | 39.4% | 40.5% | 42.9% |
| Percentage of LTSS that is HCBS - AD | 10.6% | 11.5% | 12.3% | 14.0% | 15.1% |
| Percentage of LTSS that is HCBS - DD | 79.0% | 80.4% | 79.7% | 79.9% | 78.5% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 70.6% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data. Starting in 2008, managed care data are included for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities. "n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included for several categories of service until 2009. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

For data before 2009, prior period adjustments were included for the following categories of service: nursing home, personal care, Section 1915(c) waivers, PACE, ICF/IID, and mental health facilities (including DSH).

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS – unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 43G. Long Term Services and Support Expenditures for South Dakota, 2011 – 2014

| Service Type | FY 2011 | Percent Change 10-11 | FY 2012 | Percent Change 11-12 | FY 2013 | Percent Change 12-13 | FY 2014 | Percent Change 13-14 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | \$163,417,418 | -3.7 | \$161,424,362 | -1.2 | \$159,611,314 | -1.1 | \$157,815,292 | -1.1 |
| Nursing facilities | \$136,498,248 | -5.2 | \$135,051,804 | -1.1 | \$132,970,013 | -1.5 | \$130,037,952 | -2.2 |
| Personal care | \$1,668,492 | -4.3 | \$1,155,083 | -30.8 | \$864,268 | -25.2 | \$958,735 | 10.9 |
| 1915(c) waivers - AD | \$12,751,263 | -0.9 | \$13,521,166 | 6.0 | \$14,334,466 | 6.0 | \$15,401,289 | 7.4 |
| Home health | \$12,499,415 | 13.0 | \$11,696,309 | -6.4 | \$11,442,567 | -2.2 | \$11,417,316 | -0.2 |
| Community first choice | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Private duty nursing | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with DD | \$124,201,417 | 0.2 | \$132,046,721 | 6.3 | \$136,620,896 | 3.5 | \$139,046,013 | 1.8 |
| ICF/IID - public | \$24,714,946 | -7.0 | \$29,593,899 | 19.7 | \$30,171,490 | 2.0 | \$30,891,316 | 2.4 |
| ICF/IID - private | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - DD | \$99,486,471 | 2.2 | \$102,452,822 | 3.0 | \$106,449,406 | 3.9 | \$108,154,697 | 1.6 |
| HCBS - managed care authorities - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with SMI or SED | \$12,338,758 | 12.0 | \$11,176,097 | -9.4 | \$11,643,069 | 4.2 | \$11,849,832 | 1.8 |
| Mental health facilities | \$4,065,077 | 56.6 | \$2,613,324 | -35.7 | \$3,225,631 | 23.4 | \$3,454,249 | 7.1 |
| Mental health facilities-DSH | \$537,729 | -17.1 | \$751,299 | 39.7 | \$751,299 | 0.0 | \$751,299 | 0.0 |
| Rehabilitative services | \$7,735,952 | -0.5 | \$7,811,474 | 1.0 | \$7,666,139 | -1.9 | \$7,644,284 | -0.3 |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-Other/Multiple Populations | \$0 | 0.0 | \$0 | 0.0 | \$650,538 | 100.0 | \$3,767,279 | 479.1 |
| Case management | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | \$0 | n/a | \$650,538 | 100.0 | \$3,537,761 | 443.8 |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| MFP demonstration | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$229,518 | 100.0 |
| Total LTSS | \$299,957,593 | -1.5 | \$304,647,180 | 1.6 | \$308,525,817 | 1.3 | \$312,478,416 | 1.3 |
| Total Institutional LTSS | \$165,816,000 | -4.6 | \$168,010,326 | 1.3 | \$167,118,433 | -0.5 | \$165,134,816 | -1.2 |
| Total HCBS | \$134,141,593 | 2.6 | \$136,636,854 | 1.9 | \$141,407,384 | 3.5 | \$147,343,600 | 4.2 |
| Total Medicaid (all services) | \$756,922,521 | -3.7 | \$749,264,081 | -1.0 | \$766,638,558 | 2.3 | \$766,736,408 | 0.0 |

| Percentages | FY 2011 | FY 2012 | FY 2013 | FY 2014 |
|--|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 39.6% | 40.7% | 40.2% | 40.8% |
| Percentage of LTSS that is HCBS | 44.7% | 44.9% | 45.8% | 47.2% |
| Percentage of LTSS that is HCBS - AD | 16.5% | 16.3% | 16.7% | 17.6% |
| Percentage of LTSS that is HCBS - DD | 80.1% | 77.6% | 77.9% | 77.8% |
| Percentage of LTSS that is HCBS - SMI or SED | 62.7% | 69.9% | 65.8% | 64.5% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Managed care data are included only for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care.

Institutional MLTSS – unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 44A. Long Term Services and Support Expenditures for Tennessee, 1981 – 1985

| Service Type | FY 1981 | FY 1982 | Percent Change 81-82 | FY 1983 | Percent Change 82-83 | FY 1984 | Percent Change 83-84 | FY 1985 | Percent Change 84-85 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$139,583,762 | \$147,707,630 | 5.8 | \$161,486,314 | 9.3 | \$173,505,882 | 7.4 | \$253,078,296 | 45.9 |
| Personal care | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$2,147,086 | \$2,469,256 | 15.0 | \$3,411,858 | 38.2 | \$4,975,507 | 45.8 | \$6,029,056 | 21.2 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$54,160,213 | \$56,831,429 | 4.9 | \$55,524,442 | -2.3 | \$57,335,098 | 3.3 | \$15,447,639 | -73.1 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$12,822,204 | \$11,375,593 | -11.3 | \$12,657,746 | 11.3 | \$15,697,385 | 24.0 | \$16,604,164 | 5.8 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | n/a | n/a | n/a | n/a | n/a | \$19,258 | n/a | \$0 | -100.0 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$208,713,265 | \$218,383,908 | 4.6 | \$233,080,360 | 6.7 | \$251,533,130 | 7.9 | \$291,159,155 | 15.8 |
| Total Institutional LTSS | \$206,566,179 | \$215,914,652 | 4.5 | \$229,668,502 | 6.4 | \$246,538,365 | 7.3 | \$285,130,099 | 15.7 |
| Total HCBS | \$2,147,086 | \$2,469,256 | 15.0 | \$3,411,858 | 38.2 | \$4,994,765 | 46.4 | \$6,029,056 | 20.7 |
| Total Medicaid (all services) | \$435,586,268 | \$408,154,964 | -6.3 | \$489,599,030 | 20.0 | \$542,631,573 | 10.8 | \$621,284,030 | 14.5 |

| Percentages | FY 1981 | FY 1982 | FY 1983 | FY 1984 | FY 1985 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 47.9% | 53.5% | 47.6% | 46.4% | 46.9% |
| Percentage of LTSS that is HCBS | 1.0% | 1.1% | 1.5% | 2.0% | 2.1% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data.

Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 44B. Long Term Services and Support Expenditures for Tennessee, 1986 – 1990

| Service Type | FY 1986 | Percent Change 85-86 | FY 1987 | Percent Change 86-87 | FY 1988 | Percent Change 87-88 | FY 1989 | Percent Change 88-89 | FY 1990 | Percent Change 89-90 |
|---|----------------------|----------------------|----------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$215,063,992 | -15.0 | \$235,854,246 | 9.7 | \$240,979,667 | 2.2 | \$246,492,704 | 2.3 | \$274,184,087 | 11.2 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$7,463,958 | 23.8 | \$9,742,817 | 30.5 | \$11,054,416 | 13.5 | \$12,117,532 | 9.6 | \$13,204,132 | 9.0 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$38,170,594 | 147.1 | \$139,219,572 | 264.7 | \$77,504,336 | -44.3 | \$81,959,241 | 5.7 | \$84,049,932 | 2.6 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$23,506,291 | 41.6 | \$35,171,011 | 49.6 | \$38,297,526 | 8.9 | \$37,950,567 | -0.9 | \$34,466,718 | -9.2 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | \$99,260 | 100.0 | \$1,709,566 | 1622.3 | \$4,904,506 | 186.9 | \$9,763,512 | 99.1 | \$9,564,278 | -2.0 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$284,304,095 | -2.4 | \$421,697,212 | 48.3 | \$372,740,451 | -11.6 | \$388,283,556 | 4.2 | \$415,469,147 | 7.0 |
| Total Institutional LTSS | \$276,740,877 | -2.9 | \$410,244,829 | 48.2 | \$356,781,529 | -13.0 | \$366,402,512 | 2.7 | \$392,700,737 | 7.2 |
| Total HCBS | \$7,563,218 | 25.4 | \$11,452,383 | 51.4 | \$15,958,922 | 39.4 | \$21,881,044 | 37.1 | \$22,768,410 | 4.1 |
| Total Medicaid (all services) | \$722,548,797 | 16.3 | \$901,532,137 | 24.8 | \$1,034,809,544 | 14.8 | \$1,171,323,993 | 13.2 | \$1,439,385,891 | 22.9 |

| Percentages | FY 1986 | FY 1987 | FY 1988 | FY 1989 | FY 1990 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 39.3% | 46.8% | 36.0% | 33.1% | 28.9% |
| Percentage of LTSS that is HCBS | 2.7% | 2.7% | 4.3% | 5.6% | 5.5% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997. ICF/IID 1987 data were greater than 1986 and 1988 data for an unknown reason.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 44C. Long Term Services and Support Expenditures for Tennessee, 1991 – 1995

| Service Type | FY 1991 | Percent Change 90-91 | FY 1992 | Percent Change 91-92 | FY 1993 | Percent Change 92-93 | FY 1994 | Percent Change 93-94 | FY 1995 | Percent Change 94-95 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$591,422,954 | n/a |
| Nursing facilities | \$373,566,558 | 36.2 | \$429,342,316 | 14.9 | \$524,318,421 | 22.1 | \$553,000,582 | 5.5 | \$587,637,195 | 6.3 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$2,885,807 | n/a |
| Home health | \$13,338,718 | 1.0 | \$14,351,548 | 7.6 | \$16,771,544 | 16.9 | \$9,260,847 | -44.8 | \$899,952 | -90.3 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$168,958,431 | n/a |
| ICF/IID - public | \$100,001,521 | 19.0 | \$111,714,785 | 11.7 | \$117,122,556 | 4.8 | \$135,559,639 | 15.7 | \$150,393,660 | 10.9 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$18,564,771 | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$3,141,221 | n/a |
| Mental health facilities | \$29,181,697 | -15.3 | \$33,270,470 | 14.0 | \$41,283,915 | 24.1 | \$35,943,637 | -12.9 | \$3,141,221 | -91.3 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | \$3,191,327 | n/a | \$1,436,709 | -55.0 | \$0 | -100.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified/other | \$9,198,674 | -3.8 | \$32,574,196 | 254.1 | \$17,114,495 | -47.5 | \$16,340,364 | -4.5 | \$0 | n/a |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$525,287,168 | 26.4 | \$621,253,315 | 18.3 | \$719,802,258 | 15.9 | \$751,541,778 | 4.4 | \$763,522,606 | 1.6 |
| Total Institutional LTSS | \$502,749,776 | 28.0 | \$574,327,571 | 14.2 | \$685,916,219 | 19.4 | \$725,940,567 | 5.8 | \$741,172,076 | 2.1 |
| Total HCBS | \$22,537,392 | -1.0 | \$46,925,744 | 108.2 | \$33,886,039 | -27.8 | \$25,601,211 | -24.4 | \$22,350,530 | -12.7 |
| Total Medicaid (all services) | \$1,895,881,219 | 31.7 | \$2,441,729,609 | 28.8 | \$2,675,390,349 | 9.6 | \$2,693,612,944 | 0.7 | \$3,383,048,065 | 25.6 |

| Percentages | FY 1991 | FY 1992 | FY 1993 | FY 1994 | FY 1995 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 27.7% | 25.4% | 26.9% | 27.9% | 22.6% |
| Percentage of LTSS that is HCBS | 4.3% | 7.6% | 4.7% | 3.4% | 2.9% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | 0.6% |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | 11.0% |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included except for 1915(c) waivers for 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 44D. Long Term Services and Support Expenditures for Tennessee, 1996 – 2000

| Service Type | FY 1996 | Percent Change 95-96 | FY 1997 | Percent Change 96-97 | FY 1998 | Percent Change 97-98 | FY 1999 | Percent Change 98-99 | FY 2000 | Percent Change 99-00 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$631,875,728 | 6.8 | \$664,790,652 | 5.2 | \$710,461,191 | 6.9 | \$726,443,655 | 2.2 | \$1,033,505,828 | 42.3 |
| Nursing facilities | \$627,649,782 | 6.8 | \$660,598,119 | 5.2 | \$706,182,082 | 6.9 | \$720,603,303 | 2.0 | \$1,027,835,735 | 42.6 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | \$3,498,863 | 21.2 | \$3,607,500 | 3.1 | \$3,863,748 | 7.1 | \$5,231,495 | 35.4 | \$5,581,526 | 6.7 |
| Home health | \$727,083 | -19.2 | \$585,033 | -19.5 | \$415,361 | -29.0 | \$608,857 | 46.6 | \$88,567 | -85.5 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$239,303,134 | 41.6 | \$298,670,644 | 24.8 | \$326,623,290 | 9.4 | \$368,549,680 | 12.8 | \$430,867,880 | 16.9 |
| ICF/IID - public | \$201,502,734 | 34.0 | \$176,329,947 | -12.5 | \$187,836,424 | 6.5 | \$178,965,635 | -4.7 | \$172,236,233 | -3.8 |
| ICF/IID - private | n/a | n/a | \$36,444,093 | n/a | \$55,783,554 | 53.1 | \$58,757,485 | 5.3 | \$62,483,137 | 6.3 |
| 1915(c) waivers - DD | \$37,800,400 | 103.6 | \$85,896,604 | 127.2 | \$83,003,312 | -3.4 | \$130,826,560 | 57.6 | \$196,148,510 | 49.9 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$171,089 | -94.6 | \$40,387 | -76.4 | \$584,862 | 1348.1 | \$769,889 | 31.6 | \$710,590 | -7.7 |
| Mental health facilities | \$171,089 | -94.6 | \$40,387 | -76.4 | \$584,862 | 1348.1 | \$769,889 | 31.6 | \$710,590 | -7.7 |
| Mental health facilities-DSH | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$0 | 0.0 | \$125,401,563 | 100.0 | \$90,107,740 | -28.1 | \$111,717,176 | 24.0 | \$123,922,079 | 10.9 |
| Case management | n/a | n/a | \$125,401,563 | n/a | \$90,107,740 | -28.1 | \$111,717,176 | 24.0 | \$123,922,079 | 10.9 |
| 1915(c) waivers - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$871,349,951 | 14.1 | \$1,088,903,246 | 25.0 | \$1,127,777,083 | 3.6 | \$1,207,480,400 | 7.1 | \$1,589,006,377 | 31.6 |
| Total Institutional LTSS | \$829,323,605 | 11.9 | \$873,412,546 | 5.3 | \$950,386,922 | 8.8 | \$959,096,312 | 0.9 | \$1,263,265,695 | 31.7 |
| Total HCBS | \$42,026,346 | 88.0 | \$215,490,700 | 412.8 | \$177,390,161 | -17.7 | \$248,384,088 | 40.0 | \$325,740,682 | 31.1 |
| Total Medicaid (all services) | \$3,201,718,656 | -5.4 | \$3,434,971,957 | 7.3 | \$3,758,074,119 | 9.4 | \$4,159,707,338 | 10.7 | \$4,919,682,673 | 18.3 |

| Percentages | FY 1996 | FY 1997 | FY 1998 | FY 1999 | FY 2000 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 27.2% | 31.7% | 30.0% | 29.0% | 32.3% |
| Percentage of LTSS that is HCBS | 4.8% | 19.8% | 15.7% | 20.6% | 20.5% |
| Percentage of LTSS that is HCBS - AD | 0.7% | 0.6% | 0.6% | 0.8% | 0.5% |
| Percentage of LTSS that is HCBS - DD | 15.8% | 28.8% | 25.4% | 35.5% | 45.5% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included except for 1915(c) waivers. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 44E. Long Term Services and Support Expenditures for Tennessee, 2001 – 2005

| Service Type | FY 2001 | Percent Change 00-01 | FY 2002 | Percent Change 01-02 | FY 2003 | Percent Change 02-03 | FY 2004 | Percent Change 03-04 | FY 2005 | Percent Change 04-05 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$792,784,986 | -23.3 | \$949,095,737 | 19.7 | \$908,041,617 | -4.3 | \$1,019,290,604 | 12.3 | \$927,890,234 | -9.0 |
| Nursing facilities | \$784,656,260 | -23.7 | \$936,533,890 | 19.4 | \$895,981,723 | -4.3 | \$1,005,889,472 | 12.3 | \$906,528,315 | -9.9 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | \$3,950,614 | -29.2 | \$6,102,575 | 54.5 | \$6,031,467 | -1.2 | \$6,255,758 | 3.7 | \$9,502,223 | 51.9 |
| Home health | \$53,533 | -39.6 | \$128,831 | 140.7 | \$32,572 | -74.7 | \$17,932 | -44.9 | \$3,020 | -83.2 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | \$4,124,579 | 100.0 | \$6,330,441 | 53.5 | \$5,995,855 | -5.3 | \$7,127,442 | 18.9 | \$11,856,676 | 66.4 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$409,041,180 | -5.1 | \$514,115,790 | 25.7 | \$426,033,614 | -17.1 | \$479,499,919 | 12.5 | \$664,555,354 | 38.6 |
| ICF/IID - public | \$146,679,480 | -14.8 | \$176,061,223 | 20.0 | \$174,993,121 | -0.6 | \$151,255,033 | -13.6 | \$156,114,870 | 3.2 |
| ICF/IID - private | \$86,138,651 | 37.9 | \$76,451,152 | -11.2 | \$80,656,314 | 5.5 | \$76,144,058 | -5.6 | \$129,006,861 | 69.4 |
| 1915(c) waivers - DD | \$176,223,049 | -10.2 | \$261,603,415 | 48.5 | \$170,384,179 | -34.9 | \$252,100,828 | 48.0 | \$379,433,623 | 50.5 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$2,151,794 | 202.8 | \$2,891,397 | 34.4 | \$13,755,575 | 375.7 | \$16,246,977 | 18.1 | \$926,334 | -94.3 |
| Mental health facilities | \$2,151,794 | 202.8 | \$2,891,397 | 34.4 | \$13,755,575 | 375.7 | \$16,246,977 | 18.1 | \$926,334 | -94.3 |
| Mental health facilities-DSH | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$97,732,542 | -21.1 | \$148,591,952 | 52.0 | \$123,515,291 | -16.9 | \$121,404,986 | -1.7 | \$185,206,992 | 52.6 |
| Case management | \$97,732,542 | -21.1 | \$148,591,952 | 52.0 | \$123,515,291 | -16.9 | \$121,404,986 | -1.7 | \$185,206,992 | 52.6 |
| 1915(c) waivers - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$1,301,710,502 | -18.1 | \$1,614,694,876 | 24.0 | \$1,471,346,097 | -8.9 | \$1,636,442,486 | 11.2 | \$1,778,578,914 | 8.7 |
| Total Institutional LTSS | \$1,019,626,185 | -19.3 | \$1,191,937,662 | 16.9 | \$1,165,386,733 | -2.2 | \$1,249,535,540 | 7.2 | \$1,192,576,380 | -4.6 |
| Total HCBS | \$282,084,317 | -13.4 | \$422,757,214 | 49.9 | \$305,959,364 | -27.6 | \$386,906,946 | 26.5 | \$586,002,534 | 51.5 |
| Total Medicaid (all services) | \$5,458,639,159 | 11.0 | \$5,803,800,606 | 6.3 | \$6,515,757,622 | 12.3 | \$7,054,811,563 | 8.3 | \$7,490,667,511 | 6.2 |

| Percentages | FY 2001 | FY 2002 | FY 2003 | FY 2004 | FY 2005 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 23.8% | 27.8% | 22.6% | 23.2% | 23.7% |
| Percentage of LTSS that is HCBS | 21.7% | 26.2% | 20.8% | 23.6% | 32.9% |
| Percentage of LTSS that is HCBS - AD | 1.0% | 1.3% | 1.3% | 1.3% | 2.3% |
| Percentage of LTSS that is HCBS - DD | 43.1% | 50.9% | 40.0% | 52.6% | 57.1% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments were included starting in 1995 for Section 1915(c) waivers, in 2002 for nursing facilities, personal care, ICF/IID, and mental health facilities (including DSH); and in 2004 for PACE. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 44F. Long Term Services and Support Expenditures for Tennessee, 2006 – 2010

| Service Type | FY 2006 | Percent Change 05-06 | FY 2007 | Percent Change 06-07 | FY 2008 | Percent Change 07-08 | FY 2009 | Percent Change 08-09 | FY 2010 | Percent Change 09-10 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$1,075,943,327 | 16.0 | \$1,091,100,998 | 1.4 | \$1,403,911,618 | 28.7 | \$1,421,095,920 | 1.2 | \$1,525,828,806 | 7.4 |
| Nursing facilities | \$1,055,146,629 | 16.4 | \$1,063,716,319 | 0.8 | \$1,040,896,033 | -2.1 | \$1,084,015,868 | 4.1 | \$1,180,859,656 | 8.9 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | \$10,048,454 | 5.7 | \$16,045,723 | 59.7 | \$42,283,237 | 163.5 | \$83,633,974 | 97.8 | \$92,538,062 | 10.6 |
| Home health | \$0 | -100.0 | \$0 | 0.0 | \$313,548,000 | 100.0 | \$242,356,000 | -22.7 | \$211,637,339 | -12.7 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$27,069,110 | 100.0 |
| PACE | \$10,748,244 | -9.3 | \$11,338,956 | 5.5 | \$7,184,348 | -36.6 | \$11,090,078 | 54.4 | \$13,724,639 | 23.8 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with DD | \$662,089,124 | -0.4 | \$831,610,503 | 25.6 | \$826,033,575 | -0.7 | \$846,667,223 | 2.5 | \$814,485,343 | -3.8 |
| ICF/IID - public | \$193,619,743 | 24.0 | \$154,691,137 | -20.1 | \$150,893,362 | -2.5 | \$182,951,738 | 21.2 | \$133,903,948 | -26.8 |
| ICF/IID - private | \$73,828,136 | -42.8 | \$88,438,173 | 19.8 | \$90,125,379 | 1.9 | \$84,553,429 | -6.2 | \$94,013,241 | 11.2 |
| 1915(c) waivers - DD | \$394,641,245 | 4.0 | \$588,481,193 | 49.1 | \$585,014,834 | -0.6 | \$579,162,056 | -1.0 | \$586,568,154 | 1.3 |
| HCBS - managed care authorities - DD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with SMI or SED | \$311,049 | -66.4 | \$14,268,697 | 4487.3 | \$19,598,716 | 37.4 | \$1,563,619 | -92.0 | \$13,385,190 | 756.0 |
| Mental health facilities | \$311,049 | -66.4 | \$14,621,385 | 4600.7 | \$19,598,716 | 34.0 | \$1,214,388 | -93.8 | \$13,385,190 | 1002.2 |
| Mental health facilities-DSH | \$0 | 0.0 | -\$352,688 | 100.0 | \$0 | -100.0 | \$349,231 | 100.0 | \$0 | -100.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-Other/Multiple Populations | \$176,971,873 | -4.4 | \$176,839,435 | -0.1 | \$137,562,154 | -22.2 | \$213,495,800 | 55.2 | \$91,100,746 | -57.3 |
| Case management | \$176,971,873 | -4.4 | \$176,839,435 | -0.1 | \$137,562,154 | -22.2 | \$213,495,800 | 55.2 | \$91,100,746 | -57.3 |
| 1915(c) waivers - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - other | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| Total LTSS | \$1,915,315,373 | 7.7 | \$2,113,819,633 | 10.4 | \$2,387,106,063 | 12.9 | \$2,482,822,562 | 4.0 | \$2,444,800,085 | -1.5 |
| Total Institutional LTSS | \$1,322,905,557 | 10.9 | \$1,321,114,326 | -0.1 | \$1,301,513,490 | -1.5 | \$1,353,084,654 | 4.0 | \$1,422,162,035 | 5.1 |
| Total HCBS | \$592,409,816 | 1.1 | \$792,705,307 | 33.8 | \$1,085,592,573 | 36.9 | \$1,129,737,908 | 4.1 | \$1,022,638,050 | -9.5 |
| Total Medicaid (all services) | \$6,278,930,778 | -16.2 | \$6,929,828,481 | 10.4 | \$7,338,634,266 | 5.9 | \$7,393,505,465 | 0.7 | \$8,549,190,972 | 15.6 |

| Percentages | FY 2006 | FY 2007 | FY 2008 | FY 2009 | FY 2010 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 30.5% | 30.5% | 32.5% | 33.6% | 28.6% |
| Percentage of LTSS that is HCBS | 30.9% | 37.5% | 45.5% | 45.5% | 41.8% |
| Percentage of LTSS that is HCBS - AD | 1.9% | 2.5% | 25.9% | 23.7% | 22.6% |
| Percentage of LTSS that is HCBS - DD | 59.6% | 70.8% | 70.8% | 68.4% | 72.0% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data. Starting in 2008, managed care data are included for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities. "n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included for several categories of service until 2009. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

For data before 2009, prior period adjustments were included for the following categories of service: nursing home, personal care, Section 1915(c) waivers, PACE, ICF/IID, and mental health facilities (including DSH).

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 44G. Long Term Services and Support Expenditures for Tennessee, 2011 – 2014

| Service Type | FY 2011 | Percent Change 10-11 | FY 2012 | Percent Change 11-12 | FY 2013 | Percent Change 12-13 | FY 2014 | Percent Change 13-14 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$1,351,862,859 | -11.4 | \$1,390,433,864 | 2.9 | \$1,356,473,775 | -2.4 | \$1,349,243,921 | -0.5 |
| Nursing facilities | \$1,014,365,719 | -14.1 | \$955,101,277 | -5.8 | \$910,608,998 | -4.7 | \$890,647,225 | -2.2 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | \$882,343 | -99.0 | \$94,436 | -89.3 | \$0 | -100.0 | \$0 | 0.0 |
| Home health | \$191,880,656 | -9.3 | \$222,905,254 | 16.2 | \$206,433,165 | -7.4 | \$211,710,047 | 2.6 |
| Community first choice | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - AD | \$133,678,161 | 393.8 | \$200,907,127 | 50.3 | \$228,595,035 | 13.8 | \$235,855,408 | 3.2 |
| PACE | \$11,055,980 | -19.4 | \$11,425,770 | 3.3 | \$10,836,577 | -5.2 | \$11,031,241 | 1.8 |
| Private duty nursing | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with DD | \$809,448,672 | -0.6 | \$795,506,860 | -1.7 | \$876,206,309 | 10.1 | \$896,940,929 | 2.4 |
| ICF/IID - public | \$111,339,311 | -16.9 | \$100,139,751 | -10.1 | \$128,804,231 | 28.6 | \$102,008,894 | -20.8 |
| ICF/IID - private | \$110,563,109 | 17.6 | \$116,136,426 | 5.0 | \$113,637,882 | -2.2 | \$110,759,489 | -2.5 |
| 1915(c) waivers - DD | \$587,546,252 | 0.2 | \$579,230,683 | -1.4 | \$633,764,196 | 9.4 | \$684,172,546 | 8.0 |
| HCBS - managed care authorities - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with SMI or SED | \$23,900,609 | 78.6 | \$31,908,732 | 33.5 | \$33,892,091 | 6.2 | \$37,165,896 | 9.7 |
| Mental health facilities | \$23,900,609 | 78.6 | \$31,908,732 | 33.5 | \$33,892,091 | 6.2 | \$37,165,896 | 9.7 |
| Mental health facilities-DSH | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Rehabilitative services | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-Other/Multiple Populations | \$118,058,383 | 29.6 | \$113,216,034 | -4.1 | \$127,268,677 | 12.4 | \$155,037,378 | 21.8 |
| Case management | \$118,058,383 | 29.6 | \$107,415,447 | -9.0 | \$122,056,922 | 13.6 | \$140,499,916 | 15.1 |
| 1915(c) waivers - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| MFP demonstration | \$0 | 0.0 | \$5,800,587 | 100.0 | \$5,211,755 | -10.2 | \$14,537,462 | 178.9 |
| Total LTSS | \$2,303,270,523 | -5.8 | \$2,331,065,490 | 1.2 | \$2,393,840,852 | 2.7 | \$2,438,388,124 | 1.9 |
| Total Institutional LTSS | \$1,260,168,748 | -11.4 | \$1,203,286,186 | -4.5 | \$1,186,943,202 | -1.4 | \$1,140,581,504 | -3.9 |
| Total HCBS | \$1,043,101,775 | 2.0 | \$1,127,779,304 | 8.1 | \$1,206,897,650 | 7.0 | \$1,297,806,620 | 7.5 |
| Total Medicaid (all services) | \$7,934,558,300 | -7.2 | \$8,929,445,456 | 12.5 | \$8,623,897,981 | -3.4 | \$9,269,747,188 | 7.5 |

| Percentages | FY 2011 | FY 2012 | FY 2013 | FY 2014 |
|--|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 29.0% | 26.1% | 27.8% | 26.3% |
| Percentage of LTSS that is HCBS | 45.3% | 48.4% | 50.4% | 53.2% |
| Percentage of LTSS that is HCBS - AD | 25.0% | 31.3% | 32.9% | 34.0% |
| Percentage of LTSS that is HCBS - DD | 72.6% | 72.8% | 72.3% | 76.3% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Managed care data are included only for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 45A. Long Term Services and Support Expenditures for Texas, 1981 – 1985

| Service Type | FY 1981 | FY 1982 | Percent Change 81-82 | FY 1983 | Percent Change 82-83 | FY 1984 | Percent Change 83-84 | FY 1985 | Percent Change 84-85 |
|---|------------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$473,618,771 | \$400,744,639 | -15.4 | \$436,095,419 | 8.8 | \$430,351,060 | -1.3 | \$440,471,381 | 2.4 |
| Personal care | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$56,719,105 | n/a |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$1,194,250 | \$1,298,782 | 8.8 | \$1,543,860 | 18.9 | \$1,907,094 | 23.5 | \$2,504,364 | 31.3 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$192,740,177 | \$233,538,852 | 21.2 | \$278,043,247 | 19.1 | \$280,264,559 | 0.8 | \$292,840,539 | 4.5 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | n/a | n/a | n/a | n/a | n/a | \$38,756 | n/a | \$39,770 | 2.6 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$667,553,198 | \$635,582,273 | -4.8 | \$715,682,526 | 12.6 | \$712,561,469 | -0.4 | \$792,575,159 | 11.2 |
| Total Institutional LTSS | \$666,358,948 | \$634,283,491 | -4.8 | \$714,138,666 | 12.6 | \$710,615,619 | -0.5 | \$733,311,920 | 3.2 |
| Total HCBS | \$1,194,250 | \$1,298,782 | 8.8 | \$1,543,860 | 18.9 | \$1,945,850 | 26.0 | \$59,263,239 | 2945.6 |
| Total Medicaid (all services) | \$1,202,726,737 | \$1,184,514,447 | -1.5 | \$1,416,008,924 | 19.5 | \$1,508,382,741 | 6.5 | \$1,629,083,312 | 8.0 |

| Percentages | FY 1981 | FY 1982 | FY 1983 | FY 1984 | FY 1985 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 55.5% | 53.7% | 50.5% | 47.2% | 48.7% |
| Percentage of LTSS that is HCBS | 0.2% | 0.2% | 0.2% | 0.3% | 7.5% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data.

Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 45B. Long Term Services and Support Expenditures for Texas, 1986 – 1990

| Service Type | FY 1986 | Percent Change 85-86 | FY 1987 | Percent Change 86-87 | FY 1988 | Percent Change 87-88 | FY 1989 | Percent Change 88-89 | FY 1990 | Percent Change 89-90 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$460,633,582 | 4.6 | \$499,135,312 | 8.4 | \$518,920,721 | 4.0 | \$554,561,967 | 6.9 | \$677,193,799 | 22.1 |
| Personal care | \$87,460,407 | 54.2 | \$101,472,365 | 16.0 | \$111,776,814 | 10.2 | \$113,302,015 | 1.4 | \$117,833,371 | 4.0 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$1,959,579 | -21.8 | \$1,781,452 | -9.1 | \$1,816,026 | 1.9 | \$1,322,489 | -27.2 | \$1,957,400 | 48.0 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$293,197,422 | 0.1 | \$553,689,741 | 88.8 | \$357,822,572 | -35.4 | \$390,099,177 | 9.0 | \$422,305,213 | 8.3 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | \$375,544 | 844.3 | \$1,694,661 | 351.3 | \$4,209,675 | 148.4 | \$6,306,754 | 49.8 | \$6,801,693 | 7.8 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$843,626,534 | 6.4 | \$1,157,773,531 | 37.2 | \$994,545,808 | -14.1 | \$1,065,592,402 | 7.1 | \$1,226,091,476 | 15.1 |
| Total Institutional LTSS | \$753,831,004 | 2.8 | \$1,052,825,053 | 39.7 | \$876,743,293 | -16.7 | \$944,661,144 | 7.7 | \$1,099,499,012 | 16.4 |
| Total HCBS | \$89,795,530 | 51.5 | \$104,948,478 | 16.9 | \$117,802,515 | 12.2 | \$120,931,258 | 2.7 | \$126,592,464 | 4.7 |
| Total Medicaid (all services) | \$1,634,730,914 | 0.3 | \$1,902,939,039 | 16.4 | \$2,063,010,803 | 8.4 | \$2,374,595,884 | 15.1 | \$3,084,997,950 | 29.9 |

| Percentages | FY 1986 | FY 1987 | FY 1988 | FY 1989 | FY 1990 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 51.6% | 60.8% | 48.2% | 44.9% | 39.7% |
| Percentage of LTSS that is HCBS | 10.6% | 9.1% | 11.8% | 11.3% | 10.3% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997. ICF/IID 1987 data were greater than 1986 and 1988 data for an unknown reason.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 45C. Long Term Services and Support Expenditures for Texas, 1991 – 1995

| Service Type | FY 1991 | Percent Change 90-91 | FY 1992 | Percent Change 91-92 | FY 1993 | Percent Change 92-93 | FY 1994 | Percent Change 93-94 | FY 1995 | Percent Change 94-95 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$1,536,251,318 | n/a |
| Nursing facilities | \$899,647,797 | 32.8 | \$980,250,605 | 9.0 | \$1,050,299,655 | 7.1 | \$1,140,600,683 | 8.6 | \$1,196,619,877 | 4.9 |
| Personal care | \$137,835,413 | 17.0 | \$135,689,550 | -1.6 | \$161,885,994 | 19.3 | \$179,545,233 | 10.9 | \$296,914,136 | 65.4 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$6,741,724 | n/a |
| Home health | \$2,280,123 | 16.5 | \$5,081,822 | 122.9 | \$17,221,883 | 238.9 | \$27,124,988 | 57.5 | \$35,975,581 | 32.6 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$651,803,671 | n/a |
| ICF/IID - public | \$442,204,588 | 4.7 | \$468,605,077 | 6.0 | \$508,053,498 | 8.4 | \$552,768,743 | 8.8 | \$559,009,143 | 1.1 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$92,794,528 | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$283,730,587 | n/a |
| Mental health facilities | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | \$0 | n/a | \$250,772,291 | 100.0 | \$283,730,587 | 13.1 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$10,380,366 | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified/other | \$12,015,274 | 76.7 | \$17,635,453 | 46.8 | \$34,303,275 | 94.5 | \$53,547,353 | 56.1 | \$10,380,366 | n/a |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$1,493,983,195 | 21.8 | \$1,607,262,507 | 7.6 | \$1,771,764,305 | 10.2 | \$2,204,359,291 | 24.4 | \$2,482,165,942 | 12.6 |
| Total Institutional LTSS | \$1,341,852,385 | 22.0 | \$1,448,855,682 | 8.0 | \$1,558,353,153 | 7.6 | \$1,944,141,717 | 24.8 | \$2,039,359,607 | 4.9 |
| Total HCBS | \$152,130,810 | 20.2 | \$158,406,825 | 4.1 | \$213,411,152 | 34.7 | \$260,217,574 | 21.9 | \$442,806,335 | 70.2 |
| Total Medicaid (all services) | \$4,348,892,733 | 41.0 | \$6,262,240,925 | 44.0 | \$7,118,557,512 | 13.7 | \$8,137,170,090 | 14.3 | \$8,698,442,017 | 6.9 |

| Percentages | FY 1991 | FY 1992 | FY 1993 | FY 1994 | FY 1995 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 34.4% | 25.7% | 24.9% | 27.1% | 28.5% |
| Percentage of LTSS that is HCBS | 10.2% | 9.9% | 12.0% | 11.8% | 17.8% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | 22.1% |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | 14.2% |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included except for 1915(c) waivers for 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 45D. Long Term Services and Support Expenditures for Texas, 1996 – 2000

| Service Type | FY 1996 | Percent Change 95-96 | FY 1997 | Percent Change 96-97 | FY 1998 | Percent Change 97-98 | FY 1999 | Percent Change 98-99 | FY 2000 | Percent Change 99-00 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|
| Total-Older People, People with PD | \$1,681,361,931 | 9.4 | \$1,892,811,290 | 12.6 | \$1,921,754,752 | 1.5 | \$2,203,351,095 | 14.7 | \$2,173,766,348 | -1.3 |
| Nursing facilities | \$1,272,750,555 | 6.4 | \$1,345,977,180 | 5.8 | \$1,394,257,735 | 3.6 | \$1,564,977,200 | 12.2 | \$1,442,548,711 | -7.8 |
| Personal care | \$294,406,861 | -0.8 | \$308,477,012 | 4.8 | \$345,597,648 | 12.0 | \$337,036,709 | -2.5 | \$392,425,178 | 16.4 |
| 1915(c) waivers - AD | \$71,514,892 | 960.8 | \$171,647,155 | 140.0 | \$181,899,369 | 6.0 | \$301,337,186 | 65.7 | \$338,792,459 | 12.4 |
| Home health | \$42,689,623 | 18.7 | \$66,709,943 | 56.3 | \$0 | -100.0 | \$0 | 0.0 | \$0 | 0.0 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$686,457,341 | 5.3 | \$804,381,681 | 17.2 | \$877,930,512 | 9.1 | \$857,019,037 | -2.4 | \$995,523,366 | 16.2 |
| ICF/IID - public | \$580,187,826 | 3.8 | \$347,601,960 | -40.1 | \$344,261,704 | -1.0 | \$288,504,412 | -16.2 | \$378,922,849 | 31.3 |
| ICF/IID - private | n/a | n/a | \$293,247,044 | n/a | \$302,355,805 | 3.1 | \$298,813,321 | -1.2 | \$350,063,989 | 17.2 |
| 1915(c) waivers - DD | \$106,269,515 | 14.5 | \$163,532,677 | 53.9 | \$231,313,003 | 41.4 | \$269,701,304 | 16.6 | \$266,536,528 | -1.2 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$322,551,735 | 13.7 | \$398,909,334 | 23.7 | \$298,786,032 | -25.1 | \$336,005,125 | 12.5 | \$283,922,371 | -15.5 |
| Mental health facilities | \$3,524,928 | 100.0 | \$3,841,556 | 9.0 | \$34,398,315 | 795.4 | \$43,604,351 | 26.8 | \$41,687,947 | -4.4 |
| Mental health facilities-DSH | \$319,026,807 | 12.4 | \$395,067,778 | 23.8 | \$264,387,717 | -33.1 | \$292,400,774 | 10.6 | \$242,234,424 | -17.2 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$12,797,483 | 23.3 | \$114,565,479 | 795.2 | \$112,464,741 | -1.8 | \$129,471,131 | 15.1 | \$161,943,245 | 25.1 |
| Case management | n/a | n/a | \$102,468,693 | n/a | \$103,177,499 | 0.7 | \$118,333,729 | 14.7 | \$146,858,543 | 24.1 |
| 1915(c) waivers - other | \$12,797,483 | 23.3 | \$12,096,786 | -5.5 | \$9,287,242 | -23.2 | \$11,137,402 | 19.9 | \$15,084,702 | 35.4 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$2,703,168,490 | 8.9 | \$3,210,667,784 | 18.8 | \$3,210,936,037 | 0.0 | \$3,525,846,388 | 9.8 | \$3,615,155,330 | 2.5 |
| Total Institutional LTSS | \$2,175,490,116 | 6.7 | \$2,385,735,518 | 9.7 | \$2,339,661,276 | -1.9 | \$2,488,300,058 | 6.4 | \$2,455,457,920 | -1.3 |
| Total HCBS | \$527,678,374 | 19.2 | \$824,932,266 | 56.3 | \$871,274,761 | 5.6 | \$1,037,546,330 | 19.1 | \$1,159,697,410 | 11.8 |
| Total Medicaid (all services) | \$9,200,696,958 | 5.8 | \$9,600,126,934 | 4.3 | \$9,752,416,211 | 1.6 | \$10,350,845,299 | 6.1 | \$10,622,792,504 | 2.6 |

| Percentages | FY 1996 | FY 1997 | FY 1998 | FY 1999 | FY 2000 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 29.4% | 33.4% | 32.9% | 34.1% | 34.0% |
| Percentage of LTSS that is HCBS | 19.5% | 25.7% | 27.1% | 29.4% | 32.1% |
| Percentage of LTSS that is HCBS - AD | 24.3% | 28.9% | 27.4% | 29.0% | 33.6% |
| Percentage of LTSS that is HCBS - DD | 15.5% | 20.3% | 26.3% | 31.5% | 26.8% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data.

Prior period adjustments are not included except for 1915(c) waivers. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Texas data from 1998 through 2007 do not include expenditures for a managed care program for older adults and people with physical disabilities.

Table 45E. Long Term Services and Support Expenditures for Texas, 2001 – 2005

| Service Type | FY 2001 | Percent Change 00-01 | FY 2002 | Percent Change 01-02 | FY 2003 | Percent Change 02-03 | FY 2004 | Percent Change 03-04 | FY 2005 | Percent Change 04-05 |
|---|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|
| Total-Older People, People with PD | \$2,432,122,976 | 11.9 | \$2,767,759,152 | 13.8 | \$2,975,856,488 | 7.5 | \$3,142,895,691 | 5.6 | \$3,186,965,716 | 1.4 |
| Nursing facilities | \$1,604,116,766 | 11.2 | \$1,810,832,254 | 12.9 | \$1,835,713,376 | 1.4 | \$1,763,056,265 | -4.0 | \$1,715,175,351 | -2.7 |
| Personal care | \$429,036,443 | 9.3 | \$516,044,275 | 20.3 | \$626,254,391 | 21.4 | \$710,994,461 | 13.5 | \$779,380,703 | 9.6 |
| 1915(c) waivers - AD | \$398,969,767 | 17.8 | \$440,882,623 | 10.5 | \$513,888,721 | 16.6 | \$512,250,592 | -0.3 | \$449,774,263 | -12.2 |
| Home health | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$141,455,514 | 100.0 | \$219,144,888 | 54.9 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$15,138,859 | 100.0 | \$23,490,511 | 55.2 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$1,001,351,891 | 0.6 | \$1,119,936,688 | 11.8 | \$1,216,897,092 | 8.7 | \$1,263,488,353 | 3.8 | \$1,293,411,719 | 2.4 |
| ICF/IID - public | \$390,540,391 | 3.1 | \$446,180,211 | 14.2 | \$533,084,505 | 19.5 | \$570,072,256 | 6.9 | \$564,624,729 | -1.0 |
| ICF/IID - private | \$334,044,590 | -4.6 | \$365,541,646 | 9.4 | \$330,750,511 | -9.5 | \$313,832,455 | -5.1 | \$306,530,705 | -2.3 |
| 1915(c) waivers - DD | \$276,766,910 | 3.8 | \$308,214,831 | 11.4 | \$353,062,076 | 14.6 | \$379,583,642 | 7.5 | \$422,256,285 | 11.2 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$265,664,513 | -6.4 | \$331,389,995 | 24.7 | \$312,696,494 | -5.6 | \$331,991,598 | 6.2 | \$312,152,852 | -6.0 |
| Mental health facilities | \$42,639,730 | 2.3 | \$57,551,151 | 35.0 | \$62,461,862 | 8.5 | \$42,828,069 | -31.4 | \$26,112,088 | -39.0 |
| Mental health facilities-DSH | \$223,024,783 | -7.9 | \$273,838,844 | 22.8 | \$250,234,632 | -8.6 | \$289,163,529 | 15.6 | \$286,040,764 | -1.1 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$182,811,397 | 12.9 | \$198,199,296 | 8.4 | \$217,710,943 | 9.8 | \$200,696,822 | -7.8 | \$221,127,943 | 10.2 |
| Case management | \$166,239,483 | 13.2 | \$182,270,554 | 9.6 | \$200,905,743 | 10.2 | \$184,375,050 | -8.2 | \$205,093,565 | 11.2 |
| 1915(c) waivers - other | \$16,571,914 | 9.9 | \$15,928,742 | -3.9 | \$16,805,200 | 5.5 | \$16,321,772 | -2.9 | \$16,034,378 | -1.8 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$3,881,950,777 | 7.4 | \$4,417,285,131 | 13.8 | \$4,723,161,017 | 6.9 | \$4,939,072,464 | 4.6 | \$5,013,658,230 | 1.5 |
| Total Institutional LTSS | \$2,594,366,260 | 5.7 | \$2,953,944,106 | 13.9 | \$3,012,244,886 | 2.0 | \$2,978,952,574 | -1.1 | \$2,898,483,637 | -2.7 |
| Total HCBS | \$1,287,584,517 | 11.0 | \$1,463,341,025 | 13.7 | \$1,710,916,131 | 16.9 | \$1,960,119,890 | 14.6 | \$2,115,174,593 | 7.9 |
| Total Medicaid (all services) | \$11,520,544,748 | 8.5 | \$13,388,891,296 | 16.2 | \$15,618,637,956 | 16.7 | \$16,232,294,453 | 3.9 | \$17,997,602,359 | 10.9 |

| Percentages | FY 2001 | FY 2002 | FY 2003 | FY 2004 | FY 2005 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 33.7% | 33.0% | 30.2% | 30.4% | 27.9% |
| Percentage of LTSS that is HCBS | 33.2% | 33.1% | 36.2% | 39.7% | 42.2% |
| Percentage of LTSS that is HCBS - AD | 34.0% | 34.6% | 38.3% | 43.9% | 46.2% |
| Percentage of LTSS that is HCBS - DD | 27.6% | 27.5% | 29.0% | 30.0% | 32.6% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments were included starting in 1995 for Section 1915(c) waivers, in 2002 for nursing facilities, personal care, ICF/IID, and mental health facilities (including DSH); and in 2004 for PACE. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Texas data from 1998 through 2007 do not include expenditures for a managed care program for older adults and people with physical disabilities.

Table 45F. Long Term Services and Support Expenditures for Texas, 2006 – 2010

| Service Type | FY 2006 | Percent Change 05-06 | FY 2007 | Percent Change 06-07 | FY 2008 | Percent Change 07-08 | FY 2009 | Percent Change 08-09 | FY 2010 | Percent Change 09-10 |
|---|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|
| Total-Older People, People with PD | \$3,397,712,380 | 6.6 | \$3,406,889,496 | 0.3 | \$3,813,318,522 | 11.9 | \$4,268,973,942 | 11.9 | \$4,755,126,239 | 11.4 |
| Nursing facilities | \$1,833,379,594 | 6.9 | \$1,881,397,029 | 2.6 | \$1,947,506,929 | 3.5 | \$2,151,818,933 | 10.5 | \$2,307,382,856 | 7.2 |
| Personal care | \$808,218,214 | 3.7 | \$791,190,075 | -2.1 | \$1,085,339,563 | 37.2 | \$1,255,806,388 | 15.7 | \$1,474,221,268 | 17.4 |
| 1915(c) waivers - AD | \$493,108,283 | 9.6 | \$481,568,157 | -2.3 | \$514,562,993 | 6.9 | \$559,082,983 | 8.7 | \$624,825,780 | 11.8 |
| Home health | \$237,617,531 | 8.4 | \$226,723,874 | -4.6 | \$236,179,151 | 4.2 | \$272,321,418 | 15.3 | \$313,556,425 | 15.1 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$25,388,758 | 8.1 | \$26,010,361 | 2.4 | \$29,729,886 | 14.3 | \$29,944,220 | 0.7 | \$32,972,526 | 10.1 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$2,167,384 | 100.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with DD | \$1,370,901,479 | 6.0 | \$1,480,849,328 | 8.0 | \$1,672,114,759 | 12.9 | \$1,807,244,700 | 8.1 | \$1,960,326,500 | 8.5 |
| ICF/IID - public | \$593,085,698 | 5.0 | \$619,122,061 | 4.4 | \$656,619,267 | 6.1 | \$719,889,834 | 9.6 | \$781,447,553 | 8.6 |
| ICF/IID - private | \$295,847,018 | -3.5 | \$287,030,291 | -3.0 | \$303,183,942 | 5.6 | \$298,653,399 | -1.5 | \$308,037,716 | 3.1 |
| 1915(c) waivers - DD | \$481,968,763 | 14.1 | \$574,696,976 | 19.2 | \$712,311,550 | 23.9 | \$788,701,467 | 10.7 | \$870,841,231 | 10.4 |
| HCBS - managed care authorities - DD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with SMI or SED | \$310,390,124 | -0.6 | \$304,340,816 | -1.9 | \$312,291,867 | 2.6 | \$319,571,738 | 2.3 | \$448,760,624 | 40.4 |
| Mental health facilities | \$23,324,056 | -10.7 | \$18,324,271 | -21.4 | \$24,751,780 | 35.1 | \$27,058,146 | 9.3 | \$28,189,886 | 4.2 |
| Mental health facilities-DSH | \$287,066,068 | 0.4 | \$286,016,545 | -0.4 | \$287,540,087 | 0.5 | \$292,513,592 | 1.7 | \$292,513,592 | 0.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$128,057,146 | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-Other/Multiple Populations | \$243,971,480 | 10.3 | \$276,898,325 | 13.5 | \$283,873,240 | 2.5 | \$144,551,416 | -49.1 | \$197,613,153 | 36.7 |
| Case management | \$226,420,514 | 10.4 | \$252,604,279 | 11.6 | \$228,407,184 | -9.6 | \$55,811,911 | -75.6 | \$74,981,189 | 34.3 |
| 1915(c) waivers - other | \$17,550,966 | 9.5 | \$24,294,046 | 38.4 | \$49,132,360 | 102.2 | \$69,175,179 | 40.8 | \$85,561,668 | 23.7 |
| HCBS - managed care authorities - other | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | \$6,333,696 | n/a | \$19,564,326 | 208.9 | \$37,070,296 | 89.5 |
| Total LTSS | \$5,322,975,463 | 6.2 | \$5,468,977,965 | 2.7 | \$6,081,598,388 | 11.2 | \$6,540,341,796 | 7.5 | \$7,361,826,516 | 12.6 |
| Total Institutional LTSS | \$3,032,702,434 | 4.6 | \$3,091,890,197 | 2.0 | \$3,219,602,005 | 4.1 | \$3,489,933,904 | 8.4 | \$3,717,571,603 | 6.5 |
| Total HCBS | \$2,290,273,029 | 8.3 | \$2,377,087,768 | 3.8 | \$2,861,996,383 | 20.4 | \$3,050,407,892 | 6.6 | \$3,644,254,913 | 19.5 |
| Total Medicaid (all services) | \$18,293,937,446 | 1.6 | \$19,964,600,620 | 9.1 | \$21,775,204,594 | 9.1 | \$24,166,037,810 | 11.0 | \$26,996,354,271 | 11.7 |

| Percentages | FY 2006 | FY 2007 | FY 2008 | FY 2009 | FY 2010 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 29.1% | 27.4% | 27.9% | 27.1% | 27.3% |
| Percentage of LTSS that is HCBS | 43.0% | 43.5% | 47.1% | 46.6% | 49.5% |
| Percentage of LTSS that is HCBS - AD | 46.0% | 44.8% | 48.9% | 49.6% | 51.5% |
| Percentage of LTSS that is HCBS - DD | 35.2% | 38.8% | 42.6% | 43.6% | 44.4% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 28.5% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data. Starting in 2008, managed care data are included for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities. "n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included for several categories of service until 2009. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

For data before 2009, prior period adjustments were included for the following categories of service: nursing home, personal care, Section 1915(c) waivers, PACE, ICF/IID, and mental health facilities (including DSH).

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS – unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Texas data from 1998 through 2007 do not include expenditures for a managed care program for older adults and people with physical disabilities.

Table 45G. Long Term Services and Support Expenditures for Texas, 2011 – 2014

| Service Type | FY 2011 | Percent Change 10-11 | FY 2012 | Percent Change 11-12 | FY 2013 | Percent Change 12-13 | FY 2014 | Percent Change 13-14 |
|---|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|
| Total-Older People, People with PD | \$4,832,629,197 | 1.6 | \$4,814,771,226 | -0.4 | \$5,213,152,139 | 8.3 | \$5,484,999,473 | 5.2 |
| Nursing facilities | \$2,273,906,180 | -1.5 | \$2,402,214,049 | 5.6 | \$2,365,642,626 | -1.5 | \$2,461,022,039 | 4.0 |
| Personal care | \$1,671,753,311 | 13.4 | \$1,787,833,362 | 6.9 | \$2,033,050,845 | 13.7 | \$2,126,530,284 | 4.6 |
| 1915(c) waivers - AD | \$530,029,883 | -15.2 | \$280,381,634 | -47.1 | \$170,172,592 | -39.3 | \$167,998,959 | -1.3 |
| Home health | \$310,433,405 | -1.0 | \$223,576,324 | -28.0 | \$192,751,349 | -13.8 | \$195,809,254 | 1.6 |
| Community first choice | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - AD | \$0 | 0.0 | \$82,944,882 | 100.0 | \$410,484,324 | 394.9 | \$490,436,357 | 19.5 |
| PACE | \$34,992,283 | 6.1 | \$34,967,494 | -0.1 | \$35,743,730 | 2.2 | \$36,811,803 | 3.0 |
| Private duty nursing | \$8,421,986 | 100.0 | \$0 | -100.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$3,092,149 | 42.7 | \$2,853,481 | -7.7 | \$5,306,673 | 86.0 | \$6,390,777 | 20.4 |
| HCBS - 1915(i) - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with DD | \$2,100,858,486 | 7.2 | \$2,095,122,264 | -0.3 | \$2,182,100,035 | 4.2 | \$2,225,743,168 | 2.0 |
| ICF/IID - public | \$802,144,775 | 2.6 | \$759,008,853 | -5.4 | \$810,685,579 | 6.8 | \$812,182,033 | 0.2 |
| ICF/IID - private | \$297,259,754 | -3.5 | \$288,589,242 | -2.9 | \$274,773,160 | -4.8 | \$273,896,333 | -0.3 |
| 1915(c) waivers - DD | \$1,001,453,957 | 15.0 | \$1,047,524,169 | 4.6 | \$1,096,641,296 | 4.7 | \$1,139,664,802 | 3.9 |
| HCBS - managed care authorities - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with SMI or SED | \$442,088,355 | -1.5 | \$437,422,819 | -1.1 | \$358,279,208 | -18.1 | \$219,669,681 | -38.7 |
| Mental health facilities | \$28,545,174 | 1.3 | \$24,703,011 | -13.5 | \$20,528,722 | -16.9 | \$16,801,181 | -18.2 |
| Mental health facilities-DSH | \$292,513,583 | 0.0 | \$292,513,592 | 0.0 | \$237,506,152 | -18.8 | \$111,684,566 | -53.0 |
| Rehabilitative services | \$121,029,598 | -5.5 | \$120,057,358 | -0.8 | \$100,101,185 | -16.6 | \$89,290,909 | -10.8 |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$148,858 | 100.0 | \$143,149 | -3.8 | \$1,893,025 | 1222.4 |
| HCBS - 1915(i) - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-Other/Multiple Populations | \$271,432,070 | 37.4 | \$192,351,823 | -29.1 | \$409,103,127 | 112.7 | \$646,055,850 | 57.9 |
| Case management | \$106,096,566 | 41.5 | \$88,774,755 | -16.3 | \$91,393,045 | 2.9 | \$91,923,151 | 0.6 |
| 1915(c) waivers - other | \$96,300,068 | 12.6 | \$84,972,867 | -11.8 | \$96,210,080 | 13.2 | \$94,539,010 | -1.7 |
| HCBS - managed care authorities - other | \$0 | 0.0 | \$0 | 0.0 | \$170,548,294 | 100.0 | \$433,250,969 | 154.0 |
| Health homes | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| MFP demonstration | \$69,035,436 | 86.2 | \$18,604,201 | -73.1 | \$50,951,708 | 173.9 | \$26,342,720 | -48.3 |
| Total LTSS | \$7,647,008,108 | 3.9 | \$7,539,668,132 | -1.4 | \$8,162,634,509 | 8.3 | \$8,576,468,172 | 5.1 |
| Total Institutional LTSS | \$3,694,369,466 | -0.6 | \$3,767,028,747 | 2.0 | \$3,709,136,239 | -1.5 | \$3,675,586,152 | -0.9 |
| Total HCBS | \$3,952,638,642 | 8.5 | \$3,772,639,385 | -4.6 | \$4,453,498,270 | 18.0 | \$4,900,882,020 | 10.0 |
| Total Medicaid (all services) | \$28,457,121,664 | 5.4 | \$29,716,610,053 | 4.4 | \$30,465,244,459 | 2.5 | \$30,632,092,328 | 0.5 |

| Percentages | FY 2011 | FY 2012 | FY 2013 | FY 2014 |
|--|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 26.9% | 25.4% | 26.8% | 28.0% |
| Percentage of LTSS that is HCBS | 51.7% | 50.0% | 54.6% | 57.1% |
| Percentage of LTSS that is HCBS - AD | 53.0% | 50.1% | 54.6% | 55.1% |
| Percentage of LTSS that is HCBS - DD | 47.7% | 50.0% | 50.3% | 51.2% |
| Percentage of LTSS that is HCBS - SMI or SED | 27.4% | 27.5% | 28.0% | 41.5% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Managed care data are included only for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care.

Institutional MLTSS – unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 46A. Long Term Services and Support Expenditures for Utah, 1981 – 1985

| Service Type | FY 1981 | FY 1982 | Percent Change 81-82 | FY 1983 | Percent Change 82-83 | FY 1984 | Percent Change 83-84 | FY 1985 | Percent Change 84-85 |
|---|---------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$31,624,047 | \$31,353,632 | -0.9 | \$31,658,202 | 1.0 | \$31,946,634 | 0.9 | \$33,217,268 | 4.0 |
| Personal care | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$197,104 | \$265,214 | 34.6 | \$285,323 | 7.6 | \$406,194 | 42.4 | \$426,123 | 4.9 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$16,897,579 | \$23,710,593 | 40.3 | \$26,740,612 | 12.8 | \$26,279,743 | -1.7 | \$29,425,056 | 12.0 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$1,885,775 | \$2,439,366 | 29.4 | \$3,031,670 | 24.3 | \$5,101,609 | 68.3 | \$4,257,529 | -16.5 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | n/a | n/a | n/a | n/a | n/a | \$30,335 | n/a | \$11,612 | -61.7 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$50,604,505 | \$57,768,805 | 14.2 | \$61,715,807 | 6.8 | \$63,764,515 | 3.3 | \$67,337,588 | 5.6 |
| Total Institutional LTSS | \$50,407,401 | \$57,503,591 | 14.1 | \$61,430,484 | 6.8 | \$63,327,986 | 3.1 | \$66,899,853 | 5.6 |
| Total HCBS | \$197,104 | \$265,214 | 34.6 | \$285,323 | 7.6 | \$436,529 | 53.0 | \$437,735 | 0.3 |
| Total Medicaid (all services) | \$92,694,319 | \$108,031,906 | 16.5 | \$126,415,479 | 17.0 | \$130,506,723 | 3.2 | \$144,821,191 | 11.0 |

| Percentages | FY 1981 | FY 1982 | FY 1983 | FY 1984 | FY 1985 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 54.6% | 53.5% | 48.8% | 48.9% | 46.5% |
| Percentage of LTSS that is HCBS | 0.4% | 0.5% | 0.5% | 0.7% | 0.7% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data.

Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 46B. Long Term Services and Support Expenditures for Utah, 1986 – 1990

| Service Type | FY 1986 | Percent Change 85-86 | FY 1987 | Percent Change 86-87 | FY 1988 | Percent Change 87-88 | FY 1989 | Percent Change 88-89 | FY 1990 | Percent Change 89-90 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$35,010,931 | 5.4 | \$36,578,978 | 4.5 | \$37,363,988 | 2.1 | \$38,823,093 | 3.9 | \$46,911,407 | 20.8 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$1,134,696 | 100.0 | \$296,705 | -73.9 | \$993,706 | 234.9 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$544,111 | 27.7 | \$671,998 | 23.5 | \$410,005 | -39.0 | \$473,777 | 15.6 | \$676,735 | 42.8 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$27,998,656 | -4.8 | \$51,363,850 | 83.5 | \$27,666,341 | -46.1 | \$33,587,976 | 21.4 | \$39,165,103 | 16.6 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$5,112,742 | 20.1 | \$4,936,972 | -3.4 | \$5,453,139 | 10.5 | \$5,955,984 | 9.2 | \$5,888,402 | -1.1 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | \$0 | -100.0 | \$0 | 0.0 | \$6,416,260 | 100.0 | \$7,532,531 | 17.4 | \$15,819,989 | 110.0 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$68,666,440 | 2.0 | \$93,551,798 | 36.2 | \$78,444,429 | -16.1 | \$86,670,066 | 10.5 | \$109,455,342 | 26.3 |
| Total Institutional LTSS | \$68,122,329 | 1.8 | \$92,879,800 | 36.3 | \$70,483,468 | -24.1 | \$78,367,053 | 11.2 | \$91,964,912 | 17.4 |
| Total HCBS | \$544,111 | 24.3 | \$671,998 | 23.5 | \$7,960,961 | 1084.7 | \$8,303,013 | 4.3 | \$17,490,430 | 110.7 |
| Total Medicaid (all services) | \$185,723,200 | 28.2 | \$194,335,339 | 4.6 | \$201,341,613 | 3.6 | \$220,264,530 | 9.4 | \$275,779,996 | 25.2 |

| Percentages | FY 1986 | FY 1987 | FY 1988 | FY 1989 | FY 1990 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 37.0% | 48.1% | 39.0% | 39.3% | 39.7% |
| Percentage of LTSS that is HCBS | 0.8% | 0.7% | 10.1% | 9.6% | 16.0% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997. ICF/IID 1987 data were greater than 1986 and 1988 data for an unknown reason.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 46C. Long Term Services and Support Expenditures for Utah, 1991 – 1995

| Service Type | FY 1991 | Percent Change 90-91 | FY 1992 | Percent Change 91-92 | FY 1993 | Percent Change 92-93 | FY 1994 | Percent Change 93-94 | FY 1995 | Percent Change 94-95 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$86,019,877 | n/a |
| Nursing facilities | \$19,460,344 | -58.5 | \$63,175,157 | 224.6 | \$72,089,093 | 14.1 | \$82,992,693 | 15.1 | \$84,875,125 | 2.3 |
| Personal care | \$1,309,874 | 31.8 | \$623,904 | -52.4 | \$696,439 | 11.6 | \$732,350 | 5.2 | \$639,218 | -12.7 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$464,728 | n/a |
| Home health | \$972,841 | 43.8 | \$1,843,914 | 89.5 | \$2,678,216 | 45.2 | \$2,729,324 | 1.9 | \$40,806 | -98.5 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$82,848,293 | n/a |
| ICF/IID - public | \$71,855,402 | 83.5 | \$39,659,369 | -44.8 | \$45,245,234 | 14.1 | \$38,094,684 | -15.8 | \$45,385,296 | 19.1 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$37,462,997 | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$7,562,966 | n/a |
| Mental health facilities | \$5,785,276 | -1.8 | \$6,635,275 | 14.7 | \$6,941,092 | 4.6 | \$6,245,046 | -10.0 | \$6,658,380 | 6.6 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | \$859,581 | n/a | \$841,752 | -2.1 | \$904,586 | 7.5 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified/other | \$21,012,051 | 32.8 | \$27,113,986 | 29.0 | \$29,537,055 | 8.9 | \$32,688,789 | 10.7 | \$0 | n/a |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$120,395,788 | 10.0 | \$139,051,605 | 15.5 | \$158,046,710 | 13.7 | \$164,324,638 | 4.0 | \$176,431,136 | 7.4 |
| Total Institutional LTSS | \$97,101,022 | 5.6 | \$109,469,801 | 12.7 | \$125,135,000 | 14.3 | \$128,174,175 | 2.4 | \$137,823,387 | 7.5 |
| Total HCBS | \$23,294,766 | 33.2 | \$29,581,804 | 27.0 | \$32,911,710 | 11.3 | \$36,150,463 | 9.8 | \$38,607,749 | 6.8 |
| Total Medicaid (all services) | \$347,260,420 | 25.9 | \$421,551,671 | 21.4 | \$477,623,913 | 13.3 | \$513,462,496 | 7.5 | \$555,336,501 | 8.2 |

| Percentages | FY 1991 | FY 1992 | FY 1993 | FY 1994 | FY 1995 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 34.7% | 33.0% | 33.1% | 32.0% | 31.8% |
| Percentage of LTSS that is HCBS | 19.3% | 21.3% | 20.8% | 22.0% | 21.9% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | 1.3% |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | 45.2% |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included except for 1915(c) waivers for 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 46D. Long Term Services and Support Expenditures for Utah, 1996 – 2000

| Service Type | FY 1996 | Percent Change 95-96 | FY 1997 | Percent Change 96-97 | FY 1998 | Percent Change 97-98 | FY 1999 | Percent Change 98-99 | FY 2000 | Percent Change 99-00 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | \$86,609,452 | 0.7 | \$91,718,683 | 5.9 | \$91,641,457 | -0.1 | \$96,421,148 | 5.2 | \$101,089,331 | 4.8 |
| Nursing facilities | \$85,050,240 | 0.2 | \$86,878,975 | 2.2 | \$86,669,560 | -0.2 | \$90,896,810 | 4.9 | \$94,186,680 | 3.6 |
| Personal care | \$418,092 | -34.6 | \$372,567 | -10.9 | \$431,427 | 15.8 | \$543,830 | 26.1 | \$660,593 | 21.5 |
| 1915(c) waivers - AD | \$1,140,564 | 145.4 | \$1,231,805 | 8.0 | \$1,961,851 | 59.3 | \$1,975,166 | 0.7 | \$2,849,497 | 44.3 |
| Home health | \$556 | -98.6 | \$3,235,336 | 581795.0 | \$2,578,619 | -20.3 | \$3,005,342 | 16.5 | \$3,392,561 | 12.9 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$89,992,420 | 8.6 | \$99,348,798 | 10.4 | \$104,656,114 | 5.3 | \$120,693,784 | 15.3 | \$129,095,736 | 7.0 |
| ICF/IID - public | \$46,127,900 | 1.6 | \$25,455,929 | -44.8 | \$23,356,753 | -8.2 | \$30,207,304 | 29.3 | \$32,263,146 | 6.8 |
| ICF/IID - private | n/a | n/a | \$19,591,155 | n/a | \$20,598,053 | 5.1 | \$21,110,365 | 2.5 | \$20,936,327 | -0.8 |
| 1915(c) waivers - DD | \$43,864,520 | 17.1 | \$54,301,714 | 23.8 | \$60,701,308 | 11.8 | \$69,376,115 | 14.3 | \$75,896,263 | 9.4 |
| HCBS- managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$8,689,792 | 14.9 | \$8,737,330 | 0.5 | \$9,363,448 | 7.2 | \$9,883,481 | 5.6 | \$11,137,394 | 12.7 |
| Mental health facilities | \$7,369,052 | 10.7 | \$7,713,049 | 4.7 | \$8,568,532 | 11.1 | \$9,151,371 | 6.8 | \$9,753,539 | 6.6 |
| Mental health facilities-DSH | \$1,320,740 | 46.0 | \$1,024,281 | -22.4 | \$794,916 | -22.4 | \$732,110 | -7.9 | \$1,383,855 | 89.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$0 | 0.0 | \$5,366,701 | 100.0 | \$8,533,286 | 59.0 | \$10,475,752 | 22.8 | \$16,123,575 | 53.9 |
| Case management | n/a | n/a | \$5,366,701 | n/a | \$8,533,286 | 59.0 | \$10,445,613 | 22.4 | \$14,139,281 | 35.4 |
| 1915(c) waivers - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$30,139 | 100.0 | \$1,984,294 | 6483.8 |
| HCBS- managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$185,291,664 | 5.0 | \$205,171,512 | 10.7 | \$214,194,305 | 4.4 | \$237,474,165 | 10.9 | \$257,446,036 | 8.4 |
| Total Institutional LTSS | \$139,867,932 | 1.5 | \$140,663,389 | 0.6 | \$139,987,814 | -0.5 | \$152,097,960 | 8.7 | \$158,523,547 | 4.2 |
| Total HCBS | \$45,423,732 | 17.7 | \$64,508,123 | 42.0 | \$74,206,491 | 15.0 | \$85,376,205 | 15.1 | \$98,922,489 | 15.9 |
| Total Medicaid (all services) | \$611,502,432 | 10.1 | \$626,662,383 | 2.5 | \$687,830,308 | 9.8 | \$756,590,971 | 10.0 | \$822,361,200 | 8.7 |

| Percentages | FY 1996 | FY 1997 | FY 1998 | FY 1999 | FY 2000 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 30.3% | 32.7% | 31.1% | 31.4% | 31.3% |
| Percentage of LTSS that is HCBS | 24.5% | 31.4% | 34.6% | 36.0% | 38.4% |
| Percentage of LTSS that is HCBS - AD | 1.8% | 5.3% | 5.4% | 5.7% | 6.8% |
| Percentage of LTSS that is HCBS - DD | 48.7% | 54.7% | 58.0% | 57.5% | 58.8% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included except for 1915(c) waivers. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 46E. Long Term Services and Support Expenditures for Utah, 2001 – 2005

| Service Type | FY 2001 | Percent Change 00-01 | FY 2002 | Percent Change 01-02 | FY 2003 | Percent Change 02-03 | FY 2004 | Percent Change 03-04 | FY 2005 | Percent Change 04-05 |
|---|----------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$100,328,309 | -0.8 | \$104,551,711 | 4.2 | \$116,834,601 | 11.7 | \$122,624,362 | 5.0 | \$157,717,227 | 28.6 |
| Nursing facilities | \$92,291,160 | -2.0 | \$95,719,517 | 3.7 | \$104,652,074 | 9.3 | \$105,854,730 | 1.1 | \$142,433,539 | 34.6 |
| Personal care | \$811,884 | 22.9 | \$693,520 | -14.6 | \$978,369 | 41.1 | \$1,084,890 | 10.9 | \$1,053,296 | -2.9 |
| 1915(c) waivers - AD | \$3,859,838 | 35.5 | \$3,939,519 | 2.1 | \$4,424,831 | 12.3 | \$4,635,660 | 4.8 | \$4,944,847 | 6.7 |
| Home health | \$3,365,427 | -0.8 | \$4,199,155 | 24.8 | \$6,779,327 | 61.4 | \$11,049,082 | 63.0 | \$9,285,545 | -16.0 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$137,776,208 | 6.7 | \$151,207,176 | 9.7 | \$159,584,018 | 5.5 | \$157,551,834 | -1.3 | \$169,590,285 | 7.6 |
| ICF/IID - public | \$32,501,684 | 0.7 | \$31,586,481 | -2.8 | \$30,339,512 | -3.9 | \$30,138,438 | -0.7 | \$32,171,233 | 6.7 |
| ICF/IID - private | \$21,728,468 | 3.8 | \$23,296,609 | 7.2 | \$24,324,857 | 4.4 | \$23,838,915 | -2.0 | \$25,342,299 | 6.3 |
| 1915(c) waivers - DD | \$83,546,056 | 10.1 | \$96,324,086 | 15.3 | \$104,919,649 | 8.9 | \$103,574,481 | -1.3 | \$112,076,753 | 8.2 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$11,399,418 | 2.4 | \$12,481,719 | 9.5 | \$13,611,250 | 9.0 | \$12,701,126 | -6.7 | \$13,979,591 | 10.1 |
| Mental health facilities | \$10,653,666 | 9.2 | \$11,605,085 | 8.9 | \$12,676,664 | 9.2 | \$11,766,639 | -7.2 | \$13,045,038 | 10.9 |
| Mental health facilities-DSH | \$745,752 | -46.1 | \$876,634 | 17.6 | \$934,586 | 6.6 | \$934,487 | 0.0 | \$934,553 | 0.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$22,701,578 | 40.8 | \$22,061,154 | -2.8 | \$19,111,551 | -13.4 | \$19,997,253 | 4.6 | \$20,661,154 | 3.3 |
| Case management | \$20,167,319 | 42.6 | \$18,904,623 | -6.3 | \$15,816,106 | -16.3 | \$17,321,762 | 9.5 | \$17,307,580 | -0.1 |
| 1915(c) waivers - other | \$2,534,259 | 27.7 | \$3,156,531 | 24.6 | \$3,295,445 | 4.4 | \$2,675,491 | -18.8 | \$3,353,574 | 25.3 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$272,205,513 | 5.7 | \$290,301,760 | 6.6 | \$309,141,420 | 6.5 | \$312,874,575 | 1.2 | \$361,948,257 | 15.7 |
| Total Institutional LTSS | \$157,920,730 | -0.4 | \$163,084,326 | 3.3 | \$172,927,693 | 6.0 | \$172,533,209 | -0.2 | \$213,926,662 | 24.0 |
| Total HCBS | \$114,284,783 | 15.5 | \$127,217,434 | 11.3 | \$136,213,727 | 7.1 | \$140,341,366 | 3.0 | \$148,021,595 | 5.5 |
| Total Medicaid (all services) | \$845,837,581 | 2.9 | \$1,004,779,964 | 18.8 | \$1,111,792,735 | 10.7 | \$1,260,438,753 | 13.4 | \$1,390,461,986 | 10.3 |

| Percentages | FY 2001 | FY 2002 | FY 2003 | FY 2004 | FY 2005 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 32.2% | 28.9% | 27.8% | 24.8% | 26.0% |
| Percentage of LTSS that is HCBS | 42.0% | 43.8% | 44.1% | 44.9% | 40.9% |
| Percentage of LTSS that is HCBS - AD | 8.0% | 8.4% | 10.4% | 13.7% | 9.7% |
| Percentage of LTSS that is HCBS - DD | 60.6% | 63.7% | 65.7% | 65.7% | 66.1% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments were included starting in 1995 for Section 1915(c) waivers, in 2002 for nursing facilities, personal care, ICF/IID, and mental health facilities (including DSH); and in 2004 for PACE. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 46F. Long Term Services and Support Expenditures for Utah, 2006 – 2010

| Service Type | FY 2006 | Percent Change 05-06 | FY 2007 | Percent Change 06-07 | FY 2008 | Percent Change 07-08 | FY 2009 | Percent Change 08-09 | FY 2010 | Percent Change 09-10 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$155,361,642 | -1.5 | \$181,204,108 | 16.6 | \$199,854,420 | 10.3 | \$185,769,329 | -7.0 | \$197,353,607 | 6.2 |
| Nursing facilities | \$144,679,024 | 1.6 | \$163,109,155 | 12.7 | \$162,268,625 | -0.5 | \$149,547,198 | -7.8 | \$158,415,715 | 5.9 |
| Personal care | \$1,324,122 | 25.7 | \$1,394,164 | 5.3 | \$1,303,214 | -6.5 | \$1,575,611 | 20.9 | \$2,040,693 | 29.5 |
| 1915(c) waivers - AD | -\$59,867 | -101.2 | \$6,113,992 | -10312.6 | \$20,996,110 | 243.4 | \$24,139,086 | 15.0 | \$25,535,878 | 5.8 |
| Home health | \$9,418,363 | 1.4 | \$10,586,797 | 12.4 | \$15,286,471 | 44.4 | \$10,507,434 | -31.3 | \$8,918,785 | -15.1 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$2,442,536 | n/a |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with DD | \$182,549,406 | 7.6 | \$174,741,208 | -4.3 | \$221,855,346 | 27.0 | \$205,952,360 | -7.2 | \$215,189,726 | 4.5 |
| ICF/IID - public | \$30,649,798 | -4.7 | \$28,271,061 | -7.8 | \$41,250,491 | 45.9 | \$41,532,492 | 0.7 | \$33,772,319 | -18.7 |
| ICF/IID - private | \$30,052,644 | 18.6 | \$29,862,528 | -0.6 | \$30,858,900 | 3.3 | \$28,563,745 | -7.4 | \$31,562,760 | 10.5 |
| 1915(c) waivers - DD | \$121,846,964 | 8.7 | \$116,607,619 | -4.3 | \$149,745,955 | 28.4 | \$135,856,123 | -9.3 | \$149,854,647 | 10.3 |
| HCBS - managed care authorities - DD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with SMI or SED | \$13,521,239 | -3.3 | \$14,900,885 | 10.2 | \$16,231,253 | 8.9 | \$16,340,310 | 0.7 | \$26,642,785 | 63.0 |
| Mental health facilities | \$12,586,656 | -3.5 | \$13,966,298 | 11.0 | \$15,296,667 | 9.5 | \$16,250,444 | 6.2 | \$15,757,370 | -3.0 |
| Mental health facilities-DSH | \$934,583 | 0.0 | \$934,587 | 0.0 | \$934,586 | 0.0 | \$89,866 | -90.4 | \$934,587 | 940.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$9,950,828 | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-Other/Multiple Populations | \$12,497,160 | -39.5 | \$3,994,544 | -68.0 | \$6,046,061 | 51.4 | \$7,226,701 | 19.5 | \$7,419,852 | 2.7 |
| Case management | \$8,856,036 | -48.8 | \$1,058,590 | -88.0 | \$1,722,881 | 62.8 | \$1,759,090 | 2.1 | \$1,255,492 | -28.6 |
| 1915(c) waivers - other | \$3,641,124 | 8.6 | \$2,935,954 | -19.4 | \$4,323,180 | 47.2 | \$5,467,611 | 26.5 | \$6,164,360 | 12.7 |
| HCBS - managed care authorities - other | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| Total LTSS | \$363,929,447 | 0.5 | \$374,840,745 | 3.0 | \$443,987,080 | 18.4 | \$415,288,700 | -6.5 | \$446,605,970 | 7.5 |
| Total Institutional LTSS | \$218,902,705 | 2.3 | \$236,143,629 | 7.9 | \$250,609,269 | 6.1 | \$235,983,745 | -5.8 | \$240,442,751 | 1.9 |
| Total HCBS | \$145,026,742 | -2.0 | \$138,697,116 | -4.4 | \$193,377,811 | 39.4 | \$179,304,955 | -7.3 | \$206,163,219 | 15.0 |
| Total Medicaid (all services) | \$1,481,700,840 | 6.6 | \$1,403,253,427 | -5.3 | \$1,539,328,696 | 9.7 | \$1,642,623,027 | 6.7 | \$1,710,144,562 | 4.1 |

| Percentages | FY 2006 | FY 2007 | FY 2008 | FY 2009 | FY 2010 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 24.6% | 26.7% | 28.8% | 25.3% | 26.1% |
| Percentage of LTSS that is HCBS | 39.9% | 37.0% | 43.6% | 43.2% | 46.2% |
| Percentage of LTSS that is HCBS - AD | 6.9% | 10.0% | 18.8% | 19.5% | 19.7% |
| Percentage of LTSS that is HCBS - DD | 66.7% | 66.7% | 67.5% | 66.0% | 69.6% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 37.4% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data. Starting in 2008, managed care data are included for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities. "n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included for several categories of service until 2009. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

For data before 2009, prior period adjustments were included for the following categories of service: nursing home, personal care, Section 1915(c) waivers, PACE, ICF/IID, and mental health facilities (including DSH).

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 46G. Long Term Services and Support Expenditures for Utah, 2011 – 2014

| Service Type | FY 2011 | Percent Change 10-11 | FY 2012 | Percent Change 11-12 | FY 2013 | Percent Change 12-13 | FY 2014 | Percent Change 13-14 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$204,810,149 | 3.8 | \$222,909,490 | 8.8 | \$222,299,843 | -0.3 | \$237,818,022 | 7.0 |
| Nursing facilities | \$162,421,442 | 2.5 | \$174,232,398 | 7.3 | \$171,130,749 | -1.8 | \$184,184,461 | 7.6 |
| Personal care | \$2,093,791 | 2.6 | \$3,151,205 | 50.5 | \$3,266,517 | 3.7 | \$2,863,385 | -12.3 |
| 1915(c) waivers - AD | \$27,285,267 | 6.9 | \$32,509,319 | 19.1 | \$37,421,081 | 15.1 | \$42,846,033 | 14.5 |
| Home health | \$10,077,165 | 13.0 | \$10,246,910 | 1.7 | \$8,443,757 | -17.6 | \$6,213,348 | -26.4 |
| Community first choice | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Private duty nursing | \$2,932,484 | 20.1 | \$2,769,658 | -5.6 | \$2,037,739 | -26.4 | \$1,710,795 | -16.0 |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with DD | \$214,530,630 | -0.3 | \$233,624,572 | 8.9 | \$230,842,046 | -1.2 | \$241,722,309 | 4.7 |
| ICF/IID - public | \$30,301,171 | -10.3 | \$30,747,767 | 1.5 | \$31,489,359 | 2.4 | \$31,680,462 | 0.6 |
| ICF/IID - private | \$31,730,710 | 0.5 | \$32,530,592 | 2.5 | \$31,387,870 | -3.5 | \$32,331,377 | 3.0 |
| 1915(c) waivers - DD | \$152,498,749 | 1.8 | \$170,346,213 | 11.7 | \$167,964,817 | -1.4 | \$177,710,470 | 5.8 |
| HCBS - managed care authorities - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with SMI or SED | \$24,096,934 | -9.6 | \$31,183,734 | 29.4 | \$24,999,803 | -19.8 | \$35,434,539 | 41.7 |
| Mental health facilities | \$14,491,351 | -8.0 | \$16,396,929 | 13.1 | \$10,382,665 | -36.7 | \$24,350,895 | 134.5 |
| Mental health facilities-DSH | \$0 | -100.0 | \$1,871,016 | 100.0 | \$934,586 | -50.0 | \$934,586 | 0.0 |
| Rehabilitative services | \$9,605,583 | -3.5 | \$12,915,789 | 34.5 | \$13,682,552 | 5.9 | \$10,149,058 | -25.8 |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-Other/Multiple Populations | \$6,470,663 | -12.8 | \$6,643,801 | 2.7 | \$7,053,357 | 6.2 | \$7,230,643 | 2.5 |
| Case management | \$1,298 | -99.9 | \$3,488 | 168.7 | \$6,980 | 100.1 | \$4,296 | -38.5 |
| 1915(c) waivers - other | \$6,469,365 | 4.9 | \$6,640,313 | 2.6 | \$7,046,377 | 6.1 | \$7,226,347 | 2.6 |
| HCBS - managed care authorities - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| MFP demonstration | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total LTSS | \$449,908,376 | 0.7 | \$494,361,597 | 9.9 | \$485,195,049 | -1.9 | \$522,205,513 | 7.6 |
| Total Institutional LTSS | \$238,944,674 | -0.6 | \$255,778,702 | 7.0 | \$245,325,229 | -4.1 | \$273,481,781 | 11.5 |
| Total HCBS | \$210,963,702 | 2.3 | \$238,582,895 | 13.1 | \$239,869,820 | 0.5 | \$248,723,732 | 3.7 |
| Total Medicaid (all services) | \$1,751,074,496 | 2.4 | \$1,894,260,137 | 8.2 | \$2,146,338,385 | 13.3 | \$2,065,661,788 | -3.8 |

| Percentages | FY 2011 | FY 2012 | FY 2013 | FY 2014 |
|--|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 25.7% | 26.1% | 22.6% | 25.3% |
| Percentage of LTSS that is HCBS | 46.9% | 48.3% | 49.4% | 47.6% |
| Percentage of LTSS that is HCBS - AD | 20.7% | 21.8% | 23.0% | 22.6% |
| Percentage of LTSS that is HCBS - DD | 71.1% | 72.9% | 72.8% | 73.5% |
| Percentage of LTSS that is HCBS - SMI or SED | 39.9% | 41.4% | 54.7% | 28.6% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Managed care data are included only for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care.

Institutional MLTSS – unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 47A. Long Term Services and Support Expenditures for Vermont, 1981 – 1985

| Service Type | FY 1981 | FY 1982 | Percent Change 81-82 | FY 1983 | Percent Change 82-83 | FY 1984 | Percent Change 83-84 | FY 1985 | Percent Change 84-85 |
|---|---------------------|---------------------|----------------------|---------------------|----------------------|---------------------|----------------------|---------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$26,024,363 | \$26,392,155 | 1.4 | \$27,006,498 | 2.3 | \$28,334,818 | 4.9 | \$32,359,349 | 14.2 |
| Personal care | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$306,642 | n/a |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$1,400,402 | \$1,448,683 | 3.4 | \$1,478,338 | 2.0 | \$1,550,462 | 4.9 | \$1,473,395 | -5.0 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$9,235,016 | \$13,420,528 | 45.3 | \$11,781,566 | -12.2 | \$8,385,618 | -28.8 | \$9,579,919 | 14.2 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$2,268,494 | \$3,732,971 | 64.6 | \$1,170,786 | -68.6 | \$785,519 | -32.9 | \$539,487 | -31.3 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | n/a | n/a | n/a | n/a | n/a | \$5,988,858 | n/a | \$5,866,300 | -2.0 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$38,928,275 | \$44,994,337 | 15.6 | \$41,437,188 | -7.9 | \$45,045,275 | 8.7 | \$50,125,092 | 11.3 |
| Total Institutional LTSS | \$37,527,873 | \$43,545,654 | 16.0 | \$39,958,850 | -8.2 | \$37,505,955 | -6.1 | \$42,478,755 | 13.3 |
| Total HCBS | \$1,400,402 | \$1,448,683 | 3.4 | \$1,478,338 | 2.0 | \$7,539,320 | 410.0 | \$7,646,337 | 1.4 |
| Total Medicaid (all services) | \$71,610,037 | \$78,247,296 | 9.3 | \$81,840,678 | 4.6 | \$85,278,828 | 4.2 | \$88,854,082 | 4.2 |

| Percentages | FY 1981 | FY 1982 | FY 1983 | FY 1984 | FY 1985 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 54.4% | 57.5% | 50.6% | 52.8% | 56.4% |
| Percentage of LTSS that is HCBS | 3.6% | 3.2% | 3.6% | 16.7% | 15.3% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data.

Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 47B. Long Term Services and Support Expenditures for Vermont, 1986 – 1990

| Service Type | FY 1986 | Percent Change 85-86 | FY 1987 | Percent Change 86-87 | FY 1988 | Percent Change 87-88 | FY 1989 | Percent Change 88-89 | FY 1990 | Percent Change 89-90 |
|---|---------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$31,088,787 | -3.9 | \$32,539,619 | 4.7 | \$35,013,944 | 7.6 | \$39,256,583 | 12.1 | \$45,073,361 | 14.8 |
| Personal care | \$0 | -100.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$1,880,023 | 27.6 | \$2,139,046 | 13.8 | \$2,348,531 | 9.8 | \$2,446,638 | 4.2 | \$2,609,587 | 6.7 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$9,772,789 | 2.0 | \$17,157,224 | 75.6 | \$11,335,014 | -33.9 | \$12,689,890 | 12.0 | \$17,314,722 | 36.4 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$356,748 | -33.9 | \$325,789 | -8.7 | \$150,079 | -53.9 | \$137,451 | -8.4 | \$487,647 | 254.8 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | \$5,318,952 | -9.3 | \$5,930,223 | 11.5 | \$6,980,231 | 17.7 | \$9,110,011 | 30.5 | \$11,706,885 | 28.5 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$48,417,299 | -3.4 | \$58,091,901 | 20.0 | \$55,827,799 | -3.9 | \$63,640,573 | 14.0 | \$77,192,202 | 21.3 |
| Total Institutional LTSS | \$41,218,324 | -3.0 | \$50,022,632 | 21.4 | \$46,499,037 | -7.0 | \$52,083,924 | 12.0 | \$62,875,730 | 20.7 |
| Total HCBS | \$7,198,975 | -5.9 | \$8,069,269 | 12.1 | \$9,328,762 | 15.6 | \$11,556,649 | 23.9 | \$14,316,472 | 23.9 |
| Total Medicaid (all services) | \$91,142,515 | 2.6 | \$100,035,994 | 9.8 | \$108,559,060 | 8.5 | \$128,346,228 | 18.2 | \$153,624,187 | 19.7 |

| Percentages | FY 1986 | FY 1987 | FY 1988 | FY 1989 | FY 1990 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 53.1% | 58.1% | 51.4% | 49.6% | 50.2% |
| Percentage of LTSS that is HCBS | 14.9% | 13.9% | 16.7% | 18.2% | 18.5% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997. ICF/IID 1987 data were greater than 1986 and 1988 data for an unknown reason.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 47C. Long Term Services and Support Expenditures for Vermont, 1991 – 1995

| Service Type | FY 1991 | Percent Change 90-91 | FY 1992 | Percent Change 91-92 | FY 1993 | Percent Change 92-93 | FY 1994 | Percent Change 93-94 | FY 1995 | Percent Change 94-95 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$81,249,935 | n/a |
| Nursing facilities | \$52,199,683 | 15.8 | \$59,368,939 | 13.7 | \$65,463,690 | 10.3 | \$70,250,157 | 7.3 | \$72,122,801 | 2.7 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$4,221,853 | n/a |
| Home health | \$2,529,871 | -3.1 | \$3,633,744 | 43.6 | \$3,624,836 | -0.2 | \$5,182,452 | 43.0 | \$4,905,281 | -5.3 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$46,177,012 | n/a |
| ICF/IID - public | \$19,751,523 | 14.1 | \$17,840,748 | -9.7 | \$11,213,196 | -37.1 | \$5,525,346 | -50.7 | \$4,064,497 | -26.4 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$42,112,515 | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$12,952,468 | n/a |
| Mental health facilities | \$539,577 | 10.6 | \$10,499,961 | 1846.0 | \$643,253 | -93.9 | \$166,266 | -74.2 | \$42,482 | -74.4 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | \$9,091,940 | n/a | \$8,882,637 | -2.3 | \$9,637,276 | 8.5 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$3,272,710 | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$732,309 | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified/other | \$14,920,625 | 27.5 | \$22,666,909 | 51.9 | \$31,131,691 | 37.3 | \$37,561,383 | 20.7 | \$732,309 | n/a |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$89,941,279 | 16.5 | \$114,010,301 | 26.8 | \$121,168,606 | 6.3 | \$127,568,241 | 5.3 | \$141,111,724 | 10.6 |
| Total Institutional LTSS | \$72,490,783 | 15.3 | \$87,709,648 | 21.0 | \$86,412,079 | -1.5 | \$84,824,406 | -1.8 | \$85,867,056 | 1.2 |
| Total HCBS | \$17,450,496 | 21.9 | \$26,300,653 | 50.7 | \$34,756,527 | 32.2 | \$42,743,835 | 23.0 | \$55,244,668 | 29.2 |
| Total Medicaid (all services) | \$197,184,604 | 28.4 | \$245,085,339 | 24.3 | \$255,476,326 | 4.2 | \$284,342,804 | 11.3 | \$336,012,431 | 18.2 |

| Percentages | FY 1991 | FY 1992 | FY 1993 | FY 1994 | FY 1995 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 45.6% | 46.5% | 47.4% | 44.9% | 42.0% |
| Percentage of LTSS that is HCBS | 19.4% | 23.1% | 28.7% | 33.5% | 39.1% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | 11.2% |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | 91.2% |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | 25.3% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included except for 1915(c) waivers for 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 47D. Long Term Services and Support Expenditures for Vermont, 1996 – 2000

| Service Type | FY 1996 | Percent Change 95-96 | FY 1997 | Percent Change 96-97 | FY 1998 | Percent Change 97-98 | FY 1999 | Percent Change 98-99 | FY 2000 | Percent Change 99-00 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | \$88,139,740 | 8.5 | \$81,521,457 | -7.5 | \$88,711,559 | 8.8 | \$94,379,688 | 6.4 | \$100,605,667 | 6.6 |
| Nursing facilities | \$78,113,562 | 8.3 | \$70,519,887 | -9.7 | \$75,362,829 | 6.9 | \$77,829,105 | 3.3 | \$78,575,491 | 1.0 |
| Personal care | \$245,080 | 100.0 | \$836,348 | 241.3 | \$1,527,670 | 82.7 | \$2,539,143 | 66.2 | \$3,713,675 | 46.3 |
| 1915(c) waivers - AD | \$4,790,528 | 13.5 | \$5,636,510 | 17.7 | \$7,681,273 | 36.3 | \$9,944,671 | 29.5 | \$13,258,931 | 33.3 |
| Home health | \$4,990,570 | 1.7 | \$4,528,712 | -9.3 | \$4,139,787 | -8.6 | \$4,066,769 | -1.8 | \$5,057,570 | 24.4 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$49,399,806 | 7.0 | \$49,219,367 | -0.4 | \$54,705,033 | 11.1 | \$58,349,226 | 6.7 | \$66,056,265 | 13.2 |
| ICF/IID - public | \$3,091,122 | -23.9 | \$0 | -100.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| ICF/IID - private | n/a | n/a | \$1,478,677 | n/a | \$1,566,552 | 5.9 | \$1,559,233 | -0.5 | \$1,661,352 | 6.5 |
| 1915(c) waivers - DD | \$46,308,684 | 10.0 | \$47,740,690 | 3.1 | \$53,138,481 | 11.3 | \$56,789,993 | 6.9 | \$64,394,913 | 13.4 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$12,142,566 | -6.3 | \$11,748,477 | -3.2 | \$5,603,418 | -52.3 | \$9,838,926 | 75.6 | \$4,530,256 | -54.0 |
| Mental health facilities | \$89,229 | 110.0 | \$91,118 | 2.1 | \$103,221 | 13.3 | \$298,416 | 189.1 | \$260,188 | -12.8 |
| Mental health facilities-DSH | \$9,488,010 | -1.5 | \$9,081,541 | -4.3 | \$2,228,186 | -75.5 | \$6,805,593 | 205.4 | \$0 | -100.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$2,565,327 | -21.6 | \$2,575,818 | 0.4 | \$3,272,011 | 27.0 | \$2,734,917 | -16.4 | \$4,270,068 | 56.1 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$1,012,613 | 38.3 | \$9,889,491 | 876.6 | \$11,694,496 | 18.3 | \$12,280,272 | 5.0 | \$14,903,487 | 21.4 |
| Case management | n/a | n/a | \$8,708,185 | n/a | \$10,260,658 | 17.8 | \$10,889,479 | 6.1 | \$12,945,343 | 18.9 |
| 1915(c) waivers - other | \$1,012,613 | 38.3 | \$1,181,306 | 16.7 | \$1,433,838 | 21.4 | \$1,390,793 | -3.0 | \$1,958,144 | 40.8 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$150,694,725 | 6.8 | \$152,378,792 | 1.1 | \$160,714,506 | 5.5 | \$174,848,112 | 8.8 | \$186,095,675 | 6.4 |
| Total Institutional LTSS | \$90,781,923 | 5.7 | \$81,171,223 | -10.6 | \$79,260,788 | -2.4 | \$86,492,347 | 9.1 | \$80,497,031 | -6.9 |
| Total HCBS | \$59,912,802 | 8.4 | \$71,207,569 | 18.9 | \$81,453,718 | 14.4 | \$88,355,765 | 8.5 | \$105,598,644 | 19.5 |
| Total Medicaid (all services) | \$358,495,428 | 6.7 | \$368,558,764 | 2.8 | \$401,393,879 | 8.9 | \$473,137,876 | 17.9 | \$521,597,704 | 10.2 |

| Percentages | FY 1996 | FY 1997 | FY 1998 | FY 1999 | FY 2000 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 42.0% | 41.3% | 40.0% | 37.0% | 35.7% |
| Percentage of LTSS that is HCBS | 39.8% | 46.7% | 50.7% | 50.5% | 56.7% |
| Percentage of LTSS that is HCBS - AD | 11.4% | 13.5% | 15.0% | 17.5% | 21.9% |
| Percentage of LTSS that is HCBS - DD | 93.7% | 97.0% | 97.1% | 97.3% | 97.5% |
| Percentage of LTSS that is HCBS - SMI or SED | 21.1% | 21.9% | 58.4% | 27.8% | 94.3% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included except for 1915(c) waivers. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 47E. Long Term Services and Support Expenditures for Vermont, 2001 – 2005

| Service Type | FY 2001 | Percent Change 00-01 | FY 2002 | Percent Change 01-02 | FY 2003 | Percent Change 02-03 | FY 2004 | Percent Change 03-04 | FY 2005 | Percent Change 04-05 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | \$111,030,744 | 10.4 | \$128,292,682 | 15.5 | \$136,171,273 | 6.1 | \$153,388,722 | 12.6 | \$159,174,172 | 3.8 |
| Nursing facilities | \$84,120,359 | 7.1 | \$92,183,835 | 9.6 | \$96,293,595 | 4.5 | \$104,364,396 | 8.4 | \$103,761,799 | -0.6 |
| Personal care | \$4,516,685 | 21.6 | \$6,075,612 | 34.5 | \$9,084,444 | 49.5 | \$11,292,782 | 24.3 | \$13,873,254 | 22.9 |
| 1915(c) waivers - AD | \$15,930,090 | 20.1 | \$22,821,753 | 43.3 | \$26,036,567 | 14.1 | \$31,171,351 | 19.7 | \$33,914,925 | 8.8 |
| Home health | \$6,463,610 | 27.8 | \$7,211,482 | 11.6 | \$4,756,667 | -34.0 | \$6,560,193 | 37.9 | \$7,624,194 | 16.2 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$72,292,514 | 9.4 | \$76,774,109 | 6.2 | \$81,156,561 | 5.7 | \$88,636,976 | 9.2 | \$94,675,750 | 6.8 |
| ICF/IID - public | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| ICF/IID - private | \$1,628,446 | -2.0 | \$1,630,657 | 0.1 | \$1,528,774 | -6.2 | \$829,376 | -45.7 | \$944,808 | 13.9 |
| 1915(c) waivers - DD | \$70,664,068 | 9.7 | \$75,143,452 | 6.3 | \$79,627,787 | 6.0 | \$87,807,600 | 10.3 | \$93,730,942 | 6.7 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$5,433,507 | 19.9 | \$5,557,263 | 2.3 | \$4,213,520 | -24.2 | \$4,214,979 | 0.0 | \$4,429,235 | 5.1 |
| Mental health facilities | \$309,865 | 19.1 | \$526,876 | 70.0 | \$186,622 | -64.6 | \$165,302 | -11.4 | \$185,997 | 12.5 |
| Mental health facilities-DSH | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$5,123,642 | 20.0 | \$5,030,387 | -1.8 | \$4,026,898 | -19.9 | \$4,049,677 | 0.6 | \$4,243,238 | 4.8 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$14,425,974 | -3.2 | \$16,175,362 | 12.1 | \$13,330,100 | -17.6 | \$16,514,330 | 23.9 | \$18,339,769 | 11.1 |
| Case management | \$12,274,339 | -5.2 | \$14,118,580 | 15.0 | \$11,056,739 | -21.7 | \$14,040,371 | 27.0 | \$15,772,863 | 12.3 |
| 1915(c) waivers - other | \$2,151,635 | 9.9 | \$2,056,782 | -4.4 | \$2,273,361 | 10.5 | \$2,473,959 | 8.8 | \$2,566,906 | 3.8 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$203,182,739 | 9.2 | \$226,799,416 | 11.6 | \$234,871,454 | 3.6 | \$262,755,007 | 11.9 | \$276,618,926 | 5.3 |
| Total Institutional LTSS | \$86,058,670 | 6.9 | \$94,341,368 | 9.6 | \$98,008,991 | 3.9 | \$105,359,074 | 7.5 | \$104,892,604 | -0.4 |
| Total HCBS | \$117,124,069 | 10.9 | \$132,458,048 | 13.1 | \$136,862,463 | 3.3 | \$157,395,933 | 15.0 | \$171,726,322 | 9.1 |
| Total Medicaid (all services) | \$604,562,212 | 15.9 | \$665,374,989 | 10.1 | \$663,131,518 | -0.3 | \$801,045,662 | 20.8 | \$869,364,903 | 8.5 |

| Percentages | FY 2001 | FY 2002 | FY 2003 | FY 2004 | FY 2005 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 33.6% | 34.1% | 35.4% | 32.8% | 31.8% |
| Percentage of LTSS that is HCBS | 57.6% | 58.4% | 58.3% | 59.9% | 62.1% |
| Percentage of LTSS that is HCBS - AD | 24.2% | 28.1% | 29.3% | 32.0% | 34.8% |
| Percentage of LTSS that is HCBS - DD | 97.7% | 97.9% | 98.1% | 99.1% | 99.0% |
| Percentage of LTSS that is HCBS - SMI or SED | 94.3% | 90.5% | 95.6% | 96.1% | 95.8% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments were included starting in 1995 for Section 1915(c) waivers, in 2002 for nursing facilities, personal care, ICF/IID, and mental health facilities (including DSH); and in 2004 for PACE. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 47F. Long Term Services and Support Expenditures for Vermont, 2006 – 2010

| Service Type | FY 2006 | Percent Change 05-06 | FY 2007 | Percent Change 06-07 | FY 2008 | Percent Change 07-08 | FY 2009 | Percent Change 08-09 | FY 2010 | Percent Change 09-10 |
|---|----------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$137,126,819 | -13.9 | \$154,838,936 | 12.9 | \$193,641,756 | 25.1 | \$197,242,136 | 1.9 | \$196,858,111 | -0.2 |
| Nursing facilities | \$101,406,779 | -2.3 | \$110,756,913 | 9.2 | \$115,353,766 | 4.2 | \$116,585,573 | 1.1 | \$115,208,106 | -1.2 |
| Personal care | \$0 | -100.0 | \$0 | 0.0 | \$17,855,477 | 100.0 | \$19,476,649 | 9.1 | \$19,816,820 | 1.7 |
| 1915(c) waivers - AD | \$0 | -100.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Home health | \$1,979,757 | -74.0 | \$1,306,111 | -34.0 | \$6,541,188 | 400.8 | \$6,689,523 | 2.3 | \$7,202,703 | 7.7 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | \$33,740,283 | n/a | \$42,608,088 | 26.3 | \$52,519,965 | 23.3 | \$51,497,379 | -1.9 | \$50,961,829 | -1.0 |
| PACE | \$0 | 0.0 | \$167,824 | 100.0 | \$1,371,360 | 717.1 | \$2,993,012 | 118.3 | \$3,668,653 | 22.6 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with DD | \$0 | -100.0 | \$0 | 0.0 | \$124,710,662 | 100.0 | \$129,972,401 | 4.2 | \$135,406,738 | 4.2 |
| ICF/IID - public | \$0 | 0.0 | \$0 | 0.0 | \$1,183,582 | 100.0 | \$1,226,274 | 3.6 | \$1,210,257 | -1.3 |
| ICF/IID - private | \$0 | -100.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - DD | \$0 | -100.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - DD | \$0 | n/a | \$0 | 0.0 | \$123,527,080 | 100.0 | \$128,746,127 | 4.2 | \$134,196,481 | 4.2 |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with SMI or SED | \$0 | -100.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$33,236 | 100.0 |
| Mental health facilities | \$0 | -100.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Mental health facilities-DSH | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$33,236 | n/a |
| 1915(c) waivers - SMI or SED | \$0 | -100.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-Other/Multiple Populations | \$0 | -100.0 | \$0 | 0.0 | \$7,418,621 | 100.0 | \$8,530,439 | 15.0 | \$9,193,913 | 7.8 |
| Case management | \$0 | -100.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$29,872 | 100.0 |
| 1915(c) waivers - other | \$0 | -100.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - other | \$0 | n/a | \$0 | 0.0 | \$7,418,621 | 100.0 | \$8,530,439 | 15.0 | \$9,164,041 | 7.4 |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| Total LTSS | \$137,126,819 | -50.4 | \$154,838,936 | 12.9 | \$325,771,039 | 110.4 | \$335,744,976 | 3.1 | \$341,491,998 | 1.7 |
| Total Institutional LTSS | \$101,406,779 | -3.3 | \$110,756,913 | 9.2 | \$116,537,348 | 5.2 | \$117,811,847 | 1.1 | \$116,418,363 | -1.2 |
| Total HCBS | \$35,720,040 | -79.2 | \$44,082,023 | 23.4 | \$209,233,691 | 374.6 | \$217,933,129 | 4.2 | \$225,073,635 | 3.3 |
| Total Medicaid (all services) | \$977,187,397 | 12.4 | \$1,013,320,192 | 3.7 | \$1,073,150,538 | 5.9 | \$1,146,195,375 | 6.8 | \$1,250,803,549 | 9.1 |

| Percentages | FY 2006 | FY 2007 | FY 2008 | FY 2009 | FY 2010 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 14.0% | 15.3% | 30.4% | 29.3% | 27.3% |
| Percentage of LTSS that is HCBS | 26.0% | 28.5% | 64.2% | 64.9% | 65.9% |
| Percentage of LTSS that is HCBS - AD | 26.0% | 28.5% | 40.4% | 40.9% | 41.5% |
| Percentage of LTSS that is HCBS - DD | 0.0% | 0.0% | 99.1% | 99.1% | 99.1% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 100.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data. Starting in 2008, managed care data are included for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities. "n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included for several categories of service until 2009. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

For data before 2009, prior period adjustments were included for the following categories of service: nursing home, personal care, Section 1915(c) waivers, PACE, ICF/IID, and mental health facilities (including DSH).

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Vermont 2006 and 2007 data for HCBS – managed care authorities do not include expenditures for a Section 1115 Demonstration program for services similar to 1915(c) waiver services.

Table 47G. Long Term Services and Support Expenditures for Vermont, 2011 – 2014

| Service Type | FY 2011 | Percent Change 10-11 | FY 2012 | Percent Change 11-12 | FY 2013 | Percent Change 12-13 | FY 2014 | Percent Change 13-14 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$198,560,843 | 0.9 | \$212,730,213 | 7.1 | \$209,187,191 | -1.7 | \$214,123,269 | 2.4 |
| Nursing facilities | \$113,273,247 | -1.7 | \$117,665,805 | 3.9 | \$116,670,437 | -0.8 | \$121,806,559 | 4.4 |
| Personal care | \$22,754,355 | 14.8 | \$29,461,378 | 29.5 | \$26,141,635 | -11.3 | \$25,783,132 | -1.4 |
| 1915(c) waivers - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Home health | \$7,790,980 | 8.2 | \$7,283,013 | -6.5 | \$7,375,354 | 1.3 | \$7,599,082 | 3.0 |
| Community first choice | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - AD | \$50,076,110 | -1.7 | \$52,583,882 | 5.0 | \$56,119,524 | 6.7 | \$58,934,496 | 5.0 |
| PACE | \$4,666,151 | 27.2 | \$5,736,135 | 22.9 | \$2,880,241 | -49.8 | \$0 | -100.0 |
| Private duty nursing | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with DD | \$140,518,045 | 3.8 | \$144,894,765 | 3.1 | \$153,752,172 | 6.1 | \$161,336,344 | 4.9 |
| ICF/IID - public | \$1,202,994 | -0.6 | \$1,211,654 | 0.7 | \$1,201,518 | -0.8 | \$1,254,497 | 4.4 |
| ICF/IID - private | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS- managed care authorities - DD | \$139,315,051 | 3.8 | \$143,683,111 | 3.1 | \$152,550,654 | 6.2 | \$160,081,847 | 4.9 |
| HCBS - 1915(i) - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with SMI or SED | \$40,140 | 20.8 | \$40,852 | 1.8 | \$55,889 | 36.8 | \$108,490 | 94.1 |
| Mental health facilities | \$0 | 0.0 | \$1,156 | 100.0 | \$5,840 | 405.2 | \$0 | -100.0 |
| Mental health facilities-DSH | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Rehabilitative services | \$40,140 | 20.8 | \$39,696 | -1.1 | \$50,049 | 26.1 | \$108,490 | 116.8 |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-Other/Multiple Populations | \$9,383,052 | 2.1 | \$8,101,902 | -13.7 | \$9,186,877 | 13.4 | \$11,196,754 | 21.9 |
| Case management | \$34,125 | 14.2 | \$45,103 | 32.2 | \$89,171 | 97.7 | \$88,382 | -0.9 |
| 1915(c) waivers - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS- managed care authorities - other | \$9,345,337 | 2.0 | \$7,782,256 | -16.7 | \$7,730,217 | -0.7 | \$9,765,029 | 26.3 |
| Health homes | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| MFP demonstration | \$3,590 | 100.0 | \$274,543 | 7547.4 | \$1,367,489 | 398.1 | \$1,343,343 | -1.8 |
| Total LTSS | \$348,502,080 | 2.1 | \$365,767,732 | 5.0 | \$372,182,129 | 1.8 | \$386,764,857 | 3.9 |
| Total Institutional LTSS | \$114,476,241 | -1.7 | \$118,878,615 | 3.8 | \$117,877,795 | -0.8 | \$123,061,056 | 4.4 |
| Total HCBS | \$234,025,839 | 4.0 | \$246,889,117 | 5.5 | \$254,304,334 | 3.0 | \$263,703,801 | 3.7 |
| Total Medicaid (all services) | \$1,289,974,770 | 3.1 | \$1,388,919,441 | 7.7 | \$1,445,881,344 | 4.1 | \$1,535,741,156 | 6.2 |

| Percentages | FY 2011 | FY 2012 | FY 2013 | FY 2014 |
|--|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 27.0% | 26.3% | 25.7% | 25.2% |
| Percentage of LTSS that is HCBS | 67.2% | 67.5% | 68.3% | 68.2% |
| Percentage of LTSS that is HCBS - AD | 43.0% | 44.7% | 44.2% | 43.1% |
| Percentage of LTSS that is HCBS - DD | 99.1% | 99.2% | 99.2% | 99.2% |
| Percentage of LTSS that is HCBS - SMI or SED | 100.0% | 97.2% | 89.6% | 100.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Managed care data are included only for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care.

Institutional MLTSS – unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 48A. Long Term Services and Support Expenditures for Virginia, 1981 – 1985

| Service Type | FY 1981 | FY 1982 | Percent Change 81-82 | FY 1983 | Percent Change 82-83 | FY 1984 | Percent Change 83-84 | FY 1985 | Percent Change 84-85 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$142,577,036 | \$163,075,340 | 14.4 | \$170,138,754 | 4.3 | \$183,783,654 | 8.0 | \$183,375,107 | -0.2 |
| Personal care | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$282,809 | n/a |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$2,159,114 | \$2,930,978 | 35.7 | \$2,919,854 | -0.4 | \$3,400,339 | 16.5 | \$4,625,234 | 36.0 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$70,029,881 | \$78,609,105 | 12.3 | \$89,740,538 | 14.2 | \$89,807,078 | 0.1 | \$114,813,821 | 27.8 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$4,346,576 | \$14,168,881 | 226.0 | \$14,950,872 | 5.5 | \$16,121,278 | 7.8 | \$20,555,595 | 27.5 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | n/a | n/a | n/a | n/a | n/a | \$2,164,090 | n/a | \$5,617,161 | 159.6 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$219,112,607 | \$258,784,304 | 18.1 | \$277,750,018 | 7.3 | \$295,276,439 | 6.3 | \$329,269,727 | 11.5 |
| Total Institutional LTSS | \$216,953,493 | \$255,853,326 | 17.9 | \$274,830,164 | 7.4 | \$289,712,010 | 5.4 | \$318,744,523 | 10.0 |
| Total HCBS | \$2,159,114 | \$2,930,978 | 35.7 | \$2,919,854 | -0.4 | \$5,564,429 | 90.6 | \$10,525,204 | 89.2 |
| Total Medicaid (all services) | \$442,837,343 | \$480,421,334 | 8.5 | \$493,189,269 | 2.7 | \$521,935,112 | 5.8 | \$567,551,371 | 8.7 |

| Percentages | FY 1981 | FY 1982 | FY 1983 | FY 1984 | FY 1985 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 49.5% | 53.9% | 56.3% | 56.6% | 58.0% |
| Percentage of LTSS that is HCBS | 1.0% | 1.1% | 1.1% | 1.9% | 3.2% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data.

Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 48B. Long Term Services and Support Expenditures for Virginia, 1986 – 1990

| Service Type | FY 1986 | Percent Change 85-86 | FY 1987 | Percent Change 86-87 | FY 1988 | Percent Change 87-88 | FY 1989 | Percent Change 88-89 | FY 1990 | Percent Change 89-90 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$184,773,101 | 0.8 | \$201,960,219 | 9.3 | \$258,957,648 | 28.2 | \$238,538,256 | -7.9 | \$273,812,133 | 14.8 |
| Personal care | \$183,534 | -35.1 | \$7,456,574 | 3962.8 | \$0 | -100.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$4,889,305 | 5.7 | \$6,477,723 | 32.5 | \$8,052,391 | 24.3 | \$9,420,346 | 17.0 | \$11,995,723 | 27.3 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$116,749,702 | 1.7 | \$226,971,457 | 94.4 | \$106,785,389 | -53.0 | \$136,800,812 | 28.1 | \$148,385,981 | 8.5 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$21,457,401 | 4.4 | \$23,579,794 | 9.9 | \$25,649,769 | 8.8 | \$23,228,066 | -9.4 | \$26,759,738 | 15.2 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | \$11,255,790 | 100.4 | \$7,726,395 | -31.4 | \$16,314,235 | 111.1 | \$19,853,160 | 21.7 | \$24,408,521 | 22.9 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$339,308,833 | 3.0 | \$474,172,162 | 39.7 | \$415,759,432 | -12.3 | \$427,840,640 | 2.9 | \$485,362,096 | 13.4 |
| Total Institutional LTSS | \$322,980,204 | 1.3 | \$452,511,470 | 40.1 | \$391,392,806 | -13.5 | \$398,567,134 | 1.8 | \$448,957,852 | 12.6 |
| Total HCBS | \$16,328,629 | 55.1 | \$21,660,692 | 32.7 | \$24,366,626 | 12.5 | \$29,273,506 | 20.1 | \$36,404,244 | 24.4 |
| Total Medicaid (all services) | \$618,652,713 | 9.0 | \$695,324,027 | 12.4 | \$789,425,003 | 13.5 | \$873,933,899 | 10.7 | \$1,036,090,341 | 18.6 |

| Percentages | FY 1986 | FY 1987 | FY 1988 | FY 1989 | FY 1990 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 54.8% | 68.2% | 52.7% | 49.0% | 46.8% |
| Percentage of LTSS that is HCBS | 4.8% | 4.6% | 5.9% | 6.8% | 7.5% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997. ICF/IID 1987 data were greater than 1986 and 1988 data for an unknown reason.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 48C. Long Term Services and Support Expenditures for Virginia, 1991 – 1995

| Service Type | FY 1991 | Percent Change 90-91 | FY 1992 | Percent Change 91-92 | FY 1993 | Percent Change 92-93 | FY 1994 | Percent Change 93-94 | FY 1995 | Percent Change 94-95 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$461,118,454 | n/a |
| Nursing facilities | \$313,691,036 | 14.6 | \$344,804,950 | 9.9 | \$372,818,152 | 8.1 | \$379,372,936 | 1.8 | \$388,308,945 | 2.4 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$63,504,623 | n/a |
| Home health | \$14,458,310 | 20.5 | \$15,328,810 | 6.0 | \$10,285,995 | -32.9 | \$7,867,419 | -23.5 | \$9,304,886 | 18.3 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$189,802,594 | n/a |
| ICF/IID - public | \$152,155,758 | 2.5 | \$153,992,077 | 1.2 | \$148,246,524 | -3.7 | \$153,543,506 | 3.6 | \$152,407,011 | -0.7 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$37,395,583 | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$111,508,010 | n/a |
| Mental health facilities | \$47,895,852 | 79.0 | \$69,903,176 | 45.9 | \$81,516,322 | 16.6 | \$87,035,773 | 6.8 | \$104,775,913 | 20.4 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | \$10,413,469 | n/a | \$10,441,249 | 0.3 | \$6,732,097 | -35.5 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$11,744,769 | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified/other | \$32,548,888 | 33.4 | \$52,334,248 | 60.8 | \$69,550,050 | 32.9 | \$82,133,320 | 18.1 | \$11,744,769 | n/a |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$560,749,844 | 15.5 | \$636,363,261 | 13.5 | \$692,830,512 | 8.9 | \$720,394,203 | 4.0 | \$774,173,827 | 7.5 |
| Total Institutional LTSS | \$513,742,646 | 14.4 | \$568,700,203 | 10.7 | \$612,994,467 | 7.8 | \$630,393,464 | 2.8 | \$652,223,966 | 3.5 |
| Total HCBS | \$47,007,198 | 29.1 | \$67,663,058 | 43.9 | \$79,836,045 | 18.0 | \$90,000,739 | 12.7 | \$121,949,861 | 35.5 |
| Total Medicaid (all services) | \$1,258,858,274 | 21.5 | \$1,553,235,915 | 23.4 | \$1,791,773,310 | 15.4 | \$1,871,197,941 | 4.4 | \$2,058,457,364 | 10.0 |

| Percentages | FY 1991 | FY 1992 | FY 1993 | FY 1994 | FY 1995 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 44.5% | 41.0% | 38.7% | 38.5% | 37.6% |
| Percentage of LTSS that is HCBS | 8.4% | 10.6% | 11.5% | 12.5% | 15.8% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | 15.8% |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | 19.7% |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included except for 1915(c) waivers for 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 48D. Long Term Services and Support Expenditures for Virginia, 1996 – 2000

| Service Type | FY 1996 | Percent Change 95-96 | FY 1997 | Percent Change 96-97 | FY 1998 | Percent Change 97-98 | FY 1999 | Percent Change 98-99 | FY 2000 | Percent Change 99-00 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$479,674,749 | 4.0 | \$498,229,859 | 3.9 | \$510,492,984 | 2.5 | \$527,568,225 | 3.3 | \$584,776,600 | 10.8 |
| Nursing facilities | \$393,116,228 | 1.2 | \$399,825,698 | 1.7 | \$415,120,003 | 3.8 | \$435,752,431 | 5.0 | \$489,181,846 | 12.3 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | \$78,197,053 | 23.1 | \$89,425,793 | 14.4 | \$87,175,655 | -2.5 | \$84,992,696 | -2.5 | \$88,936,429 | 4.6 |
| Home health | \$8,361,468 | -10.1 | \$8,978,368 | 7.4 | \$8,197,326 | -8.7 | \$6,823,098 | -16.8 | \$6,658,325 | -2.4 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$207,603,298 | 9.4 | \$232,307,408 | 11.9 | \$253,277,283 | 9.0 | \$273,595,503 | 8.0 | \$333,102,172 | 21.7 |
| ICF/IID - public | \$153,656,345 | 0.8 | \$145,725,051 | -5.2 | \$146,289,746 | 0.4 | \$156,206,355 | 6.8 | \$161,262,138 | 3.2 |
| ICF/IID - private | n/a | n/a | \$13,941,938 | n/a | \$13,926,986 | -0.1 | \$13,578,059 | -2.5 | \$21,877,670 | 61.1 |
| 1915(c) waivers - DD | \$53,946,953 | 44.3 | \$72,640,419 | 34.7 | \$93,060,551 | 28.1 | \$103,811,089 | 11.6 | \$149,962,364 | 44.5 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$122,103,329 | 9.5 | \$119,455,892 | -2.2 | \$115,059,145 | -3.7 | \$124,446,601 | 8.2 | \$126,011,053 | 1.3 |
| Mental health facilities | \$113,709,405 | 8.5 | \$119,161,441 | 4.8 | \$106,838,863 | -10.3 | \$115,720,065 | 8.3 | \$116,823,307 | 1.0 |
| Mental health facilities-DSH | \$8,393,924 | 24.7 | \$294,451 | -96.5 | \$8,220,282 | 2691.7 | \$8,726,536 | 6.2 | \$9,187,746 | 5.3 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$14,124,402 | 20.3 | \$19,318,005 | 36.8 | \$19,309,216 | 0.0 | \$20,595,113 | 6.7 | \$28,815,388 | 39.9 |
| Case management | n/a | n/a | \$3,036,402 | n/a | \$2,961,622 | -2.5 | \$2,449,709 | -17.3 | \$9,427,069 | 284.8 |
| 1915(c) waivers - other | \$14,124,402 | 20.3 | \$16,281,603 | 15.3 | \$16,347,594 | 0.4 | \$18,145,404 | 11.0 | \$19,388,319 | 6.8 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$823,505,778 | 6.4 | \$869,311,164 | 5.6 | \$898,138,628 | 3.3 | \$946,205,442 | 5.4 | \$1,072,705,213 | 13.4 |
| Total Institutional LTSS | \$668,875,902 | 2.6 | \$678,948,579 | 1.5 | \$690,395,880 | 1.7 | \$729,983,446 | 5.7 | \$798,332,707 | 9.4 |
| Total HCBS | \$154,629,876 | 26.8 | \$190,362,585 | 23.1 | \$207,742,748 | 9.1 | \$216,221,996 | 4.1 | \$274,372,506 | 26.9 |
| Total Medicaid (all services) | \$2,123,142,475 | 3.1 | \$2,274,509,097 | 7.1 | \$2,324,457,939 | 2.2 | \$2,487,100,612 | 7.0 | \$2,719,574,169 | 9.3 |

| Percentages | FY 1996 | FY 1997 | FY 1998 | FY 1999 | FY 2000 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 38.8% | 38.2% | 38.6% | 38.0% | 39.4% |
| Percentage of LTSS that is HCBS | 18.8% | 21.9% | 23.1% | 22.9% | 25.6% |
| Percentage of LTSS that is HCBS - AD | 18.0% | 19.8% | 18.7% | 17.4% | 16.3% |
| Percentage of LTSS that is HCBS - DD | 26.0% | 31.3% | 36.7% | 37.9% | 45.0% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included except for 1915(c) waivers. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 48E. Long Term Services and Support Expenditures for Virginia, 2001 – 2005

| Service Type | FY 2001 | Percent Change 00-01 | FY 2002 | Percent Change 01-02 | FY 2003 | Percent Change 02-03 | FY 2004 | Percent Change 03-04 | FY 2005 | Percent Change 04-05 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$639,797,515 | 9.4 | \$820,597,998 | 28.3 | \$713,583,005 | -13.0 | \$808,313,510 | 13.3 | \$891,212,669 | 10.3 |
| Nursing facilities | \$528,280,931 | 8.0 | \$699,762,106 | 32.5 | \$617,038,034 | -11.8 | \$654,871,004 | 6.1 | \$683,670,465 | 4.4 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | \$106,511,976 | 19.8 | \$116,121,132 | 9.0 | \$92,430,644 | -20.4 | \$150,022,148 | 62.3 | \$202,609,609 | 35.1 |
| Home health | \$5,004,608 | -24.8 | \$4,714,760 | -5.8 | \$4,114,327 | -12.7 | \$3,420,358 | -16.9 | \$4,932,595 | 44.2 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$368,934,886 | 10.8 | \$430,087,658 | 16.6 | \$475,445,402 | 10.5 | \$462,864,118 | -2.6 | \$537,123,302 | 16.0 |
| ICF/IID - public | \$168,124,032 | 4.3 | \$196,896,011 | 17.1 | \$199,942,426 | 1.5 | \$192,425,344 | -3.8 | \$207,250,565 | 7.7 |
| ICF/IID - private | \$19,287,927 | -11.8 | \$19,156,341 | -0.7 | \$19,599,241 | 2.3 | \$26,425,505 | 34.8 | \$38,104,310 | 44.2 |
| 1915(c) waivers - DD | \$181,522,927 | 21.0 | \$214,035,306 | 17.9 | \$255,903,735 | 19.6 | \$244,013,269 | -4.6 | \$291,768,427 | 19.6 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$152,642,498 | 21.1 | \$192,202,222 | 25.9 | \$225,190,209 | 17.2 | \$279,693,957 | 24.2 | \$298,916,772 | 6.9 |
| Mental health facilities | \$150,889,753 | 29.2 | \$188,552,607 | 25.0 | \$221,193,803 | 17.3 | \$275,259,747 | 24.4 | \$294,241,247 | 6.9 |
| Mental health facilities-DSH | \$1,752,745 | -80.9 | \$3,649,615 | 108.2 | \$3,996,406 | 9.5 | \$4,434,210 | 11.0 | \$4,675,525 | 5.4 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$20,164,039 | -30.0 | \$19,559,548 | -3.0 | \$15,096,413 | -22.8 | \$18,206,820 | 20.6 | \$16,515,399 | -9.3 |
| Case management | \$19,285,950 | 104.6 | \$18,708,645 | -3.0 | \$14,438,125 | -22.8 | \$17,539,154 | 21.5 | \$15,824,291 | -9.8 |
| 1915(c) waivers - other | \$878,089 | -95.5 | \$850,903 | -3.1 | \$658,288 | -22.6 | \$667,666 | 1.4 | \$691,108 | 3.5 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$1,181,538,938 | 10.1 | \$1,462,447,426 | 23.8 | \$1,429,315,029 | -2.3 | \$1,569,078,405 | 9.8 | \$1,743,768,142 | 11.1 |
| Total Institutional LTSS | \$868,335,388 | 8.8 | \$1,108,016,680 | 27.6 | \$1,061,769,910 | -4.2 | \$1,153,415,810 | 8.6 | \$1,227,942,112 | 6.5 |
| Total HCBS | \$313,203,550 | 14.2 | \$354,430,746 | 13.2 | \$367,545,119 | 3.7 | \$415,662,595 | 13.1 | \$515,826,030 | 24.1 |
| Total Medicaid (all services) | \$3,091,047,377 | 13.7 | \$3,468,789,025 | 12.2 | \$3,614,703,375 | 4.2 | \$3,955,108,881 | 9.4 | \$4,469,565,923 | 13.0 |

| Percentages | FY 2001 | FY 2002 | FY 2003 | FY 2004 | FY 2005 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 38.2% | 42.2% | 39.5% | 39.7% | 39.0% |
| Percentage of LTSS that is HCBS | 26.5% | 24.2% | 25.7% | 26.5% | 29.6% |
| Percentage of LTSS that is HCBS - AD | 17.4% | 14.7% | 13.5% | 19.0% | 23.3% |
| Percentage of LTSS that is HCBS - DD | 49.2% | 49.8% | 53.8% | 52.7% | 54.3% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments were included starting in 1995 for Section 1915(c) waivers, in 2002 for nursing facilities, personal care, ICF/IID, and mental health facilities (including DSH); and in 2004 for PACE. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 48F. Long Term Services and Support Expenditures for Virginia, 2006 – 2010

| Service Type | FY 2006 | Percent Change 05-06 | FY 2007 | Percent Change 06-07 | FY 2008 | Percent Change 07-08 | FY 2009 | Percent Change 08-09 | FY 2010 | Percent Change 09-10 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$920,169,158 | 3.2 | \$986,131,686 | 7.2 | \$1,078,046,148 | 9.3 | \$1,184,073,453 | 9.8 | \$1,302,314,863 | 10.0 |
| Nursing facilities | \$707,876,910 | 3.5 | \$722,977,212 | 2.1 | \$744,461,171 | 3.0 | \$768,388,778 | 3.2 | \$801,333,838 | 4.3 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$3,351 | 100.0 | \$0 | -100.0 |
| 1915(c) waivers - AD | \$207,712,770 | 2.5 | \$258,260,543 | 24.3 | \$320,124,301 | 24.0 | \$397,808,216 | 24.3 | \$476,238,008 | 19.7 |
| Home health | \$4,579,478 | -7.2 | \$4,893,931 | 6.9 | \$6,257,014 | 27.9 | \$6,790,450 | 8.5 | \$6,961,666 | 2.5 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$7,203,662 | 100.0 | \$11,082,658 | 53.8 | \$17,781,351 | 60.4 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with DD | \$569,666,758 | 6.1 | \$603,305,623 | 5.9 | \$710,802,538 | 17.8 | \$759,046,983 | 6.8 | \$781,247,916 | 2.9 |
| ICF/IID - public | \$208,485,016 | 0.6 | \$193,131,934 | -7.4 | \$230,844,182 | 19.5 | \$232,202,152 | 0.6 | \$234,228,984 | 0.9 |
| ICF/IID - private | \$40,991,400 | 7.6 | \$37,897,657 | -7.5 | \$48,592,923 | 28.2 | \$60,329,848 | 24.2 | \$59,995,151 | -0.6 |
| 1915(c) waivers - DD | \$320,190,342 | 9.7 | \$372,276,032 | 16.3 | \$431,365,433 | 15.9 | \$466,514,983 | 8.1 | \$487,023,781 | 4.4 |
| HCBS - managed care authorities - DD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with SMI or SED | \$398,174,369 | 33.2 | \$499,461,429 | 25.4 | \$315,309,753 | -36.9 | \$152,827,005 | -51.5 | \$140,004,036 | -8.4 |
| Mental health facilities | \$393,266,514 | 33.7 | \$494,226,095 | 25.7 | \$308,661,220 | -37.5 | \$145,697,712 | -52.8 | \$130,443,927 | -10.5 |
| Mental health facilities-DSH | \$4,907,855 | 5.0 | \$5,235,334 | 6.7 | \$6,648,533 | 27.0 | \$7,129,293 | 7.2 | \$6,284,784 | -11.8 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$3,275,325 | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-Other/Multiple Populations | \$18,282,722 | 10.7 | \$12,856,863 | -29.7 | \$60,641,962 | 371.7 | \$124,719,352 | 105.7 | \$133,978,412 | 7.4 |
| Case management | \$17,592,311 | 11.2 | \$12,131,393 | -31.0 | \$58,486,997 | 382.1 | \$119,120,617 | 103.7 | \$126,650,283 | 6.3 |
| 1915(c) waivers - other | \$690,411 | -0.1 | \$725,470 | 5.1 | \$681,913 | -6.0 | \$766,910 | 12.5 | \$648,311 | -15.5 |
| HCBS - managed care authorities - other | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | \$1,473,052 | n/a | \$4,831,825 | 228.0 | \$6,679,818 | 38.2 |
| Total LTSS | \$1,906,293,007 | 9.3 | \$2,101,755,601 | 10.3 | \$2,164,800,401 | 3.0 | \$2,220,666,793 | 2.6 | \$2,357,545,227 | 6.2 |
| Total Institutional LTSS | \$1,355,527,695 | 10.4 | \$1,453,468,232 | 7.2 | \$1,339,208,029 | -7.9 | \$1,213,747,783 | -9.4 | \$1,232,286,684 | 1.5 |
| Total HCBS | \$550,765,312 | 6.8 | \$648,287,369 | 17.7 | \$825,592,372 | 27.3 | \$1,006,919,010 | 22.0 | \$1,125,258,543 | 11.8 |
| Total Medicaid (all services) | \$4,626,037,909 | 3.5 | \$4,995,746,080 | 8.0 | \$5,375,428,970 | 7.6 | \$5,817,997,952 | 8.2 | \$6,485,848,472 | 11.5 |

| Percentages | FY 2006 | FY 2007 | FY 2008 | FY 2009 | FY 2010 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 41.2% | 42.1% | 40.3% | 38.2% | 36.4% |
| Percentage of LTSS that is HCBS | 28.9% | 30.8% | 38.1% | 45.3% | 47.7% |
| Percentage of LTSS that is HCBS - AD | 23.1% | 26.7% | 30.9% | 35.1% | 38.5% |
| Percentage of LTSS that is HCBS - DD | 56.2% | 61.7% | 60.7% | 61.5% | 62.3% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 2.3% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data. Starting in 2008, managed care data are included for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities. "n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included for several categories of service until 2009. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

For data before 2009, prior period adjustments were included for the following categories of service: nursing home, personal care, Section 1915(c) waivers, PACE, ICF/IID, and mental health facilities (including DSH).

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 48G. Long Term Services and Support Expenditures for Virginia, 2011 – 2014

| Service Type | FY 2011 | Percent Change 10-11 | FY 2012 | Percent Change 11-12 | FY 2013 | Percent Change 12-13 | FY 2014 | Percent Change 13-14 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$1,409,304,529 | 8.2 | \$1,467,659,261 | 4.1 | \$1,557,277,072 | 6.1 | \$1,667,253,396 | 7.1 |
| Nursing facilities | \$837,982,325 | 4.6 | \$825,312,495 | -1.5 | \$847,552,884 | 2.7 | \$868,985,838 | 2.5 |
| Personal care | \$1,412,179 | 100.0 | \$0 | -100.0 | \$0 | 0.0 | \$2,928,483 | 100.0 |
| 1915(c) waivers - AD | \$536,594,799 | 12.7 | \$599,902,912 | 11.8 | \$649,270,893 | 8.2 | \$718,729,380 | 10.7 |
| Home health | \$8,298,601 | 19.2 | \$7,704,243 | -7.2 | \$5,938,977 | -22.9 | \$5,182,429 | -12.7 |
| Community first choice | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$1,920,754 | 100.0 |
| PACE | \$25,016,625 | 40.7 | \$30,026,671 | 20.0 | \$36,349,943 | 21.1 | \$48,121,184 | 32.4 |
| Private duty nursing | \$0 | 0.0 | \$4,712,940 | 100.0 | \$18,164,375 | 285.4 | \$21,385,328 | 17.7 |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with DD | \$846,615,319 | 8.4 | \$833,821,262 | -1.5 | \$873,567,647 | 4.8 | \$875,819,156 | 0.3 |
| ICF/IID - public | \$227,110,515 | -3.0 | \$212,446,783 | -6.5 | \$216,124,896 | 1.7 | \$183,293,834 | -15.2 |
| ICF/IID - private | \$64,704,876 | 7.9 | \$75,628,549 | 16.9 | \$83,674,725 | 10.6 | \$88,488,292 | 5.8 |
| 1915(c) waivers - DD | \$554,799,928 | 13.9 | \$545,745,930 | -1.6 | \$573,768,026 | 5.1 | \$604,037,030 | 5.3 |
| HCBS - managed care authorities - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with SMI or SED | \$131,947,455 | -5.8 | \$126,879,921 | -3.8 | \$142,150,386 | 12.0 | \$144,854,266 | 1.9 |
| Mental health facilities | \$119,374,645 | -8.5 | \$126,879,921 | 6.3 | \$135,288,751 | 6.6 | \$135,457,321 | 0.1 |
| Mental health facilities-DSH | \$12,572,810 | 100.1 | \$0 | -100.0 | \$6,861,635 | 100.0 | \$9,396,945 | 36.9 |
| Rehabilitative services | \$0 | -100.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-Other/Multiple Populations | \$141,091,671 | 5.3 | \$138,704,347 | -1.7 | \$144,178,686 | 3.9 | \$146,708,128 | 1.8 |
| Case management | \$133,486,535 | 5.4 | \$130,156,003 | -2.5 | \$134,161,785 | 3.1 | \$136,254,148 | 1.6 |
| 1915(c) waivers - other | \$483,436 | -25.4 | \$264,066 | -45.4 | \$0 | -100.0 | \$0 | 0.0 |
| HCBS - managed care authorities - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| MFP demonstration | \$7,121,700 | 6.6 | \$8,284,278 | 16.3 | \$10,016,901 | 20.9 | \$10,453,980 | 4.4 |
| Total LTSS | \$2,528,958,974 | 7.3 | \$2,567,064,791 | 1.5 | \$2,717,173,791 | 5.8 | \$2,834,634,946 | 4.3 |
| Total Institutional LTSS | \$1,261,745,171 | 2.4 | \$1,240,267,748 | -1.7 | \$1,289,502,891 | 4.0 | \$1,285,622,230 | -0.3 |
| Total HCBS | \$1,267,213,803 | 12.6 | \$1,326,797,043 | 4.7 | \$1,427,670,900 | 7.6 | \$1,549,012,716 | 8.5 |
| Total Medicaid (all services) | \$7,041,328,827 | 8.6 | \$6,881,765,029 | -2.3 | \$7,280,933,527 | 5.8 | \$7,701,667,653 | 5.8 |

| Percentages | FY 2011 | FY 2012 | FY 2013 | FY 2014 |
|--|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 35.9% | 37.3% | 37.3% | 36.8% |
| Percentage of LTSS that is HCBS | 50.1% | 51.7% | 52.5% | 54.7% |
| Percentage of LTSS that is HCBS - AD | 40.5% | 43.8% | 45.6% | 47.9% |
| Percentage of LTSS that is HCBS - DD | 65.5% | 65.5% | 65.7% | 69.0% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Managed care data are included only for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care.

Institutional MLTSS – unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 49A. Long Term Services and Support Expenditures for Washington, 1981 – 1985

| Service Type | FY 1981 | FY 1982 | Percent Change 81-82 | FY 1983 | Percent Change 82-83 | FY 1984 | Percent Change 83-84 | FY 1985 | Percent Change 84-85 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$151,995,846 | \$138,592,182 | -8.8 | \$144,732,042 | 4.4 | \$143,445,047 | -0.9 | \$190,774,945 | 33.0 |
| Personal care | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$4,973,681 | n/a |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$2,736,382 | \$2,578,496 | -5.8 | \$3,245,588 | 25.9 | \$4,456,874 | 37.3 | \$5,563,998 | 24.8 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$64,567,360 | \$72,202,304 | 11.8 | \$74,199,806 | 2.8 | \$79,054,072 | 6.5 | \$93,192,381 | 17.9 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$1,001,290 | \$963,248 | -3.8 | \$2,351,866 | 144.2 | \$3,400,949 | 44.6 | \$3,985,602 | 17.2 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | n/a | n/a | n/a | n/a | n/a | \$3,393,062 | n/a | \$17,742,927 | 422.9 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$220,300,878 | \$214,336,230 | -2.7 | \$224,529,302 | 4.8 | \$233,750,004 | 4.1 | \$316,233,534 | 35.3 |
| Total Institutional LTSS | \$217,564,496 | \$211,757,734 | -2.7 | \$221,283,714 | 4.5 | \$225,900,068 | 2.1 | \$287,952,928 | 27.5 |
| Total HCBS | \$2,736,382 | \$2,578,496 | -5.8 | \$3,245,588 | 25.9 | \$7,849,936 | 141.9 | \$28,280,606 | 260.3 |
| Total Medicaid (all services) | \$425,110,070 | \$404,224,948 | -4.9 | \$426,882,938 | 5.6 | \$487,388,256 | 14.2 | \$625,704,401 | 28.4 |

| Percentages | FY 1981 | FY 1982 | FY 1983 | FY 1984 | FY 1985 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 51.8% | 53.0% | 52.6% | 48.0% | 50.5% |
| Percentage of LTSS that is HCBS | 1.2% | 1.2% | 1.4% | 3.4% | 8.9% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data.

Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 49B. Long Term Services and Support Expenditures for Washington, 1986 – 1990

| Service Type | FY 1986 | Percent Change 85-86 | FY 1987 | Percent Change 86-87 | FY 1988 | Percent Change 87-88 | FY 1989 | Percent Change 88-89 | FY 1990 | Percent Change 89-90 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$179,271,983 | -6.0 | \$215,562,435 | 20.2 | \$256,335,674 | 18.9 | \$279,064,719 | 8.9 | \$320,111,102 | 14.7 |
| Personal care | \$0 | -100.0 | \$0 | 0.0 | \$0 | 0.0 | \$973,297 | 100.0 | \$7,439,055 | 664.3 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$6,006,301 | 7.9 | \$7,015,572 | 16.8 | \$7,825,168 | 11.5 | \$8,290,750 | 5.9 | \$6,239,940 | -24.7 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$103,700,166 | 11.3 | \$196,449,944 | 89.4 | \$119,319,852 | -39.3 | \$128,515,613 | 7.7 | \$142,056,650 | 10.5 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$5,366,801 | 34.7 | \$6,191,400 | 15.4 | \$7,247,381 | 17.1 | \$10,668,031 | 47.2 | \$15,605,154 | 46.3 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | \$25,160,278 | 41.8 | \$26,112,493 | 3.8 | \$31,887,859 | 22.1 | \$41,865,951 | 31.3 | \$55,732,891 | 33.1 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$319,505,529 | 1.0 | \$451,331,844 | 41.3 | \$422,615,934 | -6.4 | \$469,378,361 | 11.1 | \$547,184,792 | 16.6 |
| Total Institutional LTSS | \$288,338,950 | 0.1 | \$418,203,779 | 45.0 | \$382,902,907 | -8.4 | \$418,248,363 | 9.2 | \$477,772,906 | 14.2 |
| Total HCBS | \$31,166,579 | 10.2 | \$33,128,065 | 6.3 | \$39,713,027 | 19.9 | \$51,129,998 | 28.7 | \$69,411,886 | 35.8 |
| Total Medicaid (all services) | \$643,209,260 | 2.8 | \$798,940,328 | 24.2 | \$909,620,408 | 13.9 | \$1,029,255,512 | 13.2 | \$1,226,915,456 | 19.2 |

| Percentages | FY 1986 | FY 1987 | FY 1988 | FY 1989 | FY 1990 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 49.7% | 56.5% | 46.5% | 45.6% | 44.6% |
| Percentage of LTSS that is HCBS | 9.8% | 7.3% | 9.4% | 10.9% | 12.7% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997. ICF/IID 1987 data were greater than 1986 and 1988 data for an unknown reason.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 49C. Long Term Services and Support Expenditures for Washington, 1991 – 1995

| Service Type | FY 1991 | Percent Change 90-91 | FY 1992 | Percent Change 91-92 | FY 1993 | Percent Change 92-93 | FY 1994 | Percent Change 93-94 | FY 1995 | Percent Change 94-95 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$643,530,211 | n/a |
| Nursing facilities | \$355,826,586 | 11.2 | \$398,903,731 | 12.1 | \$452,668,817 | 13.5 | \$490,713,124 | 8.4 | \$519,033,793 | 5.8 |
| Personal care | \$12,445,802 | 67.3 | \$15,111,631 | 21.4 | \$19,507,269 | 29.1 | \$45,029,128 | 130.8 | \$67,756,333 | 50.5 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$46,735,857 | n/a |
| Home health | \$6,672,573 | 6.9 | \$6,626,905 | -0.7 | \$8,796,672 | 32.7 | \$8,911,614 | 1.3 | \$10,004,228 | 12.3 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$230,033,999 | n/a |
| ICF/IID - public | \$159,358,924 | 12.2 | \$182,044,573 | 14.2 | \$206,468,229 | 13.4 | \$166,587,723 | -19.3 | \$128,623,510 | -22.8 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$101,410,489 | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$237,910,906 | n/a |
| Mental health facilities | \$30,273,279 | 94.0 | \$92,454,283 | 205.4 | \$54,090,922 | -41.5 | \$46,801,621 | -13.5 | \$61,677,582 | 31.8 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | \$43,169,786 | n/a | \$44,176,803 | 2.3 | \$176,233,324 | 298.9 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$409,198 | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified/other | \$88,182,229 | 58.2 | \$106,167,922 | 20.4 | \$124,979,679 | 17.7 | \$130,917,868 | 4.8 | \$409,198 | n/a |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$652,759,393 | 19.3 | \$801,309,045 | 22.8 | \$909,681,374 | 13.5 | \$933,137,881 | 2.6 | \$1,111,884,314 | 19.2 |
| Total Institutional LTSS | \$545,458,789 | 14.2 | \$673,402,587 | 23.5 | \$756,397,754 | 12.3 | \$748,279,271 | -1.1 | \$885,568,209 | 18.3 |
| Total HCBS | \$107,300,604 | 54.6 | \$127,906,458 | 19.2 | \$153,283,620 | 19.8 | \$184,858,610 | 20.6 | \$226,316,105 | 22.4 |
| Total Medicaid (all services) | \$1,518,142,546 | 23.7 | \$2,023,139,267 | 33.3 | \$2,316,479,855 | 14.5 | \$2,542,805,240 | 9.8 | \$2,830,133,625 | 11.3 |

| Percentages | FY 1991 | FY 1992 | FY 1993 | FY 1994 | FY 1995 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 43.0% | 39.6% | 39.3% | 36.7% | 39.3% |
| Percentage of LTSS that is HCBS | 16.4% | 16.0% | 16.9% | 19.8% | 20.4% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | 19.3% |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | 44.1% |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included except for 1915(c) waivers for 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 49D. Long Term Services and Support Expenditures for Washington, 1996 – 2000

| Service Type | FY 1996 | Percent Change 95-96 | FY 1997 | Percent Change 96-97 | FY 1998 | Percent Change 97-98 | FY 1999 | Percent Change 98-99 | FY 2000 | Percent Change 99-00 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$684,501,255 | 6.4 | \$763,119,009 | 11.5 | \$843,366,366 | 10.5 | \$924,390,765 | 9.6 | \$1,014,796,399 | 9.8 |
| Nursing facilities | \$522,173,113 | 0.6 | \$521,598,517 | -0.1 | \$544,194,322 | 4.3 | \$577,697,192 | 6.2 | \$615,184,497 | 6.5 |
| Personal care | \$80,334,881 | 18.6 | \$116,948,921 | 45.6 | \$120,122,810 | 2.7 | \$111,751,582 | -7.0 | \$119,902,783 | 7.3 |
| 1915(c) waivers - AD | \$72,869,811 | 55.9 | \$114,301,152 | 56.9 | \$167,560,283 | 46.6 | \$223,347,554 | 33.3 | \$268,192,116 | 20.1 |
| Home health | \$9,123,450 | -8.8 | \$10,270,419 | 12.6 | \$11,488,951 | 11.9 | \$11,594,437 | 0.9 | \$11,517,003 | -0.7 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$229,888,839 | -0.1 | \$249,719,732 | 8.6 | \$258,836,788 | 3.7 | \$298,398,604 | 15.3 | \$342,209,546 | 14.7 |
| ICF/IID - public | \$121,522,990 | -5.5 | \$118,444,983 | -2.5 | \$116,857,382 | -1.3 | \$122,529,867 | 4.9 | \$127,204,271 | 3.8 |
| ICF/IID - private | n/a | n/a | \$10,523,239 | n/a | \$10,189,877 | -3.2 | \$7,054,228 | -30.8 | \$5,922,759 | -16.0 |
| 1915(c) waivers - DD | \$108,365,849 | 6.9 | \$120,751,510 | 11.4 | \$131,789,529 | 9.1 | \$168,814,509 | 28.1 | \$209,082,516 | 23.9 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$158,752,974 | -33.3 | \$164,034,361 | 3.3 | \$153,977,134 | -6.1 | \$161,375,665 | 4.8 | \$171,765,411 | 6.4 |
| Mental health facilities | \$53,860,851 | -12.7 | \$57,049,985 | 5.9 | \$48,555,544 | -14.9 | \$50,609,609 | 4.2 | \$57,729,901 | 14.1 |
| Mental health facilities-DSH | \$104,892,123 | -40.5 | \$106,984,376 | 2.0 | \$105,421,590 | -1.5 | \$110,766,056 | 5.1 | \$114,035,510 | 3.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$1,142,670 | 179.2 | \$63,272,791 | 5437.3 | \$53,803,076 | -15.0 | \$47,797,132 | -11.2 | \$53,106,770 | 11.1 |
| Case management | n/a | n/a | \$61,949,275 | n/a | \$52,563,337 | -15.2 | \$46,886,902 | -10.8 | \$52,084,076 | 11.1 |
| 1915(c) waivers - other | \$1,142,670 | 179.2 | \$1,323,516 | 15.8 | \$1,239,739 | -6.3 | \$910,230 | -26.6 | \$1,022,694 | 12.4 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$1,074,285,738 | -3.4 | \$1,240,145,893 | 15.4 | \$1,309,983,364 | 5.6 | \$1,431,962,166 | 9.3 | \$1,581,878,126 | 10.5 |
| Total Institutional LTSS | \$802,449,077 | -9.4 | \$814,601,100 | 1.5 | \$825,218,715 | 1.3 | \$868,656,952 | 5.3 | \$920,076,938 | 5.9 |
| Total HCBS | \$271,836,661 | 20.1 | \$425,544,793 | 56.5 | \$484,764,649 | 13.9 | \$563,305,214 | 16.2 | \$661,801,188 | 17.5 |
| Total Medicaid (all services) | \$3,110,339,589 | 9.9 | \$3,197,051,126 | 2.8 | \$3,344,607,276 | 4.6 | \$3,564,389,167 | 6.6 | \$4,002,036,643 | 12.3 |

| Percentages | FY 1996 | FY 1997 | FY 1998 | FY 1999 | FY 2000 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 34.5% | 38.8% | 39.2% | 40.2% | 39.5% |
| Percentage of LTSS that is HCBS | 25.3% | 34.3% | 37.0% | 39.3% | 41.8% |
| Percentage of LTSS that is HCBS - AD | 23.7% | 31.6% | 35.5% | 37.5% | 39.4% |
| Percentage of LTSS that is HCBS - DD | 47.1% | 48.4% | 50.9% | 56.6% | 61.1% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included except for 1915(c) waivers. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j). All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 49E. Long Term Services and Support Expenditures for Washington, 2001 – 2005

| Service Type | FY 2001 | Percent Change 00-01 | FY 2002 | Percent Change 01-02 | FY 2003 | Percent Change 02-03 | FY 2004 | Percent Change 03-04 | FY 2005 | Percent Change 04-05 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$1,066,543,143 | 5.1 | \$1,187,616,700 | 11.4 | \$1,193,580,967 | 0.5 | \$1,217,691,016 | 2.0 | \$1,202,270,410 | -1.3 |
| Nursing facilities | \$614,115,413 | -0.2 | \$676,645,465 | 10.2 | \$655,794,276 | -3.1 | \$630,670,499 | -3.8 | \$583,299,081 | -7.5 |
| Personal care | \$152,893,587 | 27.5 | \$203,782,962 | 33.3 | \$227,800,364 | 11.8 | \$245,968,173 | 8.0 | \$242,064,627 | -1.6 |
| 1915(c) waivers - AD | \$286,445,211 | 6.8 | \$292,586,330 | 2.1 | \$292,502,216 | 0.0 | \$307,008,118 | 5.0 | \$340,913,472 | 11.0 |
| Home health | \$13,088,932 | 13.6 | \$13,459,137 | 2.8 | \$12,650,168 | -6.0 | \$28,097,569 | 122.1 | \$28,986,949 | 3.2 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | \$0 | 0.0 | \$1,142,806 | 100.0 | \$4,833,943 | 323.0 | \$5,946,657 | 23.0 | \$7,006,281 | 17.8 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$357,942,116 | 4.6 | \$368,714,005 | 3.0 | \$361,733,690 | -1.9 | \$405,339,658 | 12.1 | \$476,957,240 | 17.7 |
| ICF/IID - public | \$125,991,568 | -1.0 | \$123,576,113 | -1.9 | \$109,411,723 | -11.5 | \$116,664,624 | 6.6 | \$120,536,403 | 3.3 |
| ICF/IID - private | \$4,670,922 | -21.1 | \$4,241,094 | -9.2 | \$4,261,880 | 0.5 | \$4,398,790 | 3.2 | \$4,444,776 | 1.0 |
| 1915(c) waivers - DD | \$227,279,626 | 8.7 | \$240,896,798 | 6.0 | \$248,060,087 | 3.0 | \$284,276,244 | 14.6 | \$351,976,061 | 23.8 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$173,744,229 | 1.2 | \$188,182,802 | 8.3 | \$167,657,348 | -10.9 | \$155,559,733 | -7.2 | \$143,208,884 | -7.9 |
| Mental health facilities | \$58,500,931 | 1.3 | \$67,366,021 | 15.2 | \$68,578,284 | 1.8 | \$40,589,075 | -40.8 | \$28,200,452 | -30.5 |
| Mental health facilities-DSH | \$115,243,298 | 1.1 | \$120,816,781 | 4.8 | \$99,079,064 | -18.0 | \$114,970,658 | 16.0 | \$115,008,432 | 0.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$45,842,901 | -13.7 | \$52,461,466 | 14.4 | \$51,586,776 | -1.7 | \$37,144,307 | -28.0 | \$30,836,798 | -17.0 |
| Case management | \$44,220,015 | -15.1 | \$50,778,790 | 14.8 | \$49,932,216 | -1.7 | \$36,798,124 | -26.3 | \$30,836,798 | -16.2 |
| 1915(c) waivers - other | \$1,622,886 | 58.7 | \$1,682,676 | 3.7 | \$1,654,560 | -1.7 | \$346,183 | -79.1 | \$0 | -100.0 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$1,644,072,389 | 3.9 | \$1,796,974,973 | 9.3 | \$1,774,558,781 | -1.2 | \$1,815,734,714 | 2.3 | \$1,853,273,332 | 2.1 |
| Total Institutional LTSS | \$918,522,132 | -0.2 | \$992,645,474 | 8.1 | \$937,125,227 | -5.6 | \$907,293,646 | -3.2 | \$851,489,144 | -6.2 |
| Total HCBS | \$725,550,257 | 9.6 | \$804,329,499 | 10.9 | \$837,433,554 | 4.1 | \$908,441,068 | 8.5 | \$1,001,784,188 | 10.3 |
| Total Medicaid (all services) | \$4,389,519,750 | 9.7 | \$5,400,557,131 | 23.0 | \$5,052,061,644 | -6.5 | \$5,395,859,026 | 6.8 | \$5,750,587,964 | 6.6 |

| Percentages | FY 2001 | FY 2002 | FY 2003 | FY 2004 | FY 2005 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 37.5% | 33.3% | 35.1% | 33.7% | 32.2% |
| Percentage of LTSS that is HCBS | 44.1% | 44.8% | 47.2% | 50.0% | 54.1% |
| Percentage of LTSS that is HCBS - AD | 42.4% | 43.0% | 45.1% | 48.2% | 51.5% |
| Percentage of LTSS that is HCBS - DD | 63.5% | 65.3% | 68.6% | 70.1% | 73.8% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments were included starting in 1995 for Section 1915(c) waivers, in 2002 for nursing facilities, personal care, ICF/IID, and mental health facilities (including DSH); and in 2004 for PACE. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 49F. Long Term Services and Support Expenditures for Washington, 2006 – 2010

| Service Type | FY 2006 | Percent Change 05-06 | FY 2007 | Percent Change 06-07 | FY 2008 | Percent Change 07-08 | FY 2009 | Percent Change 08-09 | FY 2010 | Percent Change 09-10 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$1,235,463,513 | 2.8 | \$1,343,289,137 | 8.7 | \$1,429,576,206 | 6.4 | \$1,530,427,443 | 7.1 | \$1,497,974,966 | -2.1 |
| Nursing facilities | \$555,536,052 | -4.8 | \$592,303,945 | 6.6 | \$575,576,583 | -2.8 | \$580,933,247 | 0.9 | \$580,197,533 | -0.1 |
| Personal care | \$276,087,647 | 14.1 | \$320,524,491 | 16.1 | \$374,689,750 | 16.9 | \$417,129,755 | 11.3 | \$377,590,921 | -9.5 |
| 1915(c) waivers - AD | \$367,166,533 | 7.7 | \$396,664,751 | 8.0 | \$442,650,064 | 11.6 | \$493,896,166 | 11.6 | \$509,503,338 | 3.2 |
| Home health | \$29,089,487 | 0.4 | \$26,818,636 | -7.8 | \$27,866,620 | 3.9 | \$29,113,387 | 4.5 | \$20,279,346 | -30.3 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$7,583,794 | 8.2 | \$6,977,314 | -8.0 | \$8,793,189 | 26.0 | \$9,354,888 | 6.4 | \$10,416,867 | 11.4 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | -\$13,039 | n/a |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with DD | \$504,135,565 | 5.7 | \$515,682,745 | 2.3 | \$599,227,622 | 16.2 | \$650,944,173 | 8.6 | \$669,691,298 | 2.9 |
| ICF/IID - public | \$120,792,719 | 0.2 | \$109,999,493 | -8.9 | \$145,442,156 | 32.2 | \$149,138,332 | 2.5 | \$134,401,060 | -9.9 |
| ICF/IID - private | \$4,704,672 | 5.8 | \$4,854,492 | 3.2 | \$4,913,661 | 1.2 | \$5,224,428 | 6.3 | \$5,487,343 | 5.0 |
| 1915(c) waivers - DD | \$378,638,174 | 7.6 | \$400,828,760 | 5.9 | \$448,871,805 | 12.0 | \$496,581,413 | 10.6 | \$529,802,895 | 6.7 |
| HCBS - managed care authorities - DD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with SMI or SED | \$144,674,633 | 1.0 | \$146,425,359 | 1.2 | \$165,940,710 | 13.3 | \$147,046,457 | -11.4 | \$151,544,875 | 3.1 |
| Mental health facilities | \$29,666,201 | 5.2 | \$31,692,286 | 6.8 | \$55,176,750 | 74.1 | \$26,709,796 | -51.6 | \$25,699,618 | -3.8 |
| Mental health facilities-DSH | \$115,008,432 | 0.0 | \$114,733,073 | -0.2 | \$110,763,960 | -3.5 | \$120,336,661 | 8.6 | \$125,845,257 | 4.6 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-Other/Multiple Populations | \$28,245,469 | -8.4 | \$35,007,790 | 23.9 | \$17,082,956 | -51.2 | \$3,315,900 | -80.6 | \$10,803,201 | 225.8 |
| Case management | \$28,245,469 | -8.4 | \$35,007,790 | 23.9 | \$16,804,315 | -52.0 | \$0 | -100.0 | \$0 | 0.0 |
| 1915(c) waivers - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - other | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | \$278,641 | n/a | \$3,315,900 | 1090.0 | \$10,803,201 | 225.8 |
| Total LTSS | \$1,912,519,180 | 3.2 | \$2,040,405,031 | 6.7 | \$2,211,827,494 | 8.4 | \$2,331,733,973 | 5.4 | \$2,330,014,340 | -0.1 |
| Total Institutional LTSS | \$825,708,076 | -3.0 | \$853,583,289 | 3.4 | \$891,873,110 | 4.5 | \$882,342,464 | -1.1 | \$871,630,811 | -1.2 |
| Total HCBS | \$1,086,811,104 | 8.5 | \$1,186,821,742 | 9.2 | \$1,319,954,384 | 11.2 | \$1,449,391,509 | 9.8 | \$1,458,383,529 | 0.6 |
| Total Medicaid (all services) | \$5,483,273,945 | -4.6 | \$5,731,589,019 | 4.5 | \$6,366,389,625 | 11.1 | \$6,809,778,648 | 7.0 | \$6,772,303,750 | -0.6 |

| Percentages | FY 2006 | FY 2007 | FY 2008 | FY 2009 | FY 2010 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 34.9% | 35.6% | 34.7% | 34.2% | 34.4% |
| Percentage of LTSS that is HCBS | 56.8% | 58.2% | 59.7% | 62.2% | 62.6% |
| Percentage of LTSS that is HCBS - AD | 55.0% | 55.9% | 59.7% | 62.0% | 61.3% |
| Percentage of LTSS that is HCBS - DD | 75.1% | 77.7% | 74.9% | 76.3% | 79.1% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data. Starting in 2008, managed care data are included for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities. "n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included for several categories of service until 2009. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

For data before 2009, prior period adjustments were included for the following categories of service: nursing home, personal care, Section 1915(c) waivers, PACE, ICF/IID, and mental health facilities (including DSH).

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Washington data from 2006 through 2011 do not include expenditures for a small managed care program for older adults and people with physical disabilities.

Table 49G. Long Term Services and Support Expenditures for Washington, 2011 – 2014

| Service Type | FY 2011 | Percent Change 10-11 | FY 2012 | Percent Change 11-12 | FY 2013 | Percent Change 12-13 | FY 2014 | Percent Change 13-14 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|-------------------------|----------------------|
| Total-Older People, People with PD | \$1,581,165,403 | 5.6 | \$1,612,854,880 | 2.0 | \$1,611,755,982 | -0.1 | \$1,733,453,633 | 7.6 |
| Nursing facilities | \$607,723,109 | 4.7 | \$619,180,625 | 1.9 | \$613,872,692 | -0.9 | \$627,579,473 | 2.2 |
| Personal care | \$409,669,587 | 8.5 | \$393,067,548 | -4.1 | \$337,033,353 | -14.3 | \$376,212,559 | 11.6 |
| 1915(c) waivers - AD | \$516,485,239 | 1.4 | \$558,261,308 | 8.1 | \$609,895,497 | 9.2 | \$678,461,788 | 11.2 |
| Home health | \$37,024,640 | 82.6 | \$27,428,597 | -25.9 | \$25,473,451 | -7.1 | \$23,192,053 | -9.0 |
| Community first choice | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - AD | \$0 | 0.0 | \$63,397 | 100.0 | \$0 | -100.0 | \$199,662 | 100.0 |
| PACE | \$10,270,898 | -1.4 | \$11,527,330 | 12.2 | \$11,215,448 | -2.7 | \$13,038,202 | 16.3 |
| Private duty nursing | -\$8,070 | -38.1 | \$3,326,075 | -41315.3 | \$14,265,541 | 328.9 | \$14,769,896 | 3.5 |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with DD | \$676,324,748 | 1.0 | \$661,865,331 | -2.1 | \$707,377,999 | 6.9 | \$773,954,948 | 9.4 |
| ICF/IID - public | \$124,630,264 | -7.3 | \$100,348,066 | -19.5 | \$111,971,141 | 11.6 | \$124,902,559 | 11.5 |
| ICF/IID - private | \$6,182,435 | 12.7 | \$5,771,679 | -6.6 | \$5,954,962 | 3.2 | \$6,157,953 | 3.4 |
| 1915(c) waivers - DD | \$545,512,049 | 3.0 | \$555,745,586 | 1.9 | \$589,451,896 | 6.1 | \$642,894,436 | 9.1 |
| HCBS- managed care authorities - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with SMI or SED | \$149,715,449 | -1.2 | \$150,475,998 | 0.5 | \$156,076,361 | 3.7 | \$159,320,560 | 2.1 |
| Mental health facilities | \$27,611,277 | 7.4 | \$25,272,474 | -8.5 | \$27,823,455 | 10.1 | \$29,104,516 | 4.6 |
| Mental health facilities-DSH | \$122,104,172 | -3.0 | \$125,203,524 | 2.5 | \$128,252,906 | 2.4 | \$130,216,044 | 1.5 |
| Rehabilitative services | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-Other/Multiple Populations | \$16,183,626 | 49.8 | \$19,686,466 | 21.6 | \$16,954,219 | -13.9 | \$21,025,947 | 24.0 |
| Case management | \$2,095 | 100.0 | \$283 | -86.5 | \$131 | -53.7 | \$614,288 | 468822.1 |
| 1915(c) waivers - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS- managed care authorities - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | \$0 | n/a | \$9,864 | 100.0 | \$835,409 | 8369.3 |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| MFP demonstration | \$16,181,531 | 49.8 | \$19,686,183 | 21.7 | \$16,944,224 | -13.9 | \$19,576,250 | 15.5 |
| Total LTSS | \$2,423,389,226 | 4.0 | \$2,444,882,675 | 0.9 | \$2,492,164,561 | 1.9 | \$2,687,755,088 | 7.8 |
| Total Institutional LTSS | \$888,251,257 | 1.9 | \$875,776,368 | -1.4 | \$887,875,156 | 1.4 | \$917,960,545 | 3.4 |
| Total HCBS | \$1,535,137,969 | 5.3 | \$1,569,106,307 | 2.2 | \$1,604,289,405 | 2.2 | \$1,769,794,543 | 10.3 |
| Total Medicaid (all services) | \$7,653,238,197 | 13.0 | \$7,566,636,383 | -1.1 | \$8,017,166,914 | 6.0 | \$10,375,968,607 | 29.4 |

| Percentages | FY 2011 | FY 2012 | FY 2013 | FY 2014 |
|--|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 31.7% | 32.3% | 31.1% | 25.9% |
| Percentage of LTSS that is HCBS | 63.4% | 64.2% | 64.4% | 65.9% |
| Percentage of LTSS that is HCBS - AD | 61.6% | 61.6% | 61.9% | 63.8% |
| Percentage of LTSS that is HCBS - DD | 80.7% | 84.0% | 83.3% | 83.1% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Managed care data are included only for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care.

Institutional MLTSS – unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Washington data from 2006 through 2011 do not include expenditures for a small managed care program for older adults and people with physical disabilities.

Table 50A. Long Term Services and Support Expenditures for West Virginia, 1981 – 1985

| Service Type | FY 1981 | FY 1982 | Percent Change 81-82 | FY 1983 | Percent Change 82-83 | FY 1984 | Percent Change 83-84 | FY 1985 | Percent Change 84-85 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$36,573,786 | \$41,706,902 | 14.0 | \$52,362,979 | 25.5 | \$55,500,472 | 6.0 | \$63,738,713 | 14.8 |
| Personal care | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$238,952 | \$726,511 | 204.0 | \$1,540,581 | 112.1 | \$1,526,062 | -0.9 | \$2,689,251 | 76.2 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$1,624,742 | \$1,982,377 | 22.0 | \$2,022,196 | 2.0 | \$2,574,325 | 27.3 | \$2,729,337 | 6.0 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$6,035,204 | \$0 | -100.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | n/a | n/a | n/a | n/a | n/a | \$320,250 | n/a | \$672,663 | 110.0 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$44,472,684 | \$44,415,790 | -0.1 | \$55,925,756 | 25.9 | \$59,921,109 | 7.1 | \$69,829,964 | 16.5 |
| Total Institutional LTSS | \$44,233,732 | \$43,689,279 | -1.2 | \$54,385,175 | 24.5 | \$58,074,797 | 6.8 | \$66,468,050 | 14.5 |
| Total HCBS | \$238,952 | \$726,511 | 204.0 | \$1,540,581 | 112.1 | \$1,846,312 | 19.8 | \$3,361,914 | 82.1 |
| Total Medicaid (all services) | \$129,036,676 | \$122,784,486 | -4.8 | \$147,146,100 | 19.8 | \$140,956,143 | -4.2 | \$179,786,769 | 27.5 |

| Percentages | FY 1981 | FY 1982 | FY 1983 | FY 1984 | FY 1985 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 34.5% | 36.2% | 38.0% | 42.5% | 38.8% |
| Percentage of LTSS that is HCBS | 0.5% | 1.6% | 2.8% | 3.1% | 4.8% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data.

Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 50B. Long Term Services and Support Expenditures for West Virginia, 1986 – 1990

| Service Type | FY 1986 | Percent Change 85-86 | FY 1987 | Percent Change 86-87 | FY 1988 | Percent Change 87-88 | FY 1989 | Percent Change 88-89 | FY 1990 | Percent Change 89-90 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$70,717,741 | 10.9 | \$84,555,903 | 19.6 | \$103,588,554 | 22.5 | \$119,323,441 | 15.2 | \$134,131,206 | 12.4 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$2,522,622 | 100.0 | \$3,551,647 | 40.8 | \$4,993,524 | 40.6 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$3,084,300 | 14.7 | \$3,544,137 | 14.9 | \$5,055,974 | 42.7 | \$5,921,586 | 17.1 | \$6,885,985 | 16.3 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$4,495,512 | 64.7 | \$11,975,015 | 166.4 | \$8,661,642 | -27.7 | \$2,427,545 | -72.0 | \$14,985,825 | 517.3 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$1,194,149 | 100.0 | \$3,584,373 | 200.2 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | \$315,879 | -53.0 | \$2,107,080 | 567.1 | \$4,674,971 | 121.9 | \$7,284,449 | 55.8 | \$12,659,175 | 73.8 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$78,613,432 | 12.6 | \$102,182,135 | 30.0 | \$124,503,763 | 21.8 | \$139,702,817 | 12.2 | \$177,240,088 | 26.9 |
| Total Institutional LTSS | \$75,213,253 | 13.2 | \$96,530,918 | 28.3 | \$112,250,196 | 16.3 | \$122,945,135 | 9.5 | \$152,701,404 | 24.2 |
| Total HCBS | \$3,400,179 | 1.1 | \$5,651,217 | 66.2 | \$12,253,567 | 116.8 | \$16,757,682 | 36.8 | \$24,538,684 | 46.4 |
| Total Medicaid (all services) | \$213,761,638 | 18.9 | \$273,775,748 | 28.1 | \$315,232,178 | 15.1 | \$354,137,945 | 12.3 | \$409,762,796 | 15.7 |

| Percentages | FY 1986 | FY 1987 | FY 1988 | FY 1989 | FY 1990 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 36.8% | 37.3% | 39.5% | 39.4% | 43.3% |
| Percentage of LTSS that is HCBS | 4.3% | 5.5% | 9.8% | 12.0% | 13.8% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997. ICF/IID 1987 data were greater than 1986 and 1988 data for an unknown reason.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 50C. Long Term Services and Support Expenditures for West Virginia, 1991 – 1995

| Service Type | FY 1991 | Percent Change 90-91 | FY 1992 | Percent Change 91-92 | FY 1993 | Percent Change 92-93 | FY 1994 | Percent Change 93-94 | FY 1995 | Percent Change 94-95 |
|---|----------------------|----------------------|----------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$324,217,896 | n/a |
| Nursing facilities | \$175,023,900 | 30.5 | \$190,779,325 | 9.0 | \$208,966,033 | 9.5 | \$231,296,932 | 10.7 | \$235,692,228 | 1.9 |
| Personal care | \$13,943,578 | 179.2 | \$23,977,863 | 72.0 | \$37,395,957 | 56.0 | \$28,951,199 | -22.6 | \$29,801,123 | 2.9 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$36,830,394 | n/a |
| Home health | \$11,554,697 | 67.8 | \$12,045,827 | 4.3 | \$16,244,910 | 34.9 | \$18,661,869 | 14.9 | \$21,894,151 | 17.3 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$65,565,619 | n/a |
| ICF/IID - public | \$15,697,871 | 4.8 | \$15,030,627 | -4.3 | \$14,607,955 | -2.8 | \$14,288,181 | -2.2 | \$34,989,409 | 144.9 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$30,576,210 | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$40,401,409 | n/a |
| Mental health facilities | \$6,526,235 | 82.1 | \$9,922,423 | 52.0 | \$13,121,425 | 32.2 | \$24,907,102 | 89.8 | \$35,061,030 | 40.8 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$5,340,379 | 100.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified/other | \$19,475,946 | 53.8 | \$27,839,035 | 42.9 | \$38,188,818 | 37.2 | \$52,730,341 | 38.1 | \$0 | n/a |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$242,222,227 | 36.7 | \$279,595,100 | 15.4 | \$328,525,098 | 17.5 | \$370,835,624 | 12.9 | \$430,184,924 | 16.0 |
| Total Institutional LTSS | \$197,248,006 | 29.2 | \$215,732,375 | 9.4 | \$236,695,413 | 9.7 | \$270,492,215 | 14.3 | \$311,083,046 | 15.0 |
| Total HCBS | \$44,974,221 | 83.3 | \$63,862,725 | 42.0 | \$91,829,685 | 43.8 | \$100,343,409 | 9.3 | \$119,101,878 | 18.7 |
| Total Medicaid (all services) | \$613,584,297 | 49.7 | \$954,274,367 | 55.5 | \$1,200,411,773 | 25.8 | \$1,253,874,442 | 4.5 | \$1,227,099,583 | -2.1 |

| Percentages | FY 1991 | FY 1992 | FY 1993 | FY 1994 | FY 1995 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 39.5% | 29.3% | 27.4% | 29.6% | 35.1% |
| Percentage of LTSS that is HCBS | 18.6% | 22.8% | 28.0% | 27.1% | 27.7% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | 27.3% |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | 46.6% |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included except for 1915(c) waivers for 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 50D. Long Term Services and Support Expenditures for West Virginia, 1996 – 2000

| Service Type | FY 1996 | Percent Change 95-96 | FY 1997 | Percent Change 96-97 | FY 1998 | Percent Change 97-98 | FY 1999 | Percent Change 98-99 | FY 2000 | Percent Change 99-00 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$323,270,616 | -0.3 | \$326,418,791 | 1.0 | \$351,749,774 | 7.8 | \$355,960,891 | 1.2 | \$356,526,056 | 0.2 |
| Nursing facilities | \$232,970,140 | -1.2 | \$240,664,797 | 3.3 | \$262,083,818 | 8.9 | \$274,169,969 | 4.6 | \$274,966,347 | 0.3 |
| Personal care | \$26,756,186 | -10.2 | \$25,770,892 | -3.7 | \$27,845,161 | 8.0 | \$19,788,342 | -28.9 | \$26,960,218 | 36.2 |
| 1915(c) waivers - AD | \$40,178,256 | 9.1 | \$38,887,240 | -3.2 | \$40,299,756 | 3.6 | \$46,243,468 | 14.7 | \$38,326,885 | -17.1 |
| Home health | \$23,366,034 | 6.7 | \$21,095,862 | -9.7 | \$21,521,039 | 2.0 | \$15,759,112 | -26.8 | \$16,272,606 | 3.3 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$91,021,771 | 38.8 | \$98,873,544 | 8.6 | \$109,483,345 | 10.7 | \$119,422,462 | 9.1 | \$132,839,563 | 11.2 |
| ICF/IID - public | \$53,704,311 | 53.5 | \$9,663,927 | -82.0 | \$3,452,747 | -64.3 | \$141 | -100.0 | \$0 | -100.0 |
| ICF/IID - private | n/a | n/a | \$43,041,317 | n/a | \$45,202,900 | 5.0 | \$45,810,634 | 1.3 | \$47,088,484 | 2.8 |
| 1915(c) waivers - DD | \$37,317,460 | 22.0 | \$46,168,300 | 23.7 | \$60,827,698 | 31.8 | \$73,611,687 | 21.0 | \$85,751,079 | 16.5 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$19,692,265 | -51.3 | \$17,551,134 | -10.9 | \$31,370,652 | 78.7 | \$41,208,889 | 31.4 | \$40,250,594 | -2.3 |
| Mental health facilities | \$17,917,265 | -48.9 | \$17,551,134 | -2.0 | \$27,606,496 | 57.3 | \$30,265,323 | 9.6 | \$28,438,940 | -6.0 |
| Mental health facilities-DSH | \$1,775,000 | -66.8 | \$0 | -100.0 | \$3,764,156 | 100.0 | \$10,943,566 | 190.7 | \$11,811,654 | 7.9 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$0 | 0.0 | \$13,894,263 | 100.0 | \$14,382,320 | 3.5 | \$14,598,184 | 1.5 | \$14,509,080 | -0.6 |
| Case management | n/a | n/a | \$13,894,263 | n/a | \$14,382,320 | 3.5 | \$14,598,184 | 1.5 | \$14,509,080 | -0.6 |
| 1915(c) waivers - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$433,984,652 | 0.9 | \$456,737,732 | 5.2 | \$506,986,091 | 11.0 | \$531,190,426 | 4.8 | \$544,125,293 | 2.4 |
| Total Institutional LTSS | \$306,366,716 | -1.5 | \$310,921,175 | 1.5 | \$342,110,117 | 10.0 | \$361,189,633 | 5.6 | \$362,305,425 | 0.3 |
| Total HCBS | \$127,617,936 | 7.2 | \$145,816,557 | 14.3 | \$164,875,974 | 13.1 | \$170,000,793 | 3.1 | \$181,819,868 | 7.0 |
| Total Medicaid (all services) | \$1,177,814,927 | -4.0 | \$1,193,977,808 | 1.4 | \$1,278,522,415 | 7.1 | \$1,366,044,060 | 6.8 | \$1,391,298,937 | 1.8 |

| Percentages | FY 1996 | FY 1997 | FY 1998 | FY 1999 | FY 2000 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 36.8% | 38.3% | 39.7% | 38.9% | 39.1% |
| Percentage of LTSS that is HCBS | 29.4% | 31.9% | 32.5% | 32.0% | 33.4% |
| Percentage of LTSS that is HCBS - AD | 27.9% | 26.3% | 25.5% | 23.0% | 22.9% |
| Percentage of LTSS that is HCBS - DD | 41.0% | 46.7% | 55.6% | 61.6% | 64.6% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included except for 1915(c) waivers. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 50E. Long Term Services and Support Expenditures for West Virginia, 2001 – 2005

| Service Type | FY 2001 | Percent Change 00-01 | FY 2002 | Percent Change 01-02 | FY 2003 | Percent Change 02-03 | FY 2004 | Percent Change 03-04 | FY 2005 | Percent Change 04-05 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$379,684,367 | 6.5 | \$403,302,296 | 6.2 | \$435,652,038 | 8.0 | \$500,674,556 | 14.9 | \$513,159,044 | 2.5 |
| Nursing facilities | \$293,156,468 | 6.6 | \$311,269,934 | 6.2 | \$330,832,100 | 6.3 | \$378,963,317 | 14.5 | \$392,226,362 | 3.5 |
| Personal care | \$24,135,413 | -10.5 | \$21,567,583 | -10.6 | \$21,372,805 | -0.9 | \$20,581,968 | -3.7 | \$25,910,371 | 25.9 |
| 1915(c) waivers - AD | \$43,408,368 | 13.3 | \$52,000,084 | 19.8 | \$62,220,120 | 19.7 | \$56,689,766 | -8.9 | \$63,957,617 | 12.8 |
| Home health | \$18,984,118 | 16.7 | \$18,464,695 | -2.7 | \$21,227,013 | 15.0 | \$44,439,505 | 109.4 | \$31,064,694 | -30.1 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$151,459,969 | 14.0 | \$174,498,534 | 15.2 | \$197,557,124 | 13.2 | \$216,292,520 | 9.5 | \$245,031,761 | 13.3 |
| ICF/IID - public | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$26,726 | 100.0 |
| ICF/IID - private | \$47,763,206 | 1.4 | \$47,513,217 | -0.5 | \$53,018,568 | 11.6 | \$58,212,845 | 9.8 | \$55,389,241 | -4.9 |
| 1915(c) waivers - DD | \$103,696,763 | 20.9 | \$126,985,317 | 22.5 | \$144,538,556 | 13.8 | \$158,079,675 | 9.4 | \$189,615,794 | 19.9 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$51,079,792 | 26.9 | \$46,627,495 | -8.7 | \$50,284,007 | 7.8 | \$48,049,515 | -4.4 | \$59,397,192 | 23.6 |
| Mental health facilities | \$32,769,505 | 15.2 | \$27,671,035 | -15.6 | \$34,154,986 | 23.4 | \$35,617,950 | 4.3 | \$36,105,561 | 1.4 |
| Mental health facilities-DSH | \$18,310,287 | 55.0 | \$18,956,460 | 3.5 | \$16,129,021 | -14.9 | \$12,431,565 | -22.9 | \$23,291,631 | 87.4 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$11,383,621 | -21.5 | \$9,288,357 | -18.4 | \$9,626,391 | 3.6 | \$9,299,124 | -3.4 | \$10,656,917 | 14.6 |
| Case management | \$11,383,621 | -21.5 | \$9,288,357 | -18.4 | \$9,626,391 | 3.6 | \$9,299,124 | -3.4 | \$10,656,917 | 14.6 |
| 1915(c) waivers - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$593,607,749 | 9.1 | \$633,716,682 | 6.8 | \$693,119,560 | 9.4 | \$774,315,715 | 11.7 | \$828,244,914 | 7.0 |
| Total Institutional LTSS | \$391,999,466 | 8.2 | \$405,410,646 | 3.4 | \$434,134,675 | 7.1 | \$485,225,677 | 11.8 | \$507,039,521 | 4.5 |
| Total HCBS | \$201,608,283 | 10.9 | \$228,306,036 | 13.2 | \$258,984,885 | 13.4 | \$289,090,038 | 11.6 | \$321,205,393 | 11.1 |
| Total Medicaid (all services) | \$1,563,077,593 | 12.3 | \$1,598,080,930 | 2.2 | \$1,881,151,678 | 17.7 | \$1,961,229,404 | 4.3 | \$2,238,213,522 | 14.1 |

| Percentages | FY 2001 | FY 2002 | FY 2003 | FY 2004 | FY 2005 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 38.0% | 39.7% | 36.8% | 39.5% | 37.0% |
| Percentage of LTSS that is HCBS | 34.0% | 36.0% | 37.4% | 37.3% | 38.8% |
| Percentage of LTSS that is HCBS - AD | 22.8% | 22.8% | 24.1% | 24.3% | 23.6% |
| Percentage of LTSS that is HCBS - DD | 68.5% | 72.8% | 73.2% | 73.1% | 77.4% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments were included starting in 1995 for Section 1915(c) waivers, in 2002 for nursing facilities, personal care, ICF/IID, and mental health facilities (including DSH); and in 2004 for PACE. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 50F. Long Term Services and Support Expenditures for West Virginia, 2006 – 2010

| Service Type | FY 2006 | Percent Change 05-06 | FY 2007 | Percent Change 06-07 | FY 2008 | Percent Change 07-08 | FY 2009 | Percent Change 08-09 | FY 2010 | Percent Change 09-10 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$520,670,281 | 1.5 | \$545,405,184 | 4.8 | \$579,270,558 | 6.2 | \$616,387,886 | 6.4 | \$656,221,989 | 6.5 |
| Nursing facilities | \$401,576,067 | 2.4 | \$420,956,268 | 4.8 | \$442,303,243 | 5.1 | \$459,245,338 | 3.8 | \$480,001,815 | 4.5 |
| Personal care | \$34,084,674 | 31.5 | \$37,722,272 | 10.7 | \$37,522,294 | -0.5 | \$38,234,748 | 1.9 | \$42,140,453 | 10.2 |
| 1915(c) waivers - AD | \$58,469,659 | -8.6 | \$58,835,819 | 0.6 | \$68,247,373 | 16.0 | \$83,774,487 | 22.8 | \$91,842,446 | 9.6 |
| Home health | \$26,539,881 | -14.6 | \$27,890,825 | 5.1 | \$31,197,648 | 11.9 | \$35,133,313 | 12.6 | \$38,713,984 | 10.2 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$3,523,291 | n/a |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with DD | \$241,847,438 | -1.3 | \$267,029,360 | 10.4 | \$280,022,000 | 4.9 | \$301,371,251 | 7.6 | \$307,694,940 | 2.1 |
| ICF/IID - public | \$0 | -100.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| ICF/IID - private | \$56,047,320 | 1.2 | \$57,353,867 | 2.3 | \$60,128,913 | 4.8 | \$63,958,052 | 6.4 | \$62,594,827 | -2.1 |
| 1915(c) waivers - DD | \$185,800,118 | -2.0 | \$209,675,493 | 12.9 | \$219,893,087 | 4.9 | \$237,413,199 | 8.0 | \$245,100,113 | 3.2 |
| HCBS - managed care authorities - DD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with SMI or SED | \$59,297,697 | -0.2 | \$58,923,890 | -0.6 | \$63,419,068 | 7.6 | \$68,416,966 | 7.9 | \$162,237,615 | 137.1 |
| Mental health facilities | \$38,920,230 | 7.8 | \$40,012,262 | 2.8 | \$44,734,937 | 11.8 | \$49,543,947 | 10.8 | \$70,808,673 | 42.9 |
| Mental health facilities-DSH | \$20,377,467 | -12.5 | \$18,911,628 | -7.2 | \$18,684,131 | -1.2 | \$18,873,019 | 1.0 | \$18,887,044 | 0.1 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$72,541,898 | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-Other/Multiple Populations | \$8,929,138 | -16.2 | \$7,417,557 | -16.9 | \$5,903,559 | -20.4 | \$4,194,816 | -28.9 | \$3,800,983 | -9.4 |
| Case management | \$8,929,138 | -16.2 | \$7,417,557 | -16.9 | \$5,903,559 | -20.4 | \$4,194,816 | -28.9 | \$3,800,983 | -9.4 |
| 1915(c) waivers - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - other | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| Total LTSS | \$830,744,554 | 0.3 | \$878,775,991 | 5.8 | \$928,615,185 | 5.7 | \$990,370,919 | 6.7 | \$1,129,955,527 | 14.1 |
| Total Institutional LTSS | \$516,921,084 | 1.9 | \$537,234,025 | 3.9 | \$565,851,224 | 5.3 | \$591,620,356 | 4.6 | \$632,292,359 | 6.9 |
| Total HCBS | \$313,823,470 | -2.3 | \$341,541,966 | 8.8 | \$362,763,961 | 6.2 | \$398,750,563 | 9.9 | \$497,663,168 | 24.8 |
| Total Medicaid (all services) | \$2,106,485,390 | -5.9 | \$2,170,611,677 | 3.0 | \$2,277,860,551 | 4.9 | \$2,445,702,194 | 7.4 | \$2,524,982,994 | 3.2 |

| Percentages | FY 2006 | FY 2007 | FY 2008 | FY 2009 | FY 2010 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 39.4% | 40.5% | 40.8% | 40.5% | 44.8% |
| Percentage of LTSS that is HCBS | 37.8% | 38.9% | 39.1% | 40.3% | 44.0% |
| Percentage of LTSS that is HCBS - AD | 22.9% | 22.8% | 23.6% | 25.5% | 26.9% |
| Percentage of LTSS that is HCBS - DD | 76.8% | 78.5% | 78.5% | 78.8% | 79.7% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 44.7% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data. Starting in 2008, managed care data are included for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities. "n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included for several categories of service until 2009. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

For data before 2009, prior period adjustments were included for the following categories of service: nursing home, personal care, Section 1915(c) waivers, PACE, ICF/IID, and mental health facilities (including DSH).

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 50G. Long Term Services and Support Expenditures for West Virginia, 2011 – 2014

| Service Type | FY 2011 | Percent Change 10-11 | FY 2012 | Percent Change 11-12 | FY 2013 | Percent Change 12-13 | FY 2014 | Percent Change 13-14 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$716,135,558 | 9.1 | \$777,583,712 | 8.6 | \$772,001,252 | -0.7 | \$797,400,129 | 3.3 |
| Nursing facilities | \$505,480,923 | 5.3 | \$534,038,607 | 5.6 | \$539,260,544 | 1.0 | \$566,939,083 | 5.1 |
| Personal care | \$43,898,810 | 4.2 | \$55,074,062 | 25.5 | \$64,033,786 | 16.3 | \$70,189,541 | 9.6 |
| 1915(c) waivers - AD | \$114,353,820 | 24.5 | \$131,967,779 | 15.4 | \$117,441,747 | -11.0 | \$104,636,308 | -10.9 |
| Home health | \$47,145,562 | 21.8 | \$51,825,741 | 9.9 | \$45,549,909 | -12.1 | \$48,848,649 | 7.2 |
| Community first choice | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Private duty nursing | \$5,256,443 | 49.2 | \$4,677,523 | -11.0 | \$5,715,266 | 22.2 | \$6,786,548 | 18.7 |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with DD | \$315,552,874 | 2.6 | \$380,022,388 | 20.4 | \$413,578,281 | 8.8 | \$428,119,165 | 3.5 |
| ICF/IID - public | \$14,970,055 | 100.0 | \$0 | -100.0 | \$0 | 0.0 | \$0 | 0.0 |
| ICF/IID - private | \$47,054,281 | -24.8 | \$65,414,249 | 39.0 | \$69,460,658 | 6.2 | \$67,466,117 | -2.9 |
| 1915(c) waivers - DD | \$253,528,538 | 3.4 | \$314,608,139 | 24.1 | \$344,117,623 | 9.4 | \$360,653,048 | 4.8 |
| HCBS - managed care authorities - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with SMI or SED | \$183,275,276 | 13.0 | \$180,035,153 | -1.8 | \$183,652,787 | 2.0 | \$198,843,435 | 8.3 |
| Mental health facilities | \$84,266,748 | 19.0 | \$83,012,012 | -1.5 | \$87,446,909 | 5.3 | \$93,886,196 | 7.4 |
| Mental health facilities-DSH | \$18,870,720 | -0.1 | \$18,882,149 | 0.1 | \$18,887,659 | 0.0 | \$18,887,045 | 0.0 |
| Rehabilitative services | \$80,137,808 | 10.5 | \$78,140,992 | -2.5 | \$77,318,219 | -1.1 | \$86,070,194 | 11.3 |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-Other/Multiple Populations | \$3,508,384 | -7.7 | \$3,033,489 | -13.5 | \$3,320,883 | 9.5 | \$4,915,669 | 48.0 |
| Case management | \$3,508,384 | -7.7 | \$3,033,489 | -13.5 | \$2,636,422 | -13.1 | \$2,798,945 | 6.2 |
| 1915(c) waivers - other | \$0 | 0.0 | \$0 | 0.0 | \$268,350 | 100.0 | \$695,972 | 159.4 |
| HCBS - managed care authorities - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| MFP demonstration | \$0 | 0.0 | \$0 | 0.0 | \$416,111 | 100.0 | \$1,420,752 | 241.4 |
| Total LTSS | \$1,218,472,092 | 7.8 | \$1,340,674,742 | 10.0 | \$1,372,553,203 | 2.4 | \$1,429,278,398 | 4.1 |
| Total Institutional LTSS | \$670,642,727 | 6.1 | \$701,347,017 | 4.6 | \$715,055,770 | 2.0 | \$747,178,441 | 4.5 |
| Total HCBS | \$547,829,365 | 10.1 | \$639,327,725 | 16.7 | \$657,497,433 | 2.8 | \$682,099,957 | 3.7 |
| Total Medicaid (all services) | \$2,760,366,082 | 9.3 | \$2,793,155,591 | 1.2 | \$3,018,989,473 | 8.1 | \$3,349,156,493 | 10.9 |

| Percentages | FY 2011 | FY 2012 | FY 2013 | FY 2014 |
|--|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 44.1% | 48.0% | 45.5% | 42.7% |
| Percentage of LTSS that is HCBS | 45.0% | 47.7% | 47.9% | 47.7% |
| Percentage of LTSS that is HCBS - AD | 29.4% | 31.3% | 30.2% | 28.9% |
| Percentage of LTSS that is HCBS - DD | 80.3% | 82.8% | 83.2% | 84.2% |
| Percentage of LTSS that is HCBS - SMI or SED | 43.7% | 43.4% | 42.1% | 43.3% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Managed care data are included only for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care.

Institutional MLTSS – unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 51A. Long Term Services and Support Expenditures for Wisconsin, 1981 – 1985

| Service Type | FY 1981 | FY 1982 | Percent Change 81-82 | FY 1983 | Percent Change 82-83 | FY 1984 | Percent Change 83-84 | FY 1985 | Percent Change 84-85 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$433,418,804 | \$429,699,405 | -0.9 | \$434,835,355 | 1.2 | \$445,914,120 | 2.5 | \$468,063,513 | 5.0 |
| Personal care | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$4,470,920 | \$4,915,769 | 9.9 | \$6,690,770 | 36.1 | \$9,396,770 | 40.4 | \$16,946,627 | 80.3 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$76,184,380 | \$63,845,110 | -16.2 | \$72,177,435 | 13.1 | \$72,561,114 | 0.5 | \$68,001,489 | -6.3 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$11,107,934 | \$11,855,665 | 6.7 | \$13,491,039 | 13.8 | \$17,293,019 | 28.2 | \$18,632,135 | 7.7 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | n/a | n/a | n/a | n/a | n/a | \$128,719 | n/a | \$577,003 | 348.3 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$525,182,038 | \$510,315,949 | -2.8 | \$527,194,599 | 3.3 | \$545,293,742 | 3.4 | \$572,220,767 | 4.9 |
| Total Institutional LTSS | \$520,711,118 | \$505,400,180 | -2.9 | \$520,503,829 | 3.0 | \$535,768,253 | 2.9 | \$554,697,137 | 3.5 |
| Total HCBS | \$4,470,920 | \$4,915,769 | 9.9 | \$6,690,770 | 36.1 | \$9,525,489 | 42.4 | \$17,523,630 | 84.0 |
| Total Medicaid (all services) | \$865,206,186 | \$848,931,082 | -1.9 | \$917,268,757 | 8.0 | \$944,865,887 | 3.0 | \$1,034,071,496 | 9.4 |

| Percentages | FY 1981 | FY 1982 | FY 1983 | FY 1984 | FY 1985 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 60.7% | 60.1% | 57.5% | 57.7% | 55.3% |
| Percentage of LTSS that is HCBS | 0.9% | 1.0% | 1.3% | 1.7% | 3.1% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data.

Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 51B. Long Term Services and Support Expenditures for Wisconsin, 1986 – 1990

| Service Type | FY 1986 | Percent Change 85-86 | FY 1987 | Percent Change 86-87 | FY 1988 | Percent Change 87-88 | FY 1989 | Percent Change 88-89 | FY 1990 | Percent Change 89-90 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$471,142,888 | 0.7 | \$477,300,033 | 1.3 | \$486,415,372 | 1.9 | \$488,827,090 | 0.5 | \$507,706,676 | 3.9 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$1,409,241 | 100.0 | \$9,786,600 | 594.5 | \$14,759,148 | 50.8 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$24,059,110 | 42.0 | \$31,758,474 | 32.0 | \$32,939,919 | 3.7 | \$41,929,463 | 27.3 | \$50,983,698 | 21.6 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$74,915,707 | 10.2 | \$139,973,154 | 86.8 | \$89,337,023 | -36.2 | \$84,798,984 | -5.1 | \$122,879,610 | 44.9 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$13,961,345 | -25.1 | \$19,276,041 | 38.1 | \$14,704,749 | -23.7 | \$23,546,204 | 60.1 | \$26,901,162 | 14.2 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | \$2,402,007 | 316.3 | \$5,857,168 | 143.8 | \$13,627,723 | 132.7 | \$24,090,275 | 76.8 | \$42,487,732 | 76.4 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$586,481,057 | 2.5 | \$674,164,870 | 15.0 | \$638,434,027 | -5.3 | \$672,978,616 | 5.4 | \$765,718,026 | 13.8 |
| Total Institutional LTSS | \$560,019,940 | 1.0 | \$636,549,228 | 13.7 | \$590,457,144 | -7.2 | \$597,172,278 | 1.1 | \$657,487,448 | 10.1 |
| Total HCBS | \$26,461,117 | 51.0 | \$37,615,642 | 42.2 | \$47,976,883 | 27.5 | \$75,806,338 | 58.0 | \$108,230,578 | 42.8 |
| Total Medicaid (all services) | \$1,041,368,602 | 0.7 | \$1,154,306,562 | 10.8 | \$1,170,156,752 | 1.4 | \$1,305,584,669 | 11.6 | \$1,482,018,003 | 13.5 |

| Percentages | FY 1986 | FY 1987 | FY 1988 | FY 1989 | FY 1990 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 56.3% | 58.4% | 54.6% | 51.5% | 51.7% |
| Percentage of LTSS that is HCBS | 4.5% | 5.6% | 7.5% | 11.3% | 14.1% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997. ICF/IID 1987 data were greater than 1986 and 1988 data for an unknown reason.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 51C. Long Term Services and Support Expenditures for Wisconsin, 1991 – 1995

| Service Type | FY 1991 | Percent Change 90-91 | FY 1992 | Percent Change 91-92 | FY 1993 | Percent Change 92-93 | FY 1994 | Percent Change 93-94 | FY 1995 | Percent Change 94-95 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$927,952,776 | n/a |
| Nursing facilities | \$550,496,552 | 8.4 | \$603,811,767 | 9.7 | \$649,513,475 | 7.6 | \$687,365,900 | 5.8 | \$789,850,778 | 14.9 |
| Personal care | \$16,852,037 | 14.2 | \$20,673,118 | 22.7 | \$30,020,942 | 45.2 | \$34,597,968 | 15.2 | \$37,634,015 | 8.8 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$65,009,740 | n/a |
| Home health | \$66,741,896 | 30.9 | \$70,120,377 | 5.1 | \$45,230,386 | -35.5 | \$42,054,487 | -7.0 | \$35,458,243 | -15.7 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$303,116,034 | n/a |
| ICF/IID - public | \$170,063,104 | 38.4 | \$193,185,110 | 13.6 | \$207,826,034 | 7.6 | \$188,315,604 | -9.4 | \$217,226,183 | 15.4 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$85,889,851 | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$44,359,697 | n/a |
| Mental health facilities | \$32,974,892 | 22.6 | \$34,738,495 | 5.3 | \$35,014,322 | 0.8 | \$40,789,795 | 16.5 | \$40,300,163 | -1.2 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | \$1,497,924 | n/a | \$2,495,665 | 66.6 | \$4,059,534 | 62.7 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$365,587 | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified/other | \$58,601,555 | 37.9 | \$78,451,646 | 33.9 | \$95,574,394 | 21.8 | \$122,906,145 | 28.6 | \$365,587 | n/a |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$895,730,036 | 17.0 | \$1,000,980,513 | 11.8 | \$1,064,677,477 | 6.4 | \$1,118,525,564 | 5.1 | \$1,275,794,094 | 14.1 |
| Total Institutional LTSS | \$753,534,548 | 14.6 | \$831,735,372 | 10.4 | \$893,851,755 | 7.5 | \$918,966,964 | 2.8 | \$1,051,436,658 | 14.4 |
| Total HCBS | \$142,195,488 | 31.4 | \$169,245,141 | 19.0 | \$170,825,722 | 0.9 | \$199,558,600 | 16.8 | \$224,357,436 | 12.4 |
| Total Medicaid (all services) | \$1,730,892,681 | 16.8 | \$2,010,697,295 | 16.2 | \$2,114,971,454 | 5.2 | \$2,255,864,899 | 6.7 | \$2,415,738,649 | 7.1 |

| Percentages | FY 1991 | FY 1992 | FY 1993 | FY 1994 | FY 1995 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 51.7% | 49.8% | 50.3% | 49.6% | 52.8% |
| Percentage of LTSS that is HCBS | 15.9% | 16.9% | 16.0% | 17.8% | 17.6% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | 14.9% |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | 28.3% |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included except for 1915(c) waivers for 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 51D. Long Term Services and Support Expenditures for Wisconsin, 1996 – 2000

| Service Type | FY 1996 | Percent Change 95-96 | FY 1997 | Percent Change 96-97 | FY 1998 | Percent Change 97-98 | FY 1999 | Percent Change 98-99 | FY 2000 | Percent Change 99-00 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$893,603,610 | -3.7 | \$948,386,417 | 6.1 | \$1,024,919,641 | 8.1 | \$1,074,027,372 | 4.8 | \$1,165,384,829 | 8.5 |
| Nursing facilities | \$748,817,653 | -5.2 | \$760,730,346 | 1.6 | \$809,830,915 | 6.5 | \$829,284,225 | 2.4 | \$896,772,442 | 8.1 |
| Personal care | \$41,714,329 | 10.8 | \$49,996,322 | 19.9 | \$65,534,473 | 31.1 | \$67,788,123 | 3.4 | \$80,216,448 | 18.3 |
| 1915(c) waivers - AD | \$72,212,872 | 11.1 | \$86,558,382 | 19.9 | \$96,487,704 | 11.5 | \$122,847,943 | 27.3 | \$134,469,740 | 9.5 |
| Home health | \$30,858,756 | -13.0 | \$51,101,367 | 65.6 | \$53,066,549 | 3.8 | \$54,107,081 | 2.0 | \$53,926,199 | -0.3 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$338,549,575 | 11.7 | \$389,883,828 | 15.2 | \$414,423,205 | 6.3 | \$408,408,264 | -1.5 | \$554,160,112 | 35.7 |
| ICF/IID - public | \$204,564,501 | -5.8 | \$117,538,889 | -42.5 | \$113,170,288 | -3.7 | \$68,929,906 | -39.1 | \$163,132,498 | 136.7 |
| ICF/IID - private | n/a | n/a | \$84,459,595 | n/a | \$89,315,499 | 5.7 | \$90,148,337 | 0.9 | \$91,567,816 | 1.6 |
| 1915(c) waivers - DD | \$133,985,074 | 56.0 | \$187,885,344 | 40.2 | \$211,937,418 | 12.8 | \$249,330,021 | 17.6 | \$299,459,798 | 20.1 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$38,125,281 | -14.1 | \$34,793,369 | -8.7 | \$40,081,485 | 15.2 | \$26,215,590 | -34.6 | \$38,026,838 | 45.1 |
| Mental health facilities | \$29,724,432 | -26.2 | \$29,379,010 | -1.2 | \$37,306,227 | 27.0 | \$24,542,917 | -34.2 | \$35,175,592 | 43.3 |
| Mental health facilities-DSH | \$8,400,849 | 106.9 | \$5,414,359 | -35.5 | \$2,775,258 | -48.7 | \$1,672,673 | -39.7 | \$2,851,246 | 70.5 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$1,318,984 | 260.8 | \$17,255,841 | 1208.3 | \$27,045,475 | 56.7 | \$25,891,056 | -4.3 | \$36,007,529 | 39.1 |
| Case management | n/a | n/a | \$12,706,632 | n/a | \$19,557,113 | 53.9 | \$15,865,718 | -18.9 | \$24,630,847 | 55.2 |
| 1915(c) waivers - other | \$1,318,984 | 260.8 | \$4,549,209 | 244.9 | \$7,488,362 | 64.6 | \$10,025,338 | 33.9 | \$11,376,682 | 13.5 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$1,271,597,450 | -0.3 | \$1,390,319,455 | 9.3 | \$1,506,469,806 | 8.4 | \$1,534,542,282 | 1.9 | \$1,793,579,308 | 16.9 |
| Total Institutional LTSS | \$991,507,435 | -5.7 | \$997,522,199 | 0.6 | \$1,052,398,187 | 5.5 | \$1,014,578,058 | -3.6 | \$1,189,499,594 | 17.2 |
| Total HCBS | \$280,090,015 | 24.8 | \$392,797,256 | 40.2 | \$454,071,619 | 15.6 | \$519,964,224 | 14.5 | \$604,079,714 | 16.2 |
| Total Medicaid (all services) | \$2,431,138,378 | 0.6 | \$2,573,586,437 | 5.9 | \$2,719,377,427 | 5.7 | \$2,738,075,303 | 0.7 | \$3,304,870,500 | 20.7 |

| Percentages | FY 1996 | FY 1997 | FY 1998 | FY 1999 | FY 2000 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 52.3% | 54.0% | 55.4% | 56.0% | 54.3% |
| Percentage of LTSS that is HCBS | 22.0% | 28.3% | 30.1% | 33.9% | 33.7% |
| Percentage of LTSS that is HCBS - AD | 16.2% | 19.8% | 21.0% | 22.8% | 23.0% |
| Percentage of LTSS that is HCBS - DD | 39.6% | 48.2% | 51.1% | 61.0% | 54.0% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included except for 1915(c) waivers. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Wisconsin data from 1999 through 2007 do not include expenditures for a managed care program.

Table 51E. Long Term Services and Support Expenditures for Wisconsin, 2001 – 2005

| Service Type | FY 2001 | Percent Change 00-01 | FY 2002 | Percent Change 01-02 | FY 2003 | Percent Change 02-03 | FY 2004 | Percent Change 03-04 | FY 2005 | Percent Change 04-05 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$1,297,797,739 | 11.4 | \$1,784,296,945 | 37.5 | \$1,629,829,787 | -8.7 | \$1,277,478,814 | -21.6 | \$1,282,353,718 | 0.4 |
| Nursing facilities | \$960,113,684 | 7.1 | \$1,464,957,116 | 52.6 | \$1,314,123,675 | -10.3 | \$948,640,232 | -27.8 | \$954,567,674 | 0.6 |
| Personal care | \$104,215,673 | 29.9 | \$110,710,294 | 6.2 | \$118,368,210 | 6.9 | \$127,359,909 | 7.6 | \$160,755,832 | 26.2 |
| 1915(c) waivers - AD | \$178,809,417 | 33.0 | \$152,021,343 | -15.0 | \$144,363,140 | -5.0 | \$148,018,966 | 2.5 | \$113,252,335 | -23.5 |
| Home health | \$54,658,965 | 1.4 | \$56,608,192 | 3.6 | \$52,974,762 | -6.4 | \$53,459,707 | 0.9 | \$53,777,877 | 0.6 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$500,311,583 | -9.7 | \$545,161,300 | 9.0 | \$596,942,199 | 9.5 | \$621,967,356 | 4.2 | \$457,968,627 | -26.4 |
| ICF/IID - public | \$113,223,411 | -30.6 | \$130,138,698 | 14.9 | \$124,463,316 | -4.4 | \$138,013,533 | 10.9 | \$117,938,588 | -14.5 |
| ICF/IID - private | \$92,457,687 | 1.0 | \$95,875,787 | 3.7 | \$97,717,347 | 1.9 | \$87,508,568 | -10.4 | \$76,110,791 | -13.0 |
| 1915(c) waivers - DD | \$294,630,485 | -1.6 | \$319,146,815 | 8.3 | \$374,761,536 | 17.4 | \$396,445,255 | 5.8 | \$263,919,248 | -33.4 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$43,699,547 | 14.9 | \$48,036,130 | 9.9 | \$45,282,332 | -5.7 | \$37,303,588 | -17.6 | \$41,305,545 | 10.7 |
| Mental health facilities | \$40,358,078 | 14.7 | \$43,416,201 | 7.6 | \$42,246,089 | -2.7 | \$33,799,601 | -20.0 | \$33,802,313 | 0.0 |
| Mental health facilities-DSH | \$3,341,469 | 17.2 | \$4,619,929 | 38.3 | \$3,036,243 | -34.3 | \$3,247,920 | 7.0 | \$6,019,295 | 85.3 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$256,067 | 100.0 | \$1,483,937 | 479.5 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$36,346,505 | 0.9 | \$47,497,047 | 30.7 | \$49,442,477 | 4.1 | \$59,732,252 | 20.8 | \$51,430,902 | -13.9 |
| Case management | \$21,948,755 | -10.9 | \$34,186,888 | 55.8 | \$30,676,649 | -10.3 | \$40,040,200 | 30.5 | \$38,402,548 | -4.1 |
| 1915(c) waivers - other | \$14,397,750 | 26.6 | \$13,310,159 | -7.6 | \$18,765,828 | 41.0 | \$19,692,052 | 4.9 | \$13,028,354 | -33.8 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$1,878,155,374 | 4.7 | \$2,424,991,422 | 29.1 | \$2,321,496,795 | -4.3 | \$1,996,482,010 | -14.0 | \$1,833,058,792 | -8.2 |
| Total Institutional LTSS | \$1,209,494,329 | 1.7 | \$1,739,007,731 | 43.8 | \$1,581,586,670 | -9.1 | \$1,211,209,854 | -23.4 | \$1,188,438,661 | -1.9 |
| Total HCBS | \$668,661,045 | 10.7 | \$685,983,691 | 2.6 | \$739,910,125 | 7.9 | \$785,272,156 | 6.1 | \$644,620,131 | -17.9 |
| Total Medicaid (all services) | \$3,507,045,092 | 6.1 | \$3,913,532,375 | 11.6 | \$4,695,575,591 | 20.0 | \$4,539,695,043 | -3.3 | \$4,899,517,714 | 7.9 |

| Percentages | FY 2001 | FY 2002 | FY 2003 | FY 2004 | FY 2005 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 53.6% | 62.0% | 49.4% | 44.0% | 37.4% |
| Percentage of LTSS that is HCBS | 35.6% | 28.3% | 31.9% | 39.3% | 35.2% |
| Percentage of LTSS that is HCBS - AD | 26.0% | 17.9% | 19.4% | 25.7% | 25.6% |
| Percentage of LTSS that is HCBS - DD | 58.9% | 58.5% | 62.8% | 63.7% | 57.6% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.7% | 3.6% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments were included starting in 1995 for Section 1915(c) waivers, in 2002 for nursing facilities, personal care, ICF/IID, and mental health facilities (including DSH); and in 2004 for PACE. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Wisconsin data from 1999 through 2007 do not include expenditures for a managed care program.

Table 51F. Long Term Services and Support Expenditures for Wisconsin, 2006 – 2010

| Service Type | FY 2006 | Percent Change 05-06 | FY 2007 | Percent Change 06-07 | FY 2008 | Percent Change 07-08 | FY 2009 | Percent Change 08-09 | FY 2010 | Percent Change 09-10 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$1,366,293,722 | 6.5 | \$1,333,248,362 | -2.4 | \$1,525,023,533 | 14.4 | \$2,007,580,368 | 31.6 | \$1,330,201,898 | -33.7 |
| Nursing facilities | \$964,794,315 | 1.1 | \$919,138,200 | -4.7 | \$800,910,678 | -12.9 | \$1,169,262,738 | 46.0 | \$941,594,441 | -19.5 |
| Personal care | \$191,172,851 | 18.9 | \$202,900,400 | 6.1 | \$197,900,706 | -2.5 | \$199,904,929 | 1.0 | \$183,489,951 | -8.2 |
| 1915(c) waivers - AD | \$155,887,650 | 37.6 | \$158,166,780 | 1.5 | \$456,224,272 | 188.4 | \$556,650,663 | 22.0 | \$109,878,720 | -80.3 |
| Home health | \$54,438,906 | 1.2 | \$53,042,982 | -2.6 | \$69,987,877 | 31.9 | \$81,762,038 | 16.8 | \$95,386,995 | 16.7 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | -\$148,209 | n/a |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with DD | \$652,559,386 | 42.5 | \$632,421,624 | -3.1 | \$642,220,321 | 1.5 | \$1,019,504,030 | 58.7 | \$471,001,439 | -53.8 |
| ICF/IID - public | \$115,410,883 | -2.1 | \$93,479,394 | -19.0 | \$38,867,392 | -58.4 | \$232,418,244 | 498.0 | \$122,625,069 | -47.2 |
| ICF/IID - private | \$55,608,695 | -26.9 | \$37,678,387 | -32.2 | \$31,711,465 | -15.8 | \$32,591,584 | 2.8 | \$26,009,621 | -20.2 |
| 1915(c) waivers - DD | \$481,539,808 | 82.5 | \$501,263,843 | 4.1 | \$571,641,464 | 14.0 | \$754,494,202 | 32.0 | \$322,366,749 | -57.3 |
| HCBS - managed care authorities - DD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with SMI or SED | \$46,747,766 | 13.2 | \$48,067,803 | 2.8 | \$49,211,961 | 2.4 | \$54,125,298 | 10.0 | \$50,842,511 | -6.1 |
| Mental health facilities | \$36,371,452 | 7.6 | \$33,464,889 | -8.0 | \$30,399,071 | -9.2 | \$31,355,905 | 3.1 | \$30,416,052 | -3.0 |
| Mental health facilities-DSH | \$2,312,242 | -61.6 | \$1,649,413 | -28.7 | \$4,237,724 | 156.9 | \$3,945,475 | -6.9 | \$0 | -100.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | -\$290,335 | n/a |
| 1915(c) waivers - SMI or SED | \$8,064,072 | 443.4 | \$12,953,501 | 60.6 | \$14,575,166 | 12.5 | \$18,823,918 | 29.2 | \$20,716,794 | 10.1 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-Other/Multiple Populations | \$62,530,026 | 21.6 | \$73,650,359 | 17.8 | \$59,730,497 | -18.9 | \$84,187,130 | 40.9 | \$975,748,691 | 1059.0 |
| Case management | \$41,872,117 | 9.0 | \$53,535,964 | 27.9 | \$41,465,220 | -22.5 | \$67,057,251 | 61.7 | \$39,518,506 | -41.1 |
| 1915(c) waivers - other | \$20,657,909 | 58.6 | \$20,114,395 | -2.6 | \$17,745,722 | -11.8 | \$16,015,315 | -9.8 | \$934,573,909 | 5735.5 |
| HCBS - managed care authorities - other | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | \$519,555 | n/a | \$1,114,564 | 114.5 | \$1,656,276 | 48.6 |
| Total LTSS | \$2,128,130,900 | 16.1 | \$2,087,388,148 | -1.9 | \$2,276,186,312 | 9.0 | \$3,165,396,826 | 39.1 | \$2,827,794,539 | -10.7 |
| Total Institutional LTSS | \$1,174,497,587 | -1.2 | \$1,085,410,283 | -7.6 | \$906,126,330 | -16.5 | \$1,469,573,946 | 62.2 | \$1,120,645,183 | -23.7 |
| Total HCBS | \$953,633,313 | 47.9 | \$1,001,977,865 | 5.1 | \$1,370,059,982 | 36.7 | \$1,695,822,880 | 23.8 | \$1,707,149,356 | 0.7 |
| Total Medicaid (all services) | \$4,909,451,688 | 0.2 | \$4,923,977,773 | 0.3 | \$4,633,025,053 | -5.9 | \$7,132,049,273 | 53.9 | \$6,433,408,338 | -9.8 |

| Percentages | FY 2006 | FY 2007 | FY 2008 | FY 2009 | FY 2010 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 43.3% | 42.4% | 49.1% | 44.4% | 44.0% |
| Percentage of LTSS that is HCBS | 44.8% | 48.0% | 60.2% | 53.6% | 60.4% |
| Percentage of LTSS that is HCBS - AD | 29.4% | 31.1% | 47.5% | 41.8% | 29.2% |
| Percentage of LTSS that is HCBS - DD | 73.8% | 79.3% | 89.0% | 74.0% | 68.4% |
| Percentage of LTSS that is HCBS - SMI or SED | 17.3% | 26.9% | 29.6% | 34.8% | 40.2% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments. Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes. Data before 2008 do not include state-reported managed care data. Starting in 2008, managed care data are included for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities. "n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included for several categories of service until 2009. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures. For data before 2009, prior period adjustments were included for the following categories of service: nursing home, personal care, Section 1915(c) waivers, PACE, ICF/IID, and mental health facilities (including DSH). HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont. Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j)). Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS. Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010. Wisconsin data from 1999 through 2007 do not include expenditures for a managed care program. Wisconsin did not report managed care 1915(c) expenditures by population category in 2010. All expenditures are included in the table for other populations.

Table 51G. Long Term Services and Support Expenditures for Wisconsin, 2011 – 2014

| Service Type | FY 2011 | Percent Change 10-11 | FY 2012 | Percent Change 11-12 | FY 2013 | Percent Change 12-13 | FY 2014 | Percent Change 13-14 |
|---|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Total-Older People, People with PD | \$1,767,169,974 | 32.8 | \$1,838,349,494 | 4.0 | \$2,037,661,403 | 10.8 | \$2,136,418,132 | 4.8 |
| Nursing facilities | \$918,668,162 | -2.4 | \$914,705,430 | -0.4 | \$983,498,370 | 7.5 | \$1,007,160,054 | 2.4 |
| Personal care | \$330,862,171 | 80.3 | \$366,755,478 | 10.8 | \$435,231,499 | 18.7 | \$452,299,127 | 3.9 |
| 1915(c) waivers - AD | \$385,295,509 | 250.7 | \$432,537,846 | 12.3 | \$491,129,012 | 13.5 | \$550,667,964 | 12.1 |
| Home health | \$89,116,411 | -6.6 | \$78,655,757 | -11.7 | \$82,173,350 | 4.5 | \$82,417,473 | 0.3 |
| Community first choice | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Private duty nursing | \$43,227,721 | -29266.7 | \$45,694,983 | 5.7 | \$45,629,172 | -0.1 | \$43,873,514 | -3.8 |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with DD | \$916,724,951 | 94.6 | \$997,021,579 | 8.8 | \$1,005,244,030 | 0.8 | \$1,050,090,855 | 4.5 |
| ICF/IID - public | \$130,126,912 | 6.1 | \$178,878,985 | 37.5 | \$148,750,691 | -16.8 | \$144,926,706 | -2.6 |
| ICF/IID - private | \$21,229,305 | -18.4 | \$18,616,932 | -12.3 | \$16,583,782 | -10.9 | \$11,732,832 | -29.3 |
| 1915(c) waivers - DD | \$765,368,734 | 137.4 | \$799,525,662 | 4.5 | \$839,909,557 | 5.1 | \$893,431,317 | 6.4 |
| HCBS - managed care authorities - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with SMI or SED | \$51,962,013 | 2.2 | \$51,657,142 | -0.6 | \$44,927,411 | -13.0 | \$44,267,574 | -1.5 |
| Mental health facilities | \$15,876,911 | -47.8 | \$15,151,263 | -4.6 | \$15,920,362 | 5.1 | \$16,403,712 | 3.0 |
| Mental health facilities-DSH | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Rehabilitative services | \$10,375,294 | -3673.6 | \$7,541,459 | -27.3 | \$7,201,390 | -4.5 | \$6,951,937 | -3.5 |
| 1915(c) waivers - SMI or SED | \$24,561,039 | 18.6 | \$25,028,289 | 1.9 | \$17,684,244 | -29.3 | \$16,204,366 | -8.4 |
| HCBS - 1915(i) - SMI or SED | \$1,148,769 | 100.0 | \$3,936,131 | 242.6 | \$4,121,415 | 4.7 | \$4,707,559 | 14.2 |
| Total-Other/Multiple Populations | \$83,748,803 | -91.4 | \$63,929,221 | -23.7 | \$69,851,638 | 9.3 | \$46,491,484 | -33.4 |
| Case management | \$74,399,881 | 88.3 | \$53,785,526 | -27.7 | \$56,637,240 | 5.3 | \$31,388,665 | -44.6 |
| 1915(c) waivers - other | \$6,617,800 | -99.3 | \$5,549,290 | -16.1 | \$5,938,529 | 7.0 | \$4,561,956 | -23.2 |
| HCBS - managed care authorities - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | \$0 | n/a | \$155,351 | 100.0 | \$221,481 | 42.6 |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| MFP demonstration | \$2,731,122 | 64.9 | \$4,594,405 | 68.2 | \$7,120,518 | 55.0 | \$10,319,382 | 44.9 |
| Total LTSS | \$2,819,605,741 | -0.3 | \$2,950,957,436 | 4.7 | \$3,157,684,482 | 7.0 | \$3,277,268,045 | 3.8 |
| Total Institutional LTSS | \$1,085,901,290 | -3.1 | \$1,127,352,610 | 3.8 | \$1,164,753,205 | 3.3 | \$1,180,223,304 | 1.3 |
| Total HCBS | \$1,733,704,451 | 1.6 | \$1,823,604,826 | 5.2 | \$1,992,931,277 | 9.3 | \$2,097,044,741 | 5.2 |
| Total Medicaid (all services) | \$6,882,190,291 | 7.0 | \$6,801,685,373 | -1.2 | \$7,102,354,614 | 4.4 | \$7,579,903,632 | 6.7 |

| Percentages | FY 2011 | FY 2012 | FY 2013 | FY 2014 |
|--|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 41.0% | 43.4% | 44.5% | 43.2% |
| Percentage of LTSS that is HCBS | 61.5% | 61.8% | 63.1% | 64.0% |
| Percentage of LTSS that is HCBS - AD | 48.0% | 50.2% | 51.7% | 52.9% |
| Percentage of LTSS that is HCBS - DD | 83.5% | 80.2% | 83.6% | 85.1% |
| Percentage of LTSS that is HCBS - SMI or SED | 69.5% | 70.7% | 64.6% | 62.9% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Managed care data are included only for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care.

Institutional MLTSS – unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 52A. Long Term Services and Support Expenditures for Wyoming, 1981 – 1985

| Service Type | FY 1981 | FY 1982 | Percent Change 81-82 | FY 1983 | Percent Change 82-83 | FY 1984 | Percent Change 83-84 | FY 1985 | Percent Change 84-85 |
|---|---------------------|---------------------|----------------------|---------------------|----------------------|---------------------|----------------------|---------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$10,293,656 | \$11,775,838 | 14.4 | \$10,479,706 | -11.0 | \$13,800,854 | 31.7 | \$15,122,078 | 9.6 |
| Personal care | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$60,927 | n/a |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$18,186 | \$35,910 | 97.5 | \$34,180 | -4.8 | \$41,907 | 22.6 | \$45,999 | 9.8 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$0 | \$0 | 0.0 | \$2,560,788 | 100.0 | \$0 | -100.0 | \$0 | 0.0 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$440,442 | 100.0 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$10,311,842 | \$11,811,748 | 14.5 | \$13,074,674 | 10.7 | \$13,842,761 | 5.9 | \$15,669,446 | 13.2 |
| Total Institutional LTSS | \$10,293,656 | \$11,775,838 | 14.4 | \$13,040,494 | 10.7 | \$13,800,854 | 5.8 | \$15,562,520 | 12.8 |
| Total HCBS | \$18,186 | \$35,910 | 97.5 | \$34,180 | -4.8 | \$41,907 | 22.6 | \$106,926 | 155.2 |
| Total Medicaid (all services) | \$17,028,200 | \$20,511,006 | 20.5 | \$24,560,364 | 19.7 | \$26,569,600 | 8.2 | \$28,572,186 | 7.5 |

| Percentages | FY 1981 | FY 1982 | FY 1983 | FY 1984 | FY 1985 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 60.6% | 57.6% | 53.2% | 52.1% | 54.8% |
| Percentage of LTSS that is HCBS | 0.2% | 0.3% | 0.3% | 0.3% | 0.7% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data.

Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 52B. Long Term Services and Support Expenditures for Wyoming, 1986 – 1990

| Service Type | FY 1986 | Percent Change 85-86 | FY 1987 | Percent Change 86-87 | FY 1988 | Percent Change 87-88 | FY 1989 | Percent Change 88-89 | FY 1990 | Percent Change 89-90 |
|---|---------------------|----------------------|---------------------|----------------------|---------------------|----------------------|---------------------|----------------------|---------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$16,281,347 | 7.7 | \$18,393,718 | 13.0 | \$21,290,790 | 15.8 | \$22,581,497 | 6.1 | \$22,804,809 | 1.0 |
| Personal care | \$100,490 | 64.9 | \$171,085 | 70.3 | \$70,398 | -58.9 | \$0 | -100.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$130,572 | 183.9 | \$100,308 | -23.2 | \$176,854 | 76.3 | \$195,673 | 10.6 | \$476,205 | 143.4 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$252,379 | -42.7 | \$151,201 | -40.1 | \$402,655 | 166.3 | \$557,811 | 38.5 | \$378,254 | -32.2 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$16,764,788 | 7.0 | \$18,816,312 | 12.2 | \$21,940,697 | 16.6 | \$23,334,981 | 6.4 | \$23,659,268 | 1.4 |
| Total Institutional LTSS | \$16,533,726 | 6.2 | \$18,544,919 | 12.2 | \$21,693,445 | 17.0 | \$23,139,308 | 6.7 | \$23,183,063 | 0.2 |
| Total HCBS | \$231,062 | 116.1 | \$271,393 | 17.5 | \$247,252 | -8.9 | \$195,673 | -20.9 | \$476,205 | 143.4 |
| Total Medicaid (all services) | \$33,087,905 | 15.8 | \$45,125,670 | 36.4 | \$46,954,252 | 4.1 | \$54,882,669 | 16.9 | \$67,365,087 | 22.7 |

| Percentages | FY 1986 | FY 1987 | FY 1988 | FY 1989 | FY 1990 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 50.7% | 41.7% | 46.7% | 42.5% | 35.1% |
| Percentage of LTSS that is HCBS | 1.4% | 1.4% | 1.1% | 0.8% | 2.0% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997. ICF/IID 1987 data were greater than 1986 and 1988 data for an unknown reason.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 52C. Long Term Services and Support Expenditures for Wyoming, 1991 – 1995

| Service Type | FY 1991 | Percent Change 90-91 | FY 1992 | Percent Change 91-92 | FY 1993 | Percent Change 92-93 | FY 1994 | Percent Change 93-94 | FY 1995 | Percent Change 94-95 |
|---|---------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$49,784,732 | n/a |
| Nursing facilities | \$22,586,847 | -1.0 | \$33,680,102 | 49.1 | \$25,566,141 | -24.1 | \$40,072,767 | 56.7 | \$44,046,341 | 9.9 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$1,961,264 | n/a |
| Home health | \$750,240 | 57.5 | \$1,017,658 | 35.6 | \$1,402,035 | 37.8 | \$2,473,102 | 76.4 | \$3,777,127 | 52.7 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$36,801,762 | n/a |
| ICF/IID - public | \$8,416,652 | 100.0 | \$2,555,987 | -69.6 | \$6,224,937 | 143.5 | \$6,829,072 | 9.7 | \$10,197,787 | 49.3 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$26,603,975 | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$137,862 | n/a |
| Mental health facilities | \$524,173 | 38.6 | \$694,837 | 32.6 | \$9,228,176 | 1228.1 | \$133,901 | -98.5 | \$137,862 | 3.0 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - unspecified/other | \$1,472,300 | 100.0 | \$10,558,722 | 617.2 | \$13,119,321 | 24.3 | \$26,760,330 | 104.0 | \$0 | n/a |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$33,750,212 | 42.7 | \$48,507,306 | 43.7 | \$55,540,610 | 14.5 | \$76,269,172 | 37.3 | \$86,724,356 | 13.7 |
| Total Institutional LTSS | \$31,527,672 | 36.0 | \$36,930,926 | 17.1 | \$41,019,254 | 11.1 | \$47,035,740 | 14.7 | \$54,381,990 | 15.6 |
| Total HCBS | \$2,222,540 | 366.7 | \$11,576,380 | 420.9 | \$14,521,356 | 25.4 | \$29,233,432 | 101.3 | \$32,342,366 | 10.6 |
| Total Medicaid (all services) | \$93,043,271 | 38.1 | \$120,590,893 | 29.6 | \$134,792,803 | 11.8 | \$158,492,918 | 17.6 | \$172,149,492 | 8.6 |

| Percentages | FY 1991 | FY 1992 | FY 1993 | FY 1994 | FY 1995 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 36.3% | 40.2% | 41.2% | 48.1% | 50.4% |
| Percentage of LTSS that is HCBS | 6.6% | 23.9% | 26.1% | 38.3% | 37.3% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | 11.5% |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | 72.3% |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included except for 1915(c) waivers for 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 52D. Long Term Services and Support Expenditures for Wyoming, 1996 – 2000

| Service Type | FY 1996 | Percent Change 95-96 | FY 1997 | Percent Change 96-97 | FY 1998 | Percent Change 97-98 | FY 1999 | Percent Change 98-99 | FY 2000 | Percent Change 99-00 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | \$54,284,802 | 9.0 | \$54,792,734 | 0.9 | \$55,762,157 | 1.8 | \$55,400,477 | -0.6 | \$57,758,119 | 4.3 |
| Nursing facilities | \$47,001,729 | 6.7 | \$47,270,548 | 0.6 | \$46,994,465 | -0.6 | \$46,424,944 | -1.2 | \$48,550,376 | 4.6 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | \$3,063,669 | 56.2 | \$3,701,762 | 20.8 | \$4,499,963 | 21.6 | \$4,518,733 | 0.4 | \$4,807,400 | 6.4 |
| Home health | \$4,219,404 | 11.7 | \$3,820,424 | -9.5 | \$4,267,729 | 11.7 | \$4,456,800 | 4.4 | \$4,400,343 | -1.3 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$40,624,190 | 10.4 | \$51,120,714 | 25.8 | \$55,893,449 | 9.3 | \$55,626,675 | -0.5 | \$60,695,868 | 9.1 |
| ICF/IID - public | \$10,483,553 | 2.8 | \$17,777,773 | 69.6 | \$16,630,240 | -6.5 | \$14,385,516 | -13.5 | \$16,054,327 | 11.6 |
| ICF/IID - private | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - DD | \$30,140,637 | 13.3 | \$33,342,941 | 10.6 | \$39,263,209 | 17.8 | \$41,241,159 | 5.0 | \$44,641,541 | 8.2 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$743,021 | 439.0 | \$383,693 | -48.4 | \$425,348 | 10.9 | \$545,309 | 28.2 | \$1,656,276 | 203.7 |
| Mental health facilities | \$743,021 | 439.0 | \$383,693 | -48.4 | \$425,348 | 10.9 | \$545,309 | 28.2 | \$1,656,276 | 203.7 |
| Mental health facilities-DSH | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$0 | 0.0 | \$130,642 | 100.0 | \$207,568 | 58.9 | \$306,629 | 47.7 | \$385,659 | 25.8 |
| Case management | n/a | n/a | \$130,642 | n/a | \$207,568 | 58.9 | \$306,629 | 47.7 | \$385,659 | 25.8 |
| 1915(c) waivers - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$95,652,013 | 10.3 | \$106,427,783 | 11.3 | \$112,288,522 | 5.5 | \$111,879,090 | -0.4 | \$120,495,922 | 7.7 |
| Total Institutional LTSS | \$58,228,303 | 7.1 | \$65,432,014 | 12.4 | \$64,050,053 | -2.1 | \$61,355,769 | -4.2 | \$66,260,979 | 8.0 |
| Total HCBS | \$37,423,710 | 15.7 | \$40,995,769 | 9.5 | \$48,238,469 | 17.7 | \$50,523,321 | 4.7 | \$54,234,943 | 7.3 |
| Total Medicaid (all services) | \$185,318,100 | 7.6 | \$194,261,299 | 4.8 | \$201,369,730 | 3.7 | \$204,334,030 | 1.5 | \$221,707,576 | 8.5 |

| Percentages | FY 1996 | FY 1997 | FY 1998 | FY 1999 | FY 2000 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 51.6% | 54.8% | 55.8% | 54.8% | 54.3% |
| Percentage of LTSS that is HCBS | 39.1% | 38.5% | 43.0% | 45.2% | 45.0% |
| Percentage of LTSS that is HCBS - AD | 13.4% | 13.7% | 15.7% | 16.2% | 15.9% |
| Percentage of LTSS that is HCBS - DD | 74.2% | 65.2% | 70.2% | 74.1% | 73.5% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included except for 1915(c) waivers. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 52E. Long Term Services and Support Expenditures for Wyoming, 2001 – 2005

| Service Type | FY 2001 | Percent Change 00-01 | FY 2002 | Percent Change 01-02 | FY 2003 | Percent Change 02-03 | FY 2004 | Percent Change 03-04 | FY 2005 | Percent Change 04-05 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | \$44,129,414 | -23.6 | \$67,115,660 | 52.1 | \$70,118,302 | 4.5 | \$74,159,127 | 5.8 | \$78,977,811 | 6.5 |
| Nursing facilities | \$39,327,299 | -19.0 | \$54,199,065 | 37.8 | \$56,803,388 | 4.8 | \$60,552,927 | 6.6 | \$63,148,012 | 4.3 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | \$0 | -100.0 | \$7,217,564 | 100.0 | \$7,691,583 | 6.6 | \$8,251,579 | 7.3 | \$9,442,904 | 14.4 |
| Home health | \$4,802,115 | 9.1 | \$5,699,031 | 18.7 | \$5,623,331 | -1.3 | \$5,354,621 | -4.8 | \$6,386,895 | 19.3 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$15,221,465 | -74.9 | \$70,048,126 | 360.2 | \$83,847,189 | 19.7 | \$88,892,307 | 6.0 | \$94,928,573 | 6.8 |
| ICF/IID - public | \$14,856,367 | -7.5 | \$15,542,906 | 4.6 | \$15,807,889 | 1.7 | \$16,908,396 | 7.0 | \$18,335,225 | 8.4 |
| ICF/IID - private | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - DD | \$365,098 | -99.2 | \$54,505,220 | 14828.9 | \$68,039,300 | 24.8 | \$71,983,911 | 5.8 | \$76,593,348 | 6.4 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$14,917,557 | 800.7 | \$3,371,928 | -77.4 | \$6,885,145 | 104.2 | \$9,745,155 | 41.5 | \$14,934,037 | 53.2 |
| Mental health facilities | \$14,917,557 | 800.7 | \$3,371,928 | -77.4 | \$6,885,145 | 104.2 | \$9,745,155 | 41.5 | \$14,934,037 | 53.2 |
| Mental health facilities-DSH | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$54,052,928 | 13915.7 | \$731,906 | -98.6 | \$3,370,390 | 360.5 | \$4,637,312 | 37.6 | \$4,924,455 | 6.2 |
| Case management | \$424,648 | 10.1 | \$533,221 | 25.6 | \$750,160 | 40.7 | \$1,422,743 | 89.7 | \$1,477,483 | 3.8 |
| 1915(c) waivers - other | \$53,628,280 | 100.0 | \$198,685 | -99.6 | \$2,620,230 | 1218.8 | \$3,214,569 | 22.7 | \$3,446,972 | 7.2 |
| HCBS - managed care authorities - other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$128,321,364 | 6.5 | \$141,267,620 | 10.1 | \$164,221,026 | 16.2 | \$177,433,901 | 8.0 | \$193,764,876 | 9.2 |
| Total Institutional LTSS | \$69,101,223 | 4.3 | \$73,113,899 | 5.8 | \$79,496,422 | 8.7 | \$87,206,478 | 9.7 | \$96,417,274 | 10.6 |
| Total HCBS | \$59,220,141 | 9.2 | \$68,153,721 | 15.1 | \$84,724,604 | 24.3 | \$90,227,423 | 6.5 | \$97,347,602 | 7.9 |
| Total Medicaid (all services) | \$246,735,811 | 11.3 | \$277,313,914 | 12.4 | \$334,107,634 | 20.5 | \$375,313,420 | 12.3 | \$410,919,701 | 9.5 |

| Percentages | FY 2001 | FY 2002 | FY 2003 | FY 2004 | FY 2005 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 52.0% | 50.9% | 49.2% | 47.3% | 47.2% |
| Percentage of LTSS that is HCBS | 46.1% | 48.2% | 51.6% | 50.9% | 50.2% |
| Percentage of LTSS that is HCBS - AD | 10.9% | 19.2% | 19.0% | 18.3% | 20.0% |
| Percentage of LTSS that is HCBS - DD | 2.4% | 77.8% | 81.1% | 81.0% | 80.7% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments were included starting in 1995 for Section 1915(c) waivers, in 2002 for nursing facilities, personal care, ICF/IID, and mental health facilities (including DSH); and in 2004 for PACE. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Wyoming reported total 1915(c) waiver expenditures but not spending by population for some quarters in 2001. Population-specific 1915(c) waiver expenditures are lower for 2001 as a result.

Table 52F. Long Term Services and Support Expenditures for Wyoming, 2006 – 2010

| Service Type | FY 2006 | Percent Change 05-06 | FY 2007 | Percent Change 06-07 | FY 2008 | Percent Change 07-08 | FY 2009 | Percent Change 08-09 | FY 2010 | Percent Change 09-10 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | \$79,413,894 | 0.6 | \$85,245,725 | 7.3 | \$89,835,841 | 5.4 | \$95,126,265 | 5.9 | \$100,572,131 | 5.7 |
| Nursing facilities | \$63,639,886 | 0.8 | \$67,851,432 | 6.6 | \$69,720,452 | 2.8 | \$72,830,830 | 4.5 | \$74,265,694 | 2.0 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | \$9,630,000 | 2.0 | \$11,133,093 | 15.6 | \$13,133,474 | 18.0 | \$14,580,888 | 11.0 | \$17,160,998 | 17.7 |
| Home health | \$6,144,008 | -3.8 | \$6,261,200 | 1.9 | \$6,981,915 | 11.5 | \$7,714,547 | 10.5 | \$9,145,439 | 18.5 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with DD | \$99,655,041 | 5.0 | \$107,816,214 | 8.2 | \$112,517,279 | 4.4 | \$113,506,463 | 0.9 | \$108,709,956 | -4.2 |
| ICF/IID - public | \$9,732,838 | -46.9 | \$20,006,774 | 105.6 | \$18,312,242 | -8.5 | \$17,520,919 | -4.3 | \$18,503,355 | 5.6 |
| ICF/IID - private | \$8,554,533 | 100.0 | \$0 | -100.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - DD | \$81,367,670 | 6.2 | \$87,809,440 | 7.9 | \$94,205,037 | 7.3 | \$95,985,544 | 1.9 | \$90,206,601 | -6.0 |
| HCBS - managed care authorities - DD | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-People with SMI or SED | \$18,815,296 | 26.0 | \$22,199,213 | 18.0 | \$27,523,086 | 24.0 | \$30,274,233 | 10.0 | \$22,291,790 | -26.4 |
| Mental health facilities | \$18,815,296 | 26.0 | \$22,196,596 | 18.0 | \$27,509,910 | 23.9 | \$30,153,861 | 9.6 | \$21,827,271 | -27.6 |
| Mental health facilities-DSH | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| 1915(c) waivers - SMI or SED | \$0 | 0.0 | \$2,617 | 100.0 | \$13,176 | 403.5 | \$120,372 | 813.6 | \$464,519 | 285.9 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$0 | n/a |
| Total-Other/Multiple Populations | \$6,230,050 | 26.5 | \$6,887,814 | 10.6 | \$8,233,526 | 19.5 | \$8,446,718 | 2.6 | \$8,103,925 | -4.1 |
| Case management | \$1,695,557 | 14.8 | \$1,694,072 | -0.1 | \$2,189,331 | 29.2 | \$2,358,541 | 7.7 | \$1,672,347 | -29.1 |
| 1915(c) waivers - other | \$4,534,493 | 31.6 | \$5,193,742 | 14.5 | \$6,044,195 | 16.4 | \$6,088,177 | 0.7 | \$6,431,578 | 5.6 |
| HCBS - managed care authorities - other | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP demonstration | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| Total LTSS | \$204,114,281 | 5.3 | \$222,148,966 | 8.8 | \$238,109,732 | 7.2 | \$247,353,679 | 3.9 | \$239,677,802 | -3.1 |
| Total Institutional LTSS | \$100,742,553 | 4.5 | \$110,054,802 | 9.2 | \$115,542,604 | 5.0 | \$120,505,610 | 4.3 | \$114,596,320 | -4.9 |
| Total HCBS | \$103,371,728 | 6.2 | \$112,094,164 | 8.4 | \$122,567,128 | 9.3 | \$126,848,069 | 3.5 | \$125,081,482 | -1.4 |
| Total Medicaid (all services) | \$421,933,774 | 2.7 | \$433,138,167 | 2.7 | \$485,661,759 | 12.1 | \$525,321,297 | 8.2 | \$537,338,700 | 2.3 |

| Percentages | FY 2006 | FY 2007 | FY 2008 | FY 2009 | FY 2010 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 48.4% | 51.3% | 49.0% | 47.1% | 44.6% |
| Percentage of LTSS that is HCBS | 50.6% | 50.5% | 51.5% | 51.3% | 52.2% |
| Percentage of LTSS that is HCBS - AD | 19.9% | 20.4% | 22.4% | 23.4% | 26.2% |
| Percentage of LTSS that is HCBS - DD | 81.6% | 81.4% | 83.7% | 84.6% | 83.0% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.0% | 0.0% | 0.4% | 2.1% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data. Starting in 2008, managed care data are included for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities. "n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included for several categories of service until 2009. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

For data before 2009, prior period adjustments were included for the following categories of service: nursing home, personal care, Section 1915(c) waivers, PACE, ICF/IID, and mental health facilities (including DSH).

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 52G. Long Term Services and Support Expenditures for Wyoming, 2011 – 2014

| Service Type | FY 2011 | Percent Change 10-11 | FY 2012 | Percent Change 11-12 | FY 2013 | Percent Change 12-13 | FY 2014 | Percent Change 13-14 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total-Older People, People with PD | \$111,005,860 | 10.4 | \$126,241,567 | 13.7 | \$127,376,059 | 0.9 | \$129,081,615 | 1.3 |
| Nursing facilities | \$85,081,157 | 14.6 | \$100,954,262 | 18.7 | \$102,017,436 | 1.1 | \$101,487,222 | -0.5 |
| Personal care | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - AD | \$16,326,568 | -4.9 | \$16,155,056 | -1.1 | \$15,611,929 | -3.4 | \$16,129,589 | 3.3 |
| Home health | \$9,598,135 | 4.9 | \$9,132,249 | -4.9 | \$9,361,981 | 2.5 | \$9,902,288 | 5.8 |
| Community first choice | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - managed care authorities - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| PACE | \$0 | 0.0 | \$0 | 0.0 | \$384,713 | 100.0 | \$1,562,516 | 306.2 |
| Private duty nursing | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Personal care - 1915(j) | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - AD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with DD | \$116,947,134 | 7.6 | \$119,157,011 | 1.9 | \$116,704,264 | -2.1 | \$111,170,034 | -4.7 |
| ICF/IID - public | \$20,164,145 | 9.0 | \$20,744,605 | 2.9 | \$19,640,307 | -5.3 | \$17,451,654 | -11.1 |
| ICF/IID - private | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - DD | \$96,782,989 | 7.3 | \$98,412,406 | 1.7 | \$97,063,957 | -1.4 | \$93,718,380 | -3.4 |
| HCBS - managed care authorities - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| HCBS - 1915(i) - DD | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-People with SMI or SED | \$14,124,529 | -36.6 | \$9,628,191 | -31.8 | \$13,995,204 | 45.4 | \$15,563,984 | 11.2 |
| Mental health facilities | \$13,109,640 | -39.9 | \$8,715,604 | -33.5 | \$13,363,341 | 53.3 | \$14,981,043 | 12.1 |
| Mental health facilities-DSH | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Rehabilitative services | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| 1915(c) waivers - SMI or SED | \$1,014,889 | 118.5 | \$912,587 | -10.1 | \$631,863 | -30.8 | \$582,941 | -7.7 |
| HCBS - 1915(i) - SMI or SED | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total-Other/Multiple Populations | \$8,711,766 | 7.5 | \$7,329,241 | -15.9 | \$10,121,500 | 38.1 | \$10,890,184 | 7.6 |
| Case management | \$1,737,360 | 3.9 | \$258,321 | -85.1 | \$2,390,033 | 825.2 | \$3,693,884 | 54.6 |
| 1915(c) waivers - other | \$6,974,406 | 8.4 | \$7,070,920 | 1.4 | \$7,731,467 | 9.3 | \$7,196,300 | -6.9 |
| HCBS - managed care authorities - other | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Health homes | n/a | n/a | \$0 | n/a | \$0 | 0.0 | \$0 | 0.0 |
| Institutional MLTSS – unspecified | n/a | n/a | n/a | n/a | \$0 | n/a | \$0 | 0.0 |
| MFP demonstration | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 | \$0 | 0.0 |
| Total LTSS | \$250,789,289 | 4.6 | \$262,356,010 | 4.6 | \$268,197,027 | 2.2 | \$266,705,817 | -0.6 |
| Total Institutional LTSS | \$118,354,942 | 3.3 | \$130,414,471 | 10.2 | \$135,021,084 | 3.5 | \$133,919,919 | -0.8 |
| Total HCBS | \$132,434,347 | 5.9 | \$131,941,539 | -0.4 | \$133,175,943 | 0.9 | \$132,785,898 | -0.3 |
| Total Medicaid (all services) | \$548,350,250 | 2.0 | \$545,514,875 | -0.5 | \$554,506,534 | 1.6 | \$545,294,704 | -1.7 |

| Percentages | FY 2011 | FY 2012 | FY 2013 | FY 2014 |
|--|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 45.7% | 48.1% | 48.4% | 48.9% |
| Percentage of LTSS that is HCBS | 52.8% | 50.3% | 49.7% | 49.8% |
| Percentage of LTSS that is HCBS - AD | 23.4% | 20.0% | 19.9% | 21.4% |
| Percentage of LTSS that is HCBS - DD | 82.8% | 82.6% | 83.2% | 84.3% |
| Percentage of LTSS that is HCBS - SMI or SED | 7.2% | 9.5% | 4.5% | 3.8% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Managed care data are included only for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care.

Institutional MLTSS – unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 53A. Inflation-Adjusted Long Term Services and Support Expenditures for the United States, 1981 – 1985 (in 2014 Dollars)

| Service Type | FY 1981 | FY 1982 | Percent Change 81-82 | FY 1983 | Percent Change 82-83 | FY 1984 | Percent Change 83-84 | FY 1985 | Percent Change 84-85 |
|---|-------------------------|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$20,042,263,151 | \$20,344,743,532 | 1.5 | \$20,757,510,264 | 2.0 | \$21,149,501,443 | 1.9 | \$22,374,610,471 | 5.8 |
| Personal care | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$1,535,880,831 | n/a |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$328,821,248 | \$353,104,342 | 7.4 | \$395,229,947 | 11.9 | \$504,464,022 | 27.6 | \$542,722,166 | 7.6 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$7,075,532,304 | \$7,054,931,337 | -0.3 | \$7,719,179,309 | 9.4 | \$7,885,535,904 | 2.2 | \$9,007,599,081 | 14.2 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$2,426,904,073 | \$2,354,714,377 | -3.0 | \$2,327,378,522 | -1.2 | \$2,585,137,883 | 11.1 | \$2,447,396,407 | -5.3 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - Unspecified | n/a | n/a | n/a | n/a | n/a | \$329,280,791 | n/a | \$513,505,776 | 55.9 |
| HCBS - managed care authorities - Other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – Unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP Demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$29,873,520,777 | \$30,107,493,588 | 0.8 | \$31,199,298,043 | 3.6 | \$32,453,920,043 | 4.0 | \$36,421,714,733 | 12.2 |
| Total Institutional LTSS | \$29,544,699,529 | \$29,754,389,246 | 0.7 | \$30,804,068,096 | 3.5 | \$31,620,175,229 | 2.6 | \$33,829,605,959 | 7.0 |
| Total HCBS | \$328,821,248 | \$353,104,342 | 7.4 | \$395,229,947 | 11.9 | \$833,744,813 | 111.0 | \$2,592,108,774 | 210.9 |
| Total Medicaid (all services) | \$63,695,589,461 | \$63,816,302,669 | 0.2 | \$67,489,129,315 | 5.8 | \$69,518,637,991 | 3.0 | \$74,424,869,685 | 7.1 |

| Percentages | FY 1981 | FY 1982 | FY 1983 | FY 1984 | FY 1985 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 46.9% | 47.2% | 46.2% | 46.7% | 48.9% |
| Percentage of LTSS that is HCBS | 1.1% | 1.2% | 1.3% | 2.6% | 7.1% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data.

Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 53B. Inflation-Adjusted Long Term Services and Support Expenditures for the United States, 1986 – 1990 (in 2014 Dollars)

| Service Type | FY 1986 | Percent Change 85-86 | FY 1987 | Percent Change 86-87 | FY 1988 | Percent Change 87-88 | FY 1989 | Percent Change 88-89 | FY 1990 | Percent Change 89-90 |
|---|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|--------------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nursing facilities | \$23,295,854,407 | 4.1 | \$24,601,463,443 | 5.6 | \$25,658,421,432 | 4.3 | \$26,424,864,880 | 3.0 | \$29,247,876,887 | 10.7 |
| Personal care | \$1,758,956,715 | 14.5 | \$2,136,396,054 | 21.5 | \$2,260,389,321 | 5.8 | \$2,794,589,387 | 23.6 | \$3,032,076,403 | 8.5 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Home health | \$664,987,768 | 22.5 | \$797,290,751 | 19.9 | \$917,757,835 | 15.1 | \$1,107,259,322 | 20.6 | \$1,322,873,653 | 19.5 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ICF/IID - public | \$9,204,733,656 | 2.2 | n/a | n/a | \$10,316,341,532 | n/a | \$11,178,723,983 | 8.4 | \$12,422,472,890 | 11.1 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mental health facilities | \$2,182,323,230 | -10.8 | \$2,186,212,227 | 0.2 | \$2,555,962,799 | 16.9 | \$2,698,395,254 | 5.6 | \$2,974,270,216 | 10.2 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - Unspecified | \$677,699,967 | 32.0 | \$818,013,489 | 20.7 | \$1,111,910,750 | 35.9 | \$1,590,910,459 | 43.1 | \$2,027,365,752 | 27.4 |
| HCBS - managed care authorities - Other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – Unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP Demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$37,784,555,743 | 3.7 | \$30,539,375,964 | n/a | \$42,820,783,669 | 40.2 | \$45,794,743,286 | 6.9 | \$51,026,935,800 | 11.4 |
| Total Institutional LTSS | \$34,682,911,293 | 2.5 | \$26,787,675,670 | n/a | \$38,530,725,763 | 43.8 | \$40,301,984,118 | 4.6 | \$44,644,619,993 | 10.8 |
| Total HCBS | \$3,101,644,450 | 19.7 | \$3,751,700,294 | 21.0 | \$4,290,057,906 | 14.3 | \$5,492,759,168 | 28.0 | \$6,382,315,808 | 16.2 |
| Total Medicaid (all services) | \$78,739,754,132 | 5.8 | \$84,967,658,391 | 7.9 | \$90,241,740,877 | 6.2 | \$98,629,674,622 | 9.3 | \$113,233,705,885 | 14.8 |

| Percentages | FY 1986 | FY 1987 | FY 1988 | FY 1989 | FY 1990 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 48.0% | 56.4% | 47.5% | 46.4% | 45.1% |
| Percentage of LTSS that is HCBS | 8.2% | 7.8% | 10.0% | 12.0% | 12.5% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | n/a |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | n/a |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included before 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997. ICF/IID 1987 data were greater than 1986 and 1988 data for an unknown reason.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 53C. Inflation-Adjusted Long Term Services and Support Expenditures for the United States, 1991 – 1995 (in 2014 Dollars)

| Service Type | FY 1991 | Percent Change 90-91 | FY 1992 | Percent Change 91-92 | FY 1993 | Percent Change 92-93 | FY 1994 | Percent Change 93-94 | FY 1995 | Percent Change 94-95 |
|---|--------------------------|----------------------|--------------------------|----------------------|--------------------------|----------------------|--------------------------|----------------------|--------------------------|----------------------|
| Total-Older People, People with PD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$52,567,439,356 | n/a |
| Nursing facilities | \$32,775,535,314 | 12.1 | \$37,484,588,386 | 14.4 | \$39,255,789,703 | 4.7 | \$41,395,597,161 | 5.5 | \$43,761,525,622 | 5.7 |
| Personal care | \$3,320,555,595 | 9.5 | \$3,615,505,790 | 8.9 | \$3,712,649,377 | 2.7 | \$4,409,498,860 | 18.8 | \$4,338,969,348 | -1.6 |
| 1915(c) waivers - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$1,687,517,379 | n/a |
| Home health | \$1,638,821,344 | 23.9 | \$1,936,823,427 | 18.2 | \$2,172,567,515 | 12.2 | \$2,418,868,785 | 11.3 | \$2,779,427,007 | 14.9 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$19,801,119,941 | n/a |
| ICF/IID - public | \$12,859,984,076 | 3.5 | \$13,398,078,223 | 4.2 | \$13,968,288,838 | 4.3 | \$13,499,455,710 | -3.4 | \$13,852,496,474 | 2.6 |
| ICF/IID - private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$5,948,623,467 | n/a |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$9,478,685,945 | n/a |
| Mental health facilities | \$3,591,641,193 | 20.8 | \$7,485,424,184 | 108.4 | \$3,351,907,914 | -55.2 | \$3,544,437,058 | 5.7 | \$3,875,479,720 | 9.3 |
| Mental health facilities-DSH | n/a | n/a | n/a | n/a | \$4,128,019,688 | n/a | \$4,900,587,876 | 18.7 | \$5,598,487,963 | 14.2 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$4,718,262 | n/a |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$161,458,045 | n/a |
| Case management | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - Unspecified/Other | \$2,529,227,204 | 24.8 | \$3,312,874,326 | 31.0 | \$4,199,716,092 | 26.8 | \$5,525,376,326 | 31.6 | \$161,458,045 | n/a |
| HCBS - managed care authorities - Other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – Unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP Demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$56,715,764,727 | 11.1 | \$67,233,294,337 | 18.5 | \$70,788,939,126 | 5.3 | \$75,693,821,776 | 6.9 | \$82,008,703,287 | 8.3 |
| Total Institutional LTSS | \$49,227,160,584 | 10.3 | \$58,368,090,794 | 18.6 | \$60,704,006,143 | 4.0 | \$63,340,077,806 | 4.3 | \$67,087,989,779 | 5.9 |
| Total HCBS | \$7,488,604,143 | 17.3 | \$8,865,203,543 | 18.4 | \$10,084,932,984 | 13.8 | \$12,353,743,971 | 22.5 | \$14,920,713,508 | 20.8 |
| Total Medicaid (all services) | \$138,842,138,032 | 22.6 | \$175,677,709,453 | 26.5 | \$189,994,837,460 | 8.1 | \$201,105,978,930 | 5.8 | \$218,343,849,552 | 8.6 |

| Percentages | FY 1991 | FY 1992 | FY 1993 | FY 1994 | FY 1995 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 40.8% | 38.3% | 37.3% | 37.6% | 37.6% |
| Percentage of LTSS that is HCBS | 13.2% | 13.2% | 14.2% | 16.3% | 18.2% |
| Percentage of LTSS that is HCBS - AD | n/a | n/a | n/a | n/a | 16.8% |
| Percentage of LTSS that is HCBS - DD | n/a | n/a | n/a | n/a | 30.0% |
| Percentage of LTSS that is HCBS - SMI or SED | n/a | n/a | n/a | n/a | 0.0% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data.

Data by population before 1995 are labelled "n/a" because 1915(c) waiver data by population were not available.

Prior period adjustments are not included except for 1915(c) waivers for 1995. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 53D. Inflation-Adjusted Long Term Services and Support Expenditures for the United States, 1996 – 2000 (in 2014 Dollars)

| Service Type | FY 1996 | Percent Change 95-96 | FY 1997 | Percent Change 96-97 | FY 1998 | Percent Change 97-98 | FY 1999 | Percent Change 98-99 | FY 2000 | Percent Change 99-00 |
|---|--------------------------|----------------------|--------------------------|----------------------|--------------------------|----------------------|--------------------------|----------------------|--------------------------|----------------------|
| Total-Older People, People with PD | \$52,881,134,475 | 0.6 | \$55,232,262,559 | 4.4 | \$57,952,657,947 | 4.9 | \$60,869,932,369 | 5.0 | \$64,810,451,795 | 6.5 |
| Nursing facilities | \$43,940,044,374 | 0.4 | \$45,283,599,070 | 3.1 | \$47,218,646,309 | 4.3 | \$49,402,550,007 | 4.6 | \$52,539,188,790 | 6.3 |
| Personal care | \$4,199,176,675 | -3.2 | \$4,591,715,905 | 9.3 | \$4,937,844,937 | 7.5 | \$4,957,174,688 | 0.4 | \$5,273,854,831 | 6.4 |
| 1915(c) waivers - AD | \$1,814,689,822 | 7.5 | \$2,309,202,982 | 27.3 | \$2,741,366,745 | 18.7 | \$3,457,828,613 | 26.1 | \$3,936,334,195 | 13.8 |
| Home health | \$2,927,223,604 | 5.3 | \$3,047,744,602 | 4.1 | \$3,054,799,956 | 0.2 | \$3,049,753,015 | -0.2 | \$3,054,289,327 | 0.1 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | n/a | n/a | n/a | n/a | n/a | n/a | \$2,626,045 | n/a | \$6,784,652 | 158.4 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$20,420,587,343 | 3.1 | \$22,744,421,631 | 11.4 | \$23,655,225,473 | 4.0 | \$24,522,552,045 | 3.7 | \$25,931,219,676 | 5.7 |
| ICF/IID - public | \$13,733,104,634 | -0.9 | \$8,693,645,525 | -36.7 | \$8,289,085,736 | -4.7 | \$7,898,433,271 | -4.7 | \$7,932,198,469 | 0.4 |
| ICF/IID - private | n/a | n/a | \$5,220,522,682 | n/a | \$5,278,439,779 | 1.1 | \$5,180,960,999 | -1.8 | \$5,281,297,515 | 1.9 |
| 1915(c) waivers - DD | \$6,687,482,709 | 12.4 | \$8,830,253,423 | 32.0 | \$10,087,699,959 | 14.2 | \$11,443,157,776 | 13.4 | \$12,717,723,692 | 11.1 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$8,457,258,373 | -10.8 | \$8,068,004,766 | -4.6 | \$7,750,834,721 | -3.9 | \$7,909,902,496 | 2.1 | \$7,605,108,450 | -3.9 |
| Mental health facilities | \$3,874,292,207 | 0.0 | \$3,338,461,491 | -13.8 | \$3,186,596,491 | -4.5 | \$3,269,311,603 | 2.6 | \$3,426,579,441 | 4.8 |
| Mental health facilities-DSH | \$4,579,333,933 | -18.2 | \$4,723,721,796 | 3.2 | \$4,555,349,257 | -3.6 | \$4,628,284,102 | 1.6 | \$4,157,520,866 | -10.2 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$3,632,233 | -23.0 | \$5,821,479 | 60.3 | \$8,888,973 | 52.7 | \$12,306,792 | 38.5 | \$21,008,142 | 70.7 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$219,993,082 | 36.3 | \$2,174,629,656 | 888.5 | \$2,154,876,228 | -0.9 | \$2,304,223,952 | 6.9 | \$2,569,429,790 | 11.5 |
| Case management | n/a | n/a | \$1,914,920,338 | n/a | \$1,927,789,500 | 0.7 | \$2,079,525,757 | 7.9 | \$2,314,368,967 | 11.3 |
| 1915(c) waivers - Other | \$219,993,082 | 36.3 | \$259,709,318 | 18.1 | \$227,086,728 | -12.6 | \$224,698,195 | -1.1 | \$255,060,823 | 13.5 |
| HCBS - managed care authorities - Other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – Unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP Demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$81,978,973,273 | 0.0 | \$88,219,318,611 | 7.6 | \$91,513,594,369 | 3.7 | \$95,606,610,863 | 4.5 | \$100,916,209,711 | 5.6 |
| Total Institutional LTSS | \$66,126,775,147 | -1.4 | \$67,259,950,564 | 1.7 | \$68,528,117,571 | 1.9 | \$70,379,539,982 | 2.7 | \$73,336,785,082 | 4.2 |
| Total HCBS | \$15,852,198,126 | 6.2 | \$20,959,368,047 | 32.2 | \$22,985,476,797 | 9.7 | \$25,227,070,881 | 9.8 | \$27,579,424,629 | 9.3 |
| Total Medicaid (all services) | \$218,270,111,637 | 0.0 | \$223,067,413,663 | 2.2 | \$230,881,884,724 | 3.5 | \$244,533,337,706 | 5.9 | \$257,959,505,022 | 5.5 |

| Percentages | FY 1996 | FY 1997 | FY 1998 | FY 1999 | FY 2000 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 37.6% | 39.5% | 39.6% | 39.1% | 39.1% |
| Percentage of LTSS that is HCBS | 19.3% | 23.8% | 25.1% | 26.4% | 27.3% |
| Percentage of LTSS that is HCBS - AD | 16.9% | 18.0% | 18.5% | 18.8% | 18.9% |
| Percentage of LTSS that is HCBS - DD | 32.7% | 38.8% | 42.6% | 46.7% | 49.0% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.0% | 0.1% | 0.1% | 0.2% | 0.3% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included except for 1915(c) waivers. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

All ICF/IID expenditures before 1997 are shown in "ICF/IID – public." Distinct data for public and private facilities were not available before 1997.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 53E. Inflation-Adjusted Long Term Services and Support Expenditures for the United States, 2001 – 2005 (in 2014 Dollars)

| Service Type | FY 2001 | Percent Change 00-01 | FY 2002 | Percent Change 01-02 | FY 2003 | Percent Change 02-03 | FY 2004 | Percent Change 03-04 | FY 2005 | Percent Change 04-05 |
|---|--------------------------|----------------------|--------------------------|----------------------|--------------------------|----------------------|--------------------------|----------------------|--------------------------|----------------------|
| Total-Older People, People with PD | \$70,911,695,611 | 9.4 | \$75,888,980,429 | 7.0 | \$74,201,115,842 | -2.2 | \$76,608,780,225 | 3.2 | \$78,344,569,644 | 2.3 |
| Nursing facilities | \$55,450,180,915 | 5.5 | \$59,284,137,857 | 6.9 | \$56,012,481,879 | -5.5 | \$55,911,998,797 | -0.2 | \$56,106,100,174 | 0.3 |
| Personal care | \$7,620,810,235 | 44.5 | \$8,047,321,384 | 5.6 | \$9,143,012,979 | 13.6 | \$9,893,807,909 | 8.2 | \$11,171,052,707 | 12.9 |
| 1915(c) waivers - AD | \$4,483,537,529 | 13.9 | \$4,994,677,119 | 11.4 | \$5,344,275,639 | 7.0 | \$6,091,799,209 | 14.0 | \$6,222,003,947 | 2.1 |
| Home health | \$3,338,931,956 | 9.3 | \$3,533,896,435 | 5.8 | \$3,626,783,404 | 2.6 | \$4,170,737,209 | 15.0 | \$4,201,723,186 | 0.7 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| PACE | \$18,234,977 | 168.8 | \$28,947,633 | 58.7 | \$74,561,941 | 157.6 | \$449,126,799 | 502.4 | \$567,828,984 | 26.4 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$87,599,401 | n/a | \$71,767,409 | -18.1 |
| Personal care - 1915(j) | n/a | n/a | n/a | n/a | n/a | n/a | \$3,710,902 | n/a | \$4,093,239 | 10.3 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with DD | \$27,561,639,156 | 6.3 | \$30,922,299,598 | 12.2 | \$32,634,712,418 | 5.5 | \$34,890,453,865 | 6.9 | \$35,202,042,423 | 0.9 |
| ICF/IID - public | \$8,030,204,152 | 1.2 | \$8,935,153,172 | 11.3 | \$9,069,942,300 | 1.5 | \$9,373,396,559 | 3.3 | \$9,373,817,837 | 0.0 |
| ICF/IID - private | \$5,402,989,848 | 2.3 | \$5,614,405,922 | 3.9 | \$5,610,287,578 | -0.1 | \$5,511,412,995 | -1.8 | \$5,377,053,866 | -2.4 |
| 1915(c) waivers - DD | \$14,128,445,156 | 11.1 | \$16,372,740,504 | 15.9 | \$17,954,482,540 | 9.7 | \$20,005,644,311 | 11.4 | \$20,451,170,720 | 2.2 |
| HCBS - managed care authorities - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-People with SMI or SED | \$7,620,874,873 | 0.2 | \$10,004,826,564 | 31.3 | \$9,424,641,554 | -5.8 | \$10,041,356,886 | 6.5 | \$9,164,938,648 | -8.7 |
| Mental health facilities | \$3,274,011,573 | -4.5 | \$5,596,109,128 | 70.9 | \$5,739,341,020 | 2.6 | \$5,950,414,761 | 3.7 | \$5,135,441,757 | -13.7 |
| Mental health facilities-DSH | \$4,314,226,263 | 3.8 | \$4,367,379,120 | 1.2 | \$3,640,085,695 | -16.7 | \$4,045,162,045 | 11.1 | \$3,981,815,438 | -1.6 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 1915(c) waivers - SMI or SED | \$32,637,038 | 55.4 | \$41,338,316 | 26.7 | \$45,214,838 | 9.4 | \$45,780,080 | 1.3 | \$47,681,453 | 4.2 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total-Other/Multiple Populations | \$3,182,837,056 | 23.9 | \$3,485,147,102 | 9.5 | \$3,819,641,663 | 9.6 | \$3,706,624,967 | -3.0 | \$3,734,735,531 | 0.8 |
| Case management | \$2,611,578,666 | 12.8 | \$3,073,623,602 | 17.7 | \$3,454,062,315 | 12.4 | \$3,317,363,106 | -4.0 | \$3,310,926,478 | -0.2 |
| 1915(c) waivers - Other | \$571,258,390 | 124.0 | \$411,523,501 | -28.0 | \$365,579,348 | -11.2 | \$389,261,861 | 6.5 | \$423,809,052 | 8.9 |
| HCBS - managed care authorities - Other | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – Unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP Demonstration | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total LTSS | \$109,277,046,696 | 8.3 | \$120,301,253,692 | 10.1 | \$120,080,111,477 | -0.2 | \$125,247,215,943 | 4.3 | \$126,446,286,245 | 1.0 |
| Total Institutional LTSS | \$76,471,612,750 | 4.3 | \$83,797,185,198 | 9.6 | \$80,072,138,473 | -4.4 | \$80,792,385,156 | 0.9 | \$79,974,229,071 | -1.0 |
| Total HCBS | \$32,805,433,946 | 18.9 | \$36,504,068,494 | 11.3 | \$40,007,973,004 | 9.6 | \$44,454,830,787 | 11.1 | \$46,472,057,174 | 4.5 |
| Total Medicaid (all services) | \$278,481,262,245 | 8.0 | \$311,225,870,287 | 11.8 | \$330,372,317,644 | 6.2 | \$348,469,982,583 | 5.5 | \$359,960,288,106 | 3.3 |

| Percentages | FY 2001 | FY 2002 | FY 2003 | FY 2004 | FY 2005 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 39.2% | 38.7% | 36.3% | 35.9% | 35.1% |
| Percentage of LTSS that is HCBS | 30.0% | 30.3% | 33.3% | 35.5% | 36.8% |
| Percentage of LTSS that is HCBS - AD | 21.8% | 21.9% | 24.5% | 27.0% | 28.4% |
| Percentage of LTSS that is HCBS - DD | 51.3% | 52.9% | 55.0% | 57.3% | 58.1% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.4% | 0.4% | 0.5% | 0.5% | 0.5% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments were included starting in 1995 for Section 1915(c) waivers, in 2002 for nursing facilities, personal care, ICF/IID, and mental health facilities (including DSH); and in 2004 for PACE. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 53F. Inflation-Adjusted Long Term Services and Support Expenditures for the United States, 2006 – 2010 (in 2014 Dollars)

| Service Type | FY 2006 | Percent Change 05-06 | FY 2007 | Percent Change 06-07 | FY 2008 | Percent Change 07-08 | FY 2009 | Percent Change 08-09 | FY 2010 | Percent Change 09-10 |
|---|--------------------------|----------------------|--------------------------|----------------------|--------------------------|----------------------|--------------------------|----------------------|--------------------------|----------------------|
| Total-Older People, People with PD | \$77,725,799,744 | -0.8 | \$77,653,706,156 | -0.1 | \$84,317,867,339 | 8.6 | \$87,772,609,788 | 4.1 | \$88,650,390,033 | 1.0 |
| Nursing facilities | \$54,684,983,325 | -2.5 | \$52,607,154,785 | -3.8 | \$54,903,720,107 | 4.4 | \$56,198,329,337 | 2.4 | \$55,703,370,702 | -0.9 |
| Personal care | \$11,499,328,669 | 2.9 | \$12,540,879,981 | 9.1 | \$14,528,427,913 | 15.8 | \$15,073,744,800 | 3.8 | \$15,572,376,783 | 3.3 |
| 1915(c) waivers - AD | \$6,607,977,761 | 6.2 | \$7,413,537,197 | 12.2 | \$8,770,557,899 | 18.3 | \$9,939,602,339 | 13.3 | \$9,500,299,999 | -4.4 |
| Home health | \$4,291,939,103 | 2.1 | \$4,422,437,681 | 3.0 | \$5,038,863,694 | 13.9 | \$5,292,742,798 | 5.0 | \$5,696,325,824 | 7.6 |
| Community first choice | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| HCBS - managed care authorities - AD | \$38,680,402 | n/a | \$47,578,010 | 23.0 | \$382,707,878 | 704.4 | \$461,191,945 | 20.5 | \$575,690,607 | 24.8 |
| PACE | \$519,421,636 | -8.5 | \$550,128,891 | 5.9 | \$661,722,680 | 20.3 | \$747,407,985 | 12.9 | \$837,983,236 | 12.1 |
| Private duty nursing | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$678,641,770 | n/a |
| HCBS - 1915(j) | \$78,661,781 | 9.6 | \$67,357,330 | -14.4 | \$30,527,023 | -54.7 | \$59,590,586 | 95.2 | \$59,880,428 | 0.5 |
| Personal care - 1915(j) | \$4,807,067 | 17.4 | \$4,632,281 | -3.6 | \$1,340,145 | -71.1 | \$0 | -100.0 | \$23,522,994 | 100.0 |
| HCBS - 1915(i) - AD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$2,297,688 | n/a |
| Total-People with DD | \$37,032,841,312 | 5.2 | \$37,440,313,195 | 1.1 | \$39,661,780,851 | 5.9 | \$43,042,719,724 | 8.5 | \$44,933,887,581 | 4.4 |
| ICF/IID - public | \$9,325,102,826 | -0.5 | \$8,760,286,501 | -6.1 | \$8,829,691,288 | 0.8 | \$9,270,063,947 | 5.0 | \$9,448,391,403 | 1.9 |
| ICF/IID - private | \$5,616,988,137 | 4.5 | \$5,141,771,737 | -8.5 | \$5,408,764,208 | 5.2 | \$5,377,581,524 | -0.6 | \$5,467,794,014 | 1.7 |
| 1915(c) waivers - DD | \$22,090,750,349 | 8.0 | \$23,538,254,957 | 6.6 | \$24,586,822,586 | 4.5 | \$27,520,380,550 | 11.9 | \$28,595,399,458 | 3.9 |
| HCBS- managed care authorities - DD | \$0 | n/a | \$0 | n/a | \$836,502,769 | n/a | \$874,693,703 | n/a | \$1,099,048,835 | n/a |
| HCBS - 1915(i) - DD | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$323,253,871 | n/a |
| Total-People with SMI or SED | \$7,796,433,995 | -14.9 | \$7,751,033,012 | -0.6 | \$7,533,802,688 | -2.8 | \$7,357,330,932 | -2.3 | \$10,253,259,287 | 39.4 |
| Mental health facilities | \$3,972,091,788 | -22.7 | \$4,108,016,889 | 3.4 | \$3,813,890,000 | -7.2 | \$3,676,524,349 | -3.6 | \$3,951,788,623 | 7.5 |
| Mental health facilities-DSH | \$3,766,268,796 | -5.4 | \$3,585,833,146 | -4.8 | \$3,680,165,024 | 2.6 | \$3,623,817,657 | -1.5 | \$3,391,809,247 | -6.4 |
| Rehabilitative services | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$2,819,430,844 | n/a |
| 1915(c) waivers - SMI or SED | \$58,073,411 | 21.8 | \$57,182,977 | -1.5 | \$39,747,663 | -30.5 | \$56,988,926 | 43.4 | \$85,214,098 | 49.5 |
| HCBS - 1915(i) - SMI or SED | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | \$5,016,475 | n/a |
| Total-Other/Multiple Populations | \$3,977,888,385 | 6.5 | \$3,507,536,281 | -11.8 | \$3,803,375,727 | 8.4 | \$4,574,743,925 | 20.3 | \$5,611,289,147 | 22.7 |
| Case management | \$3,252,382,608 | -1.8 | \$3,034,491,755 | -6.7 | \$3,113,743,680 | 2.6 | \$3,496,853,013 | 12.3 | \$3,567,925,484 | 2.0 |
| 1915(c) waivers - Other | \$725,505,776 | 71.2 | \$473,044,525 | -34.8 | \$669,494,484 | 41.5 | \$759,095,409 | 13.4 | \$1,820,366,438 | 139.8 |
| HCBS- managed care authorities - Other | \$0 | n/a | \$0 | n/a | \$8,127,150 | n/a | \$225,238,731 | n/a | \$11,987,674 | n/a |
| Health homes | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Institutional MLTSS – Unspecified | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| MFP Demonstration | n/a | n/a | n/a | n/a | \$12,010,413 | n/a | \$93,556,771 | n/a | \$211,009,550 | n/a |
| Total LTSS | \$126,532,963,435 | 0.1 | \$126,352,588,644 | -0.1 | \$135,316,826,604 | 7.1 | \$142,747,404,370 | 5.5 | \$149,448,826,047 | 4.7 |
| Total Institutional LTSS | \$77,365,434,872 | -3.3 | \$74,203,063,059 | -4.1 | \$76,636,230,628 | 3.3 | \$78,146,316,813 | 2.0 | \$77,963,153,989 | -0.2 |
| Total HCBS | \$49,167,528,563 | 5.8 | \$52,149,525,586 | 6.1 | \$58,680,595,976 | 12.5 | \$64,601,087,556 | 10.1 | \$71,485,672,059 | 10.7 |
| Total Medicaid (all services) | \$346,760,440,953 | -3.7 | \$354,390,951,624 | 2.2 | \$369,269,922,774 | 4.2 | \$402,896,150,069 | 9.1 | \$420,616,234,077 | 4.4 |

| Percentages | FY 2006 | FY 2007 | FY 2008 | FY 2009 | FY 2010 |
|--|---------|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 36.5% | 35.7% | 36.6% | 35.4% | 35.5% |
| Percentage of LTSS that is HCBS | 38.9% | 41.3% | 43.4% | 45.3% | 47.8% |
| Percentage of LTSS that is HCBS - AD | 29.6% | 32.3% | 34.9% | 36.0% | 37.2% |
| Percentage of LTSS that is HCBS - DD | 59.7% | 62.9% | 64.1% | 66.0% | 66.8% |
| Percentage of LTSS that is HCBS - SMI or SED | 0.7% | 0.7% | 0.5% | 0.8% | 28.4% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Data before 2008 do not include state-reported managed care data. Starting in 2008, managed care data are included for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities. "n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. Prior period adjustments are not included for several categories of service until 2009. Adjustments typically increase expenditures, so data for years without adjustment data are likely lower than actual expenditures.

For data before 2009, prior period adjustments were included for the following categories of service: nursing home, personal care, Section 1915(c) waivers, PACE, ICF/IID, and mental health facilities (including DSH).

HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care. Data before 2010 include self-directed services programs that started under Section 1115 before Congress passed Section 1915(j).

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.

Table 53G. Inflation-Adjusted Long Term Services and Support Expenditures for the United States, 2011 – 2014 (in 2014 Dollars)

| Service Type | FY 2011 | Percent Change 10-11 | FY 2012 | Percent Change 11-12 | FY 2013 | Percent Change 12-13 | FY 2014 | Percent Change 13-14 |
|---|--------------------------|----------------------|--------------------------|----------------------|--------------------------|----------------------|--------------------------|----------------------|
| Total-Older People, People with PD | \$89,106,118,788 | 0.5 | \$88,280,456,700 | -0.9 | \$90,817,536,793 | 2.9 | \$93,056,715,452 | 2.5 |
| Nursing facilities | \$55,079,507,809 | -1.1 | \$53,984,076,655 | -2.0 | \$54,259,897,991 | 0.5 | \$55,154,595,336 | 1.6 |
| Personal care | \$14,916,745,805 | -4.2 | \$11,293,443,521 | -24.3 | \$12,305,899,055 | 9.0 | \$14,449,816,913 | 17.4 |
| 1915(c) waivers - AD | \$10,318,983,910 | 8.6 | \$10,336,284,149 | 0.2 | \$10,871,985,818 | 5.2 | \$10,399,245,665 | -4.3 |
| Home health | \$5,825,195,312 | 2.3 | \$5,325,620,235 | -8.6 | \$4,983,871,687 | -6.4 | \$4,648,952,625 | -6.7 |
| Community first choice | n/a | n/a | \$4,376,416,870 | n/a | \$4,711,148,264 | 7.6 | \$4,398,699,653 | -6.6 |
| HCBS - managed care authorities - AD | \$746,222,028 | 29.6 | \$937,375,552 | 25.6 | \$1,520,954,660 | 62.3 | \$1,476,955,467 | -2.9 |
| PACE | \$954,446,313 | 13.9 | \$1,092,646,059 | 14.5 | \$1,197,804,367 | 9.6 | \$1,359,210,167 | 13.5 |
| Private duty nursing | \$822,252,355 | 21.2 | \$728,288,381 | -11.4 | \$781,119,570 | 7.3 | \$807,203,965 | 3.3 |
| HCBS - 1915(j) | \$75,525,406 | 26.1 | \$66,225,862 | -12.3 | \$61,935,566 | -6.5 | \$257,438,410 | 315.7 |
| Personal care - 1915(j) | \$364,296,134 | 1448.7 | \$137,140,186 | -62.4 | \$120,511,477 | -12.1 | \$102,428,628 | -15.0 |
| HCBS - 1915(i) - AD | \$2,943,715 | 28.1 | \$2,939,230 | -0.2 | \$2,408,337 | -18.1 | \$2,168,623 | -10.0 |
| Total-People with DD | \$42,794,645,164 | -4.8 | \$44,044,607,114 | 2.9 | \$42,885,004,625 | -2.6 | \$41,763,206,029 | -2.6 |
| ICF/IID - public | \$7,126,191,418 | -24.6 | \$8,141,494,520 | 14.2 | \$6,171,850,466 | -24.2 | \$5,260,525,765 | -14.8 |
| ICF/IID - private | \$5,692,733,898 | 4.1 | \$5,523,426,352 | -3.0 | \$5,482,154,325 | -0.7 | \$5,098,477,649 | -7.0 |
| 1915(c) waivers - DD | \$28,609,495,802 | 0.0 | \$29,300,682,230 | 2.4 | \$29,592,686,146 | 1.0 | \$29,946,240,806 | 1.2 |
| HCBS- managed care authorities - DD | \$1,114,895,897 | 1.4 | \$1,067,446,896 | -4.3 | \$1,107,860,984 | 3.8 | \$1,183,217,030 | 6.8 |
| HCBS - 1915(i) - DD | \$251,328,149 | -22.3 | \$11,557,115 | -95.4 | \$530,452,705 | 4489.8 | \$274,744,779 | -48.2 |
| Total-People with SMI or SED | \$9,907,988,753 | -3.4 | \$9,501,465,695 | -4.1 | \$9,601,145,453 | 1.0 | \$8,866,857,652 | -7.6 |
| Mental health facilities | \$3,725,332,133 | -5.7 | \$3,418,053,136 | -8.2 | \$3,256,060,869 | -4.7 | \$2,712,315,492 | -16.7 |
| Mental health facilities-DSH | \$3,208,675,471 | -5.4 | \$3,054,615,286 | -4.8 | \$2,961,241,888 | -3.1 | \$2,544,173,791 | -14.1 |
| Rehabilitative services | \$2,844,742,575 | 0.9 | \$2,850,509,601 | 0.2 | \$3,139,684,205 | 10.1 | \$3,300,202,454 | 5.1 |
| 1915(c) waivers - SMI or SED | \$125,054,866 | 46.8 | \$149,616,966 | 19.6 | \$150,485,522 | 0.6 | \$210,858,308 | 40.1 |
| HCBS - 1915(i) - SMI or SED | \$4,281,961 | -14.6 | \$28,670,706 | 569.6 | \$93,672,970 | 226.7 | \$99,307,607 | 6.0 |
| Total-Other/Multiple Populations | \$4,293,582,053 | -23.5 | \$4,128,380,297 | -3.8 | \$5,097,173,402 | 23.5 | \$8,183,335,401 | 60.5 |
| Case management | \$3,108,357,091 | -12.9 | \$2,855,834,597 | -8.1 | \$2,551,297,379 | -10.7 | \$2,706,911,749 | 6.1 |
| 1915(c) waivers - Other | \$848,935,104 | -53.4 | \$855,937,945 | 0.8 | \$830,222,839 | -3.0 | \$940,355,525 | 13.3 |
| HCBS- managed care authorities - Other | \$32,716,767 | 172.9 | \$8,039,199 | -75.4 | \$793,945,924 | 9775.9 | \$3,215,641,627 | 305.0 |
| Health homes | n/a | n/a | \$118,473,781 | n/a | \$400,853,981 | 238.3 | \$448,068,786 | 11.8 |
| Institutional MLTSS – Unspecified | n/a | n/a | n/a | n/a | \$140,193,919 | n/a | \$450,112,388 | n/a |
| MFP Demonstration | \$303,573,091 | 43.9 | \$290,094,774 | -4.4 | \$380,659,359 | 31.2 | \$422,245,326 | 10.9 |
| Total LTSS | \$146,102,334,757 | -2.2 | \$145,954,909,806 | -0.1 | \$148,400,860,273 | 1.7 | \$151,870,114,534 | 2.3 |
| Total Institutional LTSS | \$74,832,440,730 | -4.0 | \$74,121,665,950 | -0.9 | \$72,271,399,457 | -2.5 | \$71,220,200,421 | -1.5 |
| Total HCBS | \$71,269,894,028 | -0.3 | \$71,833,243,856 | 0.8 | \$76,129,460,816 | 6.0 | \$80,649,914,113 | 5.9 |
| Total Medicaid (all services) | \$436,083,619,278 | 3.7 | \$433,898,190,896 | -0.5 | \$443,051,163,196 | 2.1 | \$471,006,721,436 | 6.3 |

| Percentages | FY 2011 | FY 2012 | FY 2013 | FY 2014 |
|--|---------|---------|---------|---------|
| Total LTSS as a Percentage of Total Medicaid | 33.5% | 33.6% | 33.5% | 32.2% |
| Percentage of LTSS that is HCBS | 48.8% | 49.2% | 51.3% | 53.1% |
| Percentage of LTSS that is HCBS - AD | 38.2% | 38.8% | 40.3% | 40.7% |
| Percentage of LTSS that is HCBS - DD | 70.0% | 69.0% | 72.8% | 75.2% |
| Percentage of LTSS that is HCBS - SMI or SED | 30.0% | 31.9% | 35.2% | 40.7% |

Notes:

Expenditures are total Medicaid spending, including both federal and state payments.

Data for several states include expenditures for Medicaid Upper Payment Limit programs or provider taxes.

Managed care data are included only for nursing facilities, ICF/IID, personal care, home health, 1915(c) waivers and HCBS – managed care authorities.

"n/a" indicates data were not available. Data may be unavailable because the type of service did not yet exist, the CMS-64 did not separately report this type of service, or Truven Health did not yet have the necessary CMS-64 data. HCBS - managed care authorities refers to services under Sections 1115, 1915(a), 1915(b) and 1932(a) not included in other categories of service. These data include fee-for-service 1115 programs in Rhode Island and Vermont.

Personal care – 1915(j) refers to Section 1915(j) programs that offer an alternative to personal care.

Institutional MLTSS - unspecified refers to institutional LTSS provided through managed care organizations and reported on the CMS-64. The CMS-64 does not specify the type of institutional LTSS.

Data for rehabilitative services, private duty nursing, and services authorized under 1915(i) were not available before 2010.