



**Weathering the Storm: The Impact of the Great
Recession on Long-Term Services and Supports**
STATE PROFILES

Jenna Walls
Kathleen Gifford
Catherine Rudd
Health Management Associates

Rex O'Rourke
Martha Roherty
Lindsey Copeland
National Association of States
United for Aging and Disabilities

Wendy Fox-Grage
AARP Public Policy Institute

TABLE OF CONTENTS

Introduction	
Alabama.....	1
Alaska	5
Arizona.....	9
Arkansas	13
California	17
Colorado	21
Connecticut	25
Delaware	29
District of Columbia.....	33
Florida.....	37
Georgia	41
Hawaii.....	45
Idaho.....	49
Illinois	53
Indiana.....	57
Iowa	61
Kansas.....	65
Kentucky	69
Louisiana.....	73
Maine.....	77
Maryland	81
Massachusetts.....	85
Michigan	89
Minnesota	93
Mississippi	98
Missouri.....	102
Montana	106
Nebraska.....	110
Nevada.....	114
New Hampshire.....	118
New Jersey.....	122
New Mexico.....	126
New York	130
North Carolina	134
North Dakota	138
Ohio	142
Oklahoma	146
Oregon.....	150
Pennsylvania.....	154
Rhode Island	158
South Carolina	162
Tennessee.....	166
Texas.....	171
Utah	175
Vermont.....	179
Virginia.....	183
Washington	187
West Virginia	191
Wisconsin	195
Wyoming	199

INTRODUCTION

Weathering the Storm: The Impact of the Great Recession on Long-Term Services and Supports is the most comprehensive analysis to date on the budget cuts to both Medicaid and non-Medicaid funded long-term services and supports (LTSS) in each state. It also illustrates state-by-state how LTSS are financed. In addition, this study provides a very early snapshot of the likelihood of states pursuing some of the LTSS provisions within the Affordable Care Act (ACA).

Weathering the Storm contains several components:

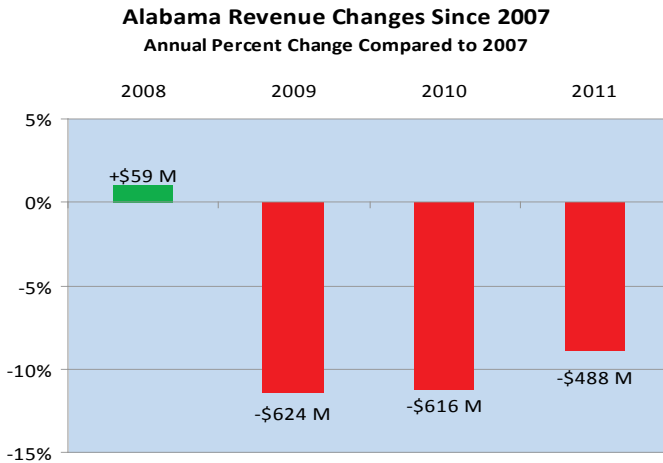
- The full report with an overview of findings and state-by-state tables;
- State profiles, which are 4 to 5 pages in length, for each state that participated in the study;
- An In Brief, which is a short synopsis; and
- A videotaped interview about the key findings.

Hard copies of *Weathering the Storm* are available free of charge. To order, please call the AARP Public Policy Institute at (202) 434-3890 or email jgasaway@aarp.org.

All of the components of *Weathering the Storm* are also available on the web and can be found at www.aarp.org/ppi, www.nasuad.org, and www.healthmanagement.com.

ALABAMA

TAX COLLECTIONS



Source: HMA analysis of state tax collection data from the National Association of State Budget Officers (NASBO), Spring Fiscal Survey of States, 2008 (for baseline 2007 data); Spring Fiscal Survey of States, 2009 (for 2008 data) and Spring Fiscal Survey of States, 2010 (for 2009 actual, 2010 estimated, and 2011 projected). Revenue represents the following taxes if collected by the state: **Personal Income, Corporate, and Sales**. Percent change and change in amount collected (in millions) represents the divergence between the state fiscal year noted and baseline SFY 2007.

ARRA FUNDING

IMPACT OF ARRA ENHANCED MEDICAID FMAP EXPIRATION

- State officials note that without the ARRA extension, an additional \$1.5 million in state match would have been needed, and the number of clients served would have been reduced.
- With enhanced FMAP expiration, Alabama will have to fund services through existing revenues or cut services.

PREDICTED IMPACT OF THE EXPIRATION OF THE ARRA NUTRITION FUNDING

- Waiting lists will increase.

STATE UNIT ON AGING AND DISABILITY (NON-MEDICAID) SERVICES

STATE UNIT ON AGING NUMBER SERVED (UNDUPLICATED)

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (projected)	% Change SFY 2009–2011
84,415	88,877	90,000	7%

STATE UNIT ON AGING TOTAL EXPENDITURE REDUCTIONS – ACTION TAKEN

SFY 2009–2010	SFY 2010–2011
11%–15%	Don't Know

STATE UNIT ON AGING SERVICE DEMAND AND EXPENDITURE CHANGES

Program	Change in Expenditures		Change in Service Requests
	SFY 2009–2010	SFY 2010–2011	SFY 2009–2010
Adult Foster Care	NA	NA	+
Adult Day Care	NA	NA	+
Adult Protective Services	NA	NA	+
Assisted Living	NA	NA	+
Behavioral Supports	NA	NA	+
Case Management	0	0	+
Chore	0	0	+
Community Transition	NA	NA	+
Congregate Meals	+	+	0
Day Habilitation	NA	NA	DK
Disease Prevention/Health Promotion	0	+	+
Elder Abuse Prevention	0	0	+
Environmental Modifications	NA	NA	+
Equipment and Supplies	NA	NA	+
Family Caregiver Support	0	+	+
Food Stamps/Supplemental Nutrition Assistance Program			+
Foreclosure Counseling	NA	NA	+
Homemaker	0	0	+
Home-Delivered Meals	+	+	+
Housing Assistance	NA	NA	+
Information and Referral	NA	NA	+
Legal Assistance Development	0	0	0
LIHEAP			+
Long-Term Care Ombudsman*	0	0	+
Nutritional Supplements	0	0	0
Occupational Therapy	NA	NA	+
Personal Care/Assistance	NA	NA	+
Physical Therapy	NA	NA	+
Recreational Therapy	NA	NA	DK
Residential Habilitation	NA	NA	+
Respite	0	+	+
Senior Community Service Employment Program	+	0	0
Senior Centers	0	0	-
Speech Therapy	NA	NA	DK
State Adult Guardianship Program	NA	NA	DK
State Pharmaceutical Assistance	-	0	+
Supported Employment	NA	NA	DK
Supported Living	NA	NA	+
Transportation	0	0	+
+ Expenditure/demand increase	0	No change in expenditure/demand	DK Don't know
- Expenditure/demand decrease	NA	Program not administered by SUA	

- The ombudsman program has seen an increase in financial exploitation of people in nursing homes applying for Medicaid after spend-down of personal finances.
- All agencies are seeing increased demand in services for older individuals and people with disabilities to help them remain in their homes.

ALABAMA

STATE UNIT ON AGING NON-MEDICAID HCBS EXPENDITURES

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (appropriation)	% Change SFY 2009–2010
None Listed	None Listed	None Listed	NA

MEDICAID LONG-TERM SERVICES & SUPPORTS

NUMBER OF BENEFICIARIES: WAIVERS & NURSING FACILITIES

Waiver Name	Avg. Daily Caseload			% Change
	SFY 2009	SFY 2010	SFY 2011 (planned)	SFY 2009–2010
Elderly and Disabled Waiver (Alabama Department of Senior Services)	4,312	4,346	4,553	1%
Elderly and Disabled Waiver (Alabama Department of Public Health)	4,382	4,436	4,652	1%
Nursing Facility Services	Avg. Daily Census 2010		Expected Change 2011	
NF Average Daily Census*	15,000		Decrease	

- Nursing facility census is decreasing, and the state expects this trend to continue.
- Nursing facility census data represent average monthly census.

LTSS EXPENDITURES (FEDERAL AND STATE)

Service	SFY 2009	SFY 2010 (Estimate)	SFY 2011 (Appropriation)	% Change SFY 2009–2010
HCBS Waivers (For Older People and Adults with Physical Disabilities)	\$90,256,853	\$90,729,775	\$85,848,621	1%
Medicaid LTSS State Plan*	\$76,980,247	\$77,562,976	\$91,592,899	1%
Nursing Facility	\$875,698,124	\$875,903,315	\$880,899,725	0%

* Increase in LTSS state plan appropriation reflects priority to maintain individuals in the community and shift resources from nursing facility care. The appropriation includes home health, durable medical equipment, and community hospice.

LTSS PROVIDER PAYMENT RATE CHANGES

Provider Type	SFY 2009–2010 % change	SFY 2010–2011 % change
Nursing Home	0	0
Home Health	0	0
Personal Care Services	0	0
HCBS Waiver Services	0	0
+ Provider rate increase - Provider rate decrease 0 No change in provider rate		NA Not applicable



OPTIONS, OUTLOOK, AND PROMISING PRACTICES

The Medicaid agency and State Unit on Aging were asked about their intent to pursue options under health care reform, to provide their thoughts on the outlook for LTSS, and to share promising practices in their state. This section combines information from both agencies if both agencies responded.

See the Overview for descriptions of these provisions.

State's Intent to Pursue LTSS Provisions in the Affordable Care Act	Very Likely	Somewhat Likely	Not Likely	Don't Know
State Balancing Incentive Program		X		
Community First Choice Option		X		
Money Follows the Person Demonstration				
1. Apply for new program		X		
2. Apply for extension of existing program				
Medical/Health Home Initiative				
1. Agency applying for planning grant		X		
2. State plan amendment to establish medical/health home services		X		
3. Apply to establish community health teams		X		

STATE PRIORITIES: 18–24 MONTHS

- Creating Aging and Disability Resource Center (ADRC) guidelines, sustainability plan, and expansion statewide.
- Embedding more consumer-directed services in the long-term services and supports(LTSS) system.
- Developing private pay options.

STATE ISSUES

- Reducing hospital readmissions and premature nursing home admissions.
- Understanding changes in health care delivery and how they affect provision of services to seniors.
- Dealing with the expiration of enhanced FMAP.
- Sustaining shift to home and community-based services (HCBS) with limited revenue.

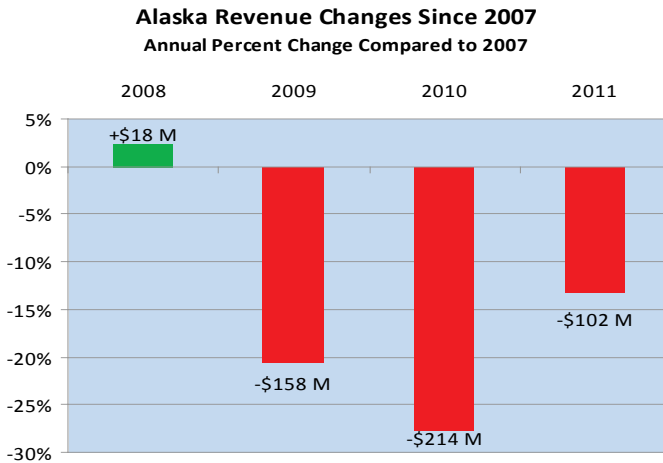
STATE PROMISING PRACTICES

- Alabama Connect, the state's virtual ADRC.
- Project Hope, the state's caregiver training program.
- Interagency efforts for LTSS balancing.
- Through the State Health Insurance Assistance Program (SHIP), Alabama increased its outreach and enrollment for Medicare and the Medicare Part D Low Income Subsidy program by utilizing geographic information systems (GIS) mapping to identify areas in the state where high clusters of eligible, but not enrolled beneficiaries are located, and then targeted outreach in those areas to increase enrollment.

The information in this profile represents information available to state officials at a point in time. Surveys were conducted from June through September 2010. Alabama's fiscal year begins October 1 and ends September 30.

ALASKA

TAX COLLECTIONS



Source: HMA analysis of state tax collection data from the National Association of State Budget Officers (NASBO), Spring Fiscal Survey of States, 2008 (for baseline 2007 data); Spring Fiscal Survey of States, 2009 (for 2008 data) and Spring Fiscal Survey of States, 2010 (for 2009 actual, 2010 estimated, and 2011 projected). Revenue represents the following taxes if collected by the state: **Personal Income, Corporate, and Sales**. Percent change and change in amount collected (in millions) represents the divergence between the state fiscal year noted and baseline SFY 2007.

ARRA FUNDING

IMPACT OF ARRA ENHANCED MEDICAID FMAP EXPIRATION

- Anticipate no impact through SFY 2011; challenge will be after the extension ends.
- May have to reduce or modify benefit package in SFY 2012.
- May likely have to cut all provider rates—not just long-term services and supports (LTSS) providers—in SFY 2012.

PREDICTED IMPACT OF THE EXPIRATION OF THE ARRA NUTRITION FUNDING

- Too soon to tell.

STATE UNIT ON AGING AND DISABILITY (NON-MEDICAID) SERVICES

STATE UNIT ON AGING NUMBER SERVED (UNDUPLICATED)

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (projected)	% Change SFY 2009–2011
15,737	15,750	16,000	2%

STATE UNIT ON AGING TOTAL EXPENDITURE REDUCTIONS – ACTION TAKEN

SFY 2009–2010	SFY 2010–2011
None	None

STATE UNIT ON AGING SERVICE DEMAND AND EXPENDITURE CHANGES

Program	Change in Expenditures		Change in Service Requests
	SFY 2009–2010	SFY 2010–2011	SFY 2009–2010
Adult Foster Care	NA	NA	DK
Adult Day Care	0	0	+
Adult Protective Services*	+	+	+
Assisted Living	+	+	+
Behavioral Supports	NA	NA	DK
Case Management	0	0	+
Chore	0	0	+
Community Transition	+	+	+
Congregate Meals	0	0	+
Day Habilitation	NA	NA	+
Disease Prevention/Health Promotion	+	+	DK
Elder Abuse Prevention	0	0	DK
Environmental Modifications	0	0	+
Equipment and Supplies	0	0	+
Family Caregiver Support	0	0	+
Food Stamps/Supplemental Nutrition Assistance Program			+
Foreclosure Counseling	NA	NA	DK
Homemaker	0	0	+
Home-Delivered Meals	0	0	+
Housing Assistance	NA	NA	+
Information and Referral	+	+	+
Legal Assistance Development	0	0	DK
LIHEAP			+
Long-Term Care Ombudsman	0	0	+
Nutritional Supplements	NA	NA	DK
Occupational Therapy	NA	NA	DK
Personal Care/Assistance	0	0	+
Physical Therapy	0	0	DK
Recreational Therapy	0	0	DK
Residential Habilitation	0	0	+
Respite	0	0	+
Senior Community Service Employment Program	0	0	DK
Senior Centers	0	0	+
Speech Therapy	NA	NA	DK
State Adult Guardianship Program	NA	NA	DK
State Pharmaceutical Assistance	0	0	DK
Supported Employment	0	0	-
Supported Living	0	0	+
Transportation	0	0	+
+ Expenditure/demand increase	0	No change in expenditure/demand	DK Don't know
- Expenditure/demand decrease	NA	Program not administered by SUA	

* Since SFY 2009, the State Unit on Aging has received increased calls for Adult Protective Services (APS), e.g., financial exploitation, physical abuse, neglect, emotional abuse, and sexual abuse.

- Anecdotally, APS is also receiving increased calls for the population with developmental disabilities.

STATE UNIT ON AGING NON-MEDICAID HCBS EXPENDITURES

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (appropriation)	% Change SFY 2009–2010
\$3,899,826	\$3,046,776	\$3,046,776	-22%

MEDICAID LONG-TERM SERVICES & SUPPORTS

NUMBER OF BENEFICIARIES: WAIVERS & NURSING FACILITIES

Waiver Name	Avg. Daily Caseload			% Change
	SFY 2009	SFY 2010	SFY 2011 (planned)	SFY 2009– 2010
Adults with Physical Disabilities	856	947	1,040	11%
Older Alaskans	1,305	1,344	1,400	3%
Nursing Facility Services		Avg. Daily Census 2010		Expected Change 2011
NF Average Daily Census*		583		Increase

- State officials note that nursing facility census is increasing due to challenges in improving quality in assisted living and home and community-based services (HCBS).
- Nursing facility census data are for SFY 2009.

LTSS EXPENDITURES (FEDERAL AND STATE)

Service	SFY 2009	SFY 2010 (Estimate)	SFY 2011 (Appropriation)	% Change SFY 2009–2010
HCBS Waivers (For Older People and Adults with Physical Disabilities)	\$68,051,707	\$75,006,884		10%
Medicaid LTSS State Plan	\$74,623,342	\$92,533,014		24%
Nursing Facility	\$80,520,211	\$82,885,227		3%

- State officials note the economic downturn has not had the impact in Alaska that it has had in other states. The state retains adequate reserves to cover its operating budget.

LTSS PROVIDER PAYMENT RATE CHANGES

Provider Type	SFY 2009–2010 % change	SFY 2010–2011 % change
Nursing Home	0	0
Home Health	0	0
Personal Care Services*	0	+
HCBS Waiver Services	0	+
+ Provider rate increase - Provider rate decrease 0 No change in provider rate		NA Not applicable

- The state recently issued regulations for personal care and waiver services that will base provider rates on cost, which will result in an increase in rates.

OPTIONS, OUTLOOK, AND PROMISING PRACTICES

The Medicaid agency and State Unit on Aging were asked about their intent to pursue options under health care reform, to provide their thoughts on the outlook for LTSS, and to share promising practices in their state. This section combines information from both agencies if both agencies responded.

See the Overview for descriptions of these provisions.

State's Intent to Pursue LTSS Provisions in the Affordable Care Act	Very Likely	Somewhat Likely	Not Likely	Don't Know
State Balancing Incentive Program			X	
Community First Choice Option		X		
Money Follows the Person Demonstration				
1. Apply for new program				
2. Apply for extension of existing program	X			
Medical/Health Home Initiative				
1. Agency applying for planning grant		X		
2. State plan amendment to establish medical/health home services		X		
3. Apply to establish community health teams		X		

STATE PRIORITIES: 18–24 MONTHS

- Ensuring quality in assisted living facilities.
- Developing a Program of All Inclusive Care for the Elderly (PACE) program—a capitated program that integrates Medicare and Medicaid financing—in Anchorage.

STATE ISSUES

- Addressing the needs and developing wrap-around services for individuals in the community with maladaptive or severe behavior issues.

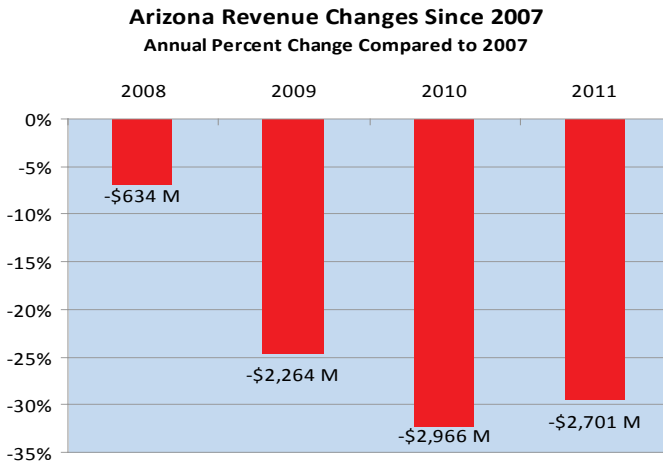
STATE PROMISING PRACTICES

- Alaska's most important initiative is developing wrap-around services for individuals in the community with maladaptive or severe behavior issues.

The information in this profile represents information available to state officials at a point in time. Surveys were conducted from June through September 2010. Alaska's fiscal year begins July 1 and ends June 30.

ARIZONA

TAX COLLECTIONS



Source: HMA analysis of state tax collection data from the National Association of State Budget Officers (NASBO), Spring Fiscal Survey of States, 2008 (for baseline 2007 data); Spring Fiscal Survey of States, 2009 (for 2008 data) and Spring Fiscal Survey of States, 2010 (for 2009 actual, 2010 estimated, and 2011 projected). Revenue represents the following taxes if collected by the state: **Personal Income, Corporate, and Sales.** Percent change and change in amount collected (in millions) represents the divergence between the state fiscal year noted and baseline SFY 2007.

ARRA FUNDING

IMPACT OF ARRA ENHANCED MEDICAID FMAP EXPIRATION

- Unknown at this time.

PREDICTED IMPACT OF THE EXPIRATION OF THE ARRA NUTRITION FUNDING

- Services will be reduced.
- Waiting lists will increase.

STATE UNIT ON AGING AND DISABILITY (NON-MEDICAID) SERVICES

STATE UNIT ON AGING NUMBER SERVED (UNDUPLICATED)

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (projected)	% Change SFY 2009–2011
143,679	280,552	280,552	51%

STATE UNIT ON AGING TOTAL EXPENDITURE REDUCTIONS – ACTION TAKEN

SFY 2009–2010	SFY 2010–2011
6%–10%	Don't Know

STATE UNIT ON AGING SERVICE DEMAND AND EXPENDITURE CHANGES

Program	Change in Expenditures		Change in Service Requests
	SFY 2009–2010	SFY 2010–2011	SFY 2009–2010
Adult Foster Care	NA	NA	DK
Adult Day Care	-	-	-
Adult Protective Services	-	0	-
Assisted Living	NA	NA	DK
Behavioral Supports	NA	NA	DK
Case Management	-	-	-
Chore	NA	NA	DK
Community Transition	NA	NA	DK
Congregate Meals	+	-	-
Day Habilitation	NA	NA	DK
Disease Prevention/Health Promotion	0	0	DK
Elder Abuse Prevention	+	+	-
Environmental Modifications	NA	NA	DK
Equipment and Supplies	NA	NA	DK
Family Caregiver Support	-	-	+
Food Stamps/Supplemental Nutrition Assistance Program			DK
Foreclosure Counseling	NA	NA	+
Homemaker	-	-	-
Home-Delivered Meals	+	-	+
Housing Assistance	NA	NA	+
Information and Referral	+	+	+
Legal Assistance Development	+	+	DK
LIHEAP			+
Long-Term Care Ombudsman	0	-	+
Nutritional Supplements	NA	NA	DK
Occupational Therapy	NA	NA	DK
Personal Care/Assistance	-	-	-
Physical Therapy	NA	NA	DK
Recreational Therapy	NA	NA	DK
Residential Habilitation	NA	NA	DK
Respite	-	-	-
Senior Community Service Employment Program	+	+	+
Senior Centers	-	-	DK
Speech Therapy	NA	NA	DK
State Adult Guardianship Program	NA	NA	DK
State Pharmaceutical Assistance	NA	NA	DK
Supported Employment	NA	NA	DK
Supported Living	NA	NA	DK
Transportation	-	-	+
+ Expenditure/demand increase	0	No change in expenditure/demand	DK Don't know
- Expenditure/demand decrease	NA	Program not administered by SUA	

STATE UNIT ON AGING NON-MEDICAID HCBS EXPENDITURES

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (appropriation)	% Change SFY 2009–2010
\$16,076,800	\$15,397,400	\$12,924,100	-4%

MEDICAID LONG-TERM SERVICES & SUPPORTS

NUMBER OF BENEFICIARIES: WAIVERS & NURSING FACILITIES

Waiver Name	Avg. Daily Caseload			% Change SFY 2009– 2010
	SFY 2009	SFY 2010	SFY 2011 (planned)	
Section 1115*	25,237	25,306		0%
Nursing Facility Services	Avg. Daily Census 2010		Expected Change 2011	
NF Average Daily Census	7,322		No change	

- Waiver caseload includes children with physical disabilities.

LTSS EXPENDITURES (FEDERAL AND STATE)

Service	SFY 2009	SFY 2010 (Estimate)	SFY 2011 (Appropriation)	% Change SFY 2009–2010
HCBS Waivers (For Older People and Adults with Physical Disabilities) *	\$337,648,343	\$314,738,914	\$328,040,695	-6.78%
Medicaid LTSS State Plan				
Nursing Facility	\$414,225,432			NA

- Waiver expenditures are reported by contract year (CY) of managed care contracts rather than state fiscal year.
- 2011 data are based on an estimate of CY 2010 projections and assumptions used to establish the capitation rate for CY 2011 and expected member months.

LTSS PROVIDER PAYMENT RATE CHANGES

Provider Type	SFY 2009–2010 % change	SFY 2010–2011 % change
Nursing Home	0	0
Home Health	-5%	-2.5%
Personal Care Services	-5%	-2.5%
HCBS Waiver Services	-5%	-2.5%
+ Provider rate increase - Provider rate decrease 0 No change in provider rate		NA Not applicable

- The state has a process to monitor member access to services and provider participation and expects no adverse impact from rate changes.

OPTIONS, OUTLOOK, AND PROMISING PRACTICES

The Medicaid agency and State Unit on Aging were asked about their intent to pursue options under health care reform, to provide their thoughts on the outlook for LTSS, and to share promising practices in their state. This section combines information from both agencies if both agencies responded.

See the Overview for descriptions of these provisions.

ARIZONA

State's Intent to Pursue LTSS Provisions in the Affordable Care Act	Very Likely	Somewhat Likely	Not Likely	Don't Know
State Balancing Incentive Program				X
Community First Choice Option	X			
Money Follows the Person Demonstration				
1. Apply for new program			X	
2. Apply for extension of existing program				
Medical/Health Home Initiative				
1. Agency applying for planning grant				X
2. State plan amendment to establish medical/health home services				X
3. Apply to establish community health teams				X

STATE PRIORITIES: 18–24 MONTHS

- Continuing to increase home and community placements.
- Improving Medicare Special Needs Plans and Medicaid coordination of care.
- Improving community transition services for nursing facility residents who want to return to a home setting.
- Expanding the Arizona Self-Directed Care Option.
- Implementing Community First Choice.

STATE ISSUES

- Potential for future rate cuts due to the significant impact in Arizona of the economic downturn.

STATE PROMISING PRACTICES

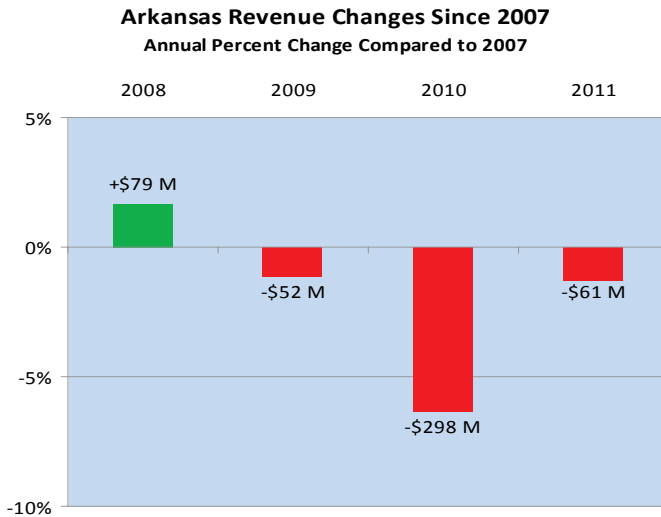
- Mandatory, full-service integration of managed LTSS.
- Managed care organization (MCO) requirement to develop network and management plans to address local community needs.
- Consumers participating in Consumer-Directed Care (CDC) option that allows them to direct their attendant caregiver to provide certain types of skilled care.
- MCO development of non-nursing facility specialty care placements in assisted living.

The information in this profile represents information available to state officials at a point in time. Surveys were conducted from June through September 2010. Arizona's fiscal year begins July 1 and ends June 30.



ARKANSAS

TAX COLLECTIONS



Source: HMA analysis of state tax collection data from the National Association of State Budget Officers (NASBO), Spring Fiscal Survey of States, 2008 (for baseline 2007 data); Spring Fiscal Survey of States, 2009 (for 2008 data) and Spring Fiscal Survey of States, 2010 (for 2009 actual, 2010 estimated, and 2011 projected). Revenue represents the following taxes if collected by the state: **Personal Income, Corporate, and Sales**. Percent change and change in amount collected (in millions) represents the divergence between the state fiscal year noted and baseline SFY 2007.

ARRA FUNDING

IMPACT OF ARRA ENHANCED MEDICAID FMAP EXPIRATION

- State officials estimated the annual enhanced FMAP value to be around \$350 million to \$400 million.
- The enhanced FMAP allowed the state to fund more home and community-based services (HCBS) and waiver slots.
- Without the ARRA FMAP, further expansion will likely not be possible.

PREDICTED IMPACT OF THE EXPIRATION OF THE ARRA NUTRITION FUNDING

- Programs and services will be reduced.
- Waiting lists will increase.
- Programs and services will be eliminated.

STATE UNIT ON AGING AND DISABILITY (NON-MEDICAID) SERVICES

STATE UNIT ON AGING NUMBER SERVED (UNDUPLICATED)

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (projected)	% Change SFY 2009–2011
162,744	170,881	179,425	10%

STATE UNIT ON AGING TOTAL EXPENDITURE REDUCTIONS – ACTION TAKEN

SFY 2009–2010	SFY 2010–2011
None	None



ARKANSAS

STATE UNIT ON AGING SERVICE DEMAND AND EXPENDITURE CHANGES

Program	Change in Expenditures		Change in Service Requests
	SFY 2009–2010	SFY 2010–2011	SFY 2009–2010
Adult Foster Care	NA	NA	+
Adult Day Care	-		0
Adult Protective Services*	0	0	+
Assisted Living	NA	NA	+
Behavioral Supports	NA	NA	DK
Case Management	-		+
Chore	-		0
Community Transition	NA	NA	+
Congregate Meals	-	NA	+
Day Habilitation	NA	NA	DK
Disease Prevention/Health Promotion	-		DK
Elder Abuse Prevention	NA	NA	+
Environmental Modifications	-	NA	0
Equipment and Supplies	NA	NA	0
Family Caregiver Support	-		+
Food Stamps/Supplemental Nutrition Assistance Program			+
Foreclosure Counseling	NA	NA	DK
Homemaker	+		0
Home-Delivered Meals	-	NA	+
Housing Assistance	-		DK
Information and Referral	-		+
Legal Assistance Development	-		DK
LIHEAP			DK
Long-Term Care Ombudsman	-	0	+
Nutritional Supplements	NA	NA	DK
Occupational Therapy	NA	NA	DK
Personal Care/Assistance	+		+
Physical Therapy	NA	NA	DK
Recreational Therapy	NA	NA	DK
Residential Habilitation	NA	NA	DK
Respite	+		0
Senior Community Service Employment Program	NA	NA	0
Senior Centers	NA	NA	DK
Speech Therapy	NA	NA	DK
State Adult Guardianship Program	NA	NA	+
State Pharmaceutical Assistance	NA	NA	DK
Supported Employment	-		0
Supported Living	NA	NA	0
Transportation	-		+
+ Expenditure/demand increase	0	No change in expenditure/demand	DK Don't know
- Expenditure/demand decrease	NA	Program not administered by SUA	

* Since SFY 2009, the State Unit on Aging has received increased calls for Adult Protective Services, e.g., financial exploitation.



ARKANSAS

STATE UNIT ON AGING NON-MEDICAID HCBS EXPENDITURES

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (appropriation)	% Change SFY 2009–2010
\$7,697,578	\$7,174,606	None Listed	-7%

MEDICAID LONG-TERM SERVICES & SUPPORTS

NUMBER OF BENEFICIARIES: WAIVERS & NURSING FACILITIES

Waiver Name	Avg. Daily Caseload			% Change
	SFY 2009	SFY 2010	SFY 2011 (planned)	SFY 2009–2010
ElderChoices	5,502	5,570	7,400	1%
Alternatives for Adults with Physical Disabilities*	2,191	2,087	2,300	-5%
Living Choices/ Assisted Living	394	504	800	28%
Nursing Facility Services	Avg. Daily Census 2010		Expected Change 2011	
NF Average Daily Census*	12,003		No change	

- The state froze slots in the Alternatives for Adults with Physical Disabilities (APD) waiver in April 2010 and implemented a waiting list. APD enrollees aged 65 and older were transitioned to the Elder Choices waiver. SFY 2011 is a waiver renewal year, and the state will increase the APD cap to 2,600.
- The nursing facility census is the average daily census in SFY 2009.
- A decreasing trend in nursing facility census seems to be leveling off and actually increased slightly in SFY 2009.

LTSS EXPENDITURES (FEDERAL AND STATE)

Service	SFY 2009	SFY 2010 (Estimate)	SFY 2011 (Appropriation)	% Change SFY 2009–2010
HCBS Waivers (For Older People and Adults with Physical Disabilities)	\$101,262,999	\$115,326,081	\$131,357,276	14%
Medicaid LTSS State Plan	\$89,980,000	\$105,980,000	\$116,190,000	18%
Nursing Facility	\$517,545,091	\$544,712,266	\$569,227,039	5%

LTSS PROVIDER PAYMENT RATE CHANGES

Provider Type	SFY 2009–2010 % change	SFY 2010–2011 % change
Nursing Home	+4.71%	+4.6%
Home Health	+41%	+3%
Personal Care Services	+15%	0
HCBS Waiver Services*	+	0
+ Provider rate increase - Provider rate decrease 0 No change in provider rate		NA Not applicable

ARKANSAS

- Waiver services rate change includes the following: (1)Effective July 1, 2009, Adults with Physical Disabilities Waiver Attendant Care rates increased 15 percent; Elderly Choices Waiver Chore, Homemaker, In-Home Respite and Adult Companion services increased 15 percent; Home Delivered Meals increased 20.5 percent. (2)Effective December 1, 2009, Living Choices/Assisted Living rates increased 3 percent.
- The state rebased home health rates in FY 2010. In FY 2011 the increase is due to a consent decree.
- Rate increases are intended to increase provider participation.

OPTIONS, OUTLOOK, AND PROMISING PRACTICES

The Medicaid agency and State Unit on Aging were asked about their intent to pursue options under health care reform, to provide their thoughts on the outlook for LTSS, and to share promising practices in their state. This section combines information from both agencies if both agencies responded.

See the Overview for descriptions of these provisions.

State's Intent to Pursue LTSS Provisions in the Affordable Care Act	Very Likely	Somewhat Likely	Not Likely	Don't Know
State Balancing Incentive Program				X
Community First Choice Option				X
Money Follows the Person Demonstration				
1. Apply for new program				
2. Apply for extension of existing program	X			
Medical/Health Home Initiative				
1. Agency applying for planning grant	X			
2. State plan amendment to establish medical/health home services				X
3. Apply to establish community health teams				X

STATE PRIORITIES: 18–24 MONTHS

- Developing a universal assessment tool for LTSS for seniors and adults with physical disabilities.
- Developing conflict-free case management.
- Improving the LTSS eligibility determination process.

STATE ISSUES

- Waiver wait lists and whether they can be eliminated is a primary issue.
- Despite cuts and freezes, Arkansas expanded assisted living slots, noting this is a more cost-effective and preferred service delivery option.

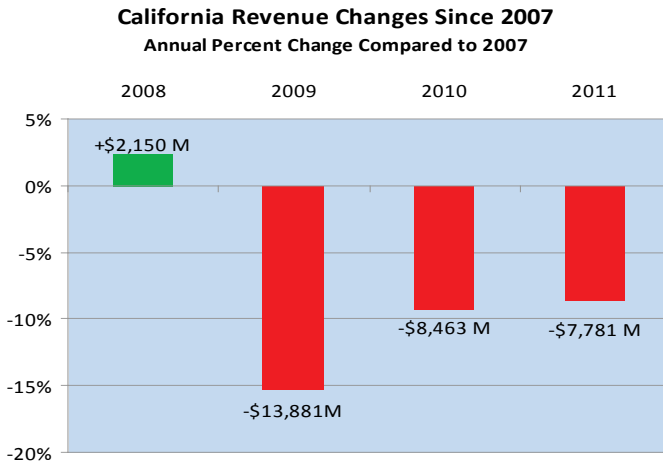
STATE PROMISING PRACTICES

- Arkansas' Independent Choice consumer-directed model is nationally recognized.

The information in this profile represents information available to state officials at a point in time. Surveys were conducted from June through September 2010. Arkansas' fiscal year begins July 1 and ends June 30.

CALIFORNIA

TAX COLLECTIONS



Source: HMA analysis of state tax collection data from the National Association of State Budget Officers (NASBO), Spring Fiscal Survey of States, 2008 (for baseline 2007 data); Spring Fiscal Survey of States, 2009 (for 2008 data) and Spring Fiscal Survey of States, 2010 (for 2009 actual, 2010 estimated, and 2011 projected). Revenue represents the following taxes if collected by the state: **Personal Income, Corporate, and Sales**. Percent change and change in amount collected (in millions) represents the divergence between the state fiscal year noted and baseline SFY 2007.

ARRA FUNDING

IMPACT OF ARRA ENHANCED MEDICAID FMAP EXPIRATION

- Long-term services and supports (LTSS) were preserved.
- Unknown impact when enhanced FMAP ends.

PREDICTED IMPACT OF THE EXPIRATION OF THE ARRA NUTRITION FUNDING

- Programs and services will be reduced.
- Waiting lists will increase.
- Programs will be eliminated.

STATE UNIT ON AGING AND DISABILITY (NON-MEDICAID) SERVICES

STATE UNIT ON AGING NUMBER SERVED (UNDUPLICATED)

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (projected)	% Change SFY 2009–2011
None Listed	None Listed	None Listed	NA

STATE UNIT ON AGING TOTAL EXPENDITURE REDUCTIONS – ACTION TAKEN

SFY 2009-2010	SFY 2010–2011
5% or less	5% or less

CALIFORNIA

STATE UNIT ON AGING SERVICE DEMAND AND EXPENDITURE CHANGES

Program	Change in Expenditures		Change in Service Requests SFY 2009–2010
	SFY 2009–2010	SFY 2010–2011	
Adult Foster Care	NA		
Adult Day Care			+
Adult Protective Services	NA		
Assisted Living	NA		
Behavioral Supports	DK		
Case Management			+
Chore			+
Community Transition			+
Congregate Meals		-	
Day Habilitation	DK		
Disease Prevention/Health Promotion			
Elder Abuse Prevention			+
Environmental Modifications			+
Equipment and Supplies			+
Family Caregiver Support	+	+	+
Food Stamps/Supplemental Nutrition Assistance Program			
Foreclosure Counseling	NA		
Homemaker			+
Home-Delivered Meals		-	+
Housing Assistance	NA		
Information and Referral			+
Legal Assistance Development			
LIHEAP			
Long-Term Care Ombudsman			+
Nutritional Supplements	DK		
Occupational Therapy	NA		
Personal Care/Assistance			+
Physical Therapy			
Recreational Therapy	DK		
Residential Habilitation			
Respite			+
Senior Community Service Employment Program			+
Senior Centers	DK		
Speech Therapy	NA		
State Adult Guardianship Program	NA		
State Pharmaceutical Assistance	DK		
Supported Employment			+
Supported Living			+
Transportation			+
+ Expenditure/demand increase	0	No change in expenditure/demand	DK Don't know
- Expenditure/demand decrease	NA	Program not administered by SUA	

STATE UNIT ON AGING NON-MEDICAID HCBS EXPENDITURES

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (appropriation)	% Change SFY 2009–2010
\$182,119,000	None Listed	None Listed	NA

MEDICAID LONG-TERM SERVICES & SUPPORTS

NUMBER OF BENEFICIARIES: WAIVERS & NURSING FACILITIES

Waiver Name	Avg. Daily Caseload			% Change SFY 2009–2010
	SFY 2009	SFY 2010	SFY 2011 (planned)	
Multipurpose Senior Services Program (MSSP) Waiver	10,302	9,926	10,250	-4%
Nursing Facility/Acute Hospital (NF/AH) Waiver	1,465	1,694	1,960	15.63%
Assisted Living Waiver	1,050	1,250	1,650	19.05%
AIDS Waiver	2,463	2,284	2,350	-7.27%
In-Home Operations (IHO) Waiver	168	156	145	-7.14%
Nursing Facility Services	Avg. Daily Census 2010		Expected Change 2011	
NF Average Daily Census	63,360		No change	

LTSS EXPENDITURES (FEDERAL AND STATE)

Service	SFY 2009	SFY 2010 (Estimate)	SFY 2011 (Appropriation)	% Change SFY 2009–2010
HCBS Waivers (For Older People and Adults with Physical Disabilities) *	\$131,662,564	\$139,003,456	\$145,879,295	5.58%
Medicaid LTSS State Plan	None Listed	None Listed	None Listed	
Nursing Facility	\$3,933,451,000	\$4,005,810,000	\$4,090,214,000	1.84%

- Waiver expenditures are for the five waivers listed above.

LTSS PROVIDER PAYMENT RATE CHANGES

Provider Type	SFY 2009–2010 % change	SFY 2010–2011 % change
Nursing Home	-	+4.5%
Home Health		
Personal Care Services	+0.46%	
HCBS Waiver Services		
+ Provider rate increase - Provider rate decrease 0 No change in provider rate		NA Not applicable

- All efforts to decrease rates were enjoined by the courts.
- Rate changes indicated represent the overall impact, but actual rate changes are county specific.

OPTIONS, OUTLOOK, AND PROMISING PRACTICES

The Medicaid agency and State Unit on Aging were asked about their intent to pursue options under health care reform, to provide their thoughts on the outlook for LTSS, and to share promising practices in their state. This section combines information from both agencies if both agencies responded. See the Overview for descriptions of these provisions.

State's Intent to Pursue LTSS Provisions in the Affordable Care Act	Very Likely	Somewhat Likely	Not Likely	Don't Know
State Balancing Incentive Program			X	
Community First Choice Option				X
Money Follows the Person Demonstration				
1. Apply for new program				
2. Apply for extension of existing program	X			
Medical/Health Home Initiative				
1. Agency applying for planning grant	X			
2. State plan amendment to establish medical/health home services		X		
3. Apply to establish community health teams	X			

STATE PRIORITIES: 18–24 MONTHS

- Expanding assisted living waiver in five counties.
- Working on mobility management services to increase accessible transportation.
- Expanding evidence-based health and wellness programs.
- Promoting civic engagement and volunteerism.

STATE ISSUES

- Adequacy of funding for services.
- Maintaining capacity for home and community-based services (HCBS).
- Implementing the Minimum Data Set (MDS) 3.0 to improve data reporting and quality in nursing facilities.

STATE PROMISING PRACTICES

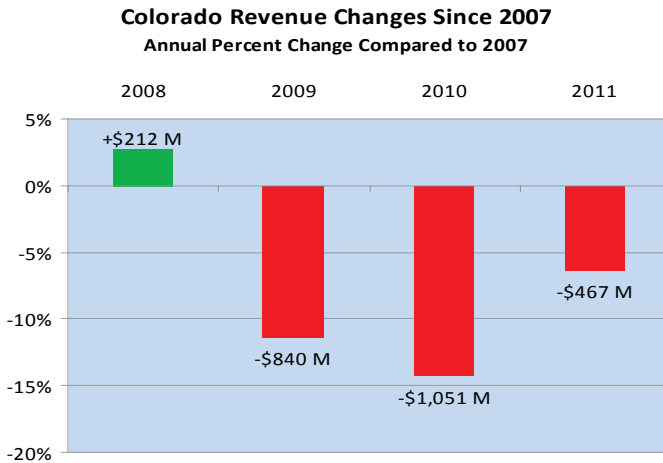
- Creating local-level infrastructure through the Money Follows the Person grant; developing partnerships at the local level has been the key to success in having people work with residents to achieve transitions to the community.
- Actively collaborating with other state departments to enhance services.

The information in this profile represents information available to state officials at a point in time. Surveys were conducted from June through September 2010. California's fiscal year begins July 1 and ends June 30.



COLORADO

TAX COLLECTIONS



Source: HMA analysis of state tax collection data from the National Association of State Budget Officers (NASBO), Spring Fiscal Survey of States, 2008 (for baseline 2007 data); Spring Fiscal Survey of States, 2009 (for 2008 data) and Spring Fiscal Survey of States, 2010 (for 2009 actual, 2010 estimated, and 2011 projected). Revenue represents the following taxes if collected by the state: **Personal Income, Corporate, and Sales**. Percent change and change in amount collected (in millions) represents the divergence between the state fiscal year noted and baseline SFY 2007.

ARRA FUNDING

IMPACT OF ARRA ENHANCED MEDICAID FMAP EXPIRATION

- The Colorado legislature assumed the extension of ARRA FMAP in its budget, but agencies have budgeted as though they will not receive the funding.

PREDICTED IMPACT OF THE EXPIRATION OF THE ARRA NUTRITION FUNDING

- Too soon to tell.

STATE UNIT ON AGING AND DISABILITY (NON-MEDICAID) SERVICES

STATE UNIT ON AGING NUMBER SERVED (UNDUPLICATED)

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (projected)	% Change SFY 2009–2011
39,174	39,174	39,174	0%

STATE UNIT ON AGING TOTAL EXPENDITURE REDUCTIONS – ACTION TAKEN

SFY 2009–2010	SFY 2010–2011
6%–10%	None

STATE UNIT ON AGING SERVICE DEMAND AND EXPENDITURE CHANGES

Program	Change in Expenditures		Change in Service Requests
	SFY 2009–2010	SFY 2010–2011	SFY 2009–2010
Adult Foster Care	NA	NA	DK
Adult Day Care	NA	NA	DK
Adult Protective Services	NA	NA	DK
Assisted Living	NA	NA	DK
Behavioral Supports	NA	NA	DK
Case Management	NA	NA	DK
Chore	NA	NA	DK
Community Transition	NA	NA	DK
Congregate Meals	NA	NA	DK
Day Habilitation	NA	NA	DK
Disease Prevention/Health Promotion	NA	NA	DK
Elder Abuse Prevention	NA	NA	DK
Environmental Modifications	NA	NA	DK
Equipment and Supplies	NA	NA	DK
Family Caregiver Support	NA	NA	DK
Food Stamps/Supplemental Nutrition Assistance Program			DK
Foreclosure Counseling	NA	NA	DK
Homemaker	NA	NA	DK
Home-Delivered Meals	NA	NA	DK
Housing Assistance	NA	NA	DK
Information and Referral	NA	NA	DK
Legal Assistance Development	NA	NA	DK
LIHEAP			DK
Long-Term Care Ombudsman	NA	NA	DK
Nutritional Supplements	NA	NA	DK
Occupational Therapy	NA	NA	DK
Personal Care/Assistance	NA	NA	DK
Physical Therapy	NA	NA	DK
Recreational Therapy	NA	NA	DK
Residential Habilitation	NA	NA	DK
Respite	NA	NA	DK
Senior Community Service Employment Program	NA	NA	DK
Senior Centers	NA	NA	DK
Speech Therapy	NA	NA	DK
State Adult Guardianship Program	NA	NA	DK
State Pharmaceutical Assistance	NA	NA	DK
Supported Employment	NA	NA	DK
Supported Living	NA	NA	DK
Transportation	NA	NA	DK
+ Expenditure/demand increase	0	No change in expenditure/demand	DK Don't know
- Expenditure/demand decrease	NA	Program not administered by SUA	

- Changes in expenditures and service demand are unknown because service delivery of individual programs is tracked by the Area Agencies on Aging (AAAs) at the local level.

COLORADO

STATE UNIT ON AGING NON-MEDICAID HCBS EXPENDITURES

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (appropriation)	% Change SFY 2009–2010
\$22,000,000	\$21,000,000	\$21,000,000	-5%

MEDICAID LONG-TERM SERVICES & SUPPORTS

NUMBER OF BENEFICIARIES: WAIVERS & NURSING FACILITIES

Waiver Name	Avg. Daily Caseload			% Change
	SFY 2009	SFY 2010	SFY 2011 (planned)	SFY 2009– 2010
None Listed				
Nursing Facility Services	Avg. Daily Census 2010		Expected Change 2011	
NF Average Daily Census				

LTSS EXPENDITURES (FEDERAL AND STATE)

Service	SFY 2009	SFY 2010 (Estimate)	SFY 2011 (Appropriation)	% Change SFY 2009–2010
HCBS Waivers (For Older People and Adults with Physical Disabilities)				
Medicaid LTSS State Plan				
Nursing Facility				

LTSS PROVIDER PAYMENT RATE CHANGES

Provider Type	SFY 2009–2010 % change	SFY 2010–2011 % change
Nursing Home	0	0
Home Health*	0	-
Personal Care Services	0	0
HCBS Waiver Services	0	0
+ Provider rate increase - Provider rate decrease 0 No change in provider rate		NA Not applicable

- The state is considering changing its Medicaid Home Health rate methodology to Medicare's Prospective Payment System rather than unit of service based on time. This is not expected to decrease services, but will probably reduce overall costs.

OPTIONS, OUTLOOK, AND PROMISING PRACTICES

The Medicaid agency and State Unit on Aging were asked about their intent to pursue options under health care reform, to provide their thoughts on the outlook for LTSS, and to share promising practices in their state. This section combines information from both agencies if both agencies responded.



COLORADO

See the Overview for descriptions of these provisions.

State’s Intent to Pursue LTSS Provisions in the Affordable Care Act	Very Likely	Somewhat Likely	Not Likely	Don't Know
State Balancing Incentive Program				X
Community First Choice Option				X
Money Follows the Person Demonstration				
1. Apply for new program		X		
2. Apply for extension of existing program				
Medical/Health Home Initiative				
1. Agency applying for planning grant				X
2. State plan amendment to establish medical/health home services				X
3. Apply to establish community health teams				X

STATE PRIORITIES: 18–24 MONTHS

- The top priority of the State Unit on Aging is to further develop and expand Colorado's Aging and Disability Resource Center (ADRC) model, known as Adult Resources for Care and Help (ARCH), to connect individuals with available LTSS.

STATE ISSUES

- Expiration of the enhanced FMAP and the need for replacement with state funds.

STATE PROMISING PRACTICES

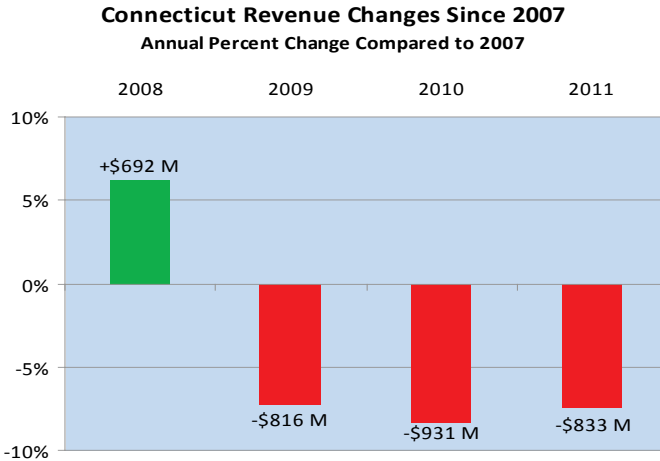
- The state's ADRC model has been very successful in connecting consumers with available services. In addition, the state developed partnerships that strengthened collaboration with participating communities. The state plans to continue expanding this ADRC model to additional areas of the state.

The information in this profile represents information available to state officials at a point in time. Surveys were conducted from June through September 2010. Colorado's fiscal year begins July 1 and ends June 30.



CONNECTICUT

TAX COLLECTIONS



Source: HMA analysis of state tax collection data from the National Association of State Budget Officers (NASBO), Spring Fiscal Survey of States, 2008 (for baseline 2007 data); Spring Fiscal Survey of States, 2009 (for 2008 data) and Spring Fiscal Survey of States, 2010 (for 2009 actual, 2010 estimated, and 2011 projected). Revenue represents the following taxes if collected by the state: **Personal Income, Corporate, and Sales**. Percent change and change in amount collected (in millions) represents the divergence between the state fiscal year noted and baseline SFY 2007.

ARRA FUNDING

IMPACT OF ARRA ENHANCED MEDICAID FMAP EXPIRATION

- ARRA enhanced FMAP allowed the state to maintain long-term services and supports (LTSS) without making cuts.

PREDICTED IMPACT OF THE EXPIRATION OF THE ARRA NUTRITION FUNDING

- Waiting lists will increase.
- Programs and services will be reduced.

STATE UNIT ON AGING AND DISABILITY (NON-MEDICAID) SERVICES

STATE UNIT ON AGING NUMBER SERVED (UNDUPLICATED)

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (projected)	% Change SFY 2009–2011
85,629	96,651	85,629	0%

STATE UNIT ON AGING TOTAL EXPENDITURE REDUCTIONS – ACTION TAKEN

SFY 2009–2010	SFY 2010–2011
5% or less	Don't Know

CONNECTICUT

STATE UNIT ON AGING SERVICE DEMAND AND EXPENDITURE CHANGES

Program	Change in Expenditures		Change in Service Requests
	SFY 2009–2010	SFY 2010–2011	SFY 2009–2010
Adult Foster Care	0	0	-
Adult Day Care	-	+	-
Adult Protective Services	NA	NA	DK
Assisted Living	NA	NA	-
Behavioral Supports	NA	NA	DK
Case Management	-	+	-
Chore	-	+	-
Community Transition	NA	NA	+
Congregate Meals	+	-	+
Day Habilitation	NA	NA	DK
Disease Prevention/Health Promotion	0	+	+
Elder Abuse Prevention	0	0	
Environmental Modifications	+	-	
Equipment and Supplies	+	-	+
Family Caregiver Support			0
Food Stamps/Supplemental Nutrition Assistance Program			DK
Foreclosure Counseling	NA	NA	DK
Homemaker	-	+	-
Home-Delivered Meals	+	-	+
Housing Assistance	NA	NA	DK
Information and Referral	-	0	+
Legal Assistance Development	-	0	0
LIHEAP			+
Long-Term Care Ombudsman	0	0	0
Nutritional Supplements	NA	NA	DK
Occupational Therapy	NA	NA	DK
Personal Care/Assistance	+	+	+
Physical Therapy	NA	NA	DK
Recreational Therapy	NA	NA	DK
Residential Habilitation	NA	NA	DK
Respite	-	+	-
Senior Community Service Employment Program	+	+	+
Senior Centers	-	0	DK
Speech Therapy	NA	NA	DK
State Adult Guardianship Program	NA	NA	
State Pharmaceutical Assistance	-	-	DK
Supported Employment	NA	NA	DK
Supported Living	NA	NA	DK
Transportation	0	0	-
+ Expenditure/demand increase	0	No change in expenditure/demand	DK Don't know
- Expenditure/demand decrease	NA	Program not administered by SUA	

- The decreases are a result of the following: (1) 15 percent cost sharing was added to the state-funded Connecticut Home Care Program—that provides home and community-based services(HCBS)—on January 1, 2010; the cost share was reduced to 6 percent on July 1, 2010, and (2) the closure of new intake for the Alzheimer's Respite Program.

CONNECTICUT

STATE UNIT ON AGING NON-MEDICAID HCBS EXPENDITURES

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (appropriation)	% Change SFY 2009–2010
\$68,000,000	\$72,000,000	\$73,000,000	6%

MEDICAID LONG-TERM SERVICES & SUPPORTS

NUMBER OF BENEFICIARIES: WAIVERS & NURSING FACILITIES

Waiver Name	Avg. Daily Caseload			% Change
	SFY 2009	SFY 2010	SFY 2011 (planned)	SFY 2009– 2010
Home Care Program for Elders	11,700	11,900	12,200	2%
Personal Care Assistance	837	895	947	7%
Acquired Brain Injury	368	375	380	2%
Nursing Facility Services	Avg. Daily Census 2010		Expected Change 2011	
NF Average Daily Census*	17,618		Decrease	

- Connecticut expects the Money Follows the Person grant program to have an impact on the number of special needs facility beds.

LTSS EXPENDITURES (FEDERAL AND STATE)

Service	SFY 2009	SFY 2010 (Estimate)	SFY 2011 (Appropriation)	% Change SFY 2009–2010
HCBS Waivers (For Older People and Adults with Physical Disabilities)	\$183,498,653	\$187,106,414		2%
Medicaid LTSS State Plan	\$356,204,732	\$321,628,493		-10%
Nursing Facility	\$1,239,014,353	\$1,246,657,351		1%

LTSS PROVIDER PAYMENT RATE CHANGES

Provider Type	SFY 2009–2010 % change	SFY 2010–2011 % change
Nursing Home		
Home Health		
Personal Care Services		
HCBS Waiver Services*	+4.2%	
+ Provider rate increase - Provider rate decrease 0 No change in provider rate		NA Not applicable

- The adult day care rate increased to try to maintain the current level of providers.

CONNECTICUT

OPTIONS, OUTLOOK, AND PROMISING PRACTICES

The Medicaid agency and State Unit on Aging were asked about their intent to pursue options under health care reform, to provide their thoughts on the outlook for LTSS, and to share promising practices in their state. This section combines information from both agencies if both agencies responded.

See the Overview for descriptions of these provisions.

State's Intent to Pursue LTSS Provisions in the Affordable Care Act	Very Likely	Somewhat Likely	Not Likely	Don't Know
State Balancing Incentive Program		X		
Community First Choice Option				X
Money Follows the Person Demonstration				
1. Apply for new program				
2. Apply for extension of existing program	X			
Medical/Health Home Initiative				
1. Agency applying for planning grant		X		
2. State plan amendment to establish medical/health home services				X
3. Apply to establish community health teams				X

STATE PRIORITIES: 18–24 MONTHS

- The state's priority is a programmatic use of resources to maximize efficiency and effectiveness.

STATE ISSUES

- Maintaining access to providers at current rates.
- Sustaining adequate availability of home and community based services (HCBS) to meet demand.
- Containing costs.
- Working on workforce development and training.

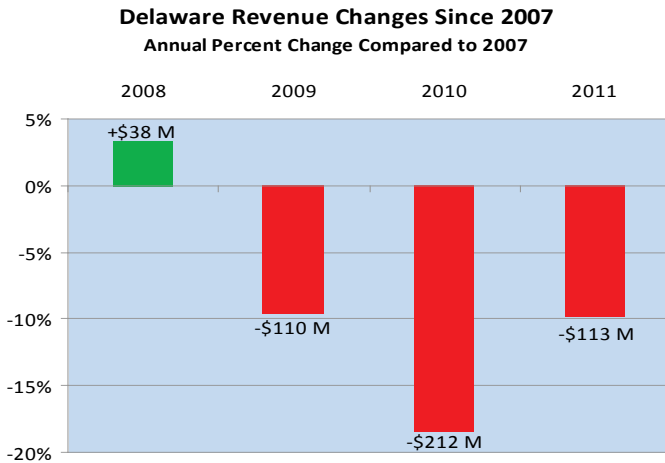
STATE PROMISING PRACTICES

- The addition of personal care attendant services and assistive technology to the elder and personal care attendant waivers.
- Aging and Disability Resource Center (ADRC) development and implementation in three of five state regions.
- Evidence-based health promotion projects.
- Money Follows the Person implementation.

The information in this profile represents information available to state officials at a point in time. Surveys were conducted from June through September 2010. Connecticut's fiscal year begins July 1 and ends June 30.

DELAWARE

TAX COLLECTIONS



Source: HMA analysis of state tax collection data from the National Association of State Budget Officers (NASBO), Spring Fiscal Survey of States, 2008 (for baseline 2007 data); Spring Fiscal Survey of States, 2009 (for 2008 data) and Spring Fiscal Survey of States, 2010 (for 2009 actual, 2010 estimated, and 2011 projected). Revenue represents the following taxes if collected by the state: **Personal Income, Corporate, and Sales**. Percent change and change in amount collected (in millions) represents the divergence between the state fiscal year noted and baseline SFY 2007.

ARRA FUNDING

IMPACT OF ARRA ENHANCED MEDICAID FMAP EXPIRATION

PREDICTED IMPACT OF THE EXPIRATION OF THE ARRA NUTRITION FUNDING

- Services will be reduced.

STATE UNIT ON AGING AND DISABILITY (NON-MEDICAID) SERVICES

STATE UNIT ON AGING NUMBER SERVED (UNDUPLICATED)

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (projected)	% Change SFY 2009–2011
23,657	23,000	22,000	-7%

STATE UNIT ON AGING TOTAL EXPENDITURE REDUCTIONS – ACTION TAKEN

SFY 2009–2010	SFY 2010–2011
None	None

DELAWARE

STATE UNIT ON AGING SERVICE DEMAND AND EXPENDITURE CHANGES

Program	Change in Expenditures		Change in Service Requests
	SFY 2009–2010	SFY 2010–2011	SFY 2009–2010
Adult Foster Care	0	0	0
Adult Day Care	0	0	0
Adult Protective Services	0	0	0
Assisted Living	0	0	0
Behavioral Supports	0	0	0
Case Management	0	0	0
Chore	0	0	0
Community Transition	0	0	0
Congregate Meals	0	0	0
Day Habilitation	0	0	0
Disease Prevention/Health Promotion	0	0	0
Elder Abuse Prevention	0	0	0
Environmental Modifications	0	0	0
Equipment and Supplies	0	0	0
Family Caregiver Support	0	0	0
Food Stamps/Supplemental Nutrition Assistance Program			0
Foreclosure Counseling	0	0	0
Homemaker	0	0	0
Home-Delivered Meals	0	0	0
Housing Assistance	0	0	0
Information and Referral	0	0	0
Legal Assistance Development	0	0	0
LIHEAP			0
Long-Term Care Ombudsman	0	0	0
Nutritional Supplements	0	0	0
Occupational Therapy	0	0	0
Personal Care/Assistance	0	0	0
Physical Therapy	0	0	0
Recreational Therapy	0	0	0
Residential Habilitation	0	0	0
Respite	0	0	0
Senior Community Service Employment Program	0	0	0
Senior Centers	0	0	0
Speech Therapy	0	0	0
State Adult Guardianship Program	0	0	0
State Pharmaceutical Assistance	0	0	0
Supported Employment	0	0	0
Supported Living	0	0	0
Transportation	0	0	0
+ Expenditure/demand increase	0	No change in expenditure/demand	DK Don't know
- Expenditure/demand decrease	NA	Program not administered by SUA	DK Don't know

STATE UNIT ON AGING NON-MEDICAID HCBS EXPENDITURES

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (appropriation)	% Change SFY 2009–2010
\$1,581,300	\$1,581,300	\$1,581,300	0%

MEDICAID LONG-TERM SERVICES & SUPPORTS

NUMBER OF BENEFICIARIES: WAIVERS & NURSING FACILITIES

Waiver Name	Avg. Daily Caseload			% Change
	SFY 2009	SFY 2010	SFY 2011 (planned)	SFY 2009– 2010
None Listed				
Nursing Facility Services	Avg. Daily Census 2010		Expected Change 2011	
NF Average Daily Census				

LTSS EXPENDITURES (FEDERAL AND STATE)

Service	SFY 2009	SFY 2010 (Estimate)	SFY 2011 (Appropriation)	% Change SFY 2009–2010
HCBS Waivers (For Older People and Adults with Physical Disabilities)				
Medicaid LTSS State Plan				
Nursing Facility				

LTSS PROVIDER PAYMENT RATE CHANGES

Provider Type	SFY 2009–2010 % change	SFY 2010–2011 % change
Nursing Home		
Home Health		
Personal Care Services		
HCBS Waiver Services		
+ Provider rate increase - Provider rate decrease 0 No change in provider rate		NA Not applicable

OPTIONS, OUTLOOK, AND PROMISING PRACTICES

The Medicaid agency and State Unit on Aging were asked about their intent to pursue options under health care reform, to provide their thoughts on the outlook for LTSS, and to share promising practices in their state. This section combines information from both agencies if both agencies responded. See the Overview for descriptions of these provisions.

DELAWARE

State's Intent to Pursue LTSS Provisions in the Affordable Care Act	Very Likely	Somewhat Likely	Not Likely	Don't Know
State Balancing Incentive Program				
Community First Choice Option				
Money Follows the Person Demonstration				
1. Apply for new program				
2. Apply for extension of existing program				
Medical/Health Home Initiative				
1. Agency applying for planning grant				
2. State plan amendment to establish medical/health home services				
3. Apply to establish community health teams				

STATE PRIORITIES: 18–24 MONTHS

- None Listed

STATE ISSUES

- None Listed

STATE PROMISING PRACTICES

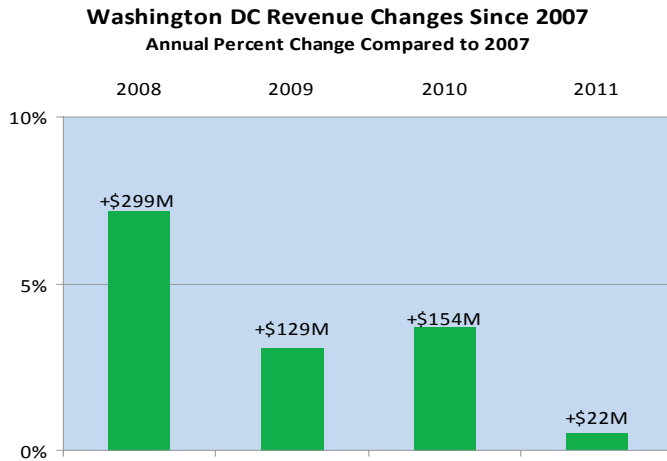
- None Listed

The information in this profile represents information available to state officials at a point in time. Surveys were conducted from June through September 2010. Delaware's fiscal year begins July 1 and ends June 30.



DISTRICT OF COLUMBIA

TAX COLLECTIONS



Source: HMA analysis of data from District of Columbia Office of Tax Revenue reports: 2008-2010. Note: 2010 and 2011 data are DC estimates. Revenue represents total of the following taxes: **Income (Individual, Corporate and Unincorporated Business), Sales, and Real Property**. Percent change and change in amount collected (in millions) represents the divergence between the district fiscal year noted and baseline FY 2007.

ARRA FUNDING

IMPACT OF ARRA ENHANCED MEDICAID FMAP EXPIRATION

- Without the extension, a significant budget shortfall would have occurred.

PREDICTED IMPACT OF THE EXPIRATION OF THE ARRA NUTRITION FUNDING

- Programs and services will be reduced.
- Waiting lists will increase.

STATE UNIT ON AGING AND DISABILITY (NON-MEDICAID) SERVICES

STATE UNIT ON AGING NUMBER SERVED (UNDUPLICATED)

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (projected)	% Change SFY 2009–2011
18,215	19,000	20,000	10%

STATE UNIT ON AGING TOTAL EXPENDITURE REDUCTIONS – ACTION TAKEN

SFY 2009–2010	SFY 2010–2011
5% or less	5% or less

STATE UNIT ON AGING SERVICE DEMAND AND EXPENDITURE CHANGES

Program	Change in Expenditures		Change in Service Requests
	SFY 2009–2010	SFY 2010–2011	SFY 2009–2010
Adult Foster Care	NA	NA	DK
Adult Day Care	0	0	+
Adult Protective Services*	NA	NA	+
Assisted Living	NA	NA	DK
Behavioral Supports	NA	NA	DK
Case Management	0	0	+
Chore	0	0	+
Community Transition	NA	NA	DK
Congregate Meals	0	-	+
Day Habilitation	NA	NA	DK
Disease Prevention/Health Promotion	0	0	+
Elder Abuse Prevention	0	0	DK
Environmental Modifications	NA	NA	DK
Equipment and Supplies	-	-	+
Family Caregiver Support	0	0	+
Food Stamps/Supplemental Nutrition Assistance Program			+
Foreclosure Counseling	NA	NA	DK
Homemaker	0	0	+
Home-Delivered Meals	0	0	+
Housing Assistance	NA	NA	+
Information and Referral	0	0	+
Legal Assistance Development	0	0	+
LIHEAP			DK
Long-Term Care Ombudsman	0	0	+
Nutritional Supplements	0	0	+
Occupational Therapy	NA	NA	DK
Personal Care/Assistance	0	0	+
Physical Therapy	NA	NA	DK
Recreational Therapy	NA	NA	DK
Residential Habilitation	NA	NA	DK
Respite	+	+	+
Senior Community Service Employment Program	NA	NA	DK
Senior Centers	0	-	+
Speech Therapy	NA	NA	DK
State Adult Guardianship Program	NA	NA	DK
State Pharmaceutical Assistance	NA	NA	DK
Supported Employment	0	0	+
Supported Living	0	0	+
Transportation	0	0	+
+ Expenditure/demand increase	0	No change in expenditure/demand	DK Don't know
- Expenditure/demand decrease	NA	Program not administered by SUA	

* Since SFY 2009, the State Unit on Aging has received increased calls for Adult Protective Services, e.g., financial exploitation and neglect.

STATE UNIT ON AGING NON-MEDICAID HCBS EXPENDITURES

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (appropriation)	% Change SFY 2009–2010
None Listed	None Listed	None Listed	NA

MEDICAID LONG-TERM SERVICES & SUPPORTS

NUMBER OF BENEFICIARIES: WAIVERS & NURSING FACILITIES

Waiver Name	Avg. Daily Caseload			% Change
	SFY 2009	SFY 2010	SFY 2011 (planned)	SFY 2009– 2010
Elderly and Physical Disabilities Waiver (EPD) *				NA
Nursing Facility Services	Avg. Daily Census 2010		Expected Change 2011	
NF Average Daily Census*				Decreasing

- The Elderly and Physically Disabled (EPD) waiver will be expanded as necessary in 2011 to serve individuals referred due to reducing the number of Personal Care Assistant (PCA) hours available under State plan benefits. About 3,500 currently receive PCA services. Members are assessed and those who need more hours will be referred to the EPD waiver, where they will be able to receive better and more comprehensive assistance.
- Nursing facility census is decreasing only slightly.

LTSS EXPENDITURES (FEDERAL AND STATE)

Service	SFY 2009	SFY 2010 (Estimate)	SFY 2011 (Appropriation)	% Change SFY 2009–2010
HCBS Waivers (For Older People and Adults with Physical Disabilities)				
Medicaid LTSS State Plan				
Nursing Facility				

LTSS PROVIDER PAYMENT RATE CHANGES

Provider Type	SFY 2009–2010 % change	SFY 2010–2011 % change
Nursing Home	0	0
Home Health	0	0
Personal Care Services	0	0
HCBS Waiver Services	0	0
Adult Day Health *	0	DK
+ Provider rate increase - Provider rate decrease 0 No change in provider rate		NA Not applicable

- The state is revising its Adult Day Health methodology in FY 2011, but the impact is currently unknown.

OPTIONS, OUTLOOK, AND PROMISING PRACTICES

The Medicaid agency and State Unit on Aging were asked about their intent to pursue options under health care reform, to provide their thoughts on the outlook for LTSS, and to share promising practices in their state. This section combines information from both agencies if both agencies responded.

See the Overview for descriptions of these provisions.

State's Intent to Pursue LTSS Provisions in the Affordable Care Act	Very Likely	Somewhat Likely	Not Likely	Don't Know
State Balancing Incentive Program	X			
Community First Choice Option				X
Money Follows the Person Demonstration				
1. Apply for new program				
2. Apply for extension of existing program	X			
Medical/Health Home Initiative				
1. Agency applying for planning grant	X			
2. State plan amendment to establish medical/health home services	X			
3. Apply to establish community health teams	X			

STATE PRIORITIES: 18–24 MONTHS

- Ensuring health homes for persons with multiple chronic conditions, including waiver consumers.
- Restructuring reimbursement methodology for adult day health services.
- Ensuring smooth transition for consumers needing state plan personal care services to the Elderly and Physically Disabled waiver.

STATE ISSUES

- The transition for consumers receiving state plan personal care services to the Elderly and Physically Disabled waiver.
- Loss of staff due to the change in administration and increased hiring by the federal government because of health reform.

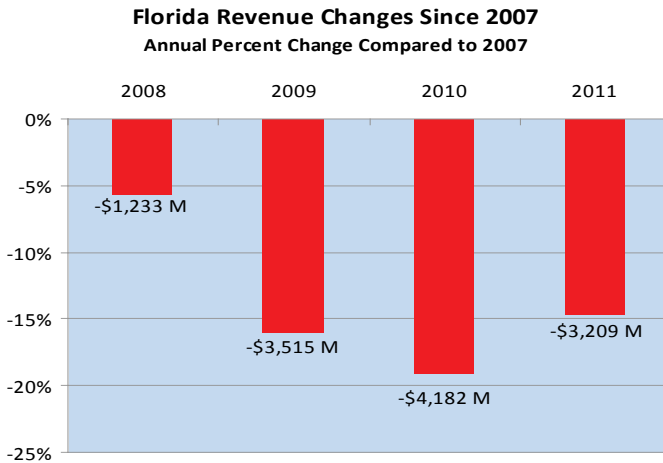
STATE PROMISING PRACTICES

- The District's electronic case management system, Casenet, is a completely paperless system for independent case managers. Implementation of Casenet was a significant accomplishment that involved extensive training, buying electronic tablets for each Case Manager, and building electronic forms on Casenet. The District is already thinking about version II, with plans to extend Casenet access to eligibility staff.

The information in this profile represents information available to state officials at a point in time. Surveys were conducted from June through September 2010. The District's fiscal year begins October 1 and ends September 30.

FLORIDA

TAX COLLECTIONS



Source: HMA analysis of state tax collection data from the National Association of State Budget Officers (NASBO), Spring Fiscal Survey of States, 2008 (for baseline 2007 data); Spring Fiscal Survey of States, 2009 (for 2008 data) and Spring Fiscal Survey of States, 2010 (for 2009 actual, 2010 estimated, and 2011 projected). Revenue represents the following taxes if collected by the state: **Personal Income, Corporate, and Sales**. Percent change and change in amount collected (in millions) represents the divergence between the state fiscal year noted and baseline SFY 2007.

ARRA FUNDING

IMPACT OF ARRA ENHANCED MEDICAID FMAP EXPIRATION

- The Florida legislature assumed the loss of the enhanced FMAP in December 2010, so the state anticipates no impact when it expires in FY 2011.

PREDICTED IMPACT OF THE EXPIRATION OF THE ARRA NUTRITION FUNDING

- Waiting lists will increase.
- Services will be reduced and eliminated.
- New meal sites opened with ARRA funding will be closed.

STATE UNIT ON AGING AND DISABILITY (NON-MEDICAID) SERVICES

STATE UNIT ON AGING NUMBER SERVED (UNDUPLICATED)

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (projected)	% Change SFY 2009–2011
202,044	None Listed	None Listed	NA

STATE UNIT ON AGING TOTAL EXPENDITURE REDUCTIONS – ACTION TAKEN

SFY 2009–2010	SFY 2010–2011
5% or less	Don't Know

STATE UNIT ON AGING SERVICE DEMAND AND EXPENDITURE CHANGES

Program	Change in Expenditures		Change in Service Requests
	SFY 2009–2010	SFY 2010–2011	SFY 2009–2010
Adult Foster Care			
Adult Day Care	+	0	-
Adult Protective Services			
Assisted Living			
Behavioral Supports			
Case Management	+	0	-
Chore	-	0	-
Community Transition			
Congregate Meals	+	0	+
Day Habilitation			
Disease Prevention/Health Promotion	+	0	+
Elder Abuse Prevention			-
Environmental Modifications			0
Equipment and Supplies	0	0	+
Family Caregiver Support	-	0	+
Food Stamps/Supplemental Nutrition Assistance Program			
Foreclosure Counseling			
Homemaker	-	0	+
Home-Delivered Meals	+	0	+
Housing Assistance			
Information and Referral	+	0	+
Legal Assistance Development	+	0	+
LIHEAP			
Long-Term Care Ombudsman	+	0	+
Nutritional Supplements			-
Occupational Therapy			
Personal Care/Assistance	+	0	+
Physical Therapy	+	0	+
Recreational Therapy			-
Residential Habilitation			
Respite	-	0	+
Senior Community Service Employment Program	+	0	+
Senior Centers	+	0	+
Speech Therapy			
State Adult Guardianship Program	+	0	+
State Pharmaceutical Assistance			
Supported Employment			
Supported Living			
Transportation	-	0	+
+ Expenditure/demand increase	0	No change in expenditure/demand	DK Don't know
- Expenditure/demand decrease	NA	Program not administered by SUA	

• The data provided are based upon service units by calendar year 2007 to August 2010.

FLORIDA

STATE UNIT ON AGING NON-MEDICAID HCBS EXPENDITURES

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (appropriation)	% Change SFY 2009–2010
\$56,820,000	\$55,175,000	\$55,448,000	-3%

MEDICAID LONG-TERM SERVICES & SUPPORTS

NUMBER OF BENEFICIARIES: WAIVERS & NURSING FACILITIES

Waiver Name *	Avg. Daily Caseload			% Change
	SFY 2009	SFY 2010	SFY 2011 (planned)	SFY 2009–2010
Aged and Disabled Adult waiver	11,240			NA
Assisted Living for the Elderly	3,469			NA
Nursing Home Diversion Project	18,899			NA
Channeling for the Frail Elder	1,776			NA
Nursing Facility Services	Avg. Daily Census 2010		Expected Change 2011	
NF Average Daily Census	43,268		Increase	

- The state added coverage to the Assisted Living for the Elderly waiver to include people 18 to 59 years old with disabilities.
- Other waivers in Florida include Adult Cystic Fibrosis Waiver, Adult Day Health Care, Alzheimer's Disease Waiver, Consumer Directed Care, Project AIDS Care, Traumatic Brain Injury, and Spinal Cord Injury.
- The Alzheimer's Disease Waiver "sunsetted" (terminated) per Florida law.

LTSS EXPENDITURES (FEDERAL AND STATE)

Service	SFY 2009	SFY 2010 (Estimate)	SFY 2011 (Appropriation)	% Change SFY 2009–2010
HCBS Waivers (For Older People and Adults with Physical Disabilities)	\$127,175,406	\$154,960,280	\$165,254,702	22%
Medicaid LTSS State Plan	\$604,526,080	\$574,039,757	\$577,165,622	-5%
Nursing Facility	\$2,398,610,235	\$2,760,065,260	\$2,785,799,739	15%

LTSS PROVIDER PAYMENT RATE CHANGES

Provider Type	SFY 2009–2010 % change	SFY 2010–2011 % change
Nursing Home *	+15%	TBA
Home Health	0	0
Personal Care Services	0	0
HCBS Waiver Services	0	0
Nursing Home Diversion *	-3.5%	-3.5%
+ Provider rate increase - Provider rate decrease 0 No change in provider rate		NA Not applicable

- Nursing facility rates for SFY 2011 were not yet released at the time of the survey.



FLORIDA

- The state does not expect the Nursing Home Diversion program rate decrease to have an impact on provider access and participation.

OPTIONS, OUTLOOK, AND PROMISING PRACTICES

The Medicaid agency and State Unit on Aging were asked about their intent to pursue options under health care reform, to provide their thoughts on the outlook for LTSS, and to share promising practices in their state. This section combines information from both agencies if both agencies responded.

See the Overview for descriptions of these provisions.

State's Intent to Pursue LTSS Provisions in the Affordable Care Act	Very Likely	Somewhat Likely	Not Likely	Don't Know
State Balancing Incentive Program			X	
Community First Choice Option				X
Money Follows the Person Demonstration				
1. Apply for new program	X			
2. Apply for extension of existing program				
Medical/Health Home Initiative				
1. Agency applying for planning grant		X		
2. State plan amendment to establish medical/health home services				X
3. Apply to establish community health teams				X

STATE PRIORITIES: 18–24 MONTHS

- The state's highest priority is to increase home and community-based services (HCBS) quality through continuously improved oversight.

STATE ISSUES

- Medicaid enrollment increases, with expiration of the enhanced FMAP and declining state revenues.
- Potential changes in all Medicaid HCBS waivers to realize savings.
- Possible move to managed care for LTSS.

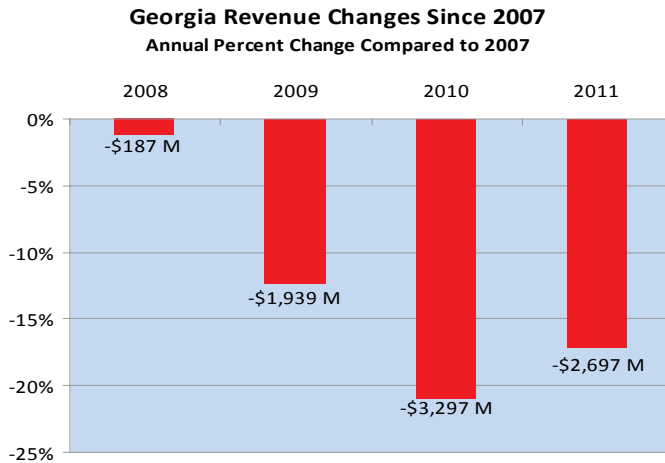
STATE PROMISING PRACTICES

- Florida was one of the first states to offer the Consumer Directed Care (CDC) option and the Cash & Counseling model.

The information in this profile represents information available to state officials at a point in time. Surveys were conducted from June through September 2010. Florida's fiscal year begins July 1 and ends June 30.

GEORGIA

TAX COLLECTIONS



Source: HMA analysis of state tax collection data from the National Association of State Budget Officers (NASBO), Spring Fiscal Survey of States, 2008 (for baseline 2007 data); Spring Fiscal Survey of States, 2009 (for 2008 data) and Spring Fiscal Survey of States, 2010 (for 2009 actual, 2010 estimated, and 2011 projected). Revenue represents the following taxes if collected by the state: **Personal Income, Corporate, and Sales.** Percent change and change in amount collected (in millions) represents the divergence between the state fiscal year noted and baseline SFY 2007.

ARRA FUNDING

IMPACT OF ARRA ENHANCED MEDICAID FMAP EXPIRATION

- After the extension expires, the state assumes it will lose the ability to serve approximately 1,000 adults.

PREDICTED IMPACT OF THE EXPIRATION OF THE ARRA NUTRITION FUNDING

- Programs will be reduced.
- Waiting lists will increase.

STATE UNIT ON AGING AND DISABILITY (NON-MEDICAID) SERVICES

STATE UNIT ON AGING NUMBER SERVED (UNDUPLICATED)

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (projected)	% Change SFY 2009–2011
36,050	36,051	36,050	0%

STATE UNIT ON AGING TOTAL EXPENDITURE REDUCTIONS – ACTION TAKEN

SFY 2009–2010	SFY 2010–2011
None Listed	5% or less

GEORGIA

STATE UNIT ON AGING SERVICE DEMAND AND EXPENDITURE CHANGES

Program	Change in Expenditures		Change in Service Requests
	SFY 2009–2010	SFY 2010–2011	SFY 2009–2010
Adult Foster Care			+
Adult Day Care			+
Adult Protective Services*			+
Assisted Living			+
Behavioral Supports	0	-	0
Case Management	0	-	+
Chore	0	-	+
Community Transition	0	-	+
Congregate Meals	0	-	+
Day Habilitation			DK
Disease Prevention/Health Promotion	0	-	0
Elder Abuse Prevention	-	+	+
Environmental Modifications			+
Equipment and Supplies	0	-	DK
Family Caregiver Support	0	-	+
Food Stamps/Supplemental Nutrition Assistance Program			+
Foreclosure Counseling			DK
Homemaker	0	-	+
Home-Delivered Meals	0	-	+
Housing Assistance			+
Information and Referral			+
Legal Assistance Development			+
LIHEAP			+
Long-Term Care Ombudsman			+
Nutritional Supplements	0	-	+
Occupational Therapy			DK
Personal Care/Assistance	0	-	+
Physical Therapy			DK
Recreational Therapy			DK
Residential Habilitation			DK
Respite	0	-	+
Senior Community Service Employment Program	0	-	+
Senior Centers	0	-	DK
Speech Therapy			DK
State Adult Guardianship Program	0	-	+
State Pharmaceutical Assistance	-	-	+
Supported Employment			+
Supported Living			+
Transportation	0	-	+
+ Expenditure/demand increase	0	No change in expenditure/demand	DK Don't know
- Expenditure/demand decrease	NA	Program not administered by SUA	

* Since SFY 2009, the State Unit on Aging has received increased calls for Adult Protective Services, e.g., financial exploitation, physical abuse, and neglect.



GEORGIA

STATE UNIT ON AGING NON-MEDICAID HCBS EXPENDITURES

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (appropriation)	% Change SFY 2009–2010
\$17,888,657	\$15,311,260	\$16,612,143	-14%

MEDICAID LONG-TERM SERVICES & SUPPORTS

NUMBER OF BENEFICIARIES: WAIVERS & NURSING FACILITIES

Waiver Name	Avg. Daily Caseload			% Change
	SFY 2009	SFY 2010	SFY 2011 (planned)	SFY 2009– 2010
Community Care Services Program *	8,900	8,400	8,400	-6%
Nursing Facility Services	Avg. Daily Census 2010		Expected Change 2011	
NF Average Daily Census				

- The state is currently filling slots as they become available through attrition, and has a wait list of about 1,200.

LTSS EXPENDITURES (FEDERAL AND STATE)

Service	SFY 2009	SFY 2010 (Estimate)	SFY 2011 (Appropriation)	% Change SFY 2009–2010
HCBS Waivers (For Older People and Adults with Physical Disabilities)	\$291,718,363	\$325,679,068	\$344,595,853	12%
Medicaid LTSS State Plan				
Nursing Facility				

LTSS PROVIDER PAYMENT RATE CHANGES

Provider Type	SFY 2009–2010 % change	SFY 2010–2011 % change
Nursing Home		
Home Health		
Personal Care Services		
HCBS Waiver Services		
+ Provider rate increase - Provider rate decrease 0 No change in provider rate		NA Not applicable

OPTIONS, OUTLOOK, AND PROMISING PRACTICES

The Medicaid agency and State Unit on Aging were asked about their intent to pursue options under health care reform, to provide their thoughts on the outlook for LTSS, and to share promising practices in their state. This section combines information from both agencies if both agencies responded. See the Overview for descriptions of these provisions.



GEORGIA

State's Intent to Pursue LTSS Provisions in the Affordable Care Act	Very Likely	Somewhat Likely	Not Likely	Don't Know
State Balancing Incentive Program			X	
Community First Choice Option				X
Money Follows the Person Demonstration				
1. Apply for new program				
2. Apply for extension of existing program	X			
Medical/Health Home Initiative				
1. Agency applying for planning grant			X	
2. State plan amendment to establish medical/health home services			X	
3. Apply to establish community health teams			X	

STATE PRIORITIES: 18–24 MONTHS

- The state's top priority is further development of Aging and Disability Resource Centers (ADRCs).

STATE ISSUES

- Fourth straight year of declining revenues.
- Potential for across-the-board reductions, which may include elimination of all nonmandatory programs.
- Potential state match issue, with the possibility that many programs may fall below maintenance of effort requirements.

STATE PROMISING PRACTICES

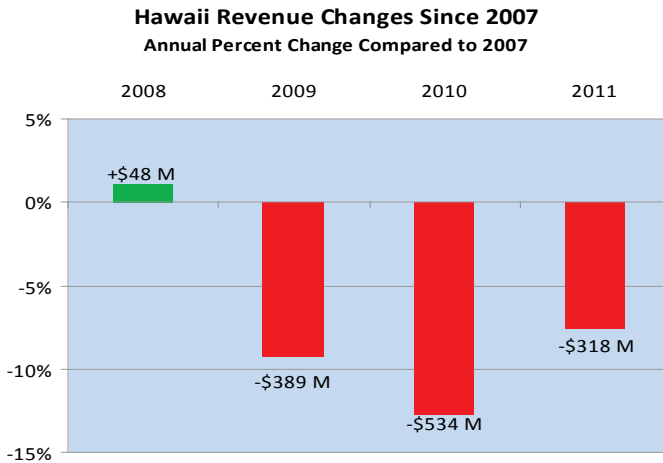
- The Gateway/ADRC initiative is 10 years old and will be used as a springboard to further expand the ADRC. This single point of entry serves 75,000 to 80,000 individuals.

The information in this profile represents information available to state officials at a point in time. Surveys were conducted from June through September 2010. Georgia's fiscal year begins July 1 and ends June 30.



HAWAII

TAX COLLECTIONS



Source: HMA analysis of state tax collection data from the National Association of State Budget Officers (NASBO), Spring Fiscal Survey of States, 2008 (for baseline 2007 data); Spring Fiscal Survey of States, 2009 (for 2008 data) and Spring Fiscal Survey of States, 2010 (for 2009 actual, 2010 estimated, and 2011 projected). Revenue represents the following taxes if collected by the state: **Personal Income, Corporate, and Sales**. Percent change and change in amount collected (in millions) represents the divergence between the state fiscal year noted and baseline SFY 2007.

ARRA FUNDING

IMPACT OF ARRA ENHANCED MEDICAID FMAP EXPIRATION

PREDICTED IMPACT OF THE EXPIRATION OF THE ARRA NUTRITION FUNDING

- Too soon to tell.

STATE UNIT ON AGING AND DISABILITY (NON-MEDICAID) SERVICES

STATE UNIT ON AGING NUMBER SERVED (UNDUPLICATED)

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (projected)	% Change SFY 2009–2011
8,886	9,000	9,500	7%

STATE UNIT ON AGING TOTAL EXPENDITURE REDUCTIONS – ACTION TAKEN

SFY 2009–2010	SFY 2010–2011
None	None

STATE UNIT ON AGING SERVICE DEMAND AND EXPENDITURE CHANGES

Program	Change in Expenditures		Change in Service Requests SFY 2009–2010
	SFY 2009–2010	SFY 2010–2011	
Adult Foster Care	NA	NA	
Adult Day Care	+	0	
Adult Protective Services	NA	NA	
Assisted Living	NA	NA	
Behavioral Supports	NA	NA	
Case Management	+	0	
Chore	0	0	
Community Transition	NA	NA	
Congregate Meals	+	0	
Day Habilitation	NA	NA	
Disease Prevention/Health Promotion	+	+	
Elder Abuse Prevention	+	+	
Environmental Modifications			
Equipment and Supplies			
Family Caregiver Support			
Food Stamps/Supplemental Nutrition Assistance Program			
Foreclosure Counseling	NA	NA	
Homemaker			
Home-Delivered Meals	+	0	
Housing Assistance	NA	NA	
Information and Referral	0	0	
Legal Assistance Development	0	0	
LIHEAP			
Long-Term Care Ombudsman	0	0	
Nutritional Supplements	NA	NA	
Occupational Therapy	NA	NA	
Personal Care/Assistance	+	0	
Physical Therapy	NA	NA	
Recreational Therapy	NA	NA	
Residential Habilitation	NA	NA	
Respite			
Senior Community Service Employment Program	NA	NA	
Senior Centers	0	0	
Speech Therapy	NA	NA	
State Adult Guardianship Program	NA	NA	
State Pharmaceutical Assistance	NA	NA	
Supported Employment	NA	NA	
Supported Living	NA	NA	
Transportation	0	0	
+ Expenditure/demand increase	0	No change in expenditure/demand	DK Don't know
- Expenditure/demand decrease	NA	Program not administered by SUA	

STATE UNIT ON AGING NON-MEDICAID HCBS EXPENDITURES

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (appropriation)	% Change SFY 2009–2010
\$5,544,447	\$5,624,172	\$5,624,172	1%

MEDICAID LONG-TERM SERVICES & SUPPORTS

NUMBER OF BENEFICIARIES: WAIVERS & NURSING FACILITIES

Waiver Name	Avg. Daily Caseload			% Change SFY 2009–2010
	SFY 2009	SFY 2010	SFY 2011 (planned)	
Nursing Home Without Walls *	900	0	0	-100%
Residential Alternative Community Care Program *	1,200	0	0	-100%
HIV Community Care Program *	30	0	0	-100%
Nursing Facility Services	Avg. Daily Census 2010		Expected Change 2011	
NF Average Daily Census				

- Hawaii implemented a mandatory managed care program for 41,000 clients who are 65 or older, or individuals with disabilities of any age on February 1, 2009. Clients receive primary, acute, and long-term services and supports (LTSS) in this managed care program.
- Home and community-based services (HCBS) waivers were discontinued on January 31, 2009, and the clients were moved into managed care; the number served are estimates for the month of January 2009.

LTSS EXPENDITURES (FEDERAL AND STATE)

Service	SFY 2009	SFY 2010 (Estimate)	SFY 2011 (Appropriation)	% Change SFY 2009–2010
HCBS Waivers (For Older People and Adults with Physical Disabilities) *	\$15,561,000	\$0	\$0	-100%
Medicaid LTSS State Plan				
Nursing Facility				

- HCBS waivers were discontinued on January 31, 2009, and the clients were moved into managed care. The state no longer tracks expenditure data for LTSS because it is part of the capitation payments in managed care.

LTSS PROVIDER PAYMENT RATE CHANGES

Provider Type	SFY 2009–2010 % change	SFY 2010–2011 % change
Nursing Home	0	+0.8%
Home Health	0	0
Personal Care Services		
HCBS Waiver Services		
+ Provider rate increase - Provider rate decrease 0 No change in provider rate		NA Not applicable

- The state is no longer setting service-specific rates because all services are included in the managed care capitated rate.

OPTIONS, OUTLOOK, AND PROMISING PRACTICES

The Medicaid agency and State Unit on Aging were asked about their intent to pursue options under health care reform, to provide their thoughts on the outlook for LTSS, and to share promising practices in their state. This section combines information from both agencies if both agencies responded.

See the Overview for descriptions of these provisions.

State's Intent to Pursue LTSS Provisions in the Affordable Care Act	Very Likely	Somewhat Likely	Not Likely	Don't Know
State Balancing Incentive Program				X
Community First Choice Option			X	
Money Follows the Person Demonstration				
1. Apply for new program				
2. Apply for extension of existing program	X			
Medical/Health Home Initiative				
1. Agency applying for planning grant				X
2. State plan amendment to establish medical/health home services				X
3. Apply to establish community health teams				X

STATE PRIORITIES: 18 24 MONTHS

- Strengthening the working relationship between the State Unit on Aging (SUA) and the Medicaid agency.
- Increasing SUA and Area Agencies on Aging awareness and enhancing the working relationship with disability advocates.
- Expanding Hawaii's Aging and Disability Resource Center (ADRC) statewide through significant systems change efforts. Initiating a consumer-directed service option (first through the Community Living Program by identifying at-risk individuals through the ADRC and linking them to HCBS to retain them in the community, offering options of consumer-directed services or agency-directed services).

STATE ISSUES

- Ensuring financial sustainability of ADRC and other initiatives that will need increased funding for staff and consumer supports.
- Assuring that the programs encouraging HCBS are in place and meet the clients' needs, if this is the clients' choice.

STATE PROMISING PRACTICES

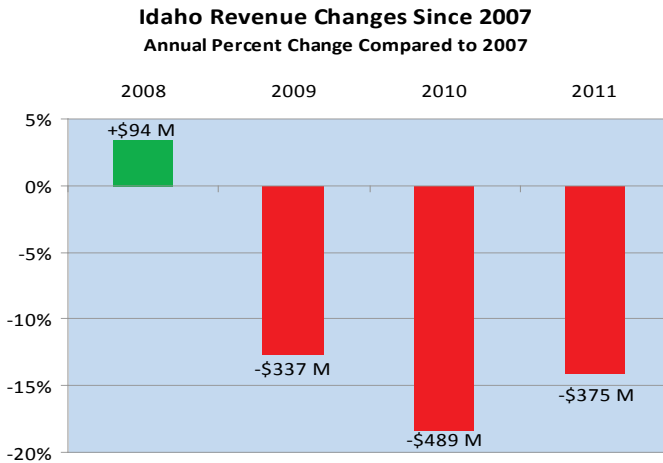
- The QUEST Expanded Access (QExA) managed care program, which provides acute, primary, and LTSS to adults over age 65 and individuals with disabilities of any age.
- State-funded KUPUNA CARE program (HCBS supports targeted to older adults).
- Hawaii Healthy Aging Partnership, delivering chronic disease self-management programs statewide.
- EnhanceFitness provided in targeted communities with plans to expand to geographic areas statewide.

The information in this profile represents information available to state officials at a point in time. Surveys were conducted from June through September 2010. Hawaii's fiscal year begins July 1 and ends June 30.



IDAHO

TAX COLLECTIONS



Source: HMA analysis of state tax collection data from the National Association of State Budget Officers (NASBO), Spring Fiscal Survey of States, 2008 (for baseline 2007 data); Spring Fiscal Survey of States, 2009 (for 2008 data) and Spring Fiscal Survey of States, 2010 (for 2009 actual, 2010 estimated, and 2011 projected). Revenue represents the following taxes if collected by the state: **Personal Income, Corporate, and Sales**. Percent change and change in amount collected (in millions) represents the divergence between the state fiscal year noted and baseline SFY 2007.

ARRA FUNDING

IMPACT OF ARRA ENHANCED MEDICAID FMAP EXPIRATION

PREDICTED IMPACT OF THE EXPIRATION OF THE ARRA NUTRITION FUNDING

- Too soon to tell.

STATE UNIT ON AGING AND DISABILITY (NON-MEDICAID) SERVICES

STATE UNIT ON AGING NUMBER SERVED (UNDUPLICATED)

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (projected)	% Change SFY 2009–2011
46,081	43,553	39,890	-13%

STATE UNIT ON AGING TOTAL EXPENDITURE REDUCTIONS – ACTION TAKEN

SFY 2009–2010	SFY 2010–2011
None	Don't Know

STATE UNIT ON AGING SERVICE DEMAND AND EXPENDITURE CHANGES

Program	Change in Expenditures		Change in Service Requests SFY 2009–2010
	SFY 2009–2010	SFY 2010–2011	
Adult Foster Care	NA	NA	
Adult Day Care	+	+	DK
Adult Protective Services	+	+	-
Assisted Living	NA	NA	
Behavioral Supports	NA	NA	
Case Management	+	+	-
Chore	NA	NA	
Community Transition	NA	NA	
Congregate Meals	+	-	+
Day Habilitation	NA	NA	
Disease Prevention/Health Promotion	+	+	DK
Elder Abuse Prevention	0	0	
Environmental Modifications	NA	NA	
Equipment and Supplies	NA	NA	
Family Caregiver Support	0	0	DK
Food Stamps/Supplemental Nutrition Assistance Program			
Foreclosure Counseling	NA	NA	
Homemaker	-	+	-
Home-Delivered Meals	+	+	-
Housing Assistance	NA	NA	
Information and Referral	+	+	+
Legal Assistance Development	-	-	+
LIHEAP			
Long-Term Care Ombudsman	+	+	-
Nutritional Supplements	NA	NA	
Occupational Therapy	NA	NA	
Personal Care/Assistance	NA	NA	
Physical Therapy	NA	NA	
Recreational Therapy	NA	NA	
Residential Habilitation	NA	NA	
Respite	-	-	DK
Senior Community Service Employment Program			
Senior Centers	NA	NA	
Speech Therapy	NA	NA	
State Adult Guardianship Program	NA	NA	
State Pharmaceutical Assistance	NA	NA	
Supported Employment	NA	NA	
Supported Living	NA	NA	
Transportation	+	-	-
+ Expenditure/demand increase	0	No change in expenditure/demand	DK Don't know
- Expenditure/demand decrease	NA	Program not administered by SUA	

STATE UNIT ON AGING NON-MEDICAID HCBS EXPENDITURES

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (appropriation)	% Change SFY 2009–2010
None Listed	None Listed	None Listed	NA

MEDICAID LONG-TERM SERVICES & SUPPORTS

NUMBER OF BENEFICIARIES: WAIVERS & NURSING FACILITIES

Waiver Name	Avg. Daily Caseload			% Change SFY 2009– 2010
	SFY 2009	SFY 2010	SFY 2011 (planned)	
Aged & Disabled Waiver				NA
Nursing Facility Services	Avg. Daily Census 2010		Expected Change 2011	
NF Average Daily Census	3,119		No change	

LTSS EXPENDITURES (FEDERAL AND STATE)

Service	SFY 2009	SFY 2010 (Estimate)	SFY 2011 (Appropriation)	% Change SFY 2009–2010
HCBS Waivers (For Older People and Adults with Physical Disabilities)	\$82,400,000	\$108,100,000	\$133,400,000	31%
Medicaid LTSS State Plan	\$31,500,000	\$30,700,000	\$30,800,000	-3%
Nursing Facility	\$151,700,000	\$153,200,000	\$162,700,000	1%

LTSS PROVIDER PAYMENT RATE CHANGES

Provider Type	SFY 2009–2010 % change	SFY 2010–2011 % change
Nursing Home	-3%	
Home Health	0	
Personal Care Services	0	
HCBS Waiver Services	0	
+ Provider rate increase - Provider rate decrease 0 No change in provider rate		NA Not applicable

OPTIONS, OUTLOOK, AND PROMISING PRACTICES

The Medicaid agency and State Unit on Aging were asked about their intent to pursue options under health care reform, to provide their thoughts on the outlook for LTSS, and to share promising practices in their state. This section combines information from both agencies if both agencies responded.

See the Overview for descriptions of these provisions.

State's Intent to Pursue LTSS Provisions in the Affordable Care Act	Very Likely	Somewhat Likely	Not Likely	Don't Know
State Balancing Incentive Program				X
Community First Choice Option	X			
Money Follows the Person Demonstration				
1. Apply for new program	X			
2. Apply for extension of existing program				
Medical/Health Home Initiative				
1. Agency applying for planning grant	X			
2. State plan amendment to establish medical/health home services	X			
3. Apply to establish community health teams	X			

STATE PRIORITIES: 18–24 MONTHS

- Providing timely eligibility assessments for new applicants.
- Ensuring clients receive quality services and the correct amount of services.

STATE ISSUES

- Increasing caseloads.
- Limited staff resources.
- Budget constraints.

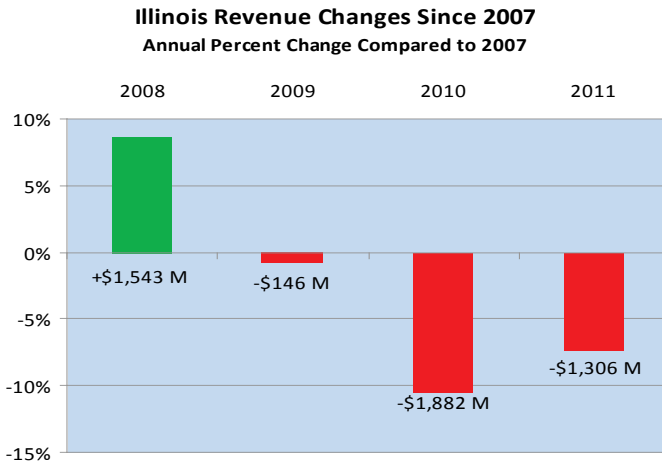
STATE PROMISING PRACTICES

- Diversion from nursing facility admissions to home and community-based services Aged and Disabled services.

The information in this profile represents information available to state officials at a point in time. Surveys were conducted from June through September 2010. Idaho's fiscal year begins July 1 and ends June 30.

ILLINOIS

TAX COLLECTIONS



Source: HMA analysis of state tax collection data from the National Association of State Budget Officers (NASBO), Spring Fiscal Survey of States, 2006 *(for baseline 2007 data); Spring Fiscal Survey of States, 2009 (for 2008 data) and Spring Fiscal Survey of States, 2010 (for 2009 actual, 2010 estimated, and 2011 projected). Revenue represents the following taxes if collected by the state: **Personal Income, Corporate, and Sales**. Percent change and change in amount collected (in millions) represents the divergence between the state fiscal year noted and baseline SFY 2007.

* Analysis uses projected 2007 revenue from NASBO's 2006 report because data for Illinois were not available in the 2008 report.

ARRA FUNDING

IMPACT OF ARRA ENHANCED MEDICAID FMAP EXPIRATION

- The state budgeted for SFY 2011 assuming the ARRA extension would pass.

PREDICTED IMPACT OF THE EXPIRATION OF THE ARRA NUTRITION FUNDING

- Waiting lists will increase.
- Services will be reduced.

STATE UNIT ON AGING AND DISABILITY (NON-MEDICAID) SERVICES

STATE UNIT ON AGING NUMBER SERVED (UNDUPLICATED)

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (projected)	% Change SFY 2009–2011
502,401	507,425	495,000	-1%

STATE UNIT ON AGING TOTAL EXPENDITURE REDUCTIONS – ACTION TAKEN

SFY 2009–2010	SFY 2010–2011
5% or less	Don't Know

ILLINOIS

STATE UNIT ON AGING SERVICE DEMAND AND EXPENDITURE CHANGES

Program	Change in Expenditures		Change in Service Requests
	SFY 2009–2010	SFY 2010–2011	SFY 2009–2010
Adult Foster Care	NA		DK
Adult Day Care	-		-
Adult Protective Services	NA		DK
Assisted Living	NA		DK
Behavioral Supports	NA		DK
Case Management	-		+
Chore	0		0
Community Transition	NA		-
Congregate Meals	-		-
Day Habilitation	NA		DK
Disease Prevention/Health Promotion	+		+
Elder Abuse Prevention	-		-
Environmental Modifications	NA		DK
Equipment and Supplies	NA		DK
Family Caregiver Support	-		0
Food Stamps/Supplemental Nutrition Assistance Program			DK
Foreclosure Counseling	NA		DK
Homemaker	0		+
Home-Delivered Meals	0		0
Housing Assistance	-		0
Information and Referral	+		+
Legal Assistance Development	0		0
LIHEAP			DK
Long-Term Care Ombudsman	0		0
Nutritional Supplements	NA		DK
Occupational Therapy	NA		DK
Personal Care/Assistance	NA		DK
Physical Therapy	NA		DK
Recreational Therapy	NA		DK
Residential Habilitation	NA		DK
Respite	+		+
Senior Community Service Employment Program	+		0
Senior Centers	-		-
Speech Therapy	NA		DK
State Adult Guardianship Program	NA		DK
State Pharmaceutical Assistance	-		-
Supported Employment	NA		DK
Supported Living	NA		DK
Transportation	-		0
+ Expenditure/demand increase	0	No change in expenditure/demand	DK Don't know
- Expenditure/demand decrease	NA	Program not administered by SUA	

STATE UNIT ON AGING NON-MEDICAID HCBS EXPENDITURES

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (appropriation)	% Change SFY 2009–2010
\$228,420,800	\$295,914,750	\$275,662,600	30%

MEDICAID LONG-TERM SERVICES & SUPPORTS

NUMBER OF BENEFICIARIES: WAIVERS & NURSING FACILITIES

Waiver Name	Avg. Daily Caseload			% Change
	SFY 2009	SFY 2010	SFY 2011 (planned)	SFY 2009– 2010
None Listed				
Nursing Facility Services	Avg. Daily Census 2010		Expected Change 2011	
NF Average Daily Census *				

- Nursing facilities have seen small decreases, perhaps due to the availability of home and community-based services (HCBS).
- The state lacks HCBS for individuals with mental illness, so many nursing facilities have become alternatives for this population.

LTSS EXPENDITURES (FEDERAL AND STATE)

Service	SFY 2009	SFY 2010 (Estimate)	SFY 2011 (Appropriation)	% Change SFY 2009–2010
HCBS Waivers (For Older People and Adults with Physical Disabilities)				
Medicaid LTSS State Plan				
Nursing Facility				

LTSS PROVIDER PAYMENT RATE CHANGES

Provider Type	SFY 2009–2010 % change	SFY 2010–2011 % change
Nursing Home	+	TBD
Home Health	-	-
Personal Care Services *		
HCBS Waiver Services *	+	+
+ Provider rate increase - Provider rate decrease 0 No change in provider rate		NA Not applicable

- Waiver rate increases were not significant and did not occur in all waiver services. Rate increases were the result of negotiations or a function of rate-setting methodologies. For example, an increase in homemaker and personal assistance rates was due to an increase by a health insurance add-on negotiated with unions. A small increase in assisted living waiver rates was due to rate-setting methodology tied to changes in nursing facility rates.
- During SFY 2011, a rate reform work group (established by legislation) will study nursing facility rates with the goal of developing an evidence-based methodology. Illinois currently uses a hybrid case mix methodology (nursing, capital and support components). The state will consider a Resource Utilization Group (RUG) based methodology in 2011.
- The state is unsure what the impact on nursing facility rates will be, but expects that it will result in a reallocation rather than an increase due to limited budget.

OPTIONS, OUTLOOK, AND PROMISING PRACTICES

The Medicaid agency and State Unit on Aging were asked about their intent to pursue options under health care reform, to provide their thoughts on the outlook for LTSS, and to share promising practices in their state. This section combines information from both agencies if both agencies responded. See the Overview for descriptions of these provisions.

State's Intent to Pursue LTSS Provisions in the Affordable Care Act	Very Likely	Somewhat Likely	Not Likely	Don't Know
State Balancing Incentive Program				X
Community First Choice Option				X
Money Follows the Person Demonstration				
1. Apply for new program				
2. Apply for extension of existing program	X			
Medical/Health Home Initiative				
1. Agency applying for planning grant				X
2. State plan amendment to establish medical/health home services				X
3. Apply to establish community health teams				X

STATE PRIORITIES: 18–24 MONTHS

- Balancing through enhancement and expansion of the ADRC network, participation in Cash and Counseling demonstration, Money Follows the Person, and statewide expansion of the Veteran's Consumer Directed program.
- Studying nursing facility rate reform that will permit appropriate payment for high-acuity residents.

STATE ISSUES

- Ongoing structural deficit and the impact on the state's ability to develop new programs that require state funding, including participation in HCBS options under the Affordable Care Act.
- Attention to medical issues of participants in HCBS programs.
- U.S. Centers for Medicare & Medicaid Services' (CMS) quality assurance requirements for HCBS.

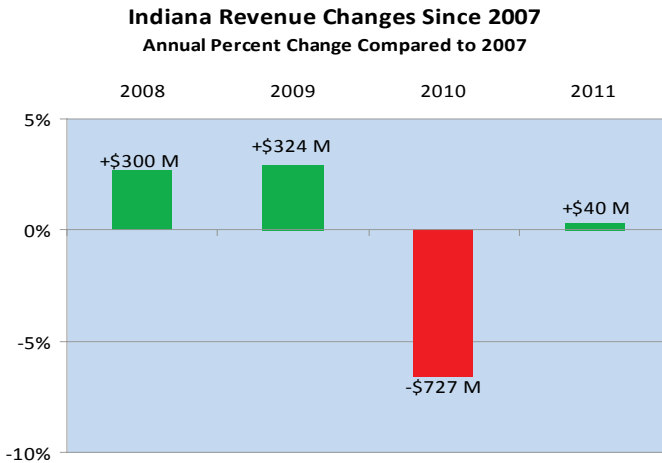
STATE PROMISING PRACTICES

- Implementation of a Comprehensive Care Coordination assessment tool that ensures all older adults receive a standardized assessment and care planning process.
- Coordination with LTSS ombudsman to assist with outreach, education and awareness of Money Follows the Person initiative.
- Cash and Counseling demonstration in four areas of the state and exploration of innovative approaches in that program.

The information in this profile represents information available to state officials at a point in time. Surveys were conducted from June through September 2010. Illinois' fiscal year begins July 1 and ends June 30.

INDIANA

TAX COLLECTIONS



Source: HMA analysis of state tax collection data from the National Association of State Budget Officers (NASBO), Spring Fiscal Survey of States, 2008 (for baseline 2007 data); Spring Fiscal Survey of States, 2009 (for 2008 data) and Spring Fiscal Survey of States, 2010 (for 2009 actual, 2010 estimated, and 2011 projected). Revenue represents the following taxes if collected by the state: **Personal Income, Corporate, and Sales.** Percent change and change in amount collected (in millions) represents the divergence between the state fiscal year noted and baseline SFY 2007.

ARRA FUNDING

IMPACT OF ARRA ENHANCED MEDICAID FMAP EXPIRATION

- Indiana was able to maintain benefits and minimize changes to provider rates.
- Optional benefits and provider rates will be re-evaluated in anticipation of the enhanced FMAP expiration.

PREDICTED IMPACT OF THE EXPIRATION OF THE ARRA NUTRITION FUNDING

- Waiting lists will increase.

STATE UNIT ON AGING AND DISABILITY (NON-MEDICAID) SERVICES

STATE UNIT ON AGING NUMBER SERVED (UNDUPLICATED)

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (projected)	% Change SFY 2009–2011
234,860	237,208	237,208	1%

STATE UNIT ON AGING TOTAL EXPENDITURE REDUCTIONS – ACTION TAKEN

SFY 2009–2010	SFY 2010–2011
None	None

STATE UNIT ON AGING SERVICE DEMAND AND EXPENDITURE CHANGES

Program	Change in Expenditures		Change in Service Requests SFY 2009–2010
	SFY 2009–2010	SFY 2010–2011	
Adult Foster Care	0	0	+
Adult Day Care	0	0	+
Adult Protective Services*	0	0	+
Assisted Living	0	0	+
Behavioral Supports	0	0	+
Case Management	0	0	+
Chore	0	0	+
Community Transition	0	0	+
Congregate Meals	0	0	+
Day Habilitation	0	0	+
Disease Prevention/Health Promotion	0	0	+
Elder Abuse Prevention	0	0	+
Environmental Modifications	0	0	+
Equipment and Supplies	0	0	+
Family Caregiver Support	0	0	+
Food Stamps/Supplemental Nutrition Assistance Program			+
Foreclosure Counseling	0	0	+
Homemaker	0	0	+
Home-Delivered Meals	0	0	+
Housing Assistance	0	0	+
Information and Referral	0	0	+
Legal Assistance Development	0	0	+
LIHEAP			+
Long-Term Care Ombudsman	0	0	+
Nutritional Supplements	0	0	+
Occupational Therapy	0	0	+
Personal Care/Assistance	0	0	+
Physical Therapy	0	0	+
Recreational Therapy	0	0	+
Residential Habilitation	0	0	+
Respite	0	0	+
Senior Community Service Employment Program	0	0	+
Senior Centers	0	0	+
Speech Therapy	0	0	+
State Adult Guardianship Program	0	0	+
State Pharmaceutical Assistance	0	0	+
Supported Employment	0	0	+
Supported Living	0	0	+
Transportation	0	0	+
+ Expenditure/demand increase	0	No change in expenditure/demand	DK Don't know
- Expenditure/demand decrease	NA	Program not administered by SUA	

* Since SFY 2009, the State Unit on Aging has received increased calls for Adult Protective Services, e.g., financial exploitation, physical abuse, emotional abuse, and sexual abuse.

INDIANA

STATE UNIT ON AGING NON-MEDICAID HCBS EXPENDITURES

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (appropriation)	% Change SFY 2009–2010
\$31,900,000	\$34,800,000	\$34,800,000	9%

MEDICAID LONG-TERM SERVICES & SUPPORTS

NUMBER OF BENEFICIARIES: WAIVERS & NURSING FACILITIES

Waiver Name	Avg. Daily Caseload			% Change
	SFY 2009	SFY 2010	SFY 2011 (planned)	SFY 2009–2010
Aged & Disabled Waiver	9,614	11,034	11,802	15%
Traumatic Brain Injury	153	157	275	3%
Nursing Facility Services	Avg. Daily Census 2010		Expected Change 2011	
NF Average Daily Census	24,017		Increase	

LTSS EXPENDITURES (FEDERAL AND STATE)

Service	SFY 2009	SFY 2010 (Estimate)	SFY 2011* (Appropriation)	% Change SFY 2009–2010
HCBS Waivers (For Older People and Adults with Physical Disabilities)	\$589,400,000	\$424,500,000	\$407,515,000	-28%
Medicaid LTSS State Plan	\$130,300,000	\$158,300,000	\$282,713,000	21%
Nursing Facility	\$1,063,000,000	\$1,072,000,000	\$1,431,004,000	1%

- FY 2011 appropriations are estimates based on state General Fund appropriations and anticipated enhanced FMAP phase down for federal fiscal year 2011.
- HCBS waiver data includes total LTSS waiver expenditures or appropriations.

LTSS PROVIDER PAYMENT RATE CHANGES

Provider Type	SFY 2009–2010 % change	SFY 2010–2011 % change
Nursing Home	+0.8%	
Home Health	-5%	
Personal Care Services	0	0
HCBS Waiver Services	0	0
+ Provider rate increase - Provider rate decrease 0 No change in provider rate		NA Not applicable



OPTIONS, OUTLOOK, AND PROMISING PRACTICES

The Medicaid agency and State Unit on Aging were asked about their intent to pursue options under health care reform, to provide their thoughts on the outlook for LTSS, and to share promising practices in their state. This section combines information from both agencies if both agencies responded.

See the Overview for descriptions of these provisions.

State's Intent to Pursue LTSS Provisions in the Affordable Care Act	Very Likely	Somewhat Likely	Not Likely	Don't Know
State Balancing Incentive Program				X
Community First Choice Option				X
Money Follows the Person Demonstration				
1. Apply for new program				
2. Apply for extension of existing program	X			
Medical/Health Home Initiative				
1. Agency applying for planning grant				X
2. State plan amendment to establish medical/health home services				X
3. Apply to establish community health teams				X

STATE PRIORITIES: 18–24 MONTHS

- Expanding home and community-based services (HCBS) remains a priority; however, that expansion depends on the savings, if any, in nursing facility expenditures as well as the state revenues available to fund state-only programs.
- Continuing the expansion of HCBS and the decrease (or avoidance of an increase) in clients served in nursing facilities.

STATE ISSUES

- Reduced state revenues may prohibit a more rapid expansion of waiver services, as well as limit services under Indiana's state-funded program, CHOICE (Community and Home Options to Institutional Care for the Elderly and Disabled).
- Indiana hopes to participate in as many grants as possible under the Affordable Care Act, while at the same time ensuring that the state can afford expansions after the expiration of those grants.

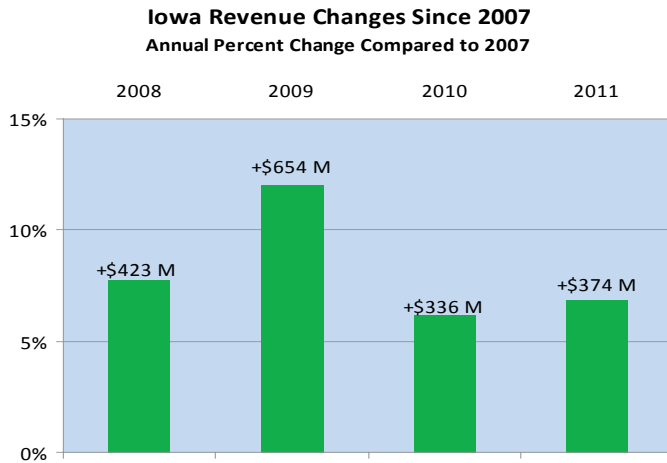
STATE PROMISING PRACTICES

- Indiana increased HCBS clients by almost 200 percent from 2003 to 2010 by increasing the number of waiver slots, creating uniform financial eligibility for nursing facility services and HCBS, and participating in Money Follows the Person, as well as other federal grant programs.
- In January 2010, the nursing facility reimbursement methodology was revised to provide a quality add-on payment to those providers giving the best care. Further changes to the quality component will be made over the next 18 months.

The information in this profile represents information available to state officials at a point in time. Surveys were conducted from June through September 2010. Indiana's fiscal year begins July 1 and ends June 30.

IOWA

TAX COLLECTIONS



Source: HMA analysis of state tax collection data from the National Association of State Budget Officers (NASBO), Spring Fiscal Survey of States, 2008 (for baseline 2007 data); Spring Fiscal Survey of States, 2009 (for 2008 data) and Spring Fiscal Survey of States, 2010 (for 2009 actual, 2010 estimated, and 2011 projected). Revenue represents the following taxes if collected by the state: **Personal Income, Corporate, and Sales**. Percent change and change in amount collected (in millions) represents the divergence between the state fiscal year noted and baseline SFY 2007.

ARRA FUNDING

IMPACT OF ARRA ENHANCED MEDICAID FMAP EXPIRATION

- The state budget which passed assumed the extension would occur.
- The SFY 2012 budget may see reductions after the enhanced FMAP expires.

PREDICTED IMPACT OF THE EXPIRATION OF THE ARRA NUTRITION FUNDING

- Services will be reduced.

STATE UNIT ON AGING AND DISABILITY (NON-MEDICAID) SERVICES

STATE UNIT ON AGING NUMBER SERVED (UNDUPLICATED)

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (projected)	% Change SFY 2009–2011
73,932	70,605	68,000	-8%

STATE UNIT ON AGING TOTAL EXPENDITURE REDUCTIONS – ACTION TAKEN

SFY 2009–2010	SFY 2010–2011
5% or less	5% or less

STATE UNIT ON AGING SERVICE DEMAND AND EXPENDITURE CHANGES

Program	Change in Expenditures		Change in Service Requests
	SFY 2009–2010	SFY 2010–2011	SFY 2009–2010
Adult Foster Care			DK
Adult Day Care			+
Adult Protective Services			DK
Assisted Living			DK
Behavioral Supports			DK
Case Management			+
Chore			-
Community Transition			DK
Congregate Meals			-
Day Habilitation			DK
Disease Prevention/Health Promotion			+
Elder Abuse Prevention			+
Environmental Modifications			DK
Equipment and Supplies			DK
Family Caregiver Support			+
Food Stamps/Supplemental Nutrition Assistance Program			DK
Foreclosure Counseling			DK
Homemaker			-
Home-Delivered Meals			+
Housing Assistance			DK
Information and Referral			-
Legal Assistance Development			+
LIHEAP			DK
Long-Term Care Ombudsman			+
Nutritional Supplements			DK
Occupational Therapy			DK
Personal Care/Assistance			-
Physical Therapy			DK
Recreational Therapy			DK
Residential Habilitation			DK
Respite			+
Senior Community Service Employment Program			+
Senior Centers			-
Speech Therapy			DK
State Adult Guardianship Program			DK
State Pharmaceutical Assistance			DK
Supported Employment			DK
Supported Living			DK
Transportation			+
+ Expenditure/demand increase	0	No change in expenditure/demand	DK Don't know
- Expenditure/demand decrease	NA	Program not administered by SUA	

STATE UNIT ON AGING NON-MEDICAID HCBS EXPENDITURES

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (appropriation)	% Change SFY 2009–2010
\$6,669,993	\$8,107,420	\$7,375,076	22%

MEDICAID LONG-TERM SERVICES & SUPPORTS

NUMBER OF BENEFICIARIES: WAIVERS & NURSING FACILITIES

Waiver Name	Avg. Daily Caseload			% Change SFY 2009– 2010
	SFY 2009	SFY 2010	SFY 2011 (planned)	
Elderly Waiver	9,673	10,024	10,388	4%
Ill & Handicapped Waiver	1,091	1,149	1,280	5%
Physical Disabilities Waiver	651	730	933	12%
Nursing Facility Services	Avg. Daily Census 2010		Expected Change 2011	
NF Average Daily Census *	12,805		Decrease	

- On average, nursing facility bed days have been declining 2 to 3 percent annually, and the state expects this trend to continue in SFY 2011.

LTSS EXPENDITURES (FEDERAL AND STATE)

Service	SFY 2009	SFY 2010 (Estimate)	SFY 2011 (Appropriation)	% Change SFY 2009–2010
HCBS Waivers (For Older People and Adults with Physical Disabilities)	\$87,406,402	\$93,870,599	\$100,800,634	7%
Medicaid LTSS State Plan	\$245,276,844	\$277,812,700	\$302,536,086	13%
Nursing Facility	\$464,129,839	\$494,633,876	\$526,625,309	7%

LTSS PROVIDER PAYMENT RATE CHANGES

Provider Type	SFY 2009–2010 % change	SFY 2010–2011 % change
Nursing Home *	+ and -	+
Home Health	-5%	
Personal Care Services		
HCBS Waiver Services	-2.5%	
Targeted Case Management	-2.5%	+2.5%
+ Provider rate increase - Provider rate decrease 0 No change in provider rate		NA Not applicable

- Nursing facility rates increased approximately 7 percent due to scheduled rebasing effective July 1, 2009. The rates were subsequently reduced 6 to 7 percent due to across-the-board budget reductions. They were increased again due to funds becoming available from Iowa's recently approved nursing facility provider tax. Rates were further restored in SFY 2011 due to the nursing facility provider tax revenue. The exact percentage change is not known.

OPTIONS, OUTLOOK, AND PROMISING PRACTICES

The Medicaid agency and State Unit on Aging were asked about their intent to pursue options under health care reform, to provide their thoughts on the outlook for LTSS, and to share promising practices in their state. This section combines information from both agencies if both agencies responded. See the Overview for descriptions of these provisions.

State's Intent to Pursue LTSS Provisions in the Affordable Care Act	Very Likely	Somewhat Likely	Not Likely	Don't Know
State Balancing Incentive Program		X		
Community First Choice Option		X		
Money Follows the Person Demonstration				
1. Apply for new program				
2. Apply for extension of existing program	X			
Medical/Health Home Initiative				
1. Agency applying for planning grant	X			
2. State plan amendment to establish medical/health home services	X			
3. Apply to establish community health teams				X

STATE PRIORITIES: 18–24 MONTHS

- Implementing Minimum Data Set (MDS) 3.0 to improve data reporting and quality in nursing facilities.
- Working on training and quality improvement for providers to focus on developing community capacity to address needs of individuals with dual diagnoses and substance abuse problems.

STATE ISSUES

- Maintaining current funding and service levels.
- Building community capacity for individuals with behavioral issues.

STATE PROMISING PRACTICES

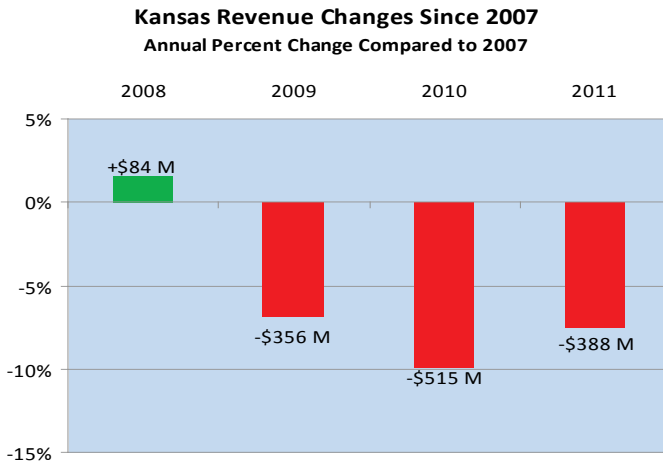
- Expanding Aging and Disability Resource Centers' (ADRC) geographic coverage and infrastructure development. In addition to its Lifelonglinks.org website, Iowa now has an ADRC presence in seven counties, with an anticipated expansion to two more by the end of the year.

The information in this profile represents information available to state officials at a point in time. Surveys were conducted from June through September 2010. Iowa's fiscal year begins July 1 and ends June 30.



KANSAS

TAX COLLECTIONS



Source: HMA analysis of state tax collection data from the National Association of State Budget Officers (NASBO), Spring Fiscal Survey of States, 2008 (for baseline 2007 data); Spring Fiscal Survey of States, 2009 (for 2008 data) and Spring Fiscal Survey of States, 2010 (for 2009 actual, 2010 estimated, and 2011 projected). Revenue represents the following taxes if collected by the state: **Personal Income, Corporate, and Sales**. Percent change and change in amount collected (in millions) represents the divergence between the state fiscal year noted and baseline SFY 2007.

ARRA FUNDING

IMPACT OF ARRA ENHANCED MEDICAID FMAP EXPIRATION

- Loss of enhanced match is expected to have a significant impact on Medicaid programs.
- The nursing facility program will experience less impact if the U.S. Centers for Medicare & Medicaid Services (CMS) approves the provider tax.

PREDICTED IMPACT OF THE EXPIRATION OF THE ARRA NUTRITION FUNDING

- Additional state funds were appropriated in SFY 2011 to offset the loss of ARRA funds.

STATE UNIT ON AGING AND DISABILITY (NON-MEDICAID) SERVICES

STATE UNIT ON AGING NUMBER SERVED (UNDUPLICATED)

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (projected)	% Change SFY 2009–2011
66,377	66,300	65,750	-1%

STATE UNIT ON AGING TOTAL EXPENDITURE REDUCTIONS – ACTION TAKEN

SFY 2009–2010	SFY 2010–2011
11%–15%	6%–10%

KANSAS

STATE UNIT ON AGING SERVICE DEMAND AND EXPENDITURE CHANGES

Program	Change in Expenditures		Change in Service Requests SFY 2009–2010
	SFY 2009–2010	SFY 2010–2011	
Adult Foster Care			
Adult Day Care			
Adult Protective Services			
Assisted Living			
Behavioral Supports			
Case Management			
Chore			
Community Transition			
Congregate Meals			
Day Habilitation			
Disease Prevention/Health Promotion			
Elder Abuse Prevention			
Environmental Modifications			
Equipment and Supplies			
Family Caregiver Support			
Food Stamps/Supplemental Nutrition Assistance Program			
Foreclosure Counseling			
Homemaker			
Home-Delivered Meals			
Housing Assistance			
Information and Referral			
Legal Assistance Development			
LIHEAP			
Long-Term Care Ombudsman			
Nutritional Supplements			
Occupational Therapy			
Personal Care/Assistance			
Physical Therapy			
Recreational Therapy			
Residential Habilitation			
Respite			
Senior Community Service Employment Program			
Senior Centers			
Speech Therapy			
State Adult Guardianship Program			
State Pharmaceutical Assistance			
Supported Employment			
Supported Living			
Transportation			
+ Expenditure/demand increase	0	No change in expenditure/demand	DK Don't know
- Expenditure/demand decrease	NA	Program not administered by SUA	

STATE UNIT ON AGING NON-MEDICAID HCBS EXPENDITURES

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (appropriation)	% Change SFY 2009–2010
\$7,500,000	\$6,600,000	\$6,300,000	-12%

MEDICAID LONG-TERM SERVICES & SUPPORTS

NUMBER OF BENEFICIARIES: WAIVERS & NURSING FACILITIES

Waiver Name	Avg. Daily Caseload			% Change SFY 2009–2010
	SFY 2009	SFY 2010	SFY 2011 (planned)	
Frail Elderly Waiver	5,706	5,820	5,898	2%
Physically Disabled Waiver*	7,210	6,953	6,703	-4%
Nursing Facility Services		Avg. Daily Census 2010		Expected Change 2011
NF Average Daily Census		10,500		No change

- Attrition accounts for the decrease in the Physically Disabled (PD) waiver census. This is a result of the current budget situation in the state. The state has a waiting list for services through the PD waiver. People may enter services only when they are in a crisis situation. The state has not gone below the numbers served in July 2008 to meet ARRA maintenance-of-effort requirements.

LTSS EXPENDITURES (FEDERAL AND STATE)

Service	SFY 2009	SFY 2010 (Estimate)	SFY 2011 (Appropriation)	% Change SFY 2009–2010
HCBS Waivers (For Older People and Adults with Physical Disabilities) *	\$211,813,228	\$214,901,529	\$196,011,408	1%
Medicaid LTSS State Plan	\$8,700,000	\$9,100,000	\$10,000,000	5%
Nursing Facility*	\$366,800,000	\$357,300,000	\$373,300,000	-3%

- The state expects to request additional funding for the Frail Elderly waiver in SFY 2011.
- For nursing facilities, the state reduced Medicaid payments 10 percent from January to June 2010. If the nursing facility provider tax is approved by CMS in SFY 2011, it will add up to \$86 million to the \$373.3 million budget.

LTSS PROVIDER PAYMENT RATE CHANGES

Provider Type	SFY 2009–2010 % change	SFY 2010–2011 % change
Nursing Home	-	+
Home Health		
Personal Care Services		
HCBS Waiver Services	-	+
PACE and TCM	-	+
+ Provider rate increase - Provider rate decrease 0 No change in provider rate		NA Not applicable

- The state did not cut nursing facility reimbursement rates, but the aggregate Medicaid payment amount for all four services was reduced by 10 percent in SFY 2010. The 10 percent Medicaid payment reduction was restored in SFY 2011 (July 2011).

OPTIONS, OUTLOOK, AND PROMISING PRACTICES

The Medicaid agency and State Unit on Aging were asked about their intent to pursue options under health care reform, to provide their thoughts on the outlook for LTSS, and to share promising practices in their state. This section combines information from both agencies if both agencies responded. See the Overview for descriptions of these provisions.

State's Intent to Pursue LTSS Provisions in the Affordable Care Act	Very Likely	Somewhat Likely	Not Likely	Don't Know
State Balancing Incentive Program			X	
Community First Choice Option		X		
Money Follows the Person Demonstration				
1. Apply for new program				
2. Apply for extension of existing program	X			
Medical/Health Home Initiative				
1. Agency applying for planning grant				
2. State plan amendment to establish medical/health home services				
3. Apply to establish community health teams				

STATE PRIORITIES: 18–24 MONTHS

- Restoring the four HCBS-Frail Elderly services that were reduced to stay within budget.

STATE ISSUES

- Restoration of services in Frail Elderly waiver that were reduced to stay within budget.
- Federal approval and implementation of the nursing facility provider tax.
- The budget.

STATE PROMISING PRACTICES

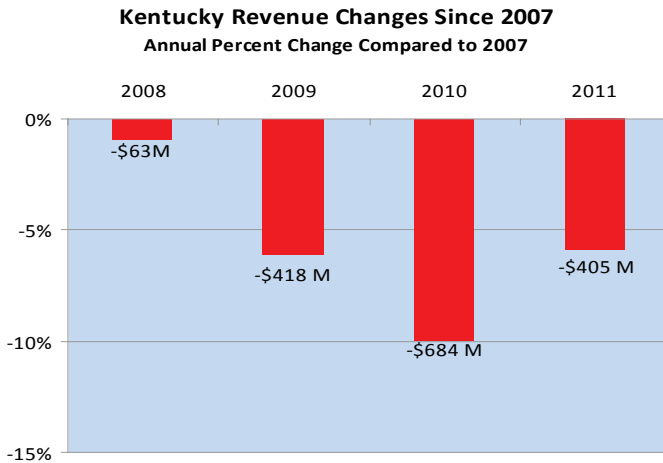
- Program of All Inclusive Care for the Elderly (PACE) programs—a capitated model that integrates Medicare and Medicaid financing—in Wichita and Topeka.

The information in this profile represents information available to state officials at a point in time. Surveys were conducted from June through September 2010. Kansas' fiscal year begins July 1 and ends June 30.



KENTUCKY

TAX COLLECTIONS



Source: HMA analysis of state tax collection data from the National Association of State Budget Officers (NASBO), Spring Fiscal Survey of States, 2008 (for baseline 2007 data); Spring Fiscal Survey of States, 2009 (for 2008 data) and Spring Fiscal Survey of States, 2010 (for 2009 actual, 2010 estimated, and 2011 projected). Revenue represents the following taxes if collected by the state: **Personal Income, Corporate, and Sales**. Percent change and change in amount collected (in millions) represents the divergence between the state fiscal year noted and baseline SFY 2007.

ARRA FUNDING

IMPACT OF ARRA ENHANCED MEDICAID FMAP EXPIRATION

- None anticipated.

PREDICTED IMPACT OF THE EXPIRATION OF THE ARRA NUTRITION FUNDING

- Programs and services will be reduced.
- Waiting lists will increase.
- Programs will be eliminated.

STATE UNIT ON AGING AND DISABILITY (NON-MEDICAID) SERVICES

STATE UNIT ON AGING NUMBER SERVED (UNDUPLICATED)

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (projected)	% Change SFY 2009–2011
370,780	371,000	371,000	0%

STATE UNIT ON AGING TOTAL EXPENDITURE REDUCTIONS – ACTION TAKEN

SFY 2009–2010	SFY 2010–2011
5% or less	6%–10%

KENTUCKY

STATE UNIT ON AGING SERVICE DEMAND AND EXPENDITURE CHANGES

Program	Change in Expenditures		Change in Service Requests
	SFY 2009–2010	SFY 2010–2011	SFY 2009–2010
Adult Foster Care	NA	NA	DK
Adult Day Care	0	-	+
Adult Protective Services	NA	NA	DK
Assisted Living	0	0	+
Behavioral Supports	NA	NA	DK
Case Management	0	-	+
Chore	0	-	+
Community Transition	NA	NA	+
Congregate Meals	0	0	+
Day Habilitation	NA	NA	DK
Disease Prevention/Health Promotion	0	-	+
Elder Abuse Prevention	0	0	+
Environmental Modifications	0	0	+
Equipment and Supplies	0	-	+
Family Caregiver Support	0	0	+
Food Stamps/Supplemental Nutrition Assistance Program			DK
Foreclosure Counseling	NA	NA	DK
Homemaker	0	-	+
Home-Delivered Meals	0	-	+
Housing Assistance	NA	NA	DK
Information and Referral	0	-	+
Legal Assistance Development	0	0	DK
LIHEAP			DK
Long-Term Care Ombudsman	0	0	+
Nutritional Supplements	NA	NA	DK
Occupational Therapy	NA	NA	DK
Personal Care/Assistance	0	-	+
Physical Therapy	NA	NA	DK
Recreational Therapy	NA	NA	DK
Residential Habilitation	NA	NA	DK
Respite	0	-	+
Senior Community Service Employment Program	+	+	+
Senior Centers	0	-	+
Speech Therapy	NA	NA	DK
State Adult Guardianship Program	+	+	+
State Pharmaceutical Assistance	NA	NA	DK
Supported Employment	NA	NA	DK
Supported Living	NA	NA	DK
Transportation	0	0	+
+ Expenditure/demand increase	0	No change in expenditure/demand	DK Don't know
- Expenditure/demand decrease	NA	Program not administered by SUA	

STATE UNIT ON AGING NON-MEDICAID HCBS EXPENDITURES

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (appropriation)	% Change SFY 2009–2010
\$33,586,936	\$33,600,000	\$31,920,000	0%

MEDICAID LONG-TERM SERVICES & SUPPORTS

NUMBER OF BENEFICIARIES: WAIVERS & NURSING FACILITIES

Waiver Name	Avg. Daily Caseload			% Change SFY 2009–2010
	SFY 2009	SFY 2010	SFY 2011 (planned)	
Acquired Brain Injury	215	217		1%
Acquired Brain Injury Long Term Care	54	161		198%
Adult Day Care	5,895	6,833		16%
Home and Community Based Services	7,895	7,317		-7%
Model Waiver II (Ventilator Dependent)	63	63		
Nursing Facility Services	Avg. Daily Census 2010		Expected Change 2011	
NF Average Daily Census	15,540		Decrease	

LTSS EXPENDITURES (FEDERAL AND STATE)

Service	SFY 2009	SFY 2010 (Estimate)	SFY 2011 (Appropriation)	% Change SFY 2009–2010
HCBS Waivers (For Older People and Adults with Physical Disabilities)	\$100,107,457	\$108,583,413	\$124,382,501	8%
Medicaid LTSS State Plan	\$52,000,442	\$40,320,247	\$42,022,095	-22%
Nursing Facility	\$880,079,422	\$830,993,221	\$865,561,290	-6%

LTSS PROVIDER PAYMENT RATE CHANGES

Provider Type	SFY 2009–2010 % change	SFY 2010–2011 % change
Nursing Home*	+	+
Home Health		
Personal Care Services		
HCBS Waiver Services		
+ Provider rate increase - Provider rate decrease 0 No change in provider rate		NA Not applicable

- The standard price components of the nursing facility case mix rates received inflationary increases.

OPTIONS, OUTLOOK, AND PROMISING PRACTICES

The Medicaid agency and State Unit on Aging were asked about their intent to pursue options under health care reform, to provide their thoughts on the outlook for LTSS, and to share promising practices in their state. This section combines information from both agencies if both agencies responded.

See the Overview for descriptions of these provisions.

KENTUCKY

State's Intent to Pursue LTSS Provisions in the Affordable Care Act	Very Likely	Somewhat Likely	Not Likely	Don't Know
State Balancing Incentive Program				X
Community First Choice Option				X
Money Follows the Person Demonstration				
1. Apply for new program				
2. Apply for extension of existing program				X
Medical/Health Home Initiative				
1. Agency applying for planning grant				X
2. State plan amendment to establish medical/health home services				X
3. Apply to establish community health teams				X

STATE PRIORITIES: 18–24 MONTHS

- None Listed

STATE ISSUES

- Maintenance of current service levels.
- Coordination of services.
- Availability of services.
- Understanding the complexities of the service system.

STATE PROMISING PRACTICES

- Aging and Disability Resource Center access.
- Care coordination.
- Community preparedness and caregiver assistance.

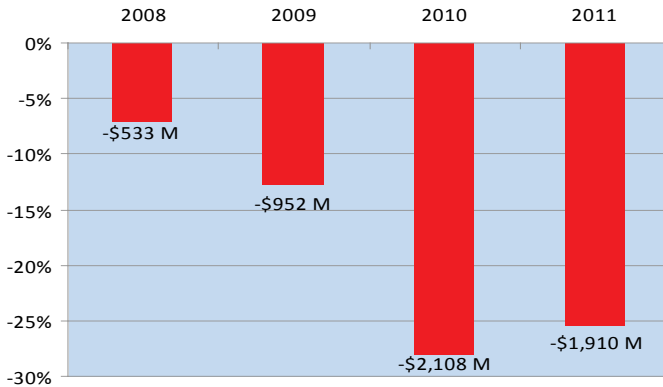
The information in this profile represents information available to state officials at a point in time. Surveys were conducted from June through September 2010. Kentucky's fiscal year begins July 1 and ends June 30.



LOUISIANA

TAX COLLECTIONS

Louisiana Revenue Changes Since 2007
Annual Percent Change Compared to 2007



Source: HMA analysis of state tax collection data from the National Association of State Budget Officers (NASBO), Spring Fiscal Survey of States, 2008 (for baseline 2007 data); Spring Fiscal Survey of States, 2009 (for 2008 data) and Spring Fiscal Survey of States, 2010 (for 2009 actual, 2010 estimated, and 2011 projected). Revenue represents the following taxes if collected by the state: **Personal Income, Corporate, and Sales**. Percent change and change in amount collected (in millions) represents the divergence between the state fiscal year noted and baseline SFY 2007.

ARRA FUNDING

IMPACT OF ARRA ENHANCED MEDICAID FMAP EXPIRATION

- The impact of the expiration of enhanced FMAP is expected to be severe.

PREDICTED IMPACT OF THE EXPIRATION OF THE ARRA NUTRITION FUNDING

- Waiting lists will increase.

STATE UNIT ON AGING AND DISABILITY (NON-MEDICAID) SERVICES

STATE UNIT ON AGING NUMBER SERVED (UNDUPLICATED)

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (projected)	% Change SFY 2009–2011
None Listed	None Listed	None Listed	NA

STATE UNIT ON AGING TOTAL EXPENDITURE REDUCTIONS – ACTION TAKEN

SFY 2009–2010	SFY 2010–2011
None Listed	None Listed

STATE UNIT ON AGING SERVICE DEMAND AND EXPENDITURE CHANGES

Program	Change in Expenditures		Change in Service Requests SFY 2009–2010
	SFY 2009–2010	SFY 2010–2011	
Adult Foster Care			
Adult Day Care			
Adult Protective Services			
Assisted Living			
Behavioral Supports			
Case Management			
Chore			
Community Transition			
Congregate Meals			
Day Habilitation			
Disease Prevention/Health Promotion			
Elder Abuse Prevention			
Environmental Modifications			
Equipment and Supplies			
Family Caregiver Support			
Food Stamps/Supplemental Nutrition Assistance Program			
Foreclosure Counseling			
Homemaker			
Home-Delivered Meals			
Housing Assistance			
Information and Referral			
Legal Assistance Development			
LIHEAP			
Long-Term Care Ombudsman			
Nutritional Supplements			
Occupational Therapy			
Personal Care/Assistance			
Physical Therapy			
Recreational Therapy			
Residential Habilitation			
Respite			
Senior Community Service Employment Program			
Senior Centers			
Speech Therapy			
State Adult Guardianship Program			
State Pharmaceutical Assistance			
Supported Employment			
Supported Living			
Transportation			
+ Expenditure/demand increase	0	No change in expenditure/demand	DK Don't know
- Expenditure/demand decrease	NA	Program not administered by SUA	

- As other services are cut, more calls come into the Elderly Abuse unit.

LOUISIANA

STATE UNIT ON AGING NON-MEDICAID HCBS EXPENDITURES

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (appropriation)	% Change SFY 2009–2010
None Listed	None Listed	None Listed	NA

MEDICAID LONG-TERM SERVICES & SUPPORTS

NUMBER OF BENEFICIARIES: WAIVERS & NURSING FACILITIES

Waiver Name	Avg. Daily Caseload			% Change
	SFY 2009	SFY 2010	SFY 2011 (planned)	SFY 2009–2010
Adult Day Health Care (ADHC)	768	766	768	0%
Elderly and Disabled Adult (EDA)	3,926	3,928	4,180	0%
Nursing Facility Services		Avg. Daily Census 2010		Expected Change 2011
NF Average Daily Census*		18,117		Decrease

- The state's historical trend shows a decrease in nursing facility days.

LTSS EXPENDITURES (FEDERAL AND STATE)

Service	SFY 2009	SFY 2010 (Estimate)	SFY 2011 (Appropriation)	% Change SFY 2009–2010
HCBS Waivers (For Older People and Adults with Physical Disabilities)	\$70,589,563	\$56,453,102	\$103,523,904	-20%
Medicaid LTSS State Plan	\$281,202,327	\$282,595,124	\$197,461,334	0%
Nursing Facility	\$738,623,579	\$758,264,605	\$733,384,494	3%

- The state reduced EDA waiver individual budget limits per person based on acuity in SFY 2010 to address budget neutrality issues. In SFY 2011, applying acuity-based resource allocation for waiver services, Louisiana was able to increase the number of individuals served through its waiver programs.

LTSS PROVIDER PAYMENT RATE CHANGES

Provider Type	SFY 2009–2010 % change	SFY 2010–2011 % change
Nursing Home	+5.4%	+4.5%
Home Health	-4.6%	0
Personal Care Services	-4.8%	-10.25%
HCBS Waiver Services	+6%	-7.61%
+ Provider rate increase - Provider rate decrease 0 No change in provider rate		NA Not applicable

- Adult Day Health Care rate was rebased in SFY 2010. No other changes to waiver services rates were made during that year.

OPTIONS, OUTLOOK, AND PROMISING PRACTICES

The Medicaid agency and State Unit on Aging were asked about their intent to pursue options under health care reform, to provide their thoughts on the outlook for LTSS, and to share promising practices in their state. This section combines information from both agencies if both agencies responded. See the Overview for descriptions of these provisions.

State's Intent to Pursue LTSS Provisions in the Affordable Care Act	Very Likely	Somewhat Likely	Not Likely	Don't Know
State Balancing Incentive Program			X	
Community First Choice Option		X		
Money Follows the Person Demonstration				
1. Apply for new program				
2. Apply for extension of existing program	X			
Medical/Health Home Initiative				
1. Agency applying for planning grant		X		
2. State plan amendment to establish medical/health home services		X		
3. Apply to establish community health teams		X		

STATE PRIORITIES: 18–24 MONTHS

- The agency's priorities will depend on whether there is any additional FMAP relief and the state budget.

STATE ISSUES

- Decline in state revenues.
- Loss of enhanced ARRA FMAP as well as decreased FMAP based on short-term post-Katrina economy.
- Reduction of state workforce due to layoffs, hiring freezes, and attrition: expected to be detrimental to implementing program improvements and responding to federal policy changes.

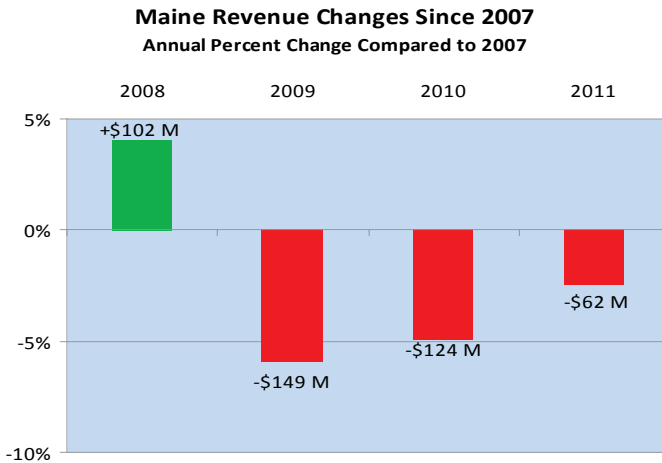
STATE PROMISING PRACTICES

- Implementation of acuity-based resource allocation for home and community based services (HCBS) using a comprehensive assessment (MDS-HC) that provides the basis for individual budget limits for waiver and hourly service limits for State plan personal care attendant services. This approach has reduced expenditures and allowed 2,200 additional individuals to be served during SFY 2010 with no change in rate of admissions from HCBS to nursing facilities.

The information in this profile represents information available to state officials at a point in time. Surveys were conducted from June through September 2010. Louisiana's fiscal year begins July 1 and ends June 30.

MAINE

TAX COLLECTIONS



Source: HMA analysis of state tax collection data from the National Association of State Budget Officers (NASBO), Spring Fiscal Survey of States, 2008 (for baseline 2007 data); Spring Fiscal Survey of States, 2009 (for 2008 data) and Spring Fiscal Survey of States, 2010 (for 2009 actual, 2010 estimated, and 2011 projected). Revenue represents the following taxes if collected by the state: **Personal Income, Corporate, and Sales.** Percent change and change in amount collected (in millions) represents the divergence between the state fiscal year noted and baseline SFY 2007.

ARRA FUNDING

IMPACT OF ARRA ENHANCED MEDICAID FMAP EXPIRATION

- Reduction in state-funded home and community-based services (HCBS) programs may be required to fill the budget gap.

PREDICTED IMPACT OF THE EXPIRATION OF THE ARRA NUTRITION FUNDING

- No impact because the Area Agencies on Aging (AAAs) have anticipated and planned for the expiration.

STATE UNIT ON AGING AND DISABILITY (NON-MEDICAID) SERVICES

STATE UNIT ON AGING NUMBER SERVED (UNDUPLICATED)

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (projected)	% Change SFY 2009–2011
None Listed	None Listed	None Listed	NA

STATE UNIT ON AGING TOTAL EXPENDITURE REDUCTIONS – ACTION TAKEN

SFY 2009–2010	SFY 2010–2011
5% or less	5% or less

STATE UNIT ON AGING SERVICE DEMAND AND EXPENDITURE CHANGES

Program	Change in Expenditures		Change in Service Requests
	SFY 2009–2010	SFY 2010–2011	SFY 2009–2010
Adult Foster Care	0	0	DK
Adult Day Care	0	0	+
Adult Protective Services*	-	-	+
Assisted Living	0	0	+
Behavioral Supports	NA	NA	
Case Management	0	-	+
Chore	NA	NA	
Community Transition	NA	NA	NA
Congregate Meals	+	0	+
Day Habilitation	NA	NA	NA
Disease Prevention/Health Promotion	0	0	0
Elder Abuse Prevention	0	0	+
Environmental Modifications	NA	NA	+
Equipment and Supplies	NA	NA	NA
Family Caregiver Support	0	0	+
Food Stamps/Supplemental Nutrition Assistance Program			+
Foreclosure Counseling	NA	NA	NA
Homemaker	-	0	+
Home-Delivered Meals	+	0	+
Housing Assistance	0	0	+
Information and Referral	0	0	+
Legal Assistance Development	0	0	+
LIHEAP			+
Long-Term Care Ombudsman	0	0	+
Nutritional Supplements	0	0	+
Occupational Therapy	0	0	DK
Personal Care/Assistance	0	0	+
Physical Therapy	0	0	DK
Recreational Therapy	NA	NA	NA
Residential Habilitation	NA	NA	NA
Respite	0	0	+
Senior Community Service Employment Program	-	0	+
Senior Centers	0	0	+
Speech Therapy	0	0	DK
State Adult Guardianship Program	0	0	+
State Pharmaceutical Assistance	0	0	+/0
Supported Employment	NA	NA	NA
Supported Living	NA	NA	+
Transportation	NA	NA	+
+ Expenditure/demand increase	0	No change in expenditure/demand	DK Don't know
- Expenditure/demand decrease	NA	Program not administered by SUA	

* Since SFY 2009, the State Unit on Aging has received increased calls for Adult Protective Services, e.g., financial exploitation, physical abuse, neglect, and sexual abuse.

- As other services are cut, more complaints are received in all areas.

MAINE

STATE UNIT ON AGING NON-MEDICAID HCBS EXPENDITURES

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (appropriation)	% Change SFY 2009–2010
\$16,206,075	\$16,073,876	\$16,625,342	-1%

MEDICAID LONG-TERM SERVICES & SUPPORTS

NUMBER OF BENEFICIARIES: WAIVERS & NURSING FACILITIES

Waiver Name	Avg. Daily Caseload			% Change
	SFY 2009	SFY 2010	SFY 2011 (planned)	SFY 2009– 2010
Elders & Adults with Disabilities Waiver	877	890	900	1%
Waiver for Physically Disabled	145	156	175	8%
Nursing Facility Services	Avg. Daily Census 2010		Expected Change 2011	
NF Average Daily Census*	4,252		Decrease	

- The state notes that a few nursing facility closures are likely.
- Nursing facility census is the average monthly rather than average daily.

LTSS EXPENDITURES (FEDERAL AND STATE)

Service	SFY 2009	SFY 2010 (Estimate)	SFY 2011 (Appropriation)	% Change SFY 2009–2010
HCBS Waivers (For Older People and Adults with Physical Disabilities)	\$22,086,461	\$22,693,884	\$23,000,000	3%
Medicaid LTSS State Plan	\$21,501,527	\$21,820,051	\$22,000,000	1%
Nursing Facility	\$241,415,103	\$274,157,748	\$275,000,000	14%

LTSS PROVIDER PAYMENT RATE CHANGES

Provider Type	SFY 2009–2010 % change	SFY 2010–2011 % change
Nursing Home	0	0
Home Health	0	0
Personal Care Services	0	0
HCBS Waiver Services	0	0
+ Provider rate increase - Provider rate decrease 0 No change in provider rate		NA Not applicable

OPTIONS, OUTLOOK, AND PROMISING PRACTICES

The Medicaid agency and State Unit on Aging were asked about their intent to pursue options under health care reform, to provide their thoughts on the outlook for LTSS, and to share promising practices in their state. This section combines information from both agencies if both agencies responded.

See the Overview for descriptions of these provisions.

State's Intent to Pursue LTSS Provisions in the Affordable Care Act	Very Likely	Somewhat Likely	Not Likely	Don't Know
State Balancing Incentive Program		X		
Community First Choice Option				X
Money Follows the Person Demonstration				
1. Apply for new program	X			
2. Apply for extension of existing program				
Medical/Health Home Initiative				
1. Agency applying for planning grant	X			
2. State plan amendment to establish medical/health home services		X		
3. Apply to establish community health teams		X		

STATE PRIORITIES: 18–24 MONTHS

- Maintaining current service levels, as well as ensuring that the type of services provided are at the most appropriate level and location.
- Reversing the trend of recent years where HCBS have decreased as a percentage of total LTSS expenditures.

STATE ISSUES

- Maintaining level funding.
- Applying for grants and having the resources to implement them.

STATE PROMISING PRACTICES

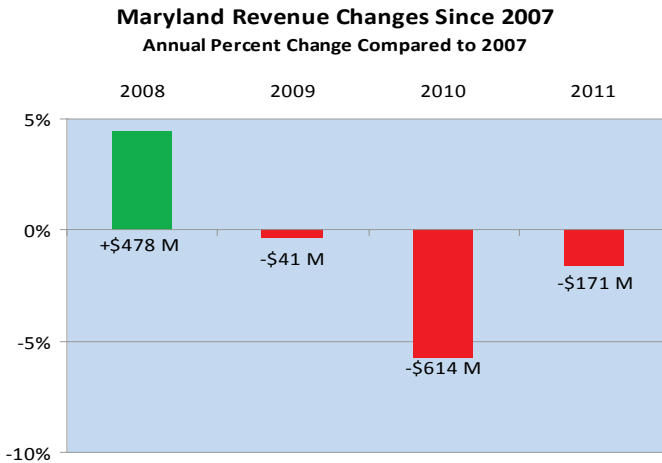
- Projection model, based on population and use trends, to support data-driven decisionmaking about cost, amount, types, and distribution of HCBS and facility-based services in coming years.
- Single statewide independent functional assessment process for facility-based services and HCBS for seniors and adults with physical disabilities.

The information in this profile represents information available to state officials at a point in time. Surveys were conducted from June through September 2010. Maine's fiscal year begins July 1 and ends June 30.



MARYLAND

TAX COLLECTIONS



Source: HMA analysis of state tax collection data from the National Association of State Budget Officers (NASBO), Spring Fiscal Survey of States, 2008 (for baseline 2007 data); Spring Fiscal Survey of States, 2009 (for 2008 data) and Spring Fiscal Survey of States, 2010 (for 2009 actual, 2010 estimated, and 2011 projected). Revenue represents the following taxes if collected by the state: **Personal Income, Corporate, and Sales**. Percent change and change in amount collected (in millions) represents the divergence between the state fiscal year noted and baseline SFY 2007.

ARRA FUNDING

IMPACT OF ARRA ENHANCED MEDICAID FMAP EXPIRATION

PREDICTED IMPACT OF THE EXPIRATION OF THE ARRA NUTRITION FUNDING

- Waiting lists will increase.
- Services will be reduced.

STATE UNIT ON AGING AND DISABILITY (NON-MEDICAID) SERVICES

STATE UNIT ON AGING NUMBER SERVED (UNDUPLICATED)

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (projected)	% Change SFY 2009–2011
220,336	210,000	215,000	-2%

STATE UNIT ON AGING TOTAL EXPENDITURE REDUCTIONS – ACTION TAKEN

SFY 2009–2010	SFY 2010–2011
5% or less	5% or less

MARYLAND

STATE UNIT ON AGING SERVICE DEMAND AND EXPENDITURE CHANGES

Program	Change in Expenditures		Change in Service Requests
	SFY 2009–2010	SFY 2010–2011	SFY 2009–2010
Adult Foster Care	NA	NA	DK
Adult Day Care	NA	NA	DK
Adult Protective Services	NA	NA	DK
Assisted Living	-	0	+
Behavioral Supports	NA	NA	DK
Case Management	0	0	+
Chore	0	0	+
Community Transition	+	+	+
Congregate Meals	+	+	0
Day Habilitation	NA	NA	DK
Disease Prevention/Health Promotion	+	+	+
Elder Abuse Prevention	0	0	+
Environmental Modifications	0	0	+
Equipment and Supplies	NA	NA	DK
Family Caregiver Support	+	+	+
Food Stamps/Supplemental Nutrition Assistance Program			DK
Foreclosure Counseling	NA	NA	DK
Homemaker	+	+	-
Home-Delivered Meals	+	+	+
Housing Assistance	NA	NA	DK
Information and Referral	-	0	+
Legal Assistance Development	+	+	+
LIHEAP			DK
Long-Term Care Ombudsman	+	+	+
Nutritional Supplements	NA	NA	DK
Occupational Therapy	NA	NA	DK
Personal Care/Assistance	-	0	+
Physical Therapy	NA	NA	DK
Recreational Therapy	NA	NA	DK
Residential Habilitation	NA	NA	DK
Respite	NA	NA	+
Senior Community Service Employment Program	+	+	+
Senior Centers	-	0	0
Speech Therapy	NA	NA	DK
State Adult Guardianship Program	0	0	+
State Pharmaceutical Assistance	NA	NA	DK
Supported Employment	NA	NA	DK
Supported Living	NA	NA	DK
Transportation	NA	NA	DK
+ Expenditure/demand increase	0	No change in expenditure/demand	DK Don't know
- Expenditure/demand decrease	NA	Program not administered by SUA	

STATE UNIT ON AGING NON-MEDICAID HCBS EXPENDITURES

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (appropriation)	% Change SFY 2009–2010
\$12,584,628	\$12,561,437	\$12,424,090	0%

MARYLAND

MEDICAID LONG-TERM SERVICES & SUPPORTS

NUMBER OF BENEFICIARIES: WAIVERS & NURSING FACILITIES

Waiver Name	Avg. Daily Caseload			% Change SFY 2009– 2010
	SFY 2009	SFY 2010	SFY 2011 (planned)	
Older Adults Waiver Program	3,571	3,587	3,610	0%
Nursing Facility Services	Avg. Daily Census 2010		Expected Change 2011	
NF Average Daily Census				

LTSS EXPENDITURES (FEDERAL AND STATE)

Service	SFY 2009	SFY 2010 (Estimate)	SFY 2011 (Appropriation)	% Change SFY 2009–2010
HCBS Waivers (For Older People and Adults with Physical Disabilities)				
Medicaid LTSS State Plan				
Nursing Facility				

LTSS PROVIDER PAYMENT RATE CHANGES

Provider Type	SFY 2009–2010 % change	SFY 2010–2011 % change
Nursing Home		
Home Health		
Personal Care Services		
HCBS Waiver Services		
+ Provider rate increase - Provider rate decrease 0 No change in provider rate		NA Not applicable

OPTIONS, OUTLOOK, AND PROMISING PRACTICES

The Medicaid agency and State Unit on Aging were asked about their intent to pursue options under health care reform, to provide their thoughts on the outlook for LTSS, and to share promising practices in their state. This section combines information from both agencies if both agencies responded. See the Overview for descriptions of these provisions.

MARYLAND

State's Intent to Pursue LTSS Provisions in the Affordable Care Act	Very Likely	Somewhat Likely	Not Likely	Don't Know
State Balancing Incentive Program				X
Community First Choice Option				X
Money Follows the Person Demonstration				
1. Apply for new program				
2. Apply for extension of existing program	X			
Medical/Health Home Initiative				
1. Agency applying for planning grant				X
2. State plan amendment to establish medical/health home services				X
3. Apply to establish community health teams				X

STATE PRIORITIES: 18–24 MONTHS

- Maryland's priority is to expand Maryland Access Point (MAP), the state's Aging and Disability Resource Center (ADRC). The following programs either are or will become operational within the MAP infrastructure in the next 12 months: Money Follows the Person (currently moving into its second year of operation through 19 Area Agency on Aging (AAA) or MAP sites; a statewide MAP web-based searchable database on LTSS and information (access to information became public in October 2010); Community Living Program in five MAP locations diverting people from nursing home placement and Medicaid spend-down and providing a participant-directed flexible budget benefit; Veterans' Directed Home and Community-Based Services (HCBS) in at least two MAP sites modeled on the Community Living Program; a Person-Centered Hospital Discharge Program in six MAP sites designed to assist hospital discharge patients to successfully return to the community and to reduce readmissions; the development of a five-year strategic plan for the MAP Program; and the development of operational standards for the MAP Program.

STATE ISSUES

- Expanding the ADRC program statewide.
- Stabilizing the Money Follows the Person program.
- Implementing new federal grant initiatives, and growing nursing home diversion programs through state and Older Americans Act funding.

STATE PROMISING PRACTICES

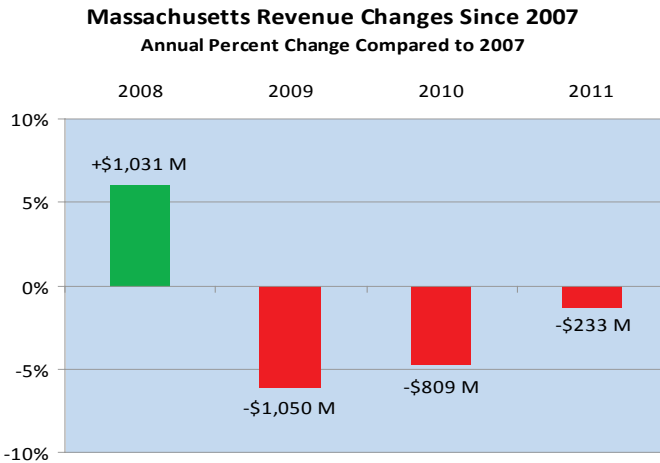
- The Maryland Access Point (MAP) has become an intersection to all other LTSS balancing initiatives and is helping to shape LTSS infrastructure and policy in the state. MAP is integral to the state's Money Follows the Person grant, and it is the primary conduit for new pilot programs implementing and testing ways to divert people from nursing homes, increase participant self-direction, and expand community-based providers.

The information in this profile represents information available to state officials at a point in time. Surveys were conducted from June through September 2010. Maryland's fiscal year begins July 1 and ends June 30.



MASSACHUSETTS

TAX COLLECTIONS



Source: HMA analysis of state tax collection data from the National Association of State Budget Officers (NASBO), Spring Fiscal Survey of States, 2008 (for baseline 2007 data); Spring Fiscal Survey of States, 2009 (for 2008 data) and Spring Fiscal Survey of States, 2010 (for 2009 actual, 2010 estimated, and 2011 projected). Revenue represents the following taxes if collected by the state: **Personal Income, Corporate, and Sales**. Percent change and change in amount collected (in millions) represents the divergence between the state fiscal year noted and baseline SFY 2007.

ARRA FUNDING

IMPACT OF ARRA ENHANCED MEDICAID FMAP EXPIRATION

PREDICTED IMPACT OF THE EXPIRATION OF THE ARRA NUTRITION FUNDING

- To date, the State Unit on Aging does not maintain a wait list for elder nutrition services. However, the potential for a future waitlist for nutrition services is now more likely.

STATE UNIT ON AGING AND DISABILITY (NON-MEDICAID) SERVICES

STATE UNIT ON AGING NUMBER SERVED (UNDUPLICATED)

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (projected)	% Change SFY 2009–2011
42,038	39,538	39,538	-6%

STATE UNIT ON AGING TOTAL EXPENDITURE REDUCTIONS – ACTION TAKEN

SFY 2009–2010	SFY 2010–2011
6%–10%	5% or less

STATE UNIT ON AGING SERVICE DEMAND AND EXPENDITURE CHANGES

Program	Change in Expenditures		Change in Service Requests
	SFY 2009–2010	SFY 2010–2011	SFY 2009–2010
Adult Foster Care	0	0	+
Adult Day Care	0	0	+
Adult Protective Services*	-	-	+
Assisted Living	0	0	+
Behavioral Supports	NA	NA	+
Case Management	-	-	+
Chore	-	-	+
Community Transition	-	-	+
Congregate Meals	0	0	+
Day Habilitation	-	-	+
Disease Prevention/Health Promotion	0	+	+
Elder Abuse Prevention	-	-	+
Environmental Modifications	0	0	0
Equipment and Supplies	-	-	0
Family Caregiver Support	0	0	+
Food Stamps/Supplemental Nutrition Assistance Program			+
Foreclosure Counseling	NA	NA	+
Homemaker	-	-	+
Home-Delivered Meals	+	-	+
Housing Assistance	0	0	+
Information and Referral	0	0	+
Legal Assistance Development	NA	NA	+
LIHEAP			+
Long-Term Care Ombudsman	-	-	+
Nutritional Supplements	0	0	0
Occupational Therapy	-	-	DK
Personal Care/Assistance	-	-	DK
Physical Therapy	-	-	DK
Recreational Therapy	-	-	DK
Residential Habilitation	-	-	DK
Respite	-	-	+
Senior Community Service Employment Program	+	+	+
Senior Centers	0	-	+
Speech Therapy	-	-	DK
State Adult Guardianship Program	-	-	DK
State Pharmaceutical Assistance	-	-	+
Supported Employment	+	+	+
Supported Living	-	-	+
Transportation	-	-	+
+ Expenditure/demand increase	0	No change in expenditure/demand	DK Don't know
- Expenditure/demand decrease	NA	Program not administered by SUA	

* Since SFY 2009, the State Unit on Aging has received increased calls for Adult Protective Services, e.g., financial exploitation and neglect.

- The state has experienced a dramatic rise in the number of self-neglect cases reported.

MASSACHUSETTS

STATE UNIT ON AGING NON-MEDICAID HCBS EXPENDITURES

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (appropriation)	% Change SFY 2009–2010
\$136,452,959	\$136,375,315	\$129,622,457	0%

MEDICAID LONG-TERM SERVICES & SUPPORTS

NUMBER OF BENEFICIARIES: WAIVERS & NURSING FACILITIES

Waiver Name	Avg. Daily Caseload			% Change
	SFY 2009	SFY 2010	SFY 2011 (planned)	SFY 2009–2010
Frail Elder Waiver	9,800	10,600	11,500	8%
Acquired Brain Injury Waivers (2) *			70	NA
Traumatic Brain Injury Waiver	100	100	100	0%
Nursing Facility Services	Avg. Daily Census 2010		Expected Change 2011	
NF Average Daily Census*	27,852		Decrease	

- Acquired Brain Injury (ABI) waivers were approved on May 1, 2010. While the state does not anticipate any participants receiving services in SFY 2010, the average daily caseload will ramp up during SFY 2011.
- The decrease in nursing facility census represents a continuation of trends over past few years. Nursing facilities are serving more short-term rehabilitation clients.

LTSS EXPENDITURES (FEDERAL AND STATE)

Service	SFY 2009	SFY 2010 (Estimate)	SFY 2011 (Appropriation)	% Change SFY 2009–2010
HCBS Waivers (For Older People and Adults with Physical Disabilities)	\$73,744,530	\$80,805,926	\$94,439,072	10%
Medicaid LTSS State Plan	\$983,400,000	\$1,150,000,000	\$1,325,000,000	17%
Nursing Facility	\$1,491,000,000	\$1,490,900,000	\$1,453,600,000	0%

- Note that the expenditure estimates exclude administrative expenses, administrative case management, the Phased Down State Contribution, and Medicare buy-in payments.
- The increase in waiver expenditures is associated with two new ABI waivers.
- SFY 2011 waiver data are a projection (not an appropriation).

LTSS PROVIDER PAYMENT RATE CHANGES

Provider Type	SFY 2009–2010 % change	SFY 2010–2011 % change
Nursing Home*	+2%	0
Home Health	0	0
Personal Care Services*	+7%	+4%
HCBS Waiver Services	0	0
+ Provider rate increase - Provider rate decrease 0 No change in provider rate		NA Not applicable



MASSACHUSETTS

- The Personal Care Attendant (PCA) payment rates are derived from a collective bargaining agreement between the PCA Workforce Council and the Service Employees International Union.
- Nursing facilities received a modest cost-of-living increase and also an investment in pay-for-performance (P4P). Nursing facilities completed a survey to provide baseline performance measures (such as fall prevention programs, worker training, etc.) for a P4P program. Those nursing facilities that completed the survey received a performance payment.

OPTIONS, OUTLOOK, AND PROMISING PRACTICES

The Medicaid agency and State Unit on Aging were asked about their intent to pursue options under health care reform, to provide their thoughts on the outlook for LTSS, and to share promising practices in their state. This section combines information from both agencies if both agencies responded.

See the Overview for descriptions of these provisions.

State's Intent to Pursue LTSS Provisions in the Affordable Care Act	Very Likely	Somewhat Likely	Not Likely	Don't Know
State Balancing Incentive Program		X		
Community First Choice Option		X		
Money Follows the Person Demonstration				
1. Apply for new program	X			
2. Apply for extension of existing program				
Medical/Health Home Initiative				
1. Agency applying for planning grant		X		
2. State plan amendment to establish medical/health home services		X		
3. Apply to establish community health teams		X		

STATE PRIORITIES: 18–24 MONTHS

- Integrated care for dually eligible adults under age 65.
- Patient Centered Medical Home Initiative.

STATE ISSUES

- Financing to maintain service levels.
- Reducing the facility population and supporting transitions of residents to the community even without resources to make investments.
- Increasing the capacity of community services through increased Medicaid waiver slots and providers.
- Educating consumers of all ages on LTSS financing.

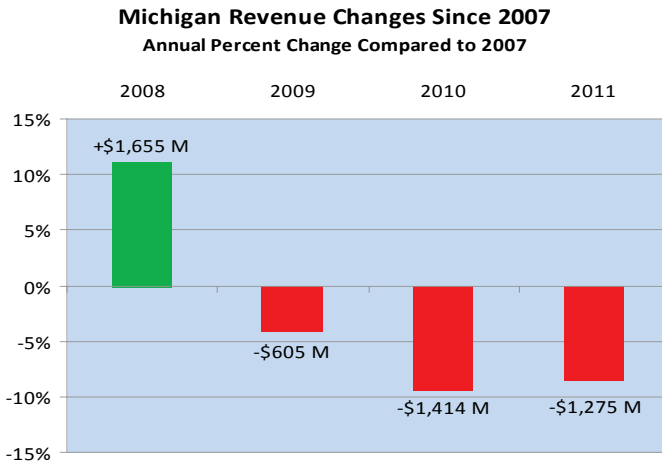
STATE PROMISING PRACTICES

- Massachusetts has done much work over the years to improve access to community LTSS. The state has revised rules and regulations to ease restrictions for family caregivers and improve quality and provider capacity in personal care, adult day health, and foster care. The state has instituted quality improvement practices and monitors performance closely.

The information in this profile represents information available to state officials at a point in time. Surveys were conducted from June through September 2010. Massachusetts' fiscal year begins July 1 and ends June 30.

MICHIGAN

TAX COLLECTIONS



Source: HMA analysis of state tax collection data from the National Association of State Budget Officers (NASBO), Spring Fiscal Survey of States, 2008 (for baseline 2007 data); Spring Fiscal Survey of States, 2009 (for 2008 data) and Spring Fiscal Survey of States, 2010 (for 2009 actual, 2010 estimated, and 2011 projected). Revenue represents the following taxes if collected by the state: **Personal Income, Corporate, and Sales**. Percent change and change in amount collected (in millions) represents the divergence between the state fiscal year noted and baseline SFY 2007.

ARRA FUNDING

IMPACT OF ARRA ENHANCED MEDICAID FMAP EXPIRATION

- Expiration could lead to elimination of optional state plan services and provider rate cuts.

PREDICTED IMPACT OF THE EXPIRATION OF THE ARRA NUTRITION FUNDING

- Too soon to tell, but expect waiting lists to increase.

STATE UNIT ON AGING AND DISABILITY (NON-MEDICAID) SERVICES

STATE UNIT ON AGING NUMBER SERVED (UNDUPLICATED)

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (projected)	% Change SFY 2009–2011
131,695	None Listed	None Listed	NA

STATE UNIT ON AGING TOTAL EXPENDITURE REDUCTIONS – ACTION TAKEN

SFY 2009–2010	SFY 2010–2011
11%–15%	6%–10%

MICHIGAN

STATE UNIT ON AGING SERVICE DEMAND AND EXPENDITURE CHANGES

Program	Change in Expenditures		Change in Service Requests
	SFY 2009–2010	SFY 2010–2011	SFY 2009–2010
Adult Foster Care	NA	NA	NA
Adult Day Care			
Adult Protective Services	NA	NA	NA
Assisted Living	NA	NA	NA
Behavioral Supports	NA	NA	NA
Case Management			
Chore			
Community Transition			
Congregate Meals			
Day Habilitation	NA	NA	NA
Disease Prevention/Health Promotion			
Elder Abuse Prevention			
Environmental Modifications	NA	NA	NA
Equipment and Supplies	NA	NA	NA
Family Caregiver Support			
Food Stamps/Supplemental Nutrition Assistance Program			NA
Foreclosure Counseling	NA	NA	NA
Homemaker			
Home-Delivered Meals			
Housing Assistance	NA	NA	NA
Information and Referral			
Legal Assistance Development			
LIHEAP			NA
Long-Term Care Ombudsman	0	0	
Nutritional Supplements			
Occupational Therapy	NA	NA	NA
Personal Care/Assistance			NA
Physical Therapy	NA	NA	NA
Recreational Therapy	NA	NA	NA
Residential Habilitation	NA	NA	NA
Respite			
Senior Community Service Employment Program			
Senior Centers	NA	NA	NA
Speech Therapy	NA	NA	NA
State Adult Guardianship Program	NA	NA	NA
State Pharmaceutical Assistance	NA	NA	NA
Supported Employment			NA
Supported Living	NA	NA	NA
Transportation			
+ Expenditure/demand increase	0	No change in expenditure/demand	
- Expenditure/demand decrease	NA	Program not administered by SUA	DK Don't know

STATE UNIT ON AGING NON-MEDICAID HCBS EXPENDITURES

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (appropriation)	% Change SFY 2009–2010
None Listed	None Listed	None Listed	NA

MEDICAID LONG-TERM SERVICES & SUPPORTS

NUMBER OF BENEFICIARIES: WAIVERS & NURSING FACILITIES

Waiver Name	Avg. Daily Caseload			% Change SFY 2009–2010
	SFY 2009	SFY 2010	SFY 2011 (planned)	
MI Choice	9,450	9,614	9,843	2%
Nursing Facility Services	Avg. Daily Census 2010		Expected Change 2011	
NF Average Daily Census	28,000		Decrease	

LTSS EXPENDITURES (FEDERAL AND STATE)

Service	SFY 2009	SFY 2010* (Estimate)	SFY 2011* (Appropriation)	% Change SFY 2009–2010
HCBS Waivers (For Older People and Adults with Physical Disabilities)	\$138,137,129	\$176,426,800	\$205,940,500	28%
Medicaid LTSS State Plan*	\$374,000,000	\$410,319,700	\$451,830,500	10%
Nursing Facility	\$1,615,313,433	\$1,593,808,300	\$1,687,362,700	-1%

- SFY 2010 amount is the appropriation, and SFY 2011 reflects the Executive Budget.
- State Plan Long-Term Services and Supports (LTSS) expenditures attributable to older adults and adults with physical disabilities is 98.4 percent.

LTSS PROVIDER PAYMENT RATE CHANGES

Provider Type	SFY 2009–2010 % change	SFY 2010–2011 % change
Nursing Home*	0	
Home Health	0	
Personal Care Services*	+6.25%	
HCBS Waiver Services	0	
+ Provider rate increase - Provider rate decrease	0 No change in provider rate	NA Not applicable

- Unskilled personal care service providers received a legislatively appropriated increase. It is anticipated this rate change will help with provider participation.
- Nursing facilities are reimbursed on a cost basis, so some facilities may have received an increase or decrease, but any change is based solely on cost reports.

OPTIONS, OUTLOOK, AND PROMISING PRACTICES

The Medicaid agency and State Unit on Aging were asked about their intent to pursue options under health care reform, to provide their thoughts on the outlook for LTSS, and to share promising practices in their state. This section combines information from both agencies if both agencies responded.



MICHIGAN

See the Overview for descriptions of these provisions.

State's Intent to Pursue LTSS Provisions in the Affordable Care Act	Very Likely	Somewhat Likely	Not Likely	Don't Know
State Balancing Incentive Program		X		
Community First Choice Option			X	
Money Follows the Person Demonstration				
1. Apply for new program				
2. Apply for extension of existing program	X			
Medical/Health Home Initiative				
1. Agency applying for planning grant				X
2. State plan amendment to establish medical/health home services				X
3. Apply to establish community health teams				X

STATE PRIORITIES: 18–24 MONTHS

- Developing an integrated managed care initiative for dual eligibles in Michigan.
- Expanding fully functioning Aging and Disability Resource Centers (ADRC) statewide that integrate person-centered planning into service delivery.
- Integrating person-centered planning into the Michigan Department of Community Health aging disability network and ADRC network.

STATE ISSUES

- Growing waiting list for MI Choice Home and Community-Based Services (HCBS) waiver due to inadequate funding.
- Convincing the legislature that Older Americans Act in-home services should be funded because they are cost-effective and can prevent or delay Medicaid LTSS expenditures.

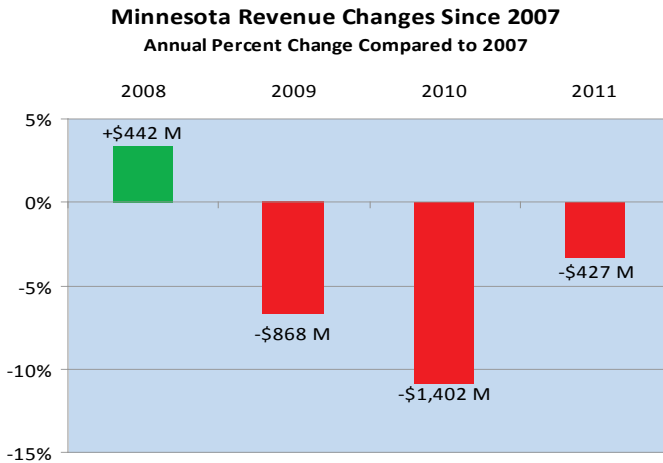
STATE PROMISING PRACTICES

- Collaborative work in Michigan with ADRCs, person-centered planning, nursing home diversion, and evidence-based programs.

The information in this profile represents information available to state officials at a point in time. Surveys were conducted from June through September 2010. Michigan's fiscal year begins October 1 and ends September 30.

MINNESOTA

TAX COLLECTIONS



Source: HMA analysis of state tax collection data from the National Association of State Budget Officers (NASBO), Spring Fiscal Survey of States, 2008 (for baseline 2007 data); Spring Fiscal Survey of States, 2009 (for 2008 data) and Spring Fiscal Survey of States, 2010 (for 2009 actual, 2010 estimated, and 2011 projected). Revenue represents the following taxes if collected by the state: **Personal Income, Corporate, and Sales.** Percent change and change in amount collected (in millions) represents the divergence between the state fiscal year noted and baseline SFY 2007.

ARRA FUNDING

IMPACT OF ARRA ENHANCED MEDICAID FMAP EXPIRATION

- Minnesota balanced its budget without enhanced FMAP.
- The state placed a cap on disability waivers and cut rates for assisted living/customized living providers (5%).

PREDICTED IMPACT OF THE EXPIRATION OF THE ARRA NUTRITION FUNDING

- No impact.

STATE UNIT ON AGING AND DISABILITY (NON-MEDICAID) SERVICES

STATE UNIT ON AGING NUMBER SERVED (UNDUPLICATED)

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (projected)	% Change SFY 2009–2011
73,500	74,000	74,000	1%

STATE UNIT ON AGING TOTAL EXPENDITURE REDUCTIONS – ACTION TAKEN

SFY 2009–2010	SFY 2010–2011
6%–10%	6%–10%

STATE UNIT ON AGING SERVICE DEMAND AND EXPENDITURE CHANGES

Program	Change in Expenditures		Change in Service Requests
	SFY 2009–2010	SFY 2010–2011	SFY 2009–2010
Adult Foster Care	NA	NA	DK
Adult Day Care	NA	NA	0
Adult Protective Services*	0	0	+
Assisted Living	+	+	+
Behavioral Supports	NA	NA	DK
Case Management	+	+	+
Chore	+	+	+
Community Transition	+	+	+
Congregate Meals	-	+	0
Day Habilitation	NA	NA	DK
Disease Prevention/Health Promotion	0	0	+
Elder Abuse Prevention	-	-	+
Environmental Modifications	NA	NA	DK
Equipment and Supplies	NA	NA	DK
Family Caregiver Support	0	0	+
Food Stamps/Supplemental Nutrition Assistance Program			DK
Foreclosure Counseling	NA	NA	DK
Homemaker	0	0	0
Home-Delivered Meals	-	+	+
Housing Assistance	NA	NA	DK
Information and Referral	+	+	+
Legal Assistance Development	0	0	DK
LIHEAP			DK
Long-Term Care Ombudsman	+	+	+
Nutritional Supplements	0	0	DK
Occupational Therapy	NA	NA	DK
Personal Care/Assistance	+	+	+
Physical Therapy	NA	NA	DK
Recreational Therapy	NA	NA	DK
Residential Habilitation	NA	NA	DK
Respite	+	+	+
Senior Community Service Employment Program	NA	NA	DK
Senior Centers	0	0	DK
Speech Therapy	NA	NA	DK
State Adult Guardianship Program	NA	NA	DK
State Pharmaceutical Assistance	+	+	+
Supported Employment	NA	NA	DK
Supported Living	+	+	DK
Transportation	0	0	+
+ Expenditure/demand increase	0	No change in expenditure/demand	DK Don't know
- Expenditure/demand decrease	NA	Program not administered by SUA	

- * Since SFY 2009, the State Unit on Aging has received increased calls for Adult Protective Services, e.g., financial exploitation, physical abuse, neglect, emotional abuse, and sexual abuse.
- Financial exploitation has seen a significant increase. Family members are taking older adults' money in order to take care of their own families. Older relatives are being placed in assisted living, and the family does not pay the bills.

MINNESOTA

STATE UNIT ON AGING NON-MEDICAID HCBS EXPENDITURES

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (appropriation)	% Change SFY 2009–2010
\$30,400,000	\$31,258,000	\$33,650,000	3%

MEDICAID LONG-TERM SERVICES & SUPPORTS

NUMBER OF BENEFICIARIES: WAIVERS & NURSING FACILITIES

Waiver Name	Avg. Daily Caseload*			% Change
	SFY 2009	SFY 2010	SFY 2011 (planned)	SFY 2009– 2010
Elderly Waiver	19,653	20,846	20,990	6%
Community Alternatives for Disabled Individuals	13,330	14,516	15,716	9%
Community Alternative Care	300	325	349	8%
Traumatic Brain Injury	1,357	1,405	1,480	4%
Nursing Facility Services	Avg. Daily Census 2010		Expected Change 2011	
NF Average Daily Census	18,338		Decrease	

- Waiver census data represents a monthly average.

LTSS EXPENDITURES (FEDERAL AND STATE)

Service	SFY 2009	SFY 2010 (Estimate)	SFY 2011* (Appropriation)	% Change SFY 2009–2010
HCBS Waivers (For Older People and Adults with Physical Disabilities)	\$1,196,705,281	\$2,325,886,156	\$2,522,377,127	NA
Medicaid LTSS State Plan	\$500,000,000	\$525,000,000	\$590,000,000	5%
Nursing Facility	\$873,000,000	\$836,000,000	\$817,800,000	-4%

- SFY 2011 expenditures are projected (not appropriated).
- HCBS waiver SFY 2010 and SFY 2011 data include total LTSS waiver expenditures or appropriations so cannot be compared with SFY 2009 which includes only waivers serving the aged and physically disabled.

LTSS PROVIDER PAYMENT RATE CHANGES

Provider Type	SFY 2009–2010 % change	SFY 2010–2011 % change
Nursing Home		
Home Health		
Personal Care Services		
HCBS Waiver Services		
Assisted Living providers for services to elderly waiver participants		-5%
+ Provider rate increase - Provider rate decrease 0 No change in provider rate		NA Not applicable

OPTIONS, OUTLOOK, AND PROMISING PRACTICES

The Medicaid agency and State Unit on Aging were asked about their intent to pursue options under health care reform, to provide their thoughts on the outlook for LTSS, and to share promising practices in their state. This section combines information from both agencies if both agencies responded. See the Overview for descriptions of these provisions.

State’s Intent to Pursue LTSS Provisions in the Affordable Care Act	Very Likely	Somewhat Likely	Not Likely	Don’t Know
State Balancing Incentive Program			X	
Community First Choice Option				X
Money Follows the Person Demonstration				
1. Apply for new program		X		
2. Apply for extension of existing program				
Medical/Health Home Initiative				
1. Agency applying for planning grant	X			
2. State plan amendment to establish medical/health home services	X			
3. Apply to establish community health teams			X	

STATE PRIORITIES: 18–24 MONTHS

- Implementing comprehensive assessments across all populations.
- Improving rate setting for consistency.
- Finding and developing less expensive models of service delivery, ensuring that they are sustainable and receive investment from local communities.

STATE ISSUES

- Reducing costs in Medicaid home and community-based services (HCBS) waiver and Older Americans Act programs in the most judicious manner.
- Developing alternatives to high-cost services and programs.

MINNESOTA

STATE PROMISING PRACTICES

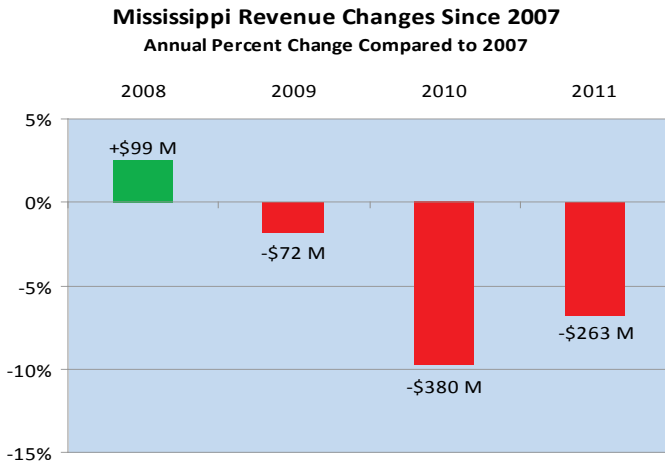
- Early identification and treatment of Alzheimer's disease protocols and evidence-based caregiver support to families dealing with the disease.
- Minnesota Falls Prevention Initiative that includes a rapid screen for quick identification of people at risk, with risk management strategies provided to those identified.
- Return to Community Initiative passed by the legislature in 2009, which targets nursing facility residents who have expressed a desire to return home.

The information in this profile represents information available to state officials at a point in time. Surveys were conducted from June through September 2010. Minnesota's fiscal year begins July 1 and ends June 30.



MISSISSIPPI

TAX COLLECTIONS



Source: HMA analysis of state tax collection data from the National Association of State Budget Officers (NASBO), Spring Fiscal Survey of States, 2008 (for baseline 2007 data); Spring Fiscal Survey of States, 2009 (for 2008 data) and Spring Fiscal Survey of States, 2010 (for 2009 actual, 2010 estimated, and 2011 projected). Revenue represents the following taxes if collected by the state: **Personal Income, Corporate, and Sales**. Percent change and change in amount collected (in millions) represents the divergence between the state fiscal year noted and baseline SFY 2007.

ARRA FUNDING

IMPACT OF ARRA ENHANCED MEDICAID FMAP EXPIRATION

PREDICTED IMPACT OF THE EXPIRATION OF THE ARRA NUTRITION FUNDING

- No impact.

STATE UNIT ON AGING AND DISABILITY (NON-MEDICAID) SERVICES

STATE UNIT ON AGING NUMBER SERVED (UNDUPLICATED)

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (projected)	% Change SFY 2009–2011
None Listed	None Listed	None Listed	NA

STATE UNIT ON AGING TOTAL EXPENDITURE REDUCTIONS – ACTION TAKEN

SFY 2009–2010	SFY 2010–2011
6%–10%	Don't Know

STATE UNIT ON AGING SERVICE DEMAND AND EXPENDITURE CHANGES

Program	Change in Expenditures		Change in Service Requests SFY 2009–2010
	SFY 2009–2010	SFY 2010–2011	
Adult Foster Care	NA	NA	
Adult Day Care	0	0	+
Adult Protective Services*	0	0	+
Assisted Living			
Behavioral Supports			
Case Management	0	0	+
Chore			
Community Transition			
Congregate Meals	0	0	+
Day Habilitation			
Disease Prevention/Health Promotion	0	0	DK
Elder Abuse Prevention	0	0	DK
Environmental Modifications			
Equipment and Supplies			
Family Caregiver Support	0	0	+
Food Stamps/Supplemental Nutrition Assistance Program			+
Foreclosure Counseling			
Homemaker	0	0	+
Home-Delivered Meals	+	+	+
Housing Assistance			
Information and Referral	0	0	+
Legal Assistance Development	0	0	DK
LIHEAP			
Long-Term Care Ombudsman	0	0	DK
Nutritional Supplements	0	0	0
Occupational Therapy			
Personal Care/Assistance	0	0	+
Physical Therapy			
Recreational Therapy			
Residential Habilitation			
Respite	0	0	+
Senior Community Service Employment Program	0	0	DK
Senior Centers	0	0	0
Speech Therapy			
State Adult Guardianship Program			
State Pharmaceutical Assistance			
Supported Employment			
Supported Living			
Transportation	0	0	+
+ Expenditure/demand increase	0	No change in expenditure/demand	DK Don't know
- Expenditure/demand decrease	NA	Program not administered by SUA	

* Since SFY 2009, the State Unit on Aging has received increased calls for Adult Protective Services, e.g., financial exploitation, physical abuse, neglect, and emotional abuse.

MISSISSIPPI

STATE UNIT ON AGING NON-MEDICAID HCBS EXPENDITURES

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (appropriation)	% Change SFY 2009–2010
None Listed	None Listed	None Listed	NA

MEDICAID LONG-TERM SERVICES & SUPPORTS

NUMBER OF BENEFICIARIES: WAIVERS & NURSING FACILITIES

Waiver Name	Avg. Daily Caseload			% Change
	SFY 2009	SFY 2010	SFY 2011 (planned)	SFY 2009–2010
Elderly & Disabled Waiver	10,905	10,009	11,000	-8%
Assisted Living Waiver	295	304	400	3%
Independent Living Waiver	2,289	2,483	2,700	8%
Traumatic Brain/Spinal Cord Injury Waiver	758	806	850	6%
Nursing Facility Services	Avg. Daily Census 2010		Expected Change 2011	
NF Average Daily Census	19,489		No change	

LTSS EXPENDITURES (FEDERAL AND STATE)

Service	SFY 2009	SFY 2010 (Estimate)	SFY 2011 (Appropriation)	% Change SFY 2009–2010
HCBS Waivers (For Older People and Adults with Physical Disabilities)	\$172,183,417	\$189,401,758		10%
Medicaid LTSS State Plan	\$207,283,436	\$185,377,220		-11%
Nursing Facility*	\$704,312,801	\$727,144,555		3%

- The data for nursing facilities is based on the case mix reimbursement methodology and cost reports because the state does not have a specific line item for nursing facilities in its budget.

LTSS PROVIDER PAYMENT RATE CHANGES

Provider Type	SFY 2009–2010 % change	SFY 2010–2011 % change
Nursing Home*	+4.0%	0
Home Health*	N/A	N/A
Personal Care Services*	+5.0%	0
HCBS Waiver Services*	+7.85%	+
Case Management - IL & TBI/SCI waivers	+5.0%	0
+ Provider rate increase - Provider rate decrease 0 No change in provider rate		NA Not applicable

- The nursing facility rate change represents the state average.
- Home health rate changes vary and are provider specific.
- Personal care services rate changes affect Independent Living and Traumatic Brain Injury waivers.



MISSISSIPPI

- The HCBS rate change is for case management.

OPTIONS, OUTLOOK, AND PROMISING PRACTICES

The Medicaid agency and State Unit on Aging were asked about their intent to pursue options under health care reform, to provide their thoughts on the outlook for LTSS, and to share promising practices in their state. This section combines information from both agencies if both agencies responded.

See the Overview for descriptions of these provisions.

State's Intent to Pursue LTSS Provisions in the Affordable Care Act	Very Likely	Somewhat Likely	Not Likely	Don't Know
State Balancing Incentive Program				X
Community First Choice Option		X		
Money Follows the Person Demonstration				
1. Apply for new program		X		
2. Apply for extension of existing program				
Medical/Health Home Initiative				
1. Agency applying for planning grant		X		
2. State plan amendment to establish medical/health home services		X		
3. Apply to establish community health teams		X		

STATE PRIORITIES: 18–24 MONTHS

- Ensuring unduplicated participant counts are accurate and increasing opportunities for persons at nursing facility level of care wanting to live in the community.

STATE ISSUES

- Securing housing for persons who have been institutionalized longer than 90 days and want to return to the community.
- Identifying additional resources to meet increased needs.

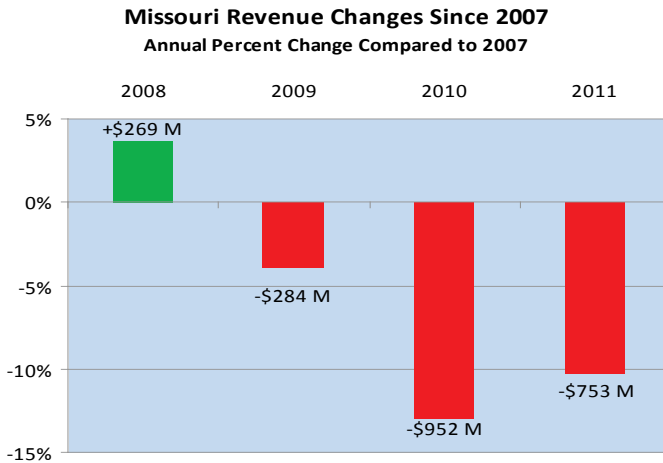
STATE PROMISING PRACTICES

- Single point of entry and HCBS waivers (Assisted Living, Independent Living, Traumatic Brain/Spinal Cord Injury, Elderly and Disabled), which provide the opportunity for individuals to choose the setting for their services.

The information in this profile represents information available to state officials at a point in time. Surveys were conducted from June through September 2010. Mississippi's fiscal year begins July 1 and ends June 30.

MISSOURI

TAX COLLECTIONS



Source: HMA analysis of state tax collection data from the National Association of State Budget Officers (NASBO), Spring Fiscal Survey of States, 2008 (for baseline 2007 data); Spring Fiscal Survey of States, 2009 (for 2008 data) and Spring Fiscal Survey of States, 2010 (for 2009 actual, 2010 estimated, and 2011 projected). Revenue represents the following taxes if collected by the state: **Personal Income, Corporate, and Sales.** Percent change and change in amount collected (in millions) represents the divergence between the state fiscal year noted and baseline SFY 2007.

ARRA FUNDING

IMPACT OF ARRA ENHANCED MEDICAID FMAP EXPIRATION

- Missouri used enhanced FMAP to support a variety of short-term projects and special needs.
- In anticipation of the expiration, Missouri cut funding for services for older adults and reduced rates for home and community-based services (HCBS) provided to older adults and adults with disabilities.

PREDICTED IMPACT OF THE EXPIRATION OF THE ARRA NUTRITION FUNDING

- ARRA funding was used by Missouri Area Agencies on Aging (AAAs) primarily to offset large SFY 2010 state funding reductions; therefore, ARRA funding was not used to expand services. In late SFY 2010, state funding for AAAs was decreased by approximately 10 percent of their annual award to be absorbed in the last quarter.
- Missouri AAAs began SFY 2011 with approximately \$2.8 million or 25 percent less state funding than they received in SFY 2010. It is too soon to determine how the AAAs will adjust service delivery and spending, but staff reduction, reduced service, and waiting lists are all very likely.

STATE UNIT ON AGING AND DISABILITY (NON-MEDICAID) SERVICES

STATE UNIT ON AGING NUMBER SERVED (UNDUPLICATED)

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (projected)	% Change SFY 2009–2011
3,148	2,879	None Listed	NA

MISSOURI

STATE UNIT ON AGING TOTAL EXPENDITURE REDUCTIONS – ACTION TAKEN

SFY 2009 2010 **SFY 2010 2011**
 Over 25% 5% or less

STATE UNIT ON AGING SERVICE DEMAND AND EXPENDITURE CHANGES

Program	Change in Expenditures		Change in Service Requests
	SFY 2009–2010	SFY 2010–2011	SFY 2009–2010
Adult Foster Care	NA	NA	
Adult Day Care	0	-	+
Adult Protective Services*	0	0	+
Assisted Living	NA	NA	
Behavioral Supports	0	0	+
Case Management	0	0	+
Chore	0	-	+
Community Transition	0	0	+
Congregate Meals	0	*	DK
Day Habilitation	NA	NA	
Disease Prevention/Health Promotion	0	0	DK
Elder Abuse Prevention	0	0	+
Environmental Modifications	NA	NA	
Equipment and Supplies	NA	NA	
Family Caregiver Support	*	*	DK
Food Stamps/Supplemental Nutrition Assistance Program			
Foreclosure Counseling	NA	NA	
Homemaker	0	-	+
Home-Delivered Meals	0	-	+
Housing Assistance	NA	NA	
Information and Referral	0	0	+
Legal Assistance Development	0	0	DK
LIHEAP			
Long-Term Care Ombudsman	0	0	DK
Nutritional Supplements	NA	NA	
Occupational Therapy	NA	NA	
Personal Care/Assistance	0	-	+
Physical Therapy	NA	NA	
Recreational Therapy	NA	NA	
Residential Habilitation	NA	NA	
Respite	0	-	+
Senior Community Service Employment Program	+	0	+
Senior Centers	*	*	DK
Speech Therapy	NA	NA	
State Adult Guardianship Program	NA	NA	
State Pharmaceutical Assistance	NA	NA	
Supported Employment	NA	NA	
Supported Living	NA	NA	
Transportation	*	*	DK
+ Expenditure/demand increase	0	No change in expenditure/demand	DK Don't know
- Expenditure/demand decrease	NA	Program not administered by SUA	

MISSOURI

- * Since SFY 2009, the State Unit on Aging has received increased calls for Adult Protective Services, e.g., financial exploitation, physical abuse, neglect, emotional abuse, and sexual abuse.
- A significant number of reports regarding self- and circumstantial abuse or neglect, mental health issues, financial neglect, and other legal issues have been received.
- All "DK" responses concern services administered by AAAs who have flexibility to increase or decrease services according to the needs of planning and service areas. The State Unit on Aging does not maintain service request information for these services.

STATE UNIT ON AGING NON-MEDICAID HCBS EXPENDITURES

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (appropriation)	% Change SFY 2009–2010
\$8,504,642	\$6,706,909	\$1,080,796	-21%

MEDICAID LONG-TERM SERVICES & SUPPORTS

NUMBER OF BENEFICIARIES: WAIVERS & NURSING FACILITIES

Waiver Name	Avg. Daily Caseload			% Change SFY 2009– 2010
	SFY 2009	SFY 2010	SFY 2011 (planned)	
Aged & Disabled Waiver	14,319	14,419	14,620	1%
Physical Disabilities Waiver	66	76	87	15%
Independent Living Waiver	435	400	400	-8%
Nursing Facility Services	Avg. Daily Census 2010		Expected Change 2011	
NF Average Daily Census	23,839		No change	

LTSS EXPENDITURES (FEDERAL AND STATE)

Service	SFY 2009	SFY 2010 (Estimate)	SFY 2011 (Appropriation)	% Change SFY 2009–2010
HCBS Waivers (For Older People and Adults with Physical Disabilities)	\$112,341,067	\$119,159,450	\$103,849,274	6%
Medicaid LTSS State Plan	\$336,692,424	\$387,015,907	\$332,753,761	15%
Nursing Facility*	\$885,318,233	\$923,607,538	\$948,528,718	4%

- For nursing facilities, SFY 2011 data is estimated expenditures (not appropriations).

LTSS PROVIDER PAYMENT RATE CHANGES

Provider Type	SFY 2009–2010 % change	SFY 2010–2011 % change
Nursing Home	+4.96%	DK
Home Health	0	
Personal Care Services	0	-2%
HCBS Waiver Services*	0	-2%
+ Provider rate increase - Provider rate decrease 0 No change in provider rate		NA Not applicable

- Home-delivered meals, an HCBS waiver service, is not affected by the 2 percent reimbursement rate reduction.

OPTIONS, OUTLOOK, AND PROMISING PRACTICES

The Medicaid agency and State Unit on Aging were asked about their intent to pursue options under health care reform, to provide their thoughts on the outlook for LTSS, and to share promising practices in their state. This section combines information from both agencies if both agencies responded. See the Overview for descriptions of these provisions.

State’s Intent to Pursue LTSS Provisions in the Affordable Care Act	Very Likely	Somewhat Likely	Not Likely	Don’t Know
State Balancing Incentive Program				X
Community First Choice Option				X
Money Follows the Person Demonstration				
1. Apply for new program				
2. Apply for extension of existing program	X			
Medical/Health Home Initiative				
1. Agency applying for planning grant				X
2. State plan amendment to establish medical/health home services				X
3. Apply to establish community health teams				X

STATE PRIORITIES: 18–24 MONTHS

- Exploring privatization of HCBS level of care assessment and service planning so that the state is better able to monitor the health, welfare, and safety of clients.
- Accessing 100 percent administrative match opportunities under the Money Follows the Person Demonstration Grants.

STATE ISSUES

- Funding.
- Ability to maintain appropriate staffing levels.

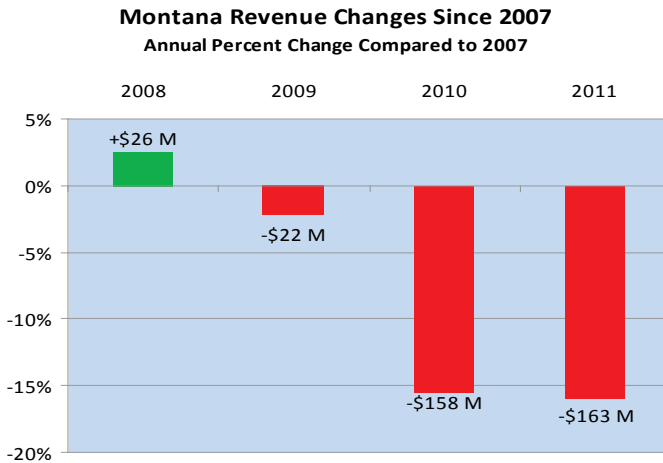
STATE PROMISING PRACTICES

- Money Follows the Person (MFP) and the Aging and Disability Resource Center (ADRC)/Hospital Discharge Planning (HDP) Grant.

The information in this profile represents information available to state officials at a point in time. Surveys were conducted from June through September 2010. Missouri’s fiscal year begins July 1 and ends June 30.

MONTANA

TAX COLLECTIONS



Source: HMA analysis of state tax collection data from the National Association of State Budget Officers (NASBO), Spring Fiscal Survey of States, 2008 (for baseline 2007 data); Spring Fiscal Survey of States, 2009 (for 2008 data) and Spring Fiscal Survey of States, 2010 (for 2009 actual, 2010 estimated, and 2011 projected). Revenue represents the following taxes if collected by the state: **Personal Income, Corporate, and Sales.** Percent change and change in amount collected (in millions) represents the divergence between the state fiscal year noted and baseline SFY 2007.

ARRA FUNDING

IMPACT OF ARRA ENHANCED MEDICAID FMAP EXPIRATION

- Decreases will occur unless funds are replaced with state dollars by the 2011 legislature.

PREDICTED IMPACT OF THE EXPIRATION OF THE ARRA NUTRITION FUNDING

- Services will be reduced.

STATE UNIT ON AGING AND DISABILITY (NON-MEDICAID) SERVICES

STATE UNIT ON AGING NUMBER SERVED (UNDUPLICATED)

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (projected)	% Change SFY 2009–2011
53,039	60,000	62,000	17%

STATE UNIT ON AGING TOTAL EXPENDITURE REDUCTIONS – ACTION TAKEN

SFY 2009–2010	SFY 2010–2011
None	None Listed

MONTANA

STATE UNIT ON AGING SERVICE DEMAND AND EXPENDITURE CHANGES

Program	Change in Expenditures		Change in Service Requests
	SFY 2009–2010	SFY 2010–2011	SFY 2009–2010
Adult Foster Care	NA	NA	DK
Adult Day Care	0	0	DK
Adult Protective Services*	NA	NA	+
Assisted Living	NA	NA	+
Behavioral Supports	NA	NA	DK
Case Management	0	0	+
Chore	0	0	0
Community Transition	NA	NA	DK
Congregate Meals	0	0	+
Day Habilitation	NA	NA	DK
Disease Prevention/Health Promotion	0	0	+
Elder Abuse Prevention	0	0	+
Environmental Modifications	NA	NA	DK
Equipment and Supplies	0	-	-
Family Caregiver Support	0	0	+
Food Stamps/Supplemental Nutrition Assistance Program			DK
Foreclosure Counseling	NA	NA	DK
Homemaker	0	0	0
Home-Delivered Meals	0	0	+
Housing Assistance	NA	NA	DK
Information and Referral	+	+	+
Legal Assistance Development	+	+	+
LIHEAP			DK
Long-Term Care Ombudsman	+	+	+
Nutritional Supplements	0	0	0
Occupational Therapy	NA	NA	DK
Personal Care/Assistance	+	+	+
Physical Therapy	NA	NA	DK
Recreational Therapy	NA	NA	DK
Residential Habilitation	NA	NA	DK
Respite	0	0	+
Senior Community Service Employment Program	NA	NA	DK
Senior Centers	0	-	0
Speech Therapy	NA	NA	DK
State Adult Guardianship Program	0	+	+
State Pharmaceutical Assistance	NA	NA	DK
Supported Employment	NA	NA	DK
Supported Living	NA	NA	DK
Transportation	0	0	+
+ Expenditure/demand increase	0	No change in expenditure/demand	DK Don't know
- Expenditure/demand decrease	NA	Program not administered by SUA	

* Since SFY 2009, the State Unit on Aging has received increased calls for Adult Protective Services, e.g., financial exploitation, physical abuse, neglect, and emotional abuse.

MONTANA

STATE UNIT ON AGING NON-MEDICAID HCBS EXPENDITURES

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (appropriation)	% Change SFY 2009–2010
None Listed	None Listed	None Listed	NA

MEDICAID LONG-TERM SERVICES & SUPPORTS

NUMBER OF BENEFICIARIES: WAIVERS & NURSING FACILITIES

Waiver Name	Avg. Daily Caseload			% Change
	SFY 2009	SFY 2010	SFY 2011 (planned)	SFY 2009–2010
HCBS Elderly and Physically Disabled				
Big Sky Bonanza (Consumer Directed)				
Nursing Facility Services	Avg. Daily Census 2010		Expected Change 2011	
NF Average Daily Census				

LTSS EXPENDITURES (FEDERAL AND STATE)

Service	SFY 2009	SFY 2010 (Estimate)	SFY 2011 (Appropriation)	% Change SFY 2009–2010
HCBS Waivers (For Older People and Adults with Physical Disabilities)	\$34,019,489	\$36,154,621	\$35,000,000	6%
Medicaid LTSS State Plan	\$35,364,913	\$47,414,520	\$47,414,520	34%
Nursing Facility	\$154,931,070	\$157,030,265	\$159,423,443	1%

LTSS PROVIDER PAYMENT RATE CHANGES

Provider Type	SFY 2009–2010 % change	SFY 2010–2011 % change
Nursing Home	+2%	0
Home Health	+2%	0
Personal Care Services	+2%	0
HCBS Waiver Services	+2%	0
+ Provider rate increase - Provider rate decrease 0 No change in provider rate		NA Not applicable

OPTIONS, OUTLOOK, AND PROMISING PRACTICES

The Medicaid agency and State Unit on Aging were asked about their intent to pursue options under health care reform, to provide their thoughts on the outlook for LTSS, and to share promising practices in their state. This section combines information from both agencies if both agencies responded.

See the Overview for descriptions of these provisions.



MONTANA

State's Intent to Pursue LTSS Provisions in the Affordable Care Act	Very Likely	Somewhat Likely	Not Likely	Don't Know
State Balancing Incentive Program				X
Community First Choice Option				X
Money Follows the Person Demonstration				
1. Apply for new program			X	
2. Apply for extension of existing program				
Medical/Health Home Initiative				
1. Agency applying for planning grant				X
2. State plan amendment to establish medical/health home services				X
3. Apply to establish community health teams				X

STATE PRIORITIES: 18–24 MONTHS

- None Listed

STATE ISSUES

- Maintaining services at current level once enhanced FMAP ends.

STATE PROMISING PRACTICES

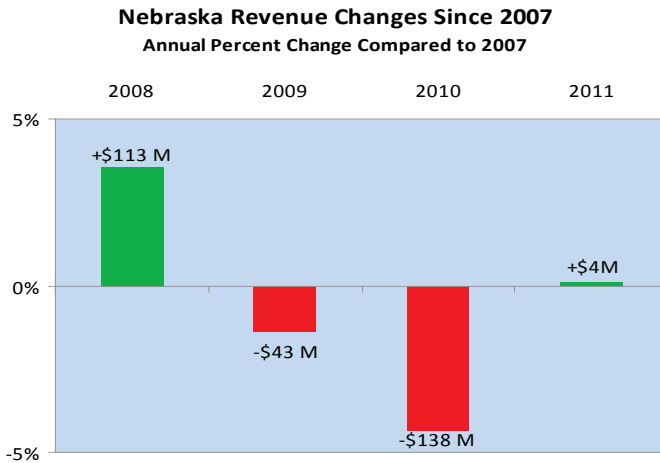
- None Listed

The information in this profile represents information available to state officials at a point in time. Surveys were conducted from June through September 2010. Montana's fiscal year begins July 1 and ends June 30.



NEBRASKA

TAX COLLECTIONS



Source: HMA analysis of state tax collection data from the National Association of State Budget Officers (NASBO), Spring Fiscal Survey of States, 2008 (for baseline 2007 data); Spring Fiscal Survey of States, 2009 (for 2008 data) and Spring Fiscal Survey of States, 2010 (for 2009 actual, 2010 estimated, and 2011 projected). Revenue represents the following taxes if collected by the state: **Personal Income, Corporate, and Sales**. Percent change and change in amount collected (in millions) represents the divergence between the state fiscal year noted and baseline SFY 2007.

ARRA FUNDING

IMPACT OF ARRA ENHANCED MEDICAID FMAP EXPIRATION

PREDICTED IMPACT OF THE EXPIRATION OF THE ARRA NUTRITION FUNDING

- ARRA funding allowed the state to use other Older Americans Act funding for equipment and supply needs.

STATE UNIT ON AGING AND DISABILITY (NON-MEDICAID) SERVICES

STATE UNIT ON AGING NUMBER SERVED (UNDUPLICATED)

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (projected)	% Change SFY 2009–2011
33,155	33,321	33,488	1%

STATE UNIT ON AGING TOTAL EXPENDITURE REDUCTIONS – ACTION TAKEN

SFY 2009–2010	SFY 2010–2011
None	Don't Know

NEBRASKA

STATE UNIT ON AGING SERVICE DEMAND AND EXPENDITURE CHANGES

Program	Change in Expenditures		Change in Service Requests
	SFY 2009–2010	SFY 2010–2011	SFY 2009–2010
Adult Foster Care	NA	NA	DK
Adult Day Care	0	0	0
Adult Protective Services	NA	NA	DK
Assisted Living	NA	NA	DK
Behavioral Supports	NA	NA	DK
Case Management	+	+	+
Chore	+	+	+
Community Transition	NA	NA	DK
Congregate Meals	+	+	0
Day Habilitation	NA	NA	DK
Disease Prevention/Health Promotion	+	+	+
Elder Abuse Prevention	0	0	DK
Environmental Modifications	NA	NA	DK
Equipment and Supplies	NA	NA	DK
Family Caregiver Support	+	+	+
Food Stamps/Supplemental Nutrition Assistance Program			DK
Foreclosure Counseling	NA	NA	DK
Homemaker	+	+	+
Home-Delivered Meals	+	+	+
Housing Assistance	NA	NA	DK
Information and Referral	+	+	+
Legal Assistance Development	0	0	+
LIHEAP			DK
Long-Term Care Ombudsman	0	0	0
Nutritional Supplements	NA	NA	DK
Occupational Therapy	NA	NA	DK
Personal Care/Assistance	0	0	0
Physical Therapy	NA	NA	DK
Recreational Therapy	NA	NA	DK
Residential Habilitation	NA	NA	DK
Respite	NA	NA	DK
Senior Community Service Employment Program	+	+	+
Senior Centers	0	0	0
Speech Therapy	NA	NA	DK
State Adult Guardianship Program	NA	NA	DK
State Pharmaceutical Assistance	NA	NA	DK
Supported Employment	+	0	0
Supported Living	NA	NA	DK
Transportation	0	0	0
+ Expenditure/demand increase	0	No change in expenditure/demand	DK Don't know
- Expenditure/demand decrease	NA	Program not administered by SUA	

STATE UNIT ON AGING NON-MEDICAID HCBS EXPENDITURES

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (appropriation)	% Change SFY 2009–2010
\$2,023,239	\$2,033,123	\$2,033,123	0%

MEDICAID LONG-TERM SERVICES & SUPPORTS

NUMBER OF BENEFICIARIES: WAIVERS & NURSING FACILITIES

Waiver Name	Avg. Daily Caseload			% Change
	SFY 2009	SFY 2010	SFY 2011 (planned)	SFY 2009–2010
None Listed				
Nursing Facility Services	Avg. Daily Census 2010		Expected Change 2011	
NF Average Daily Census				

LTSS EXPENDITURES (FEDERAL AND STATE)

Service	SFY 2009	SFY 2010 (Estimate)	SFY 2011 (Appropriation)	% Change SFY 2009–2010
HCBS Waivers (For Older People and Adults with Physical Disabilities)				
Medicaid LTSS State Plan				
Nursing Facility				

LTSS PROVIDER PAYMENT RATE CHANGES

Provider Type	SFY 2009–2010 % change	SFY 2010–2011 % change
Nursing Home		
Home Health		
Personal Care Services		
HCBS Waiver Services		
+ Provider rate increase - Provider rate decrease 0 No change in provider rate		NA Not applicable

OPTIONS, OUTLOOK, AND PROMISING PRACTICES

The Medicaid agency and State Unit on Aging were asked about their intent to pursue options under health care reform, to provide their thoughts on the outlook for LTSS, and to share promising practices in their state. This section combines information from both agencies if both agencies responded. See the Overview for descriptions of these provisions.

NEBRASKA

State's Intent to Pursue LTSS Provisions in the Affordable Care Act	Very Likely	Somewhat Likely	Not Likely	Don't Know
State Balancing Incentive Program				X
Community First Choice Option				X
Money Follows the Person Demonstration				
1. Apply for new program				
2. Apply for extension of existing program				X
Medical/Health Home Initiative				
1. Agency applying for planning grant				X
2. State plan amendment to establish medical/health home services				X
3. Apply to establish community health teams				X

STATE PRIORITIES: 18–24 MONTHS

- Aging and Disability Resource Center (ADRC) growth and extending partnerships.

STATE ISSUES

- Impact of economic downturn on state and local budgets.

STATE PROMISING PRACTICES

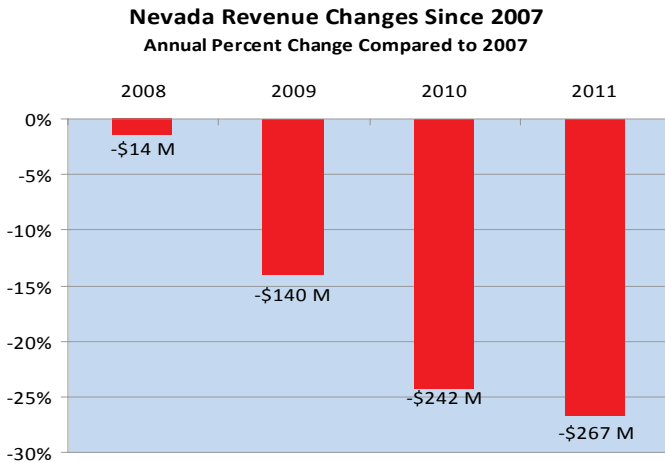
- Potential for growth of ADRC project.

The information in this profile represents information available to state officials at a point in time. Surveys were conducted from June through September 2010. Nebraska's fiscal year begins July 1 and ends June 30.



NEVADA

TAX COLLECTIONS



Source: HMA analysis of state tax collection data from the National Association of State Budget Officers (NASBO), Spring Fiscal Survey of States, 2008 (for baseline 2007 data); Spring Fiscal Survey of States, 2009 (for 2008 data) and Spring Fiscal Survey of States, 2010 (for 2009 actual, 2010 estimated, and 2011 projected). Revenue represents the following taxes if collected by the state: **Personal Income, Corporate, and Sales**. Percent change and change in amount collected (in millions) represents the divergence between the state fiscal year noted and baseline SFY 2007.

ARRA FUNDING

IMPACT OF ARRA ENHANCED MEDICAID FMAP EXPIRATION

PREDICTED IMPACT OF THE EXPIRATION OF THE ARRA NUTRITION FUNDING

- Waiting lists will increase.

STATE UNIT ON AGING AND DISABILITY (NON-MEDICAID) SERVICES

STATE UNIT ON AGING NUMBER SERVED (UNDUPLICATED)

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (projected)	% Change SFY 2009–2011
None Listed	None Listed	None Listed	NA

STATE UNIT ON AGING TOTAL EXPENDITURE REDUCTIONS – ACTION TAKEN

SFY 2009–2010	SFY 2010–2011
None	None

STATE UNIT ON AGING SERVICE DEMAND AND EXPENDITURE CHANGES

Program	Change in Expenditures		Change in Service Requests
	SFY 2009–2010	SFY 2010–2011	SFY 2009–2010
Adult Foster Care			+
Adult Day Care			0
Adult Protective Services*	+	0	+
Assisted Living	0	0	0
Behavioral Supports			
Case Management	-	-	0
Chore	-	-	0
Community Transition			
Congregate Meals	0	0	0
Day Habilitation			
Disease Prevention/Health Promotion			
Elder Abuse Prevention			
Environmental Modifications			
Equipment and Supplies			
Family Caregiver Support			
Food Stamps/Supplemental Nutrition Assistance Program			
Foreclosure Counseling			
Homemaker	-	-	-
Home-Delivered Meals			+
Housing Assistance			
Information and Referral	-	-	+
Legal Assistance Development	-	-	
LIHEAP			
Long-Term Care Ombudsman	+	+	0
Nutritional Supplements			
Occupational Therapy			
Personal Care/Assistance	-	-	-
Physical Therapy			
Recreational Therapy			
Residential Habilitation			
Respite	-	-	+
Senior Community Service Employment Program			0
Senior Centers			
Speech Therapy			
State Adult Guardianship Program			
State Pharmaceutical Assistance	-	-	0
Supported Employment			
Supported Living			
Transportation	-	-	+
+ Expenditure/demand increase	0	No change in expenditure/demand	DK Don't know
- Expenditure/demand decrease	NA	Program not administered by SUA	

* Since SFY 2009, the State Unit on Aging has received increased calls for Adult Protective Services, e.g., financial exploitation.

NEVADA

STATE UNIT ON AGING NON-MEDICAID HCBS EXPENDITURES

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (appropriation)	% Change SFY 2009–2010
\$27,996,989	\$26,141,467	\$29,425,681	-7%

MEDICAID LONG-TERM SERVICES & SUPPORTS

NUMBER OF BENEFICIARIES: WAIVERS & NURSING FACILITIES

Waiver Name	Avg. Daily Caseload			% Change
	SFY 2009	SFY 2010	SFY 2011 (planned)	SFY 2009– 2010
Assisted Living Waiver	30	30	54	0%
Adults with Physical Disabilities*	NA	NA	NA	NA
Elderly Adults in Residential Care	472	472	472	0%
Waiver for Frail Elderly	1,241	1,241	1,241	0%
Nursing Facility Services	Avg. Daily Census 2010		Expected Change 2011	
NF Average Daily Census*			No Change	

- Census for Adults with Physical Disabilities waiver was not available.
- Nursing facility census has stayed flat for quite a few years.

LTSS EXPENDITURES (FEDERAL AND STATE)

Service	SFY 2009	SFY 2010 (Estimate)	SFY 2011 (Appropriation)	% Change SFY 2009–2010
HCBS Waivers (For Older People and Adults with Physical Disabilities)				
Medicaid LTSS State Plan				
Nursing Facility				

LTSS PROVIDER PAYMENT RATE CHANGES

Provider Type	SFY 2009–2010 % change	SFY 2010–2011 % change
Nursing Home	0	-
Home Health	-	0
Personal Care Services	-	0
HCBS Waiver Services	0	0
+ Provider rate increase - Provider rate decrease	0 No change in provider rate	NA Not applicable

OPTIONS, OUTLOOK, AND PROMISING PRACTICES

The Medicaid agency and State Unit on Aging were asked about their intent to pursue options under health care reform, to provide their thoughts on the outlook for LTSS, and to share promising practices in their state. This section combines information from both agencies if both agencies responded.

See the Overview for descriptions of these provisions.

State's Intent to Pursue LTSS Provisions in the Affordable Care Act	Very Likely	Somewhat Likely	Not Likely	Don't Know
State Balancing Incentive Program			X	
Community First Choice Option			X	
Money Follows the Person Demonstration				
1. Apply for new program		X		
2. Apply for extension of existing program				
Medical/Health Home Initiative				
1. Agency applying for planning grant		X		
2. State plan amendment to establish medical/health home services				X
3. Apply to establish community health teams		X		

STATE PRIORITIES: 18–24 MONTHS

- Developing any service that will keep people at home.
- Developing the capacity of the Personal Assistance Program (PAP) to deliver services to individuals with severe functional disabilities.
- Reviewing waivers for possible combinations of waivers or waiver services.

STATE ISSUES

- Prioritizing all government services.
- Maintaining service delivery.
- Building a flexible budget to account for changing demographics and inflation levels.

STATE PROMISING PRACTICES

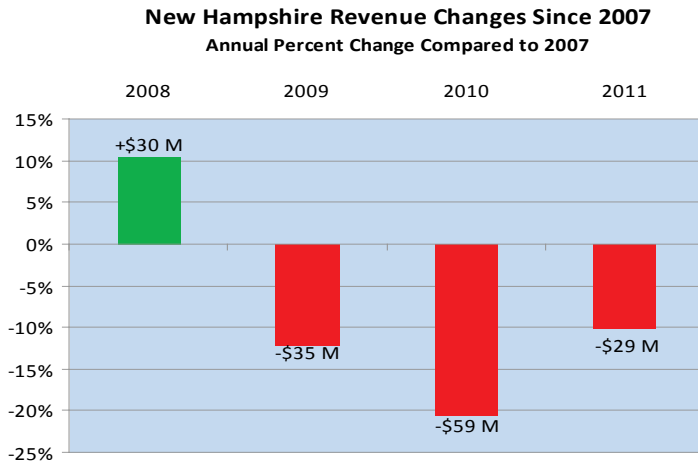
- Essential Services Model, a methodology for addressing and prioritizing funding for services.

The information in this profile represents information available to state officials at a point in time. Surveys were conducted from June through September 2010. Nevada's fiscal year begins July 1 and ends June 30.



NEW HAMPSHIRE

TAX COLLECTIONS



Source: HMA analysis of state tax collection data from the National Association of State Budget Officers (NASBO), Spring Fiscal Survey of States, 2008 (for baseline 2007 data); Spring Fiscal Survey of States, 2009 (for 2008 data) and Spring Fiscal Survey of States, 2010 (for 2009 actual, 2010 estimated, and 2011 projected). Revenue represents the following taxes if collected by the state: **Personal Income, Corporate, and Sales**. Percent change and change in amount collected (in millions) represents the divergence between the state fiscal year noted and baseline SFY 2007.

ARRA FUNDING

IMPACT OF ARRA ENHANCED MEDICAID FMAP EXPIRATION

- Without the enhanced FMAP, some nursing facilities would have faced financial difficulty.

PREDICTED IMPACT OF THE EXPIRATION OF THE ARRA NUTRITION FUNDING

- No impact.

STATE UNIT ON AGING AND DISABILITY (NON-MEDICAID) SERVICES

STATE UNIT ON AGING NUMBER SERVED (UNDUPLICATED)

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (projected)	% Change SFY 2009–2011
108,351	110,000	112,000	3%

STATE UNIT ON AGING TOTAL EXPENDITURE REDUCTIONS – ACTION TAKEN

SFY 2009–2010	SFY 2010–2011
None	Don't Know

STATE UNIT ON AGING SERVICE DEMAND AND EXPENDITURE CHANGES

Program	Change in Expenditures		Change in Service Requests
	SFY 2009–2010	SFY 2010–2011	SFY 2009–2010
Adult Foster Care	+	0	0
Adult Day Care	-	0	0
Adult Protective Services*	0	0	+
Assisted Living	0	0	+
Behavioral Supports	NA	NA	+
Case Management	-	-	
Chore	0	0	0
Community Transition	0	0	
Congregate Meals	0	0	+
Day Habilitation	NA	NA	DK
Disease Prevention/Health Promotion	-	0	0
Elder Abuse Prevention	0	0	DK
Environmental Modifications	+	0	
Equipment and Supplies	0	0	
Family Caregiver Support	0	0	+
Food Stamps/Supplemental Nutrition Assistance Program			+
Foreclosure Counseling	NA	NA	DK
Homemaker	0	0	+
Home-Delivered Meals	0	0	+
Housing Assistance	NA	NA	DK
Information and Referral	0	0	+
Legal Assistance Development	0	0	+
LIHEAP			+
Long-Term Care Ombudsman	0	0	0
Nutritional Supplements	NA	NA	
Occupational Therapy	NA	NA	
Personal Care/Assistance	-	0	+
Physical Therapy	NA	NA	
Recreational Therapy	NA	NA	
Residential Habilitation	NA	NA	
Respite	0	0	+
Senior Community Service Employment Program	NA	NA	DK
Senior Centers	NA	NA	DK
Speech Therapy	+	0	
State Adult Guardianship Program	+	0	+
State Pharmaceutical Assistance	NA	NA	
Supported Employment	NA	NA	DK
Supported Living	NA	NA	+
Transportation	0	0	+
+ Expenditure/demand increase	0	No change in expenditure/demand	DK Don't know
- Expenditure/demand decrease	NA	Program not administered by SUA	

* Since SFY 2009, the State Unit on Aging has received increased calls for Adult Protective Services, e.g., financial exploitation and neglect.

NEW HAMPSHIRE

STATE UNIT ON AGING NON-MEDICAID HCBS EXPENDITURES

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (appropriation)	% Change SFY 2009–2010
\$12,180,330	\$12,180,330	\$12,180,330	0%

MEDICAID LONG-TERM SERVICES & SUPPORTS

NUMBER OF BENEFICIARIES: WAIVERS & NURSING FACILITIES

Waiver Name	Avg. Daily Caseload			% Change
	SFY 2009	SFY 2010	SFY 2011 (planned)	SFY 2009–2010
Choices For Independence Program	2,920	2,931	2,958	0%
Nursing Facility Services	Avg. Daily Census		Expected Change 2011	
	2010			
NF Average Daily Census	4,357		No change	

- Slight and modest increase in the waiver census may be due to the economy and lack of providers; the state does not expect rapid growth.
- Nursing facility growth has leveled off for the last six to nine months, and the state expects this trend to continue with a 2.3 percent decrease in census in SFY 2010.

LTSS EXPENDITURES (FEDERAL AND STATE)

Service	SFY 2009	SFY 2010 (Estimate)	SFY 2011 (Appropriation)	% Change SFY 2009–2010
HCBS Waivers (For Older People and Adults with Physical Disabilities)	\$51,528,078	\$55,956,158	\$59,561,993	9%
Medicaid LTSS State Plan	\$21,655,256	\$18,090,269	\$18,757,237	-16%
Nursing Facility	\$257,347,452	\$270,574,168	\$251,061,335	5%

LTSS PROVIDER PAYMENT RATE CHANGES

Provider Type	SFY 2009–2010 % change	SFY 2010–2011 % change
Nursing Home		-2.3%
Home Health	-2%	
Personal Care Services	-2%	
HCBS Waiver Services	-2%	
+ Provider rate increase - Provider rate decrease 0 No change in provider rate		NA Not applicable

- The 15-minute billing unit for home health (registered nurse and aide) was changed to a per visit rate.
- Some providers reduced their availability for waiver service provision due to the rate reduction.



OPTIONS, OUTLOOK, AND PROMISING PRACTICES

The Medicaid agency and State Unit on Aging were asked about their intent to pursue options under health care reform, to provide their thoughts on the outlook for LTSS, and to share promising practices in their state. This section combines information from both agencies if both agencies responded.

See the Overview for descriptions of these provisions.

State's Intent to Pursue LTSS Provisions in the Affordable Care Act	Very Likely	Somewhat Likely	Not Likely	Don't Know
State Balancing Incentive Program				X
Community First Choice Option				X
Money Follows the Person Demonstration				
1. Apply for new program				
2. Apply for extension of existing program	X			
Medical/Health Home Initiative				
1. Agency applying for planning grant	X			
2. State plan amendment to establish medical/health home services				X
3. Apply to establish community health teams				X

STATE PRIORITIES: 18–24 MONTHS

- Implementing cost controls and monitoring services.
- Increasing demand for services following a drastic reduction in state workforce.

STATE ISSUES

- The state has seen a substantial increase in utilization of personal care services in SFY 2009 and 2010 that is not sustainable.
- New Hampshire will continue to streamline waiver eligibility and expand the consumer-directed program.
- The state will also continue to maintain open communication with stakeholders, providers, and consumers.

STATE PROMISING PRACTICES

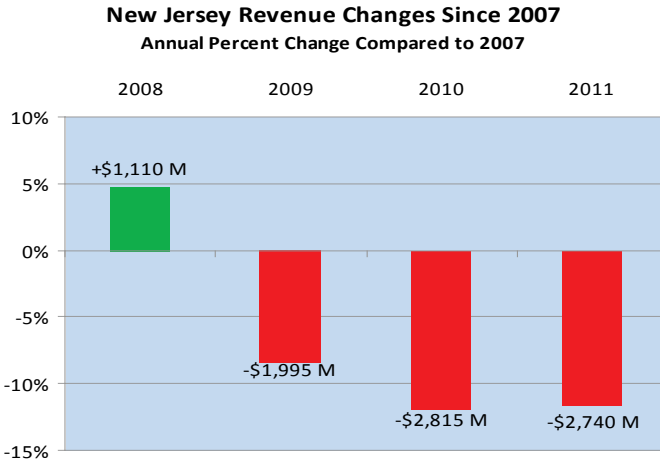
- New Hampshire's Transitions in Caregiving, a consumer-directed program, received national recognition from the Council of State Governments Innovations Award.

The information in this profile represents information available to state officials at a point in time. Surveys were conducted from June through September 2010. New Hampshire's fiscal year begins July 1 and ends June 30.



NEW JERSEY

TAX COLLECTIONS



Source: HMA analysis of state tax collection data from the National Association of State Budget Officers (NASBO), Spring Fiscal Survey of States, 2008 (for baseline 2007 data); Spring Fiscal Survey of States, 2009 (for 2008 data) and Spring Fiscal Survey of States, 2010 (for 2009 actual, 2010 estimated, and 2011 projected). Revenue represents the following taxes if collected by the state: **Personal Income, Corporate, and Sales**. Percent change and change in amount collected (in millions) represents the divergence between the state fiscal year noted and baseline SFY 2007.

ARRA FUNDING

IMPACT OF ARRA ENHANCED MEDICAID FMAP EXPIRATION

PREDICTED IMPACT OF THE EXPIRATION OF THE ARRA NUTRITION FUNDING

- Waiting lists will increase.
- Services will be reduced and eliminated.

STATE UNIT ON AGING AND DISABILITY (NON-MEDICAID) SERVICES

STATE UNIT ON AGING NUMBER SERVED (UNDUPLICATED)

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (projected)	% Change SFY 2009–2011
334,661	335,000	335,000	0%

STATE UNIT ON AGING TOTAL EXPENDITURE REDUCTIONS – ACTION TAKEN

SFY 2009–2010	SFY 2010–2011
None	None

STATE UNIT ON AGING SERVICE DEMAND AND EXPENDITURE CHANGES

Program	Change in Expenditures		Change in Service Requests
	SFY 2009–2010	SFY 2010–2011	SFY 2009–2010
Adult Foster Care	DK	DK	DK
Adult Day Care	DK	DK	DK
Adult Protective Services*	DK	DK	+
Assisted Living	DK	DK	DK
Behavioral Supports	DK	DK	DK
Case Management	DK	DK	DK
Chore	DK	DK	DK
Community Transition	DK	DK	DK
Congregate Meals	DK	DK	DK
Day Habilitation	DK	DK	DK
Disease Prevention/Health Promotion	DK	DK	DK
Elder Abuse Prevention	DK	DK	DK
Environmental Modifications	DK	DK	DK
Equipment and Supplies	DK	DK	DK
Family Caregiver Support	DK	DK	DK
Food Stamps/Supplemental Nutrition Assistance Program			DK
Foreclosure Counseling	DK	DK	DK
Homemaker	DK	DK	DK
Home-Delivered Meals	DK	DK	DK
Housing Assistance	DK	DK	DK
Information and Referral	DK	DK	DK
Legal Assistance Development	DK	DK	DK
LIHEAP			DK
Long-Term Care Ombudsman	DK	DK	DK
Nutritional Supplements	DK	DK	DK
Occupational Therapy	DK	DK	DK
Personal Care/Assistance	DK	DK	DK
Physical Therapy	DK	DK	DK
Recreational Therapy	DK	DK	DK
Residential Habilitation	DK	DK	DK
Respite	DK	DK	DK
Senior Community Service Employment Program	DK	DK	DK
Senior Centers	DK	DK	DK
Speech Therapy	DK	DK	DK
State Adult Guardianship Program	DK	DK	DK
State Pharmaceutical Assistance	DK	DK	DK
Supported Employment	DK	DK	DK
Supported Living	DK	DK	DK
Transportation	DK	DK	DK
+ Expenditure/demand increase	0	No change in expenditure/demand	DK Don't know
- Expenditure/demand decrease	NA	Program not administered by SUA	

* Since SFY 2009, the State Unit on Aging has received increased calls for Adult Protective Services, e.g., financial exploitation and neglect.

- The state has also experienced an increase in neglected/abandoned adults with developmental disabilities.
- Information about SFY 2010 expenditures was not available at the time of this survey.

STATE UNIT ON AGING NON-MEDICAID HCBS EXPENDITURES

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (appropriation)	% Change SFY 2009–2010
\$43,144,000	\$45,077,000	\$45,148,000	4%

MEDICAID LONG-TERM SERVICES & SUPPORTS

NUMBER OF BENEFICIARIES: WAIVERS & NURSING FACILITIES

Waiver Name	Avg. Daily Caseload			% Change
	SFY 2009	SFY 2010	SFY 2011 (planned)	SFY 2009– 2010
Global Options for Long Term Care	11,669	12,252	12,865	5%
Nursing Facility Services	Avg. Daily Census 2010		Expected Change 2011	
NF Average Daily Census*	28,516		No change	

- Individuals are transitioning out of nursing facilities, but the state does not anticipate a reduction in the census.

LTSS EXPENDITURES (FEDERAL AND STATE)

Service	SFY 2009	SFY 2010 (Estimate)	SFY 2011 (Appropriation)	% Change SFY 2009–2010
HCBS Waivers (For Older People and Adults with Physical Disabilities)	\$152,000,000	\$169,000,000	\$187,000,000	11%
Medicaid LTSS State Plan	\$234,362,948	\$321,474,190	\$300,951,000	37%
Nursing Facility	\$1,647,814,486	\$1,249,571,816	\$1,416,394,418	-24%

LTSS PROVIDER PAYMENT RATE CHANGES

Provider Type	SFY 2009–2010 % change	SFY 2010–2011 % change
Nursing Home	0	0
Home Health	0	0
Personal Care Services	0	-12%
HCBS Waiver Services	0	0
+ Provider rate increase - Provider rate decrease 0 No change in provider rate		NA Not applicable

OPTIONS, OUTLOOK, AND PROMISING PRACTICES

The Medicaid agency and State Unit on Aging were asked about their intent to pursue options under health care reform, to provide their thoughts on the outlook for LTSS, and to share promising practices in their state. This section combines information from both agencies if both agencies responded.

See the Overview for descriptions of these provisions.

NEW JERSEY

State's Intent to Pursue LTSS Provisions in the Affordable Care Act	Very Likely	Somewhat Likely	Not Likely	Don't Know
State Balancing Incentive Program	X			
Community First Choice Option	X			
Money Follows the Person Demonstration				
1. Apply for new program				
2. Apply for extension of existing program	X			
Medical/Health Home Initiative				
1. Agency applying for planning grant	X			
2. State plan amendment to establish medical/health home services		X		
3. Apply to establish community health teams				X

STATE PRIORITIES: 18–24 MONTHS

- None Listed

STATE ISSUES

- Fully rolling out Aging and Disability Resource Centers (ADRCs) by January 1, 2011.
- Meeting the current and future demand for services as baby boomers age with no increases in funding.
- Continuing New Jersey's major balancing initiative.

STATE PROMISING PRACTICES

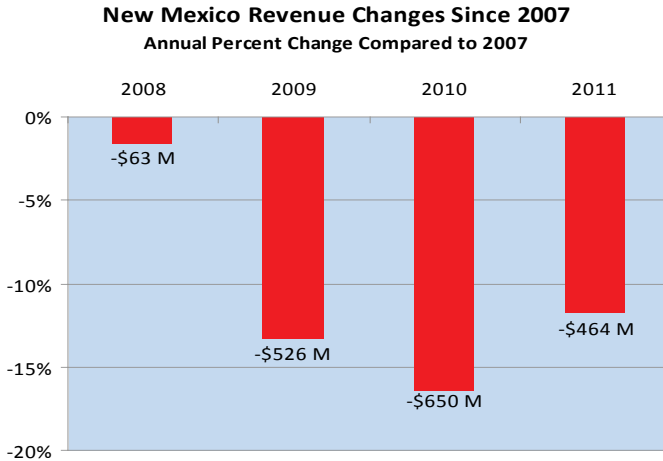
- The streamlining of services and reporting through the use of technology.
- Global budgeting and budget projection modeling.
- Aging and Disability Resource Centers.
- Chronic Disease Self-Management Program.

The information in this profile represents information available to state officials at a point in time. Surveys were conducted from June through September 2010. New Jersey's fiscal year begins July 1 and ends June 30.



NEW MEXICO

TAX COLLECTIONS



Source: HMA analysis of state tax collection data from the National Association of State Budget Officers (NASBO), Spring Fiscal Survey of States, 2008 (for baseline 2007 data); Spring Fiscal Survey of States, 2009 (for 2008 data) and Spring Fiscal Survey of States, 2010 (for 2009 actual, 2010 estimated, and 2011 projected). Revenue represents the following taxes if collected by the state: **Personal Income, Corporate, and Sales**. Percent change and change in amount collected (in millions) represents the divergence between the state fiscal year noted and baseline SFY 2007.

ARRA FUNDING

IMPACT OF ARRA ENHANCED MEDICAID FMAP EXPIRATION

- New Mexico anticipates a shortfall in SFY 2012 of \$320 million.

PREDICTED IMPACT OF THE EXPIRATION OF THE ARRA NUTRITION FUNDING

- Programs will be reduced and eliminated.
- The state has committed to not having waiting lists.

STATE UNIT ON AGING AND DISABILITY (NON-MEDICAID) SERVICES

STATE UNIT ON AGING NUMBER SERVED (UNDUPLICATED)

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (projected)	% Change SFY 2009–2011
60,000	60,000	60,000	0%

STATE UNIT ON AGING TOTAL EXPENDITURE REDUCTIONS – ACTION TAKEN

SFY 2009–2010	SFY 2010–2011
5% or less	5% or less

STATE UNIT ON AGING SERVICE DEMAND AND EXPENDITURE CHANGES

Program	Change in Expenditures		Change in Service Requests SFY 2009–2010
	SFY 2009–2010	SFY 2010–2011	
Adult Foster Care	NA	NA	-
Adult Day Care	-	-	-
Adult Protective Services*	-	-	+
Assisted Living	NA	NA	-
Behavioral Supports	0	-	+
Case Management	NA	NA	-
Chore	NA	NA	-
Community Transition	0	0	-
Congregate Meals	+	-	-
Day Habilitation	NA	NA	-
Disease Prevention/Health Promotion	0	0	-
Elder Abuse Prevention	NA	NA	-
Environmental Modifications	0	-	-
Equipment and Supplies	NA	NA	-
Family Caregiver Support	NA	-	-
Food Stamps/Supplemental Nutrition Assistance Program			-
Foreclosure Counseling	NA	NA	-
Homemaker	0	-	-
Home-Delivered Meals	+	-	-
Housing Assistance	NA	NA	-
Information and Referral	0	0	-
Legal Assistance Development	0	-	-
LIHEAP			-
Long-Term Care Ombudsman	0	0	-
Nutritional Supplements	NA	NA	-
Occupational Therapy	NA	NA	-
Personal Care/Assistance	0	-	-
Physical Therapy	NA	NA	-
Recreational Therapy	NA	NA	-
Residential Habilitation	NA	NA	-
Respite	0	-	-
Senior Community Service Employment Program	+	+	-
Senior Centers	0	-	-
Speech Therapy	NA	NA	-
State Adult Guardianship Program	NA	NA	-
State Pharmaceutical Assistance	0	0	-
Supported Employment	0	-	-
Supported Living	NA	NA	-
Transportation	0	-	-
+ Expenditure/demand increase	0	No change in expenditure/demand	DK Don't know
- Expenditure/demand decrease	NA	Program not administered by SUA	

* Since SFY 2009, the State Unit on Aging has received increased calls for Adult Protective Services, e.g., financial exploitation and neglect.

- The state is also experiencing increased complaints about self-neglect.

NEW MEXICO

STATE UNIT ON AGING NON-MEDICAID HCBS EXPENDITURES

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (appropriation)	% Change SFY 2009–2010
None Listed	None Listed	None Listed	NA

MEDICAID LONG-TERM SERVICES & SUPPORTS

NUMBER OF BENEFICIARIES: WAIVERS & NURSING FACILITIES

Waiver Name	Avg. Daily Caseload			% Change
	SFY 2009	SFY 2010	SFY 2011 (planned)	SFY 2009–2010
Disabled and Elderly	3,354	3,336	3,300	-1%
Mi Via (Self-Directed)	877	1,069	1,200	22%
Nursing Facility Services		Avg. Daily Census 2010		Expected Change 2011
NF Average Daily Census*		6,320		Increase

- Nursing facility census is for June 2010.

LTSS EXPENDITURES (FEDERAL AND STATE)

Service	SFY 2009	SFY 2010 (Estimate)	SFY 2011 (Appropriation)	% Change SFY 2009–2010
HCBS Waivers (For Older People and Adults with Physical Disabilities)*	\$341,400,000	\$328,800,000	\$332,700,000	-4%
Medicaid LTSS State Plan	\$253,600,000	\$252,300,000		-1%
Nursing Facility	\$184,600,000	\$162,000,000	\$145,000,000	-12%

- Reported home and community-based services (HCBS) expenditures include waivers for clients with developmental disabilities as well as those for aged, blind and disabled. The state reported that it was unable to separate the long-term services and supports (LTSS) populations such as the developmental disabilities population, so the HCBS waiver expenditures are aggregate numbers.

LTSS PROVIDER PAYMENT RATE CHANGES

Provider Type	SFY 2009–2010 % change	SFY 2010–2011 % change
Nursing Home	0	0
Home Health	0	0
Personal Care Services	0	0
HCBS Waiver Services	0	0
Managed LTC		-
+ Provider rate increase - Provider rate decrease 0 No change in provider rate		NA Not applicable

OPTIONS, OUTLOOK, AND PROMISING PRACTICES

The Medicaid agency and State Unit on Aging were asked about their intent to pursue options under health care reform, to provide their thoughts on the outlook for LTSS, and to share promising practices in their state. This section combines information from both agencies if both agencies responded. See the Overview for descriptions of these provisions.

State's Intent to Pursue LTSS Provisions in the Affordable Care Act	Very Likely	Somewhat Likely	Not Likely	Don't Know
State Balancing Incentive Program			X	
Community First Choice Option		X		
Money Follows the Person Demonstration				
1. Apply for new program	X			
2. Apply for extension of existing program				
Medical/Health Home Initiative				
1. Agency applying for planning grant	X			
2. State plan amendment to establish medical/health home services		X		
3. Apply to establish community health teams		X		

STATE PRIORITIES: 18–24 MONTHS

- None Listed

STATE ISSUES

- Facing the rapid growth in population of older adults and adults with disabilities.
- Building partnerships with disability and veterans' communities.
- Reducing services and benefits to stay within the state budget.
- Implementing the Affordable Care Act.
- Providing services to veterans.
- Expanding the role of Aging and Disability Resource Centers (ADRCs).
- Handling the increasing number of elder abuse cases and the need for Elder Justice Act funding.

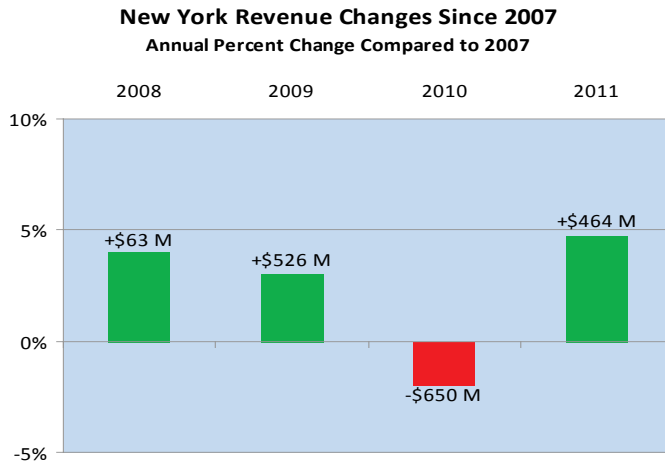
STATE PROMISING PRACTICES

- The use of ADRCs for adult protective services intake and linking eligible beneficiaries with prescription drug benefits.
- Mi Via, New Mexico's self-directed services waiver.

The information in this profile represents information available to state officials at a point in time. Surveys were conducted from June through September 2010. New Mexico's fiscal year begins July 1 and ends June 30.

NEW YORK

TAX COLLECTIONS



Source: HMA analysis of state tax collection data from the National Association of State Budget Officers (NASBO), Spring Fiscal Survey of States, 2008 (for baseline 2007 data); Spring Fiscal Survey of States, 2009 (for 2008 data) and Spring Fiscal Survey of States, 2010 (for 2009 actual, 2010 estimated, and 2011 projected). Revenue represents the following taxes if collected by the state: **Personal Income, Corporate, and Sales**. Percent change and change in amount collected (in millions) represents the divergence between the state fiscal year noted and baseline SFY 2007.

ARRA FUNDING

IMPACT OF ARRA ENHANCED MEDICAID FMAP EXPIRATION

- New York avoided proportional reductions across most state agencies because of the enhanced FMAP extension.

PREDICTED IMPACT OF THE EXPIRATION OF THE ARRA NUTRITION FUNDING

- Waiting lists will increase.
- Services will be reduced.

STATE UNIT ON AGING AND DISABILITY (NON-MEDICAID) SERVICES

STATE UNIT ON AGING NUMBER SERVED (UNDUPLICATED)

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (projected)	% Change SFY 2009–2011
599,031	538,519	None Listed	NA

STATE UNIT ON AGING TOTAL EXPENDITURE REDUCTIONS – ACTION TAKEN

SFY 2009–2010	SFY 2010–2011
5% or less	Don't Know

STATE UNIT ON AGING SERVICE DEMAND AND EXPENDITURE CHANGES

Program	Change in Expenditures		Change in Service Requests
	SFY 2009–2010	SFY 2010–2011	SFY 2009–2010
Adult Foster Care	NA	NA	DK
Adult Day Care	-		+
Adult Protective Services	NA		DK
Assisted Living	NA		DK
Behavioral Supports	NA		DK
Case Management	-		+
Chore	-		+
Community Transition	NA		DK
Congregate Meals	-		DK
Day Habilitation	NA		DK
Disease Prevention/Health Promotion	-		DK
Elder Abuse Prevention	-		+
Environmental Modifications	-		DK
Equipment and Supplies	-		DK
Family Caregiver Support	-		+
Food Stamps/Supplemental Nutrition Assistance Program			+
Foreclosure Counseling	NA		DK
Homemaker	-		+
Home-Delivered Meals	-		+
Housing Assistance	NA		+
Information and Referral	-		+
Legal Assistance Development	NA		DK
LIHEAP			+
Long-Term Care Ombudsman	-		DK
Nutritional Supplements	-		DK
Occupational Therapy	NA		DK
Personal Care/Assistance	-		+
Physical Therapy	NA		DK
Recreational Therapy	NA		DK
Residential Habilitation	NA		DK
Respite	-		+
Senior Community Service Employment Program	0		DK
Senior Centers	-		-
Speech Therapy	NA		DK
State Adult Guardianship Program	NA		DK
State Pharmaceutical Assistance	NA		-
Supported Employment	NA		DK
Supported Living	NA		DK
Transportation	-		+
+ Expenditure/demand increase	0	No change in expenditure/demand	DK Don't know
- Expenditure/demand decrease	NA	Program not administered by SUA	

STATE UNIT ON AGING NON-MEDICAID HCBS EXPENDITURES

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (appropriation)	% Change SFY 2009–2010
\$115,000,000	\$110,000,000	None Listed	-4%

MEDICAID LONG-TERM SERVICES & SUPPORTS

NUMBER OF BENEFICIARIES: WAIVERS & NURSING FACILITIES

Waiver Name	Avg. Daily Caseload			% Change
	SFY 2009	SFY 2010	SFY 2011 (planned)	SFY 2009– 2010
None Listed				
Nursing Facility Services	Avg. Daily Census 2010		Expected Change 2011	
NF Average Daily Census*				

- The New York legislature passed a plan to buy back 6,000 beds between 2009 and 2014. In the first year, 1,500 beds were taken out of service. Nursing facilities are now turning to assisted living, waiver programs, or providing housing. Some providers are getting out of the long-term services and supports (LTSS) business altogether.
- New York's Certificate Of Need (CON) planning projects that the state will need more nursing facility beds by 2016 due to an aging population.

LTSS EXPENDITURES (FEDERAL AND STATE)

Service	SFY 2009	SFY 2010 (Estimate)	SFY 2011 (Appropriation)	% Change SFY 2009–2010
HCBS Waivers (For Older People and Adults with Physical Disabilities)				
Medicaid LTSS State Plan				
Nursing Facility				

LTSS PROVIDER PAYMENT RATE CHANGES

Provider Type	SFY 2009–2010 % change	SFY 2010–2011 % change
Nursing Home	-	-1.1%
Home Health	-	-1.1%
Personal Care Services	-	-1.1%
HCBS Waiver Services	-	-1.1%
+ Provider rate increase - Provider rate decrease 0 No change in provider rate		NA Not applicable

- In SFY 2010, the state did not implement trend factors for nursing facilities, so rates stayed the same. Nursing facility rates have undergone changes between 2006 and 2010 that included updating the base year, using Medicaid-only case mix, and changes to bed hold payment policy, which overall resulted in a \$30 million decrease. This is not significant to the \$6 billion base budget.
- Effective for payments made on or after September 16, 2010, the state implemented a 1.1% across-the-board reduction to all Medicaid payments to remain in effect through March 31, 2011. Some services (such as Federally Qualified Health Centers and Hospice) are exempt.

OPTIONS, OUTLOOK, AND PROMISING PRACTICES

The Medicaid agency and State Unit on Aging were asked about their intent to pursue options under health care reform, to provide their thoughts on the outlook for LTSS, and to share promising practices in their state. This section combines information from both agencies if both agencies responded. See the Overview for descriptions of these provisions.

State's Intent to Pursue LTSS Provisions in the Affordable Care Act	Very Likely	Somewhat Likely	Not Likely	Don't Know
State Balancing Incentive Program		X		
Community First Choice Option		X		
Money Follows the Person Demonstration				
1. Apply for new program				
2. Apply for extension of existing program	X			
Medical/Health Home Initiative				
1. Agency applying for planning grant	X			
2. State plan amendment to establish medical/health home services		X		
3. Apply to establish community health teams				X

STATE PRIORITIES: 18–24 MONTHS

- Develop stronger partnerships and better coordination; help communities implement comprehensive planning processes to solve their own problems.
- Implement universal assessment tool across programs (e.g., RAI Home Care Tool, an assessment and care planning system).

STATE ISSUES

- State budget: Investments are not being made during difficult budget times.
- Maintenance of the core Older Americans Act services.
- Use of volunteers, development of care transitions, and the organization of health, wellness, and prevention efforts.
- Lack of sufficient workforce to provide community-based services (outside of New York City).
- Lack of consumer understanding of the LTSS system.

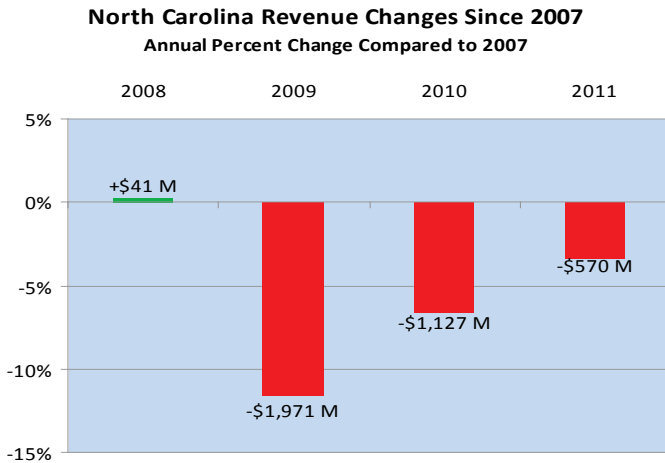
STATE PROMISING PRACTICES

- Implementing NY Connects, the statewide Aging and Disability Resource Center.
- Reducing nursing facility beds over time.
- Improving nursing facility quality.

The information in this profile represents information available to state officials at a point in time. Surveys were conducted from June through September 2010. New York's fiscal year begins April 1 and ends March 30.

NORTH CAROLINA

TAX COLLECTIONS



Source: HMA analysis of state tax collection data from the National Association of State Budget Officers (NASBO), Spring Fiscal Survey of States, 2008 (for baseline 2007 data); Spring Fiscal Survey of States, 2009 (for 2008 data) and Spring Fiscal Survey of States, 2010 (for 2009 actual, 2010 estimated, and 2011 projected). Revenue represents the following taxes if collected by the state: **Personal Income, Corporate, and Sales.** Percent change and change in amount collected (in millions) represents the divergence between the state fiscal year noted and baseline SFY 2007.

ARRA FUNDING

IMPACT OF ARRA ENHANCED MEDICAID FMAP EXPIRATION

PREDICTED IMPACT OF THE EXPIRATION OF THE ARRA NUTRITION FUNDING

- Waiting lists will increase, and services will be reduced.
- Natural client attrition, e.g. clients leaving the program, may address a portion of the service loss due to the ARRA expiration, but providers, particularly home delivered meals providers, are concerned about being able to sustain current service levels.

STATE UNIT ON AGING AND DISABILITY (NON-MEDICAID) SERVICES

STATE UNIT ON AGING NUMBER SERVED (UNDUPLICATED)

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (projected)	% Change SFY 2009–2011
79,014	77,222	75,019	-5%

STATE UNIT ON AGING TOTAL EXPENDITURE REDUCTIONS – ACTION TAKEN

SFY 2009–2010	SFY 2010–2011
None	Don't Know

STATE UNIT ON AGING SERVICE DEMAND AND EXPENDITURE CHANGES

Program	Change in Expenditures		Change in Service Requests
	SFY 2009–2010	SFY 2010–2011	SFY 2009–2010
Adult Foster Care	NA	NA	DK
Adult Day Care	0	0	+
Adult Protective Services*	0	0	+
Assisted Living	NA	NA	DK
Behavioral Supports	NA	NA	DK
Case Management	0	0	0
Chore	0	0	+
Community Transition	NA	NA	DK
Congregate Meals	0	0	+
Day Habilitation	NA	NA	DK
Disease Prevention/Health Promotion	0	0	0
Elder Abuse Prevention	0	0	0
Environmental Modifications	0	0	+
Equipment and Supplies	NA	NA	DK
Family Caregiver Support	0	0	0
Food Stamps/Supplemental Nutrition Assistance Program			DK
Foreclosure Counseling	NA	NA	DK
Homemaker	0	0	+
Home-Delivered Meals	0	0	+
Housing Assistance	0	0	+
Information and Referral	0	0	0
Legal Assistance Development	0	0	0
LIHEAP			DK
Long-Term Care Ombudsman	0	0	+
Nutritional Supplements	0	0	0
Occupational Therapy	NA	NA	DK
Personal Care/Assistance	0	0	+
Physical Therapy	NA	NA	DK
Recreational Therapy	NA	NA	DK
Residential Habilitation	NA	NA	DK
Respite	0	0	+
Senior Community Service Employment Program	+	+	0
Senior Centers	0	0	0
Speech Therapy	NA	NA	DK
State Adult Guardianship Program	0	0	+
State Pharmaceutical Assistance	NA	NA	DK
Supported Employment	NA	NA	DK
Supported Living	NA	NA	DK
Transportation	0	0	+
+ Expenditure/demand increase	0	No change in expenditure/demand	DK Don't know
- Expenditure/demand decrease	NA	Program not administered by SUA	

* Since SFY 2009, the State Unit on Aging has received increased calls for Adult Protective Services, e.g., financial exploitation, physical abuse, neglect, emotional abuse, and sexual abuse.

NORTH CAROLINA

STATE UNIT ON AGING NON-MEDICAID HCBS EXPENDITURES

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (appropriation)	% Change SFY 2009–2010
\$39,147,000	\$40,966,000	\$40,912,000	5%

MEDICAID LONG-TERM SERVICES & SUPPORTS

NUMBER OF BENEFICIARIES: WAIVERS & NURSING FACILITIES

Waiver Name	Avg. Daily Caseload			% Change
	SFY 2009	SFY 2010	SFY 2011 (planned)	SFY 2009– 2010
None Listed				
Nursing Facility Services	Avg. Daily Census 2010		Expected Change 2011	
NF Average Daily Census				

LTSS EXPENDITURES (FEDERAL AND STATE)

Service	SFY 2009	SFY 2010 (Estimate)	SFY 2011 (Appropriation)	% Change SFY 2009–2010
HCBS Waivers (For Older People and Adults with Physical Disabilities)				
Medicaid LTSS State Plan				
Nursing Facility				

LTSS PROVIDER PAYMENT RATE CHANGES

Provider Type	SFY 2009–2010 % change	SFY 2010–2011 % change
Nursing Home		
Home Health		
Personal Care Services		
HCBS Waiver Services		
+ Provider rate increase - Provider rate decrease 0 No change in provider rate		NA Not applicable

OPTIONS, OUTLOOK, AND PROMISING PRACTICES

The Medicaid agency and State Unit on Aging were asked about their intent to pursue options under health care reform, to provide their thoughts on the outlook for LTSS, and to share promising practices in their state. This section combines information from both agencies if both agencies responded.

See the Overview for descriptions of these provisions.



NORTH CAROLINA

State's Intent to Pursue LTSS Provisions in the Affordable Care Act	Very Likely	Somewhat Likely	Not Likely	Don't Know
State Balancing Incentive Program	X			
Community First Choice Option		X		
Money Follows the Person Demonstration				
1. Apply for new program				
2. Apply for extension of existing program	X			
Medical/Health Home Initiative				
1. Agency applying for planning grant	X			
2. State plan amendment to establish medical/health home services		X		
3. Apply to establish community health teams	X			

STATE PRIORITIES: 18–24 MONTHS

- Emphasizing best fiscal management practices through Area Agencies on Aging (AAAs) to help local service providers minimize service loss due to cost increases.
- Establishing Community Care Networks organized through regional community health networks to achieve long-term quality, cost, access, and utilization for Medicaid beneficiaries.
- Reforming Adult Protective Services.
- Helping other state agencies prepare for an aging population.

STATE ISSUES

- Growing demands for services and diminishing resources to provide them.
- Responding to the need for protection of older individuals and people with disabilities.

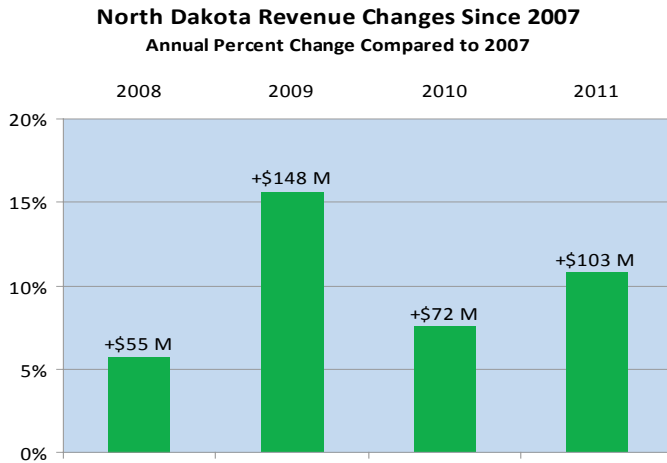
STATE PROMISING PRACTICES

- Project C.A.R.E. (Caregiver Alternatives to Running on Empty) is a program that has received national recognition and uses a family consultant model to provide consumer-directed respite care and comprehensive support to caregivers.
- State Aging Readiness Assessment, which involves the Governor's Policy Office, the Division of Aging and Adult Services, and the University of North Carolina Institute on Aging, is conducting an assessment of state agencies to determine their readiness to serve an aging population.

The information in this profile represents information available to state officials at a point in time. Surveys were conducted from June through September 2010. North Carolina's fiscal year begins July 1 and ends June 30.

NORTH DAKOTA

TAX COLLECTIONS



Source: HMA analysis of state tax collection data from the National Association of State Budget Officers (NASBO), Spring Fiscal Survey of States, 2008 (for baseline 2007 data); Spring Fiscal Survey of States, 2009 (for 2008 data) and Spring Fiscal Survey of States, 2010 (for 2009 actual, 2010 estimated, and 2011 projected). Revenue represents the following taxes if collected by the state: **Personal Income, Corporate, and Sales**. Percent change and change in amount collected (in millions) represents the divergence between the state fiscal year noted and baseline SFY 2007.

ARRA FUNDING

IMPACT OF ARRA ENHANCED MEDICAID FMAP EXPIRATION

PREDICTED IMPACT OF THE EXPIRATION OF THE ARRA NUTRITION FUNDING

- No impact; the program received an additional appropriation of \$900,000 from the legislature.

STATE UNIT ON AGING AND DISABILITY (NON-MEDICAID) SERVICES

STATE UNIT ON AGING NUMBER SERVED (UNDUPLICATED)

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (projected)	% Change SFY 2009–2011
27,479	27,479	27,479	0%

STATE UNIT ON AGING TOTAL EXPENDITURE REDUCTIONS – ACTION TAKEN

SFY 2009–2010	SFY 2010–2011
None	None

STATE UNIT ON AGING SERVICE DEMAND AND EXPENDITURE CHANGES

Program	Change in Expenditures		Change in Service Requests SFY 2009–2010
	SFY 2009–2010	SFY 2010–2011	
Adult Foster Care	NA	NA	
Adult Day Care	NA	NA	
Adult Protective Services*	0	0	+
Assisted Living	NA	NA	+
Behavioral Supports	NA	NA	
Case Management	NA	NA	
Chore	NA	NA	
Community Transition	NA	NA	
Congregate Meals	0	0	-
Day Habilitation	NA	NA	
Disease Prevention/Health Promotion	0	0	+
Elder Abuse Prevention	0	0	+
Environmental Modifications	NA	NA	
Equipment and Supplies	0	0	+
Family Caregiver Support	0	0	+
Food Stamps/Supplemental Nutrition Assistance Program			
Foreclosure Counseling	NA	NA	
Homemaker	NA	NA	
Home-Delivered Meals	0	0	-
Housing Assistance	NA	NA	
Information and Referral	+	+	+
Legal Assistance Development	0	0	-
LIHEAP			
Long-Term Care Ombudsman	0	0	+
Nutritional Supplements	0	0	
Occupational Therapy	0	0	
Personal Care/Assistance	0	0	
Physical Therapy	0	0	
Recreational Therapy	0	0	
Residential Habilitation	0	0	
Respite	0	0	+
Senior Community Service Employment Program	+	0	0
Senior Centers	NA	NA	
Speech Therapy	NA	NA	
State Adult Guardianship Program	0	0	+
State Pharmaceutical Assistance	NA	NA	
Supported Employment	NA	NA	
Supported Living	NA	NA	
Transportation	NA	NA	
+ Expenditure/demand increase	0	No change in expenditure/demand	DK Don't know
- Expenditure/demand decrease	NA	Program not administered by SUA	

* Since SFY 2009, the State Unit on Aging has received increased calls for Adult Protective Services (APS), e.g., financial exploitation and neglect.

- There have also been increased APS calls involving reports of self-neglect.

NORTH DAKOTA

STATE UNIT ON AGING NON-MEDICAID HCBS EXPENDITURES

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (appropriation)	% Change SFY 2009–2010
\$800,000	\$800,000	\$800,000	0%

MEDICAID LONG-TERM SERVICES & SUPPORTS

NUMBER OF BENEFICIARIES: WAIVERS & NURSING FACILITIES

Waiver Name	Avg. Daily Caseload			% Change
	SFY 2009	SFY 2010	SFY 2011 (planned)	SFY 2009– 2010
None Listed				
Nursing Facility Services	Avg. Daily Census 2010		Expected Change 2011	
NF Average Daily Census				

LTSS EXPENDITURES (FEDERAL AND STATE)

Service	SFY 2009	SFY 2010 (Estimate)	SFY 2011 (Appropriation)	% Change SFY 2009–2010
HCBS Waivers (For Older People and Adults with Physical Disabilities)				
Medicaid LTSS State Plan				
Nursing Facility				

LTSS PROVIDER PAYMENT RATE CHANGES

Provider Type	SFY 2009–2010 % change	SFY 2010–2011 % change
Nursing Home		
Home Health		
Personal Care Services		
HCBS Waiver Services		
+ Provider rate increase - Provider rate decrease 0 No change in provider rate		NA Not applicable

OPTIONS, OUTLOOK, AND PROMISING PRACTICES

The Medicaid agency and State Unit on Aging were asked about their intent to pursue options under health care reform, to provide their thoughts on the outlook for LTSS, and to share promising practices in their state. This section combines information from both agencies if both agencies responded.

See the Overview for descriptions of these provisions.

NORTH DAKOTA

State's Intent to Pursue LTSS Provisions in the Affordable Care Act	Very Likely	Somewhat Likely	Not Likely	Don't Know
State Balancing Incentive Program				
Community First Choice Option				
Money Follows the Person Demonstration				
<ol style="list-style-type: none"> 1. Apply for new program 2. Apply for extension of existing program 				
Medical/Health Home Initiative				
<ol style="list-style-type: none"> 1. Agency applying for planning grant 2. State plan amendment to establish medical/health home services 3. Apply to establish community health teams 				

STATE PRIORITIES: 18–24 MONTHS

- Successful implementation of Aging and Disability Resource Centers.
- Transition outreach to options counseling.
- Expansion of funding through SFY 2011.

STATE ISSUES

- Affordable, accessible housing.
- Changing the culture of nutrition programs by providing meals that are responsive to clients' needs and desires.
- Growth of the ombudsman program's capacity.
- Expansion of the guardianship program for older adults with additional funding.
- Medication management.

STATE PROMISING PRACTICES

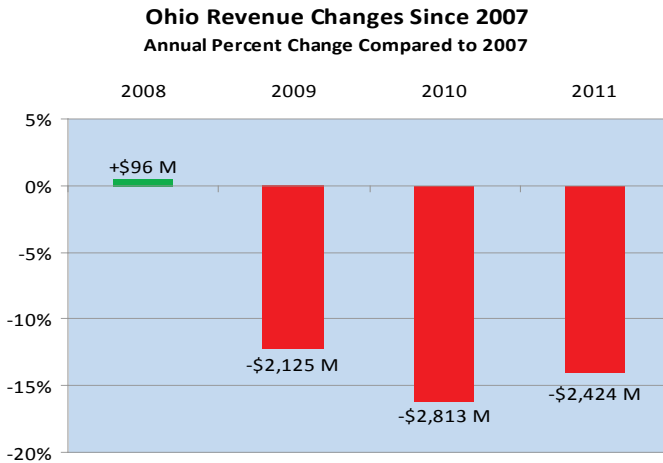
- Collaboration with other associations to accomplish program activities.

The information in this profile represents information available to state officials at a point in time. Surveys were conducted from June through September 2010. North Dakota's fiscal year begins July 1 and ends June 30.



OHIO

TAX COLLECTIONS



Source: HMA analysis of state tax collection data from the National Association of State Budget Officers (NASBO), Spring Fiscal Survey of States, 2008 (for baseline 2007 data); Spring Fiscal Survey of States, 2009 (for 2008 data) and Spring Fiscal Survey of States, 2010 (for 2009 actual, 2010 estimated, and 2011 projected). Revenue represents the following taxes if collected by the state: **Personal Income, Corporate, and Sales**. Percent change and change in amount collected (in millions) represents the divergence between the state fiscal year noted and baseline SFY 2007.

ARRA FUNDING

IMPACT OF ARRA ENHANCED MEDICAID FMAP EXPIRATION

- Ohio expects waiting lists for services after the enhanced FMAP expires.

PREDICTED IMPACT OF THE EXPIRATION OF THE ARRA NUTRITION FUNDING

- Waiting lists may increase, and services may be reduced.
- The impact will vary by Area Agency on Aging (AAA), local resources, and planning that the AAA did to avoid the expiration of funding.

STATE UNIT ON AGING AND DISABILITY (NON-MEDICAID) SERVICES

STATE UNIT ON AGING NUMBER SERVED (UNDUPLICATED)

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (projected)	% Change SFY 2009–2011
181,785	163,606	155,426	-15%

STATE UNIT ON AGING TOTAL EXPENDITURE REDUCTIONS – ACTION TAKEN

SFY 2009–2010	SFY 2010–2011
6%–10%	Don't Know

STATE UNIT ON AGING SERVICE DEMAND AND EXPENDITURE CHANGES

Program	Change in Expenditures		Change in Service Requests
	SFY 2009–2010	SFY 2010–2011	SFY 2009–2010
Adult Foster Care	NA	NA	DK
Adult Day Care	NA	NA	
Adult Protective Services	NA	NA	DK
Assisted Living	NA	NA	DK
Behavioral Supports	NA	NA	DK
Case Management	NA	NA	+
Chore	NA	NA	+
Community Transition	NA	NA	DK
Congregate Meals	NA	NA	+
Day Habilitation	NA	NA	DK
Disease Prevention/Health Promotion	NA	NA	+
Elder Abuse Prevention	NA	NA	DK
Environmental Modifications	NA	NA	+
Equipment and Supplies	NA	NA	DK
Family Caregiver Support	NA	NA	+
Food Stamps/Supplemental Nutrition Assistance Program			+
Foreclosure Counseling	NA	NA	DK
Homemaker	NA	NA	0
Home-Delivered Meals	NA	NA	+
Housing Assistance	NA	NA	DK
Information and Referral	NA	NA	DK
Legal Assistance Development	NA	NA	DK
LIHEAP			+
Long-Term Care Ombudsman	-	0	-
Nutritional Supplements	NA	NA	DK
Occupational Therapy	NA	NA	DK
Personal Care/Assistance	NA	NA	+
Physical Therapy	NA	NA	DK
Recreational Therapy	NA	NA	DK
Residential Habilitation	NA	NA	DK
Respite	NA	NA	+
Senior Community Service Employment Program	+	0	+
Senior Centers	NA	NA	DK
Speech Therapy	NA	NA	DK
State Adult Guardianship Program	NA	NA	DK
State Pharmaceutical Assistance	NA	NA	DK
Supported Employment	NA	NA	DK
Supported Living	NA	NA	DK
Transportation	NA	NA	DK
+ Expenditure/demand increase	0	No change in expenditure/demand	DK Don't know
- Expenditure/demand decrease	NA	Program not administered by SUA	

- Responses are based on preliminary data and anecdotal information available from the AAAs at the time of the survey.

STATE UNIT ON AGING NON-MEDICAID HCBS EXPENDITURES

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (appropriation)	% Change SFY 2009–2010
\$11,557,000	\$8,060,400	\$7,477,400	-30%

MEDICAID LONG-TERM SERVICES & SUPPORTS

NUMBER OF BENEFICIARIES: WAIVERS & NURSING FACILITIES

Waiver Name	Avg. Daily Caseload			% Change
	SFY 2009	SFY 2010	SFY 2011 (planned)	SFY 2009– 2010
PASSPORT (60+)	28,099	29,321	31,075	4%
Assisted Living	1,075	1,885	2,689	75%
Choices (Consumer Direction for Ages 60+)*	397	527	652	33%
Nursing Facility Services	Avg. Daily Census 2010		Expected Change 2011	
NF Average Daily Census				

- The Choices waiver is a consumer-directed model in four areas of the state.

LTSS EXPENDITURES (FEDERAL AND STATE)

Service	SFY 2009	SFY 2010 (Estimate)	SFY 2011 (Appropriation)	% Change SFY 2009–2010
HCBS Waivers (For Older People and Adults with Physical Disabilities)	\$476,200,000	\$535,500,000	\$509,400,000	12%
Medicaid LTSS State Plan				
Nursing Facility				

- The SFY 2011 budget included service declines in the state as a whole (e.g., decrease in nutrition programs). The governor has committed to no waiver waiting lists, so in the event they develop, funds would be transferred from some other part of the budget. The nursing facility budget is a potential source of such funding.

LTSS PROVIDER PAYMENT RATE CHANGES

Provider Type	SFY 2009–2010 % change	SFY 2010–2011 % change
Nursing Home		
Home Health*	-3%	0
Personal Care Services*	-3%	0
HCBS Waiver Services	0	0
+ Provider rate increase - Provider rate decrease 0 No change in provider rate		NA Not applicable

- The rate changes for home health and personal care services applied to waiver services only.

OPTIONS, OUTLOOK, AND PROMISING PRACTICES

The Medicaid agency and State Unit on Aging were asked about their intent to pursue options under health care reform, to provide their thoughts on the outlook for LTSS, and to share promising practices in their state. This section combines information from both agencies if both agencies responded.

See the Overview for descriptions of these provisions.

State's Intent to Pursue LTSS Provisions in the Affordable Care Act	Very Likely	Somewhat Likely	Not Likely	Don't Know
State Balancing Incentive Program				X
Community First Choice Option				X
Money Follows the Person Demonstration				
1. Apply for new program				
2. Apply for extension of existing program		X		
Medical/Health Home Initiative				
1. Agency applying for planning grant	X			
2. State plan amendment to establish medical/health home services				X
3. Apply to establish community health teams		X		

STATE PRIORITIES: 18–24 MONTHS

- Expanding consumer direction in waiver programs.
- Implementing a new waiver service that links affordable and accessible housing with supportive services.
- Combining three aging waivers into a single waiver.
- Adjusting AAAs priorities to align with funding cuts and increased need.

STATE ISSUES

- Adequate funding in view of anticipated budget shortfall of \$6 billion to \$8 billion over the next two to three years (state estimate).

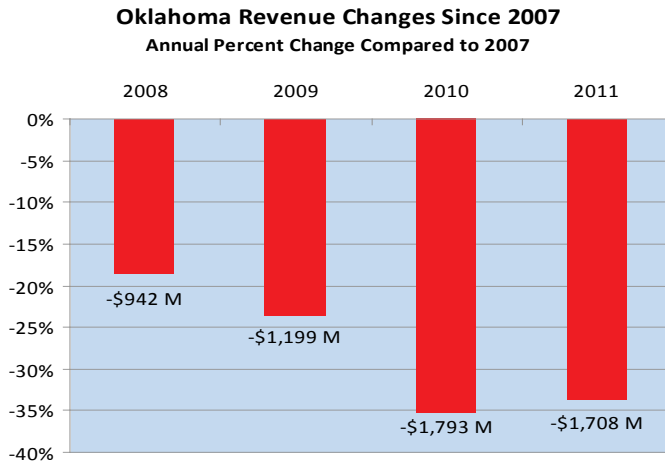
STATE PROMISING PRACTICES

- The Home First Program allows individuals in nursing facilities to receive services at home and individuals on wait list to receive assisted living services. In 2010, the program was expanded to include individuals at imminent risk of nursing facility placement who may now enroll to receive Medicaid home and community-based services, Assisted Living, or Program for All-Inclusive Care for the Elderly (PACE), which is a Medicare and Medicaid-financed capitated program.

The information in this profile represents information available to state officials at a point in time. Surveys were conducted from June through September 2010. Ohio's fiscal year begins July 1 and ends June 30.

OKLAHOMA

TAX COLLECTIONS



Source: HMA analysis of state tax collection data from the National Association of State Budget Officers (NASBO), Spring Fiscal Survey of States, 2008 (for baseline 2007 data); Spring Fiscal Survey of States, 2009 (for 2008 data) and Spring Fiscal Survey of States, 2010 (for 2009 actual, 2010 estimated, and 2011 projected). Revenue represents the following taxes if collected by the state: **Personal Income, Corporate, and Sales**. Percent change and change in amount collected (in millions) represents the divergence between the state fiscal year noted and baseline SFY 2007.

ARRA FUNDING

IMPACT OF ARRA ENHANCED MEDICAID FMAP EXPIRATION

- Without a turnaround in the economy, programs may be reduced once the enhanced FMAP expires.

PREDICTED IMPACT OF THE EXPIRATION OF THE ARRA NUTRITION FUNDING

- Waiting lists may increase.
- Programs and services may be reduced.

STATE UNIT ON AGING AND DISABILITY (NON-MEDICAID) SERVICES

STATE UNIT ON AGING NUMBER SERVED (UNDUPLICATED)

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (projected)	% Change SFY 2009–2011
371,221	401,880	414,732	12%

STATE UNIT ON AGING TOTAL EXPENDITURE REDUCTIONS – ACTION TAKEN

SFY 2009–2010	SFY 2010–2011
5% or less	None

OKLAHOMA

STATE UNIT ON AGING SERVICE DEMAND AND EXPENDITURE CHANGES

Program	Change in Expenditures		Change in Service Requests
	SFY 2009–2010	SFY 2010–2011	SFY 2009–2010
Adult Foster Care	NA	NA	NA
Adult Day Care	-	0	+
Adult Protective Services	NA	NA	NA
Assisted Living	0	+	+
Behavioral Supports	0	0	0
Case Management	0	0	+
Chore	0	0	0
Community Transition	0	+	+
Congregate Meals	-	+	+
Day Habilitation	NA	NA	NA
Disease Prevention/Health Promotion	0	0	+
Elder Abuse Prevention	0	0	0
Environmental Modifications	0	0	-
Equipment and Supplies	0	0	-
Family Caregiver Support	0	0	0
Food Stamps/Supplemental Nutrition Assistance Program			+
Foreclosure Counseling	NA	NA	NA
Homemaker	0	0	+
Home-Delivered Meals	-	+	+
Housing Assistance	NA	NA	NA
Information and Referral	0	0	+
Legal Assistance Development	0	0	0
LIHEAP			DK
Long-Term Care Ombudsman	0	0	+
Nutritional Supplements	0	0	+
Occupational Therapy	0	0	0
Personal Care/Assistance	0	0	+
Physical Therapy	0	0	0
Recreational Therapy	0	0	NA
Residential Habilitation	NA	NA	NA
Respite	0	0	0
Senior Community Service Employment Program	0	0	DK
Senior Centers	NA	NA	NA
Speech Therapy	0	0	0
State Adult Guardianship Program	NA	NA	NA
State Pharmaceutical Assistance	NA	NA	NA
Supported Employment	0	0	+
Supported Living	NA	NA	NA
Transportation	0	0	0
+ Expenditure/demand increase	0	No change in expenditure/demand	DK Don't know
- Expenditure/demand decrease	NA	Program not administered by SUA	

STATE UNIT ON AGING NON-MEDICAID HCBS EXPENDITURES

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (appropriation)	% Change SFY 2009–2010
\$2,574,727	\$3,024,963	\$3,299,318	17%

MEDICAID LONG-TERM SERVICES & SUPPORTS

NUMBER OF BENEFICIARIES: WAIVERS & NURSING FACILITIES

Waiver Name	Avg. Daily Caseload			% Change SFY 2009– 2010
	SFY 2009	SFY 2010	SFY 2011 (planned)	
Advantage Waiver	27,000	27,000	27,000	0%
Nursing Facility Services	Avg. Daily Census 2010		Expected Change 2011	
NF Average Daily Census*	13,250		Decrease	

- For more than 10 years, the nursing facility census has decreased about 1 percent each year due to the availability of alternative placements.

LTSS EXPENDITURES (FEDERAL AND STATE)

Service	SFY 2009	SFY 2010 (Estimate)	SFY 2011 (Appropriation)	% Change SFY 2009–2010
HCBS Waivers (For Older People and Adults with Physical Disabilities)	\$479,597,761			NA
Medicaid LTSS State Plan	\$11,409,892			NA
Nursing Facility*	\$518,453,118	\$520,283,521	\$503,399,852	0%

- HCBS waiver data include total LTSS waiver expenditures or appropriations.
- The reduction in nursing facility expenditures in SFY 2011 is due to provider rate decreases.

LTSS PROVIDER PAYMENT RATE CHANGES

Provider Type	SFY 2009–2010 % change	SFY 2010–2011 % change
Nursing Home	-3.25%	0
Home Health		
Personal Care Services		
HCBS Waiver Services	-	0
+ Provider rate increase - Provider rate decrease	0 No change in provider rate	NA Not applicable

OPTIONS, OUTLOOK, AND PROMISING PRACTICES

The Medicaid agency and State Unit on Aging were asked about their intent to pursue options under health care reform, to provide their thoughts on the outlook for LTSS, and to share promising practices in their state. This section combines information from both agencies if both agencies responded.

See the Overview for descriptions of these provisions.

OKLAHOMA

State's Intent to Pursue LTSS Provisions in the Affordable Care Act	Very Likely	Somewhat Likely	Not Likely	Don't Know
State Balancing Incentive Program		X		
Community First Choice Option		X		
Money Follows the Person Demonstration				
1. Apply for new program				
2. Apply for extension of existing program	X			
Medical/Health Home Initiative				
1. Agency applying for planning grant		X		
2. State plan amendment to establish medical/health home services		X		
3. Apply to establish community health teams				X

STATE PRIORITIES: 18–24 MONTHS

- More partnering and emphasis on community support.
- Aging and Disability Resource Center (ADRC) implementation.

STATE ISSUES

- Maintaining adequate funding.
- Prioritizing programs and services.
- Building a robust local support system for programs that rely on state and federal funding.
- Implementing the ADRC in the most effective manner.

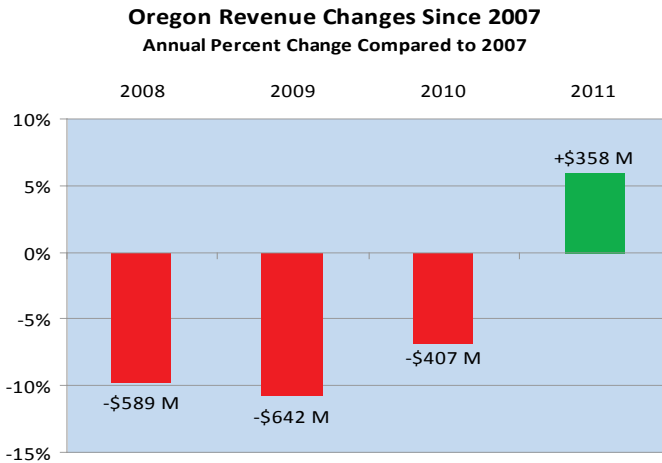
STATE PROMISING PRACTICES

- Commitment to home and community-based services (HCBS) waivers and associated growth without additional funding from the legislature.
- “Focus on Excellence,” a voluntary, incentive-based payment and quality reporting system for Medicaid participating nursing facilities.

The information in this profile represents information available to state officials at a point in time. Surveys were conducted from June through September 2010. Oklahoma's fiscal year begins July 1 and ends June 30.

OREGON

TAX COLLECTIONS



Source: HMA analysis of state tax collection data from the National Association of State Budget Officers (NASBO), Spring Fiscal Survey of States, 2008 (for baseline 2007 data); Spring Fiscal Survey of States, 2009 (for 2008 data) and Spring Fiscal Survey of States, 2010 (for 2009 actual, 2010 estimated, and 2011 projected). Revenue represents the following taxes if collected by the state: **Personal Income, Corporate, and Sales**. Percent change and change in amount collected (in millions) represents the divergence between the state fiscal year noted and baseline SFY 2007.

ARRA FUNDING

IMPACT OF ARRA ENHANCED MEDICAID FMAP EXPIRATION

- Oregon anticipates reductions in benefits, provider rates, staffing, and elimination of optional services once the enhanced FMAP expires.

PREDICTED IMPACT OF THE EXPIRATION OF THE ARRA NUTRITION FUNDING

- Too soon to tell, but caseloads have increased 10 to 15 percent since SFY 2009.

STATE UNIT ON AGING AND DISABILITY (NON-MEDICAID) SERVICES

STATE UNIT ON AGING NUMBER SERVED (UNDUPLICATED)

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (projected)	% Change SFY 2009–2011
399,566	400,000	400,000	0%

STATE UNIT ON AGING TOTAL EXPENDITURE REDUCTIONS – ACTION TAKEN

SFY 2009–2010	SFY 2010–2011
21%–25%	21%–25%

STATE UNIT ON AGING SERVICE DEMAND AND EXPENDITURE CHANGES

Program	Change in Expenditures		Change in Service Requests
	SFY 2009–2010	SFY 2010–2011	SFY 2009–2010
Adult Foster Care		-	0
Adult Day Care	0	0	0
Adult Protective Services*	0	0	+
Assisted Living	0	-	
Behavioral Supports	0	0	0
Case Management	0	0	0
Chore	0	0	-
Community Transition	0	0	0
Congregate Meals	0	0	-
Day Habilitation	0	-	0
Disease Prevention/Health Promotion	0	0	0
Elder Abuse Prevention	0	0	0
Environmental Modifications	0	0	0
Equipment and Supplies	0	0	0
Family Caregiver Support	0	0	0
Food Stamps/Supplemental Nutrition Assistance Program			+
Foreclosure Counseling	0	0	+
Homemaker	0	-	-
Home-Delivered Meals	0	-	-
Housing Assistance			0
Information and Referral	0	0	0
Legal Assistance Development	0	0	0
LIHEAP			+
Long-Term Care Ombudsman	0	0	-
Nutritional Supplements	0	0	0
Occupational Therapy	0	0	0
Personal Care/Assistance	0	-	0
Physical Therapy	0	0	0
Recreational Therapy	0	0	0
Residential Habilitation	0	0	0
Respite	0	0	0
Senior Community Service Employment Program	0	0	0
Senior Centers	0	0	0
Speech Therapy	0	0	0
State Adult Guardianship Program	0	0	0
State Pharmaceutical Assistance	0	0	0
Supported Employment	0	0	0
Supported Living	0	0	0
Transportation	0	0	0
+ Expenditure/demand increase	0	No change in expenditure/demand	DK Don't know
- Expenditure/demand decrease	NA	Program not administered by SUA	

* Since SFY 2009, the State Unit on Aging has received increased calls for Adult Protective Services, e.g., financial exploitation, physical abuse, neglect, and emotional abuse.

OREGON

STATE UNIT ON AGING NON-MEDICAID HCBS EXPENDITURES

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (appropriation)	% Change SFY 2009–2010
\$6,053,306	\$4,787,496	\$4,000,000	-21%

MEDICAID LONG-TERM SERVICES & SUPPORTS

NUMBER OF BENEFICIARIES: WAIVERS & NURSING FACILITIES

Waiver Name	Avg. Daily Caseload			% Change
	SFY 2009	SFY 2010	SFY 2011 (planned)	SFY 2009– 2010
Aged and Physically Disabled HCBS Waiver	21,195	22,783	23,197	7%
Nursing Facility Services		Avg. Daily Census 2010		Expected Change 2011
NF Average Daily Census*		4,764		Decrease

- Money Follows the Person and 65 diversion staff in Medicaid offices, Critical Access Hospitals (CAHs), and Area Agencies on Aging (AAAs) statewide help to keep nursing facility census on the decline.

LTSS EXPENDITURES (FEDERAL AND STATE)

Service	SFY 2009	SFY 2010 (Estimate)	SFY 2011 (Appropriation)	% Change SFY 2009–2010
HCBS Waivers (For Older People and Adults with Physical Disabilities)	\$408,000,000	\$449,000,000	\$421,000,000	10%
Medicaid LTSS State Plan				
Nursing Facility*	\$334,000,000	\$330,000,000	\$330,000,000	-1%

- Appropriations in SFY 2011 for nursing facilities are the same as 2010 expenditures because, despite a rate increase, the census is expected to decrease, so no additional funds will be needed.

LTSS PROVIDER PAYMENT RATE CHANGES

Provider Type	SFY 2009–2010 % change	SFY 2010–2011 % change
Nursing Home*	+5.1%	+1.84%
Home Health	0	0
Personal Care Services	0	0
HCBS Waiver Services	0	0
+ Provider rate increase - Provider rate decrease 0 No change in provider rate		NA Not applicable

- The rate-setting methodology is in statute for nursing facilities, with rebasing or an inflationary adjustment occurring each year (SFY 2010 was a rebasing year and SFY 2011 will have an inflationary adjustment).

OPTIONS, OUTLOOK, AND PROMISING PRACTICES

The Medicaid agency and State Unit on Aging were asked about their intent to pursue options under health care reform, to provide their thoughts on the outlook for LTSS, and to share promising practices in their state. This section combines information from both agencies if both agencies responded.

See the Overview for descriptions of these provisions.

State's Intent to Pursue LTSS Provisions in the Affordable Care Act	Very Likely	Somewhat Likely	Not Likely	Don't Know
State Balancing Incentive Program			X	
Community First Choice Option		X		
Money Follows the Person Demonstration				
1. Apply for new program				
2. Apply for extension of existing program	X			
Medical/Health Home Initiative				
1. Agency applying for planning grant		X		
2. State plan amendment to establish medical/health home services		X		
3. Apply to establish community health teams				X

STATE PRIORITIES: 18–24 MONTHS

- Building out the Aging and Disability Resource Centers.
- Blending and bundling acute and long-term services and supports to address the expense for people who are dually eligible for both Medicare and Medicaid coverage.

STATE ISSUES

- State budget shortfall.
- The strategy of cutting back, yet maintaining enough of the existing infrastructure to rebuild when the economy improves.

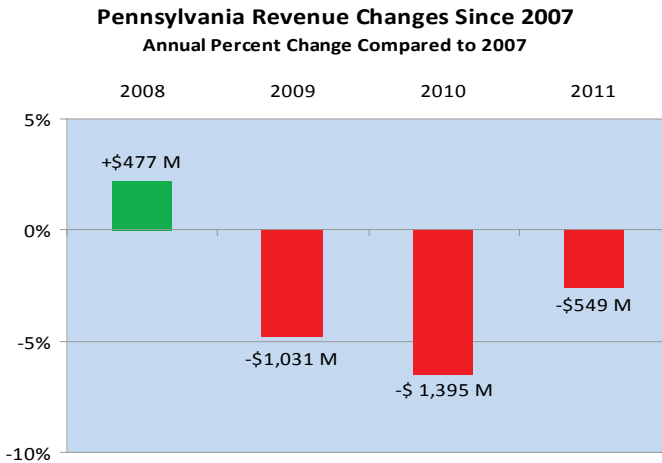
STATE PROMISING PRACTICES

- Home care program that assists individuals with high acuity.

The information in this profile represents information available to state officials at a point in time. Surveys were conducted from June through September 2010. Oregon's fiscal year begins July 1 and ends June 30.

PENNSYLVANIA

TAX COLLECTIONS



Source: HMA analysis of state tax collection data from the National Association of State Budget Officers (NASBO), Spring Fiscal Survey of States, 2008 (for baseline 2007 data); Spring Fiscal Survey of States, 2009 (for 2008 data) and Spring Fiscal Survey of States, 2010 (for 2009 actual, 2010 estimated, and 2011 projected). Revenue represents the following taxes if collected by the state: **Personal Income, Corporate, and Sales**. Percent change and change in amount collected (in millions) represents the divergence between the state fiscal year noted and baseline SFY 2007.

ARRA FUNDING

IMPACT OF ARRA ENHANCED MEDICAID FMAP EXPIRATION

- Pennsylvania has been successful in convincing the legislature that reducing home and community-based services (HCBS) does not save money, and that nursing facilities are overresourced.
- Changes to HCBS (rate cuts, benefit changes, and reductions in caseload) may be necessary after FMAP extension ends.

PREDICTED IMPACT OF THE EXPIRATION OF THE ARRA NUTRITION FUNDING

- No impact because ARRA was used to supplant funding, and it also provided an opportunity for the state to solicit competitive grants for a modernizing infrastructure program.

STATE UNIT ON AGING AND DISABILITY (NON-MEDICAID) SERVICES

STATE UNIT ON AGING NUMBER SERVED (UNDUPLICATED)

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (projected)	% Change SFY 2009–2011
267,281	265,221	265,221	-1%

STATE UNIT ON AGING TOTAL EXPENDITURE REDUCTIONS – ACTION TAKEN

SFY 2009–2010	SFY 2010–2011
None	None

STATE UNIT ON AGING SERVICE DEMAND AND EXPENDITURE CHANGES

Program	Change in Expenditures		Change in Service Requests
	SFY 2009–2010	SFY 2010–2011	SFY 2009–2010
Adult Foster Care	-	-	0
Adult Day Care	+	+	+
Adult Protective Services*	0	0	+
Assisted Living	NA	NA	NA
Behavioral Supports	NA	NA	NA
Case Management	0	0	+
Chore	0	0	+
Community Transition	+	+	+
Congregate Meals	0	0	0
Day Habilitation	NA	NA	NA
Disease Prevention/Health Promotion	+	+	+
Elder Abuse Prevention	0	0	+
Environmental Modifications	0	0	0
Equipment and Supplies	0	0	0
Family Caregiver Support	0	0	0
Food Stamps/Supplemental Nutrition Assistance Program			NA
Foreclosure Counseling	NA	NA	NA
Homemaker	0	0	+
Home-Delivered Meals	0	0	+
Housing Assistance	NA	NA	NA
Information and Referral	0	0	0
Legal Assistance Development	0	0	0
LIHEAP			+
Long-Term Care Ombudsman	0	0	0
Nutritional Supplements	NA	NA	NA
Occupational Therapy	0	0	+
Personal Care/Assistance	0	0	+
Physical Therapy	0	0	+
Recreational Therapy	NA	NA	NA
Residential Habilitation	NA	NA	NA
Respite	0	0	+
Senior Community Service Employment Program	0	0	+
Senior Centers	0	0	0
Speech Therapy	0	0	+
State Adult Guardianship Program	0	0	+
State Pharmaceutical Assistance	+	+	+
Supported Employment	NA	NA	NA
Supported Living	NA	NA	NA
Transportation	0	0	+
+ Expenditure/demand increase	0	No change in expenditure/demand	DK Don't know
- Expenditure/demand decrease	NA	Program not administered by SUA	

* Since SFY 2009, the State Unit on Aging has received increased calls for Adult Protective Services, e.g., financial exploitation.
 • Increased complaints are likely associated with the downturn in the economy.

PENNSYLVANIA

STATE UNIT ON AGING NON-MEDICAID HCBS EXPENDITURES

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (appropriation)	% Change SFY 2009–2010
\$219,673,375	\$223,649,100	\$223,649,100	2%

MEDICAID LONG-TERM SERVICES & SUPPORTS

NUMBER OF BENEFICIARIES: WAIVERS & NURSING FACILITIES

Waiver Name	Avg. Daily Caseload			% Change
	SFY 2009	SFY 2010	SFY 2011 (planned)	SFY 2009–2010
Aging Waiver (60+)	14,114	14,604	15,521	3%
Attendant Care (Physically Disabled 18-59)	4,864	5,268	5,658	8%
Independence (Physically Disabled 18+)	2,648	3,168	3,526	20%
CommCare (Traumatic Brain Injury)	529	592	644	12%
Nursing Facility Services	Avg. Daily Census 2010		Expected Change 2011	
NF Average Daily Census	49,000		Decrease	

- The state attributes the pronounced decline in nursing facility census over the last several years to the buildup of HCBS.

LTSS EXPENDITURES (FEDERAL AND STATE)

Service	SFY 2009	SFY 2010 (Estimate)	SFY 2011 (Appropriation)	% Change SFY 2009–2010
HCBS Waivers (For Older People and Adults with Physical Disabilities)	\$730,898,263	\$849,228,626	\$990,303,073	16%
Medicaid LTSS State Plan	\$145,131,698	\$149,620,308	\$150,000,000	3%
Nursing Facility	\$3,012,614,580	\$2,978,262,682	\$2,949,746,969	-1%

LTSS PROVIDER PAYMENT RATE CHANGES

Provider Type	SFY 2009–2010 % change	SFY 2010–2011 % change
Nursing Home*	-	-
Home Health	0	0
Personal Care Services	0	0
HCBS Waiver Services	0	0
+ Provider rate increase - Provider rate decrease 0 No change in provider rate		NA Not applicable

- Nursing facility rate changes are based on changes in acuity. The state has had level funding (with no cost-of-living adjustments) in nursing facility and other services for the past three years.

OPTIONS, OUTLOOK, AND PROMISING PRACTICES

The Medicaid agency and State Unit on Aging were asked about their intent to pursue options under health care reform, to provide their thoughts on the outlook for LTSS, and to share promising practices in their state. This section combines information from both agencies if both agencies responded.

See the Overview for descriptions of these provisions.

State's Intent to Pursue LTSS Provisions in the Affordable Care Act	Very Likely	Somewhat Likely	Not Likely	Don't Know
State Balancing Incentive Program	X			
Community First Choice Option	X			
Money Follows the Person Demonstration				
1. Apply for new program				
2. Apply for extension of existing program	X			
Medical/Health Home Initiative				
1. Agency applying for planning grant		X		
2. State plan amendment to establish medical/health home services				X
3. Apply to establish community health teams	X			

STATE PRIORITIES: 18–24 MONTHS

- Expand the Program for All-Inclusive Care for the Elderly (PACE), a capitated program that integrates Medicare and Medicaid financing.
- Streamline administration.

STATE ISSUES

- While Pennsylvania has significantly increased (from 8 to 22 percent) its spending on HCBS compared to institutional care, it still lags behind the rest of the country.
- Pennsylvania's challenge will be to maintain adequate funding to stay the course and continue HCBS expansion.

STATE PROMISING PRACTICES

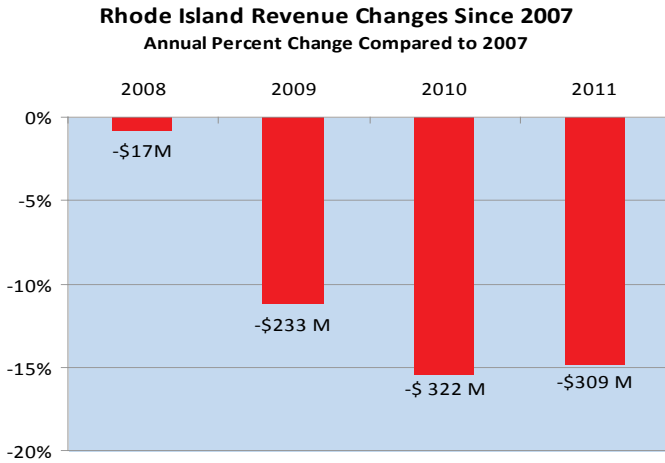
- Because of consumer demand, Pennsylvania has created viable options to institutional placement through infrastructure investments, adult day program expansion, and PACE.

The information in this profile represents information available to state officials at a point in time. Surveys were conducted from June through September 2010. Pennsylvania's fiscal year begins July 1 and ends June 30.



RHODE ISLAND

TAX COLLECTIONS



Source: HMA analysis of state tax collection data from the National Association of State Budget Officers (NASBO), Spring Fiscal Survey of States, 2008 (for baseline 2007 data); Spring Fiscal Survey of States, 2009 (for 2008 data) and Spring Fiscal Survey of States, 2010 (for 2009 actual, 2010 estimated, and 2011 projected). Revenue represents the following taxes if collected by the state: **Personal Income, Corporate, and Sales**. Percent change and change in amount collected (in millions) represents the divergence between the state fiscal year noted and baseline SFY 2007.

ARRA FUNDING

IMPACT OF ARRA ENHANCED MEDICAID FMAP EXPIRATION

PREDICTED IMPACT OF THE EXPIRATION OF THE ARRA NUTRITION FUNDING

- Too soon to tell.

STATE UNIT ON AGING AND DISABILITY (NON-MEDICAID) SERVICES

STATE UNIT ON AGING NUMBER SERVED (UNDUPLICATED)

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (projected)	% Change SFY 2009–2011
29,800	35,000	40,000	34%

STATE UNIT ON AGING TOTAL EXPENDITURE REDUCTIONS – ACTION TAKEN

SFY 2009–2010	SFY 2010–2011
5% or less	None

STATE UNIT ON AGING SERVICE DEMAND AND EXPENDITURE CHANGES

Program	Change in Expenditures		Change in Service Requests
	SFY 2009–2010	SFY 2010–2011	SFY 2009–2010
Adult Foster Care	NA	NA	DK
Adult Day Care	+	+	+
Adult Protective Services*	0	0	+
Assisted Living	+	+	+
Behavioral Supports	NA	NA	DK
Case Management	0	0	+
Chore	NA	NA	DK
Community Transition	NA	NA	+
Congregate Meals	0	0	-
Day Habilitation	NA	NA	DK
Disease Prevention/Health Promotion	0	0	+
Elder Abuse Prevention	0	0	+
Environmental Modifications	+	+	+
Equipment and Supplies	+	+	+
Family Caregiver Support	0	0	+
Food Stamps/Supplemental Nutrition Assistance Program			+
Foreclosure Counseling	NA	NA	DK
Homemaker	+	+	+
Home-Delivered Meals	0	0	-
Housing Assistance	-	-	+
Information and Referral	+	+	+
Legal Assistance Development	-	-	+
LIHEAP			+
Long-Term Care Ombudsman	0	0	+
Nutritional Supplements	NA	NA	DK
Occupational Therapy	NA	NA	DK
Personal Care/Assistance	+	+	+
Physical Therapy	NA	NA	DK
Recreational Therapy	NA	NA	DK
Residential Habilitation	NA	NA	DK
Respite	0	0	+
Senior Community Service Employment Program	NA	NA	DK
Senior Centers	0	0	-
Speech Therapy	NA	NA	DK
State Adult Guardianship Program	NA	NA	DK
State Pharmaceutical Assistance	-	-	-
Supported Employment	0	0	0
Supported Living	NA	NA	DK
Transportation	0	0	+
+ Expenditure/demand increase	0	No change in expenditure/demand	DK Don't know
- Expenditure/demand decrease	NA	Program not administered by SUA	

* Since SFY 2009, the State Unit on Aging has received increased calls for Adult Protective Services, e.g., financial exploitation, physical abuse, neglect, emotional abuse, and sexual abuse.

RHODE ISLAND

STATE UNIT ON AGING NON-MEDICAID HCBS EXPENDITURES

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (appropriation)	% Change SFY 2009–2010
\$4,646,603	\$1,832,301	\$2,184,811	-61%

MEDICAID LONG-TERM SERVICES & SUPPORTS

NUMBER OF BENEFICIARIES: WAIVERS & NURSING FACILITIES

Waiver Name	Avg. Daily Caseload			% Change
	SFY 2009	SFY 2010	SFY 2011 (planned)	SFY 2009– 2010
None Listed				
Nursing Facility Services	Avg. Daily Census 2010		Expected Change 2011	
NF Average Daily Census				

LTSS EXPENDITURES (FEDERAL AND STATE)

Service	SFY 2009	SFY 2010 (Estimate)	SFY 2011 (Appropriation)	% Change SFY 2009–2010
HCBS Waivers (For Older People and Adults with Physical Disabilities)				
Medicaid LTSS State Plan				
Nursing Facility				

LTSS PROVIDER PAYMENT RATE CHANGES

Provider Type	SFY 2009–2010 % change	SFY 2010–2011 % change
Nursing Home		
Home Health		
Personal Care Services		
HCBS Waiver Services		
+ Provider rate increase - Provider rate decrease 0 No change in provider rate		NA Not applicable

OPTIONS, OUTLOOK, AND PROMISING PRACTICES

The Medicaid agency and State Unit on Aging were asked about their intent to pursue options under health care reform, to provide their thoughts on the outlook for LTSS, and to share promising practices in their state. This section combines information from both agencies if both agencies responded.

See the Overview for descriptions of these provisions.



RHODE ISLAND

State's Intent to Pursue LTSS Provisions in the Affordable Care Act	Very Likely	Somewhat Likely	Not Likely	Don't Know
State Balancing Incentive Program				
Community First Choice Option				
Money Follows the Person Demonstration				
1. Apply for new program				
2. Apply for extension of existing program				
Medical/Health Home Initiative				
1. Agency applying for planning grant				
2. State plan amendment to establish medical/health home services				
3. Apply to establish community health teams				

STATE PRIORITIES: 18–24 MONTHS

- None Listed

STATE ISSUES

- None Listed

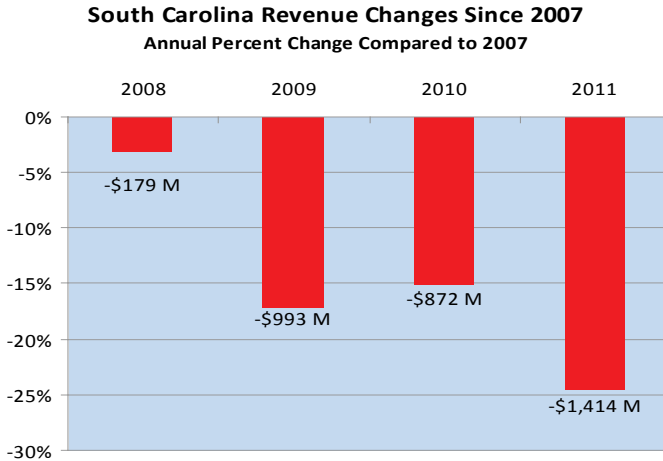
STATE PROMISING PRACTICES

- None Listed

The information in this profile represents information available to state officials at a point in time. Surveys were conducted from June through September 2010. Rhode Island's fiscal year begins July 1 and ends June 30.

SOUTH CAROLINA

TAX COLLECTIONS



Source: HMA analysis of state tax collection data from the National Association of State Budget Officers (NASBO), Spring Fiscal Survey of States, 2008 (for baseline 2007 data); Spring Fiscal Survey of States, 2009 (for 2008 data) and Spring Fiscal Survey of States, 2010 (for 2009 actual, 2010 estimated, and 2011 projected). Revenue represents the following taxes if collected by the state: **Personal Income, Corporate, and Sales**. Percent change and change in amount collected (in millions) represents the divergence between the state fiscal year noted and baseline SFY 2007.

ARRA FUNDING

IMPACT OF ARRA ENHANCED MEDICAID FMAP EXPIRATION

- Nonmandatory long-term services and supports (LTSS), including waivers, are vulnerable.

PREDICTED IMPACT OF THE EXPIRATION OF THE ARRA NUTRITION FUNDING

- Programs and services will be reduced.
- Waiting lists will increase.

STATE UNIT ON AGING AND DISABILITY (NON-MEDICAID) SERVICES

STATE UNIT ON AGING NUMBER SERVED (UNDUPLICATED)

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (projected)	% Change SFY 2009–2011
28,260	25,643	20,707	-27%

STATE UNIT ON AGING TOTAL EXPENDITURE REDUCTIONS – ACTION TAKEN

SFY 2009–2010	SFY 2010–2011
6%–10%	6%–10%

SOUTH CAROLINA

STATE UNIT ON AGING SERVICE DEMAND AND EXPENDITURE CHANGES

Program	Change in Expenditures		Change in Service Requests SFY 2009–2010
	SFY 2009–2010	SFY 2010–2011	
Adult Foster Care	NA	NA	
Adult Day Care	0	0	
Adult Protective Services	NA	NA	
Assisted Living	NA	NA	
Behavioral Supports	NA	NA	
Case Management	NA	NA	+
Chore	0	0	
Community Transition	NA	NA	
Congregate Meals	-	-	
Day Habilitation	NA	NA	
Disease Prevention/Health Promotion	0	0	
Elder Abuse Prevention	0	0	
Environmental Modifications	NA	NA	
Equipment and Supplies	0	0	
Family Caregiver Support	0	0	+
Food Stamps/Supplemental Nutrition Assistance Program			+
Foreclosure Counseling	NA	NA	+
Homemaker	0	0	
Home-Delivered Meals	-	-	
Housing Assistance	0	0	
Information and Referral	0	0	+
Legal Assistance Development	0	0	
LIHEAP			+
Long-Term Care Ombudsman	0	0	
Nutritional Supplements	NA	NA	
Occupational Therapy	NA	NA	
Personal Care/Assistance	0	0	
Physical Therapy	NA	NA	
Recreational Therapy	NA	NA	
Residential Habilitation	NA	NA	
Respite	0	0	
Senior Community Service Employment Program	+	+	
Senior Centers	0	0	
Speech Therapy	NA	NA	
State Adult Guardianship Program	NA	NA	
State Pharmaceutical Assistance	NA	NA	+
Supported Employment	NA	NA	
Supported Living	NA	NA	
Transportation	0	0	
+ Expenditure/demand increase	0	No change in expenditure/demand	DK Don't know
- Expenditure/demand decrease	NA	Program not administered by SUA	

STATE UNIT ON AGING NON-MEDICAID HCBS EXPENDITURES

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (appropriation)	% Change SFY 2009–2010
None Listed	None Listed	None Listed	NA

MEDICAID LONG-TERM SERVICES & SUPPORTS

NUMBER OF BENEFICIARIES: WAIVERS & NURSING FACILITIES

Waiver Name	Avg. Daily Caseload			% Change SFY 2009– 2010
	SFY 2009	SFY 2010	SFY 2011 (planned)	
Community Choice (Aged and Disabled)	11,935	11,932	11,782	0%
Mechanical Ventilator	33	34	36	3%
Head and Spinal Cord Injury (HASCI)	650	663	663	2%
Nursing Facility Services	Avg. Daily Census 2010		Expected Change 2011	
NF Average Daily Census	10,580		Decrease	

- All waivers are essentially at their enrollment cap.
- The state's slight decline in nursing facility census is due to a complicated bed allocation system based on number of permit days/365 = FTE beds. The state has not increased the number of permit days in 12 years.

LTSS EXPENDITURES (FEDERAL AND STATE)

Service	SFY 2009	SFY 2010 (Estimate)	SFY 2011 (Appropriation)	% Change SFY 2009–2010
HCBS Waivers (For Older People and Adults with Physical Disabilities)	\$154,649,887	\$165,486,556	\$166,640,105	7%
Medicaid LTSS State Plan	\$27,344,385	\$25,597,562	\$26,877,440	-6%
Nursing Facility	\$457,897,591	\$481,785,704	\$484,194,633	5%

LTSS PROVIDER PAYMENT RATE CHANGES

Provider Type	SFY 2009–2010 % change	SFY 2010–2011 % change
Nursing Home	+	+
Home Health	0	0
Personal Care Services	0	0
HCBS Waiver Services	+	+
+ Provider rate increase - Provider rate decrease 0 No change in provider rate		NA Not applicable

OPTIONS, OUTLOOK, AND PROMISING PRACTICES

The Medicaid agency and State Unit on Aging were asked about their intent to pursue options under health care reform, to provide their thoughts on the outlook for LTSS, and to share promising practices in their state. This section combines information from both agencies if both agencies responded.

See the Overview for descriptions of these provisions.

SOUTH CAROLINA

State's Intent to Pursue LTSS Provisions in the Affordable Care Act	Very Likely	Somewhat Likely	Not Likely	Don't Know
State Balancing Incentive Program				X
Community First Choice Option				X
Money Follows the Person Demonstration				
1. Apply for new program				X
2. Apply for extension of existing program				
Medical/Health Home Initiative				
1. Agency applying for planning grant		X		
2. State plan amendment to establish medical/health home services		X		
3. Apply to establish community health teams			X	

STATE PRIORITIES: 18–24 MONTHS

- Integration of primary and LTSS through a medical home model.
- Active Aging and Disability Resource Centers (ADRCs) in all 10 regions to help better coordinate services for the population.

STATE ISSUES

- Implementing health information technology successfully and anticipating more activity including planning for a replacement Medicaid Management Information System (MMIS), transitioning from ICD-9 to ICD-10 (codes for International Statistical Classification of Diseases and Related Health Problems), and implementing other federal initiatives.
- Expanding a successful transportation pilot.
- Enhancing case management.

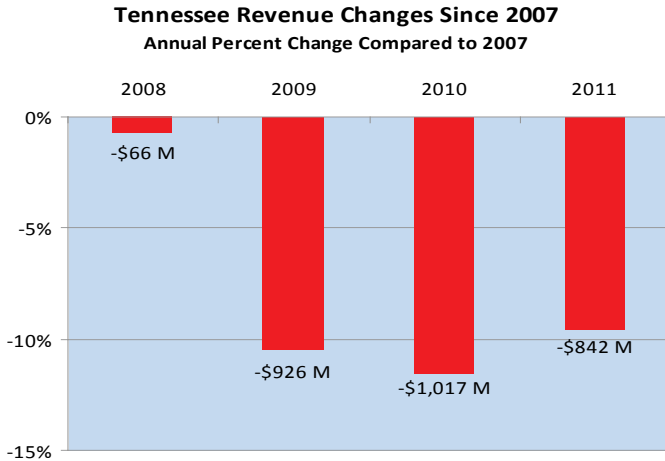
STATE PROMISING PRACTICES

- South Carolina has developed and implemented a state-of-the-art automated system for Medicaid waiver operations and quality management that houses assessment, care planning, service authorization, documentation, and reporting components.
- Through a Systems Transformation Grant, the state has piloted an approach to improving transportation services for residents in the test region that involves integrating transportation with ADRC activities.

The information in this profile represents information available to state officials at a point in time. Surveys were conducted from June through September 2010. South Carolina's fiscal year begins July 1 and ends June 30.

TENNESSEE

TAX COLLECTIONS



Source: HMA analysis of state tax collection data from the National Association of State Budget Officers (NASBO), Spring Fiscal Survey of States, 2008 (for baseline 2007 data); Spring Fiscal Survey of States, 2009 (for 2008 data) and Spring Fiscal Survey of States, 2010 (for 2009 actual, 2010 estimated, and 2011 projected). Revenue represents the following taxes if collected by the state: **Personal Income, Corporate, and Sales**. Percent change and change in amount collected (in millions) represents the divergence between the state fiscal year noted and baseline SFY 2007.

ARRA FUNDING

IMPACT OF ARRA ENHANCED MEDICAID FMAP EXPIRATION

- The Enhanced FMAP represents approximately 10 percent of long-term services and supports (LTSS) funding in Tennessee (state estimate). The state will re-evaluate during the next budget cycle to determine the impact of its expiration.

PREDICTED IMPACT OF THE EXPIRATION OF THE ARRA NUTRITION FUNDING

- Waiting lists will increase.

STATE UNIT ON AGING AND DISABILITY (NON-MEDICAID) SERVICES

STATE UNIT ON AGING NUMBER SERVED (UNDUPLICATED)

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (projected)	% Change SFY 2009–2011
159,023	159,000	159,000	0%

STATE UNIT ON AGING TOTAL EXPENDITURE REDUCTIONS – ACTION TAKEN

SFY 2009–2010	SFY 2010–2011
None	None

TENNESSEE

STATE UNIT ON AGING SERVICE DEMAND AND EXPENDITURE CHANGES

Program	Change in Expenditures		Change in Service Requests
	SFY 2009–2010	SFY 2010–2011	SFY 2009–2010
Adult Foster Care	NA	NA	DK
Adult Day Care	0	0	-
Adult Protective Services	NA	NA	DK
Assisted Living	NA	NA	DK
Behavioral Supports	NA	NA	DK
Case Management	0	0	+
Chore	0	0	+
Community Transition	NA	NA	DK
Congregate Meals	+	-	0
Day Habilitation	NA	NA	DK
Disease Prevention/Health Promotion	0	0	DK
Elder Abuse Prevention	0	0	DK
Environmental Modifications	0	0	DK
Equipment and Supplies	0	0	DK
Family Caregiver Support	0	0	-
Food Stamps/Supplemental Nutrition Assistance Program			DK
Foreclosure Counseling	NA	NA	DK
Homemaker	0	0	+
Home-Delivered Meals	+	-	0
Housing Assistance	NA	NA	DK
Information and Referral	0	0	-
Legal Assistance Development	0	0	DK
LIHEAP			DK
Long-Term Care Ombudsman	0	0	0
Nutritional Supplements	0	0	0
Occupational Therapy	NA	NA	DK
Personal Care/Assistance	0	0	+
Physical Therapy	NA	NA	DK
Recreational Therapy	NA	NA	DK
Residential Habilitation	NA	NA	DK
Respite	0	0	-
Senior Community Service Employment Program	NA	NA	DK
Senior Centers	0	0	0
Speech Therapy	NA	NA	DK
State Adult Guardianship Program	0	0	0
State Pharmaceutical Assistance	NA	NA	DK
Supported Employment	NA	NA	DK
Supported Living	NA	NA	DK
Transportation	0	0	0
+ Expenditure/demand increase	0	No change in expenditure/demand	DK Don't know
- Expenditure/demand decrease	NA	Program not administered by SUA	

STATE UNIT ON AGING NON-MEDICAID HCBS EXPENDITURES

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (appropriation)	% Change SFY 2009–2010
\$9,393,400	\$9,393,400	\$9,393,400	0%

MEDICAID LONG-TERM SERVICES & SUPPORTS

NUMBER OF BENEFICIARIES: WAIVERS & NURSING FACILITIES

Waiver Name	Avg. Daily Caseload			% Change SFY 2009– 2010
	SFY 2009	SFY 2010	SFY 2011 (planned)	
Statewide HCBS Elderly and Disabled Waiver	6,000	6,000		
TennCare II Medicaid Section 1115 Demonstration		1,900	9,500	NA
Nursing Facility Services	Avg. Daily Census 2010		Expected Change 2011	
NF Average Daily Census	22,000		Decrease	

- Tennessee began integrating the Home and Community-Based Services (HCBS) Elderly and Disabled waiver into its Section 1115 waiver demonstration beginning March 1, 2010. These participants were fully transitioned to the new waiver by August 2010. The number reported is the maximum number of unduplicated participants rather than average daily caseload.
- The Section 1115 waiver enrollment cap is 9,500 as of July 1, 2010. This is a point-in-time cap. Unlike in 1915(c) waivers, vacant slots can be filled immediately. This translates into more than 9,500 served in a year. The state believes the number served could possibly be as high as 11,000. Also, the state can exceed the cap for certain types of situations (e.g., persons coming out of institutions and other emergencies).
- The state estimates that one nursing home diversion allows for three to five community placements.
- With the implementation of TennCare CHOICES in Long-Term Care, the state anticipates that the increased availability of HCBS for more TennCare members and improved care coordination will reduce or delay nursing facility placements. In Middle Region, prior to managed LTSS, 17 percent were enrolled in HCBS and 83 percent in nursing facilities. New enrollments are now 40 percent in HCBS and 60 percent in nursing facilities, bringing the overall ratio in Middle Region to 21 percent HCBS. This was a significant change in a short period of time.

LTSS EXPENDITURES (FEDERAL AND STATE)

Service	SFY 2009	SFY 2010 (Estimate)	SFY 2011 (Appropriation)	% Change SFY 2009–2010
HCBS Waivers (For Older People and Adults with Physical Disabilities)	\$80,818,451	\$105,367,103	\$131,739,508	30%
Medicaid LTSS State Plan	\$242,356,000	\$205,765,000	\$212,967,300	-15%
Nursing Facility	\$851,714,400	\$901,454,900	\$788,556,500	6%

- The state was able to implement TennCare CHOICES (managed LTSS) with no new money, but was able to divert funding from nursing facilities to expand HCBS. The shift in utilization and funding from nursing facilities to HCBS is happening faster than the state originally expected.
- State plan expenditures are for all populations and are not limited to the older people and adults with physical disabilities.
- The data for HCBS, nursing facility services, and State plan benefits are based on actual expenditures for SFY 2009, actual expenditures for part of SFY 2010 with actuarial projections for the remainder of 2010, and actuarial projections for SFY 2011.

LTSS PROVIDER PAYMENT RATE CHANGES

Provider Type	SFY 2009–2010 % change	SFY 2010–2011 % change
Nursing Home	0	-
Home Health	N/A	N/A
Personal Care Services	N/A	N/A
HCBS Waiver Services	0	0
+ Provider rate increase - Provider rate decrease 0 No change in provider rate		NA Not applicable

- Nursing facility and HCBS rates are set by the state, and managed care organizations (MCOs) are required to abide by the rate. A state-imposed rate freeze is required for MCO contracted rates in 2011. Nursing facility rates are adjusted based on cost reports, but cannot exceed the state's total appropriation.
- Home health rates are negotiated between MCOs and the home health agencies.

OPTIONS, OUTLOOK, AND PROMISING PRACTICES

The Medicaid agency and State Unit on Aging were asked about their intent to pursue options under health care reform, to provide their thoughts on the outlook for LTSS, and to share promising practices in their state. This section combines information from both agencies if both agencies responded.

See the Overview for descriptions of these provisions.

State's Intent to Pursue LTSS Provisions in the Affordable Care Act	Very Likely	Somewhat Likely	Not Likely	Don't Know
State Balancing Incentive Program		X		
Community First Choice Option				X
Money Follows the Person Demonstration				
1. Apply for new program	X			
2. Apply for extension of existing program				
Medical/Health Home Initiative				
1. Agency applying for planning grant		X		
2. State plan amendment to establish medical/health home services		X		
3. Apply to establish community health teams				X

STATE PRIORITIES: 18–24 MONTHS

- Developing HCBS, including further development and implementation of a self-directed care model.
- Building Aging and Disability Resource Center (ADRC) capacity and integrating hospital discharge planning into the program.
- Providing better care coordination and health management.
- Developing managed LTSS integration for individuals dually eligible for Medicaid and Medicare, over the long term.

STATE ISSUES

- Difficult budget challenges over the last two years and anticipated for next year.
- Increasing number of individuals needing services and the lack of funding for support services needed by individuals not yet eligible for Medicaid.

TENNESSEE

- Implementing the Affordable Care Act across-the-board challenges due to diverted time and attention from other priorities (e.g., Medicare integration efforts).

STATE PROMISING PRACTICES

- TennCare CHOICES in Long-Term Care, the state's managed care program, has tremendous potential to increase options for consumers, reduce fragmentation, improve care coordination, and balance LTSS funding in order to serve more people.
- The state changed its wait list management from "first come, first served" to "most in need."

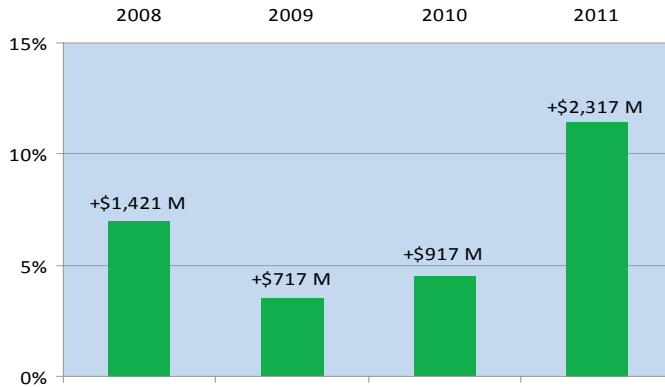
The information in this profile represents information available to state officials at a point in time. Surveys were conducted from June through September 2010. Tennessee's fiscal year begins July 1 and ends June 30.



TEXAS

TAX COLLECTIONS

Texas Revenue Changes Since 2007
Annual Percent Change Compared to 2007



Source: HMA analysis of state tax collection data from the National Association of State Budget Officers (NASBO), Spring Fiscal Survey of States, 2008 (for baseline 2007 data); Spring Fiscal Survey of States, 2009 (for 2008 data) and Spring Fiscal Survey of States, 2010 (for 2009 actual, 2010 estimated, and 2011 projected). Revenue represents the following taxes if collected by the state: **Personal Income, Corporate, and Sales.** Percent change and change in amount collected (in millions) represents the divergence between the state fiscal year noted and baseline SFY 2007.

ARRA FUNDING

IMPACT OF ARRA ENHANCED MEDICAID FMAP EXPIRATION

- Expiration will decrease the number of individuals that Texas can serve, adding to the Interest List and increasing the number of individuals in institutions.

PREDICTED IMPACT OF THE EXPIRATION OF THE ARRA NUTRITION FUNDING

- Too soon to tell.

STATE UNIT ON AGING AND DISABILITY (NON-MEDICAID) SERVICES

STATE UNIT ON AGING NUMBER SERVED (UNDUPLICATED)

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (projected)	% Change SFY 2009–2011
141,642	145,000	150,000	6%

STATE UNIT ON AGING TOTAL EXPENDITURE REDUCTIONS – ACTION TAKEN

SFY 2009–2010	SFY 2010–2011
5% or less	None

STATE UNIT ON AGING SERVICE DEMAND AND EXPENDITURE CHANGES

Program	Change in Expenditures		Change in Service Requests
	SFY 2009–2010	SFY 2010–2011	SFY 2009–2010
Adult Foster Care	NA	NA	DK
Adult Day Care	0	0	DK
Adult Protective Services	NA	NA	DK
Assisted Living	0	0	DK
Behavioral Supports	NA	NA	DK
Case Management	0	0	+
Chore	0	0	DK
Community Transition	NA	NA	DK
Congregate Meals	+	-	DK
Day Habilitation	NA	NA	DK
Disease Prevention/Health Promotion	0	0	+
Elder Abuse Prevention	0	0	DK
Environmental Modifications	0	0	DK
Equipment and Supplies	0	0	DK
Family Caregiver Support	0	0	+
Food Stamps/Supplemental Nutrition Assistance Program			DK
Foreclosure Counseling	NA	NA	DK
Homemaker	0	0	+
Home-Delivered Meals	+	-	+
Housing Assistance	0	0	+
Information and Referral	0	0	+
Legal Assistance Development	0	0	+
LIHEAP			DK
Long-Term Care Ombudsman	0	0	DK
Nutritional Supplements	0	0	DK
Occupational Therapy	NA	NA	DK
Personal Care/Assistance	0	0	+
Physical Therapy	0	0	DK
Recreational Therapy	0	0	DK
Residential Habilitation	NA	NA	DK
Respite	0	0	+
Senior Community Service Employment Program	NA	0	DK
Senior Centers	0	0	DK
Speech Therapy	0	0	DK
State Adult Guardianship Program	NA	NA	DK
State Pharmaceutical Assistance	NA	NA	DK
Supported Employment	NA	NA	DK
Supported Living	NA	NA	DK
Transportation	0	0	+
+ Expenditure/demand increase	0	No change in expenditure/demand	DK Don't know
- Expenditure/demand decrease	NA	Program not administered by SUA	

STATE UNIT ON AGING NON-MEDICAID HCBS EXPENDITURES

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (appropriation)	% Change SFY 2009–2010
\$12,863,000	\$15,088,000	\$19,832,000	17%

MEDICAID LONG-TERM SERVICES & SUPPORTS

NUMBER OF BENEFICIARIES: WAIVERS & NURSING FACILITIES

Waiver Name	Avg. Daily Caseload			% Change SFY 2009–2010
	SFY 2009	SFY 2010	SFY 2011 (planned)	
Community Based Alternatives (CBA)	25,952	26,108	23,032	1%
Community Living Assistance & Support Services	3,896	4,210	5,254	8%
Nursing Facility Services	Avg. Daily Census 2010		Expected Change 2011	
NF Average Daily Census*	55,575		Decrease	

- The state expects the nursing facility census, excluding hospice and Medicare Special Needs Facilities, to decrease from 55,575 in 2010 to 55,153 in 2011.

LTSS EXPENDITURES (FEDERAL AND STATE)

Service	SFY 2009	SFY 2010 (Estimate)	SFY 2011 (Appropriation)	% Change SFY 2009–2010
HCBS Waivers (For Older People and Adults with Physical Disabilities)	\$612,778,826	\$612,778,826	\$675,987,014	0%
Medicaid LTSS State Plan	\$977,423,767	\$1,116,076,318	\$1,125,803,387	14%
Nursing Facility	\$2,681,238,265	\$2,842,057,143	\$2,867,106,620	6%

LTSS PROVIDER PAYMENT RATE CHANGES

Provider Type	SFY 2009–2010 % change	SFY 2010–2011 % change
Nursing Home	+5.57%	+1.66%
Home Health	+8.28%	+1.91%
Personal Care Services	+8.20%	+1.51%
HCBS Waiver Services*	+6.24%	-.02%
+ Provider rate increase - Provider rate decrease 0 No change in provider rate		NA Not applicable

- Home and Community-Based Service (HCBS) waiver rate changes represent an average of the rate changes for each state waiver.

OPTIONS, OUTLOOK, AND PROMISING PRACTICES

The Medicaid agency and State Unit on Aging were asked about their intent to pursue options under health care reform, to provide their thoughts on the outlook for LTSS, and to share promising practices in their state. This section combines information from both agencies if both agencies responded.

See the Overview for descriptions of these provisions.

State's Intent to Pursue LTSS Provisions in the Affordable Care Act	Very Likely	Somewhat Likely	Not Likely	Don't Know
State Balancing Incentive Program			X	
Community First Choice Option			X	
Money Follows the Person Demonstration				
1. Apply for new program				
2. Apply for extension of existing program		X		
Medical/Health Home Initiative				
1. Agency applying for planning grant				X
2. State plan amendment to establish medical/health home services				X
3. Apply to establish community health teams				X

STATE PRIORITIES: 18–24 MONTHS

- None Listed

STATE ISSUES

- None Listed

STATE PROMISING PRACTICES

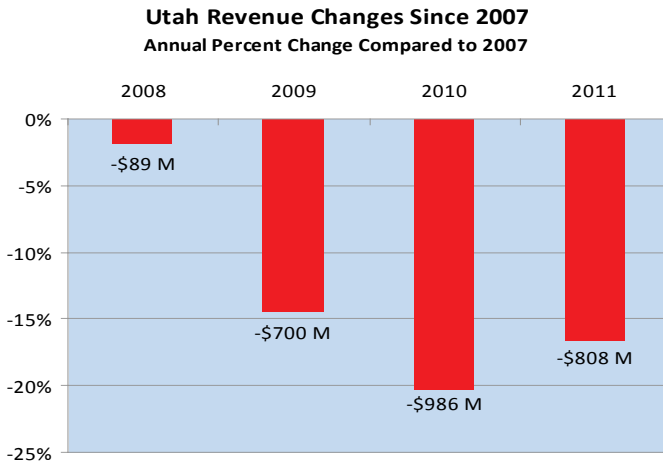
- None Listed

The information in this profile represents information available to state officials at a point in time. Surveys were conducted from June through September 2010. Texas' fiscal year begins September 1 and ends August 31.



UTAH

TAX COLLECTIONS



Source: HMA analysis of state tax collection data from the National Association of State Budget Officers (NASBO), Spring Fiscal Survey of States, 2008 (for baseline 2007 data); Spring Fiscal Survey of States, 2009 (for 2008 data) and Spring Fiscal Survey of States, 2010 (for 2009 actual, 2010 estimated, and 2011 projected). Revenue represents the following taxes if collected by the state: **Personal Income, Corporate, and Sales**. Percent change and change in amount collected (in millions) represents the divergence between the state fiscal year noted and baseline SFY 2007.

ARRA FUNDING

IMPACT OF ARRA ENHANCED MEDICAID FMAP EXPIRATION

PREDICTED IMPACT OF THE EXPIRATION OF THE ARRA NUTRITION FUNDING

- At this time, the state expects it will be able to maintain the current level of service despite the expiration of ARRA funding.

STATE UNIT ON AGING AND DISABILITY (NON-MEDICAID) SERVICES

STATE UNIT ON AGING NUMBER SERVED (UNDUPLICATED)

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (projected)	% Change SFY 2009–2011
62,135	64,868	65,000	5%

STATE UNIT ON AGING TOTAL EXPENDITURE REDUCTIONS – ACTION TAKEN

SFY 2009–2010	SFY 2010–2011
6%–10%	Don't Know

STATE UNIT ON AGING SERVICE DEMAND AND EXPENDITURE CHANGES

Program	Change in Expenditures		Change in Service Requests SFY 2009–2010
	SFY 2009–2010	SFY 2010–2011	
Adult Foster Care	NA	NA	
Adult Day Care	NA	NA	
Adult Protective Services*	-	-	+
Assisted Living	NA	NA	
Behavioral Supports	NA	NA	
Case Management	0	0	+
Chore	0	0	+
Community Transition	NA	NA	
Congregate Meals	-	-	+
Day Habilitation			
Disease Prevention/Health Promotion	0	0	0
Elder Abuse Prevention	0	0	
Environmental Modifications	0	0	DK
Equipment and Supplies	NA	NA	
Family Caregiver Support	0	0	0
Food Stamps/Supplemental Nutrition Assistance Program			
Foreclosure Counseling	NA	NA	
Homemaker	0	0	
Home-Delivered Meals	-	-	+
Housing Assistance	NA	NA	
Information and Referral	0	0	+
Legal Assistance Development	0	0	
LIHEAP			
Long-Term Care Ombudsman	-	0	+
Nutritional Supplements	NA	NA	
Occupational Therapy	NA	NA	
Personal Care/Assistance	0	0	0
Physical Therapy	NA	NA	
Recreational Therapy	NA	NA	
Residential Habilitation			
Respite	0	0	0
Senior Community Service Employment Program	0	0	0
Senior Centers	-	-	DK
Speech Therapy	NA	NA	
State Adult Guardianship Program	NA	NA	0
State Pharmaceutical Assistance	NA	NA	
Supported Employment	NA	NA	
Supported Living	NA	NA	
Transportation	0	0	+
+ Expenditure/demand increase	0	No change in expenditure/demand	DK Don't know
- Expenditure/demand decrease	NA	Program not administered by SUA	

* Since SFY 2009, the State Unit on Aging has received increased calls for Adult Protective Services, e.g., financial exploitation, physical abuse, neglect, and emotional abuse.

- Most types of complaints have increased volumes overall. Financial exploitation is by far the highest increase of all of the categories.

STATE UNIT ON AGING NON-MEDICAID HCBS EXPENDITURES

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (appropriation)	% Change SFY 2009–2010
\$24,743,119	\$23,135,711	\$22,587,900	-6%

MEDICAID LONG-TERM SERVICES & SUPPORTS

NUMBER OF BENEFICIARIES: WAIVERS & NURSING FACILITIES

Waiver Name	Avg. Daily Caseload			% Change
	SFY 2009	SFY 2010	SFY 2011 (planned)	SFY 2009–2010
Medicaid Aging Waiver	430	402	400	-7%
Nursing Facility Services	Avg. Daily Census 2010		Expected Change 2011	
NF Average Daily Census				

LTSS EXPENDITURES (FEDERAL AND STATE)

Service	SFY 2009	SFY 2010 (Estimate)	SFY 2011 (Appropriation)	% Change SFY 2009–2010
HCBS Waivers (For Older People and Adults with Physical Disabilities)				
Medicaid LTSS State Plan				
Nursing Facility				

LTSS PROVIDER PAYMENT RATE CHANGES

Provider Type	SFY 2009–2010 % change	SFY 2010–2011 % change
Nursing Home		
Home Health		
Personal Care Services		
HCBS Waiver Services		
+ Provider rate increase - Provider rate decrease 0 No change in provider rate		NA Not applicable

OPTIONS, OUTLOOK, AND PROMISING PRACTICES

The Medicaid agency and State Unit on Aging were asked about their intent to pursue options under health care reform, to provide their thoughts on the outlook for LTSS, and to share promising practices in their state. This section combines information from both agencies if both agencies responded.

See the Overview for descriptions of these provisions.

UTAH

State's Intent to Pursue LTSS Provisions in the Affordable Care Act	Very Likely	Somewhat Likely	Not Likely	Don't Know
State Balancing Incentive Program		X		
Community First Choice Option		X		
Money Follows the Person Demonstration				
1. Apply for new program	X			
2. Apply for extension of existing program				
Medical/Health Home Initiative				
1. Agency applying for planning grant				X
2. State plan amendment to establish medical/health home services				X
3. Apply to establish community health teams				X

STATE PRIORITIES: 18–24 MONTHS

- The state would like to expand home and community-based services (HCBS), but in the current fiscal climate, the focus will be on maintaining existing programs.
- The state will continue to advocate for the two main in-home service programs: the Medicaid Aging Waiver and the Home and Community Alternatives program.

STATE ISSUES

- Demand for services is outpacing the availability of funds.
- Difficult choices regarding cost sharing, eligibility, and other limitations will be necessary to keep pace with the number of older adults needing services.

STATE PROMISING PRACTICES

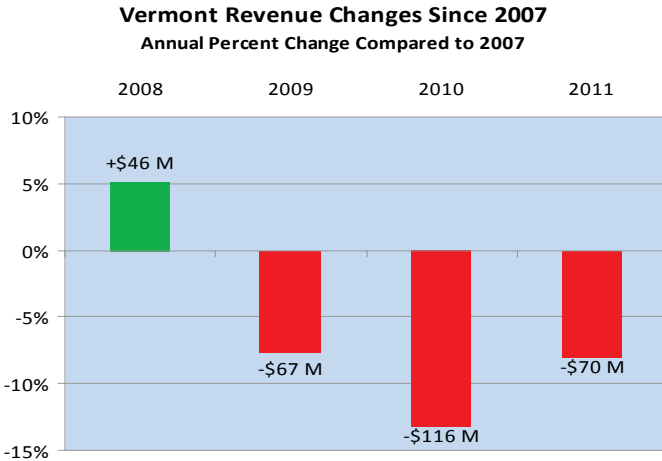
- Utah's Alternatives Program offers cost-effective in-home services to avoid premature placement of vulnerable adults in an institution through the provision of a flexible array of services including case management, homemaker, chore, personal care, respite, adult day care, and personal emergency response.

The information in this profile represents information available to state officials at a point in time. Surveys were conducted from June through September 2010. Utah's fiscal year begins July 1 and ends June 30.



VERMONT

TAX COLLECTIONS



Source: HMA analysis of state tax collection data from the National Association of State Budget Officers (NASBO), Spring Fiscal Survey of States, 2008 (for baseline 2007 data); Spring Fiscal Survey of States, 2009 (for 2008 data) and Spring Fiscal Survey of States, 2010 (for 2009 actual, 2010 estimated, and 2011 projected). Revenue represents the following taxes if collected by the state: **Personal Income, Corporate, and Sales**. Percent change and change in amount collected (in millions) represents the divergence between the state fiscal year noted and baseline SFY 2007.

ARRA FUNDING

IMPACT OF ARRA ENHANCED MEDICAID FMAP EXPIRATION

- Vermont may consider what changes are possible after the ARRA enhanced FMAP extension expires, including eligibility, elimination of programs or services, reductions in service caps, and reductions in reimbursement rates.

PREDICTED IMPACT OF THE EXPIRATION OF THE ARRA NUTRITION FUNDING

- Programs will be reduced and eliminated.
- Waiting lists will increase.
- Too soon to tell.

STATE UNIT ON AGING AND DISABILITY (NON-MEDICAID) SERVICES

STATE UNIT ON AGING NUMBER SERVED (UNDUPLICATED)

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (projected)	% Change SFY 2009–2011
19,969	19,969	19,969	0%

STATE UNIT ON AGING TOTAL EXPENDITURE REDUCTIONS – ACTION TAKEN

SFY 2009–2010	SFY 2010–2011
5% or less	Don't Know

STATE UNIT ON AGING SERVICE DEMAND AND EXPENDITURE CHANGES

Program	Change in Expenditures		Change in Service Requests
	SFY 2009–2010	SFY 2010–2011	SFY 2009–2010
Adult Foster Care	+	+	0
Adult Day Care	0	-	+
Adult Protective Services*	0	0	+
Assisted Living	-	0	+
Behavioral Supports	+	+	+
Case Management	-	0	+
Chore	0	0	+
Community Transition	0	0	DK
Congregate Meals	+	-	+
Day Habilitation	+	+	0
Disease Prevention/Health Promotion	0	0	+
Elder Abuse Prevention	0	0	+
Environmental Modifications	0	0	0
Equipment and Supplies	0	0	+
Family Caregiver Support	0	0	+
Food Stamps/Supplemental Nutrition Assistance Program			+
Foreclosure Counseling	NA	NA	DK
Homemaker	-	0	+
Home-Delivered Meals	+	-	+
Housing Assistance	NA	NA	+
Information and Referral	0	0	+
Legal Assistance Development	0	0	+
LIHEAP			+
Long-Term Care Ombudsman	-	0	+
Nutritional Supplements	NA	NA	DK
Occupational Therapy	NA	NA	DK
Personal Care/Assistance	0	0	+
Physical Therapy	NA	NA	DK
Recreational Therapy	NA	NA	DK
Residential Habilitation	NA	NA	DK
Respite	0	0	+
Senior Community Service Employment Program	+	+	0
Senior Centers	NA	NA	+
Speech Therapy	0	0	DK
State Adult Guardianship Program	0	0	DK
State Pharmaceutical Assistance	NA	NA	+
Supported Employment	+	+	DK
Supported Living	0	0	DK
Transportation	0	0	+
+ Expenditure/demand increase	0	No change in expenditure/demand	DK Don't know
- Expenditure/demand decrease	NA	Program not administered by SUA	

* Since SFY 2009, the State Unit on Aging has received increased calls for Adult Protective Services (APS), e.g., financial exploitation and neglect.

- The state has also seen a significant increase in the number of APS calls regarding drug diversion cases, e.g., people taking older persons' prescription drugs for recreational purposes

VERMONT

STATE UNIT ON AGING NON-MEDICAID HCBS EXPENDITURES

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (appropriation)	% Change SFY 2009–2010
\$4,350,000	\$4,731,000	\$4,600,000	9%

MEDICAID LONG-TERM SERVICES & SUPPORTS

NUMBER OF BENEFICIARIES: WAIVERS & NURSING FACILITIES

Waiver Name	Avg. Daily Caseload			% Change
	SFY 2009	SFY 2010	SFY 2011 (planned)	SFY 2009–2010
Choices for Care HCBS (highest/high needs)	1,428	1,395	1,395	-2%
Choices for Care Enhanced Residential Care	329	340	340	3%
Choices for Care HCBS (moderate needs)	1,069	1,109	1,000	4%
Nursing Facility Services	Avg. Daily Census 2010		Expected Change 2011	
NF Average Daily Census	2,000		Decrease	

- Choices for Care (CFC) is a 1115 waiver inclusive of all long-term services and supports (LTSS) settings and services. The census includes “freezes” on new enrollments for the high-needs group and the moderate-needs group. These freezes have been and currently are imposed.

LTSS EXPENDITURES (FEDERAL AND STATE)

Service	SFY 2009	SFY 2010 (Estimate)	SFY 2011 (Appropriation)	% Change SFY 2009–2010
HCBS Waivers (For Older People and Adults with Physical Disabilities)	\$54,944,628	\$57,504,395		5%
Medicaid LTSS State Plan				
Nursing Facility	\$116,908,118	\$116,720,462		0%

LTSS PROVIDER PAYMENT RATE CHANGES

Provider Type	SFY 2009–2010 % change	SFY 2010–2011 % change
Nursing Home*	+ and -	+ and -
Home Health*	-2%	DK
Personal Care Services	-2%	DK
HCBS Waiver Services	-2%	DK
Medicaid services	-2%	DK
+ Provider rate increase - Provider rate decrease 0 No change in provider rate		NA Not applicable

- Nursing facility rate changes vary by facility based on rate-setting methodology impact. They were not given full inflationary increases and submitted two requests for emergency financial relief.

VERMONT

- Several home health agencies have stated their intent to end provider status for Choices For Care home and community-based services (HCBS) due to rate changes.

OPTIONS, OUTLOOK, AND PROMISING PRACTICES

The Medicaid agency and State Unit on Aging were asked about their intent to pursue options under health care reform, to provide their thoughts on the outlook for LTSS, and to share promising practices in their state. This section combines information from both agencies if both agencies responded.

See the Overview for descriptions of these provisions.

State's Intent to Pursue LTSS Provisions in the Affordable Care Act	Very Likely	Somewhat Likely	Not Likely	Don't Know
State Balancing Incentive Program			X	
Community First Choice Option				X
Money Follows the Person Demonstration				
1. Apply for new program			X	
2. Apply for extension of existing program				
Medical/Health Home Initiative				
1. Agency applying for planning grant				X
2. State plan amendment to establish medical/health home services				X
3. Apply to establish community health teams				X

STATE PRIORITIES: 18–24 MONTHS

- Seek efficiency and quality of services.
- Support and expand consumer direction.
- Develop adult foster care option.

STATE ISSUES

- Need for savings to be achieved in SFY 2011 and SFY 2012 through the 2009–2010 "Challenges for Change" legislation, which authorized a plan to make Vermont government and services more effective so better results are delivered at lower costs to taxpayers. Reduced state staff. Implementation of performance-based grants that will allow the creation of better methods for providing government services, while spending less money and still achieving specified goals.

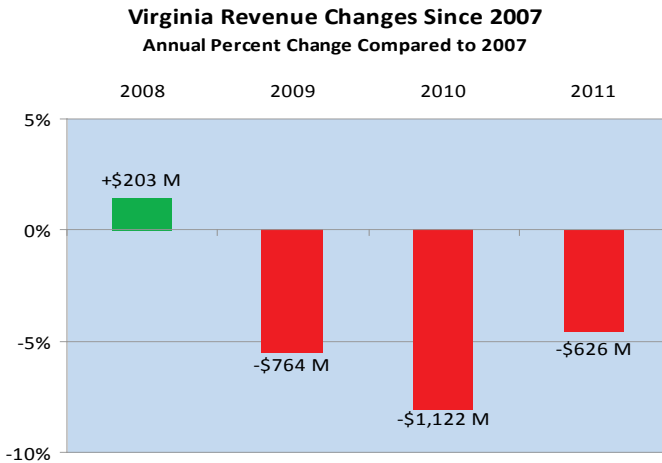
STATE PROMISING PRACTICES

- Choices for Care, Vermont's 1115 LTSS Medicaid waiver, which allows individuals to choose the setting for LTSS and has reduced the use of nursing facilities.
- Development, implementation, and expansion of Aging and Disability Resource Centers.
- Promotion of the use of local foods in Older Americans Act nutrition programs.
- Accomplishments with nursing home diversion groups, now the Community Living Program, which assists individuals at risk of nursing facility placement and spend-down to Medicaid to live in their communities.

The information in this profile represents information available to state officials at a point in time. Surveys were conducted from June through September 2010. Vermont's fiscal year begins July 1 and ends June 30.

VIRGINIA

TAX COLLECTIONS



Source: HMA analysis of state tax collection data from the National Association of State Budget Officers (NASBO), Spring Fiscal Survey of States, 2008 (for baseline 2007 data); Spring Fiscal Survey of States, 2009 (for 2008 data) and Spring Fiscal Survey of States, 2010 (for 2009 actual, 2010 estimated, and 2011 projected). Revenue represents the following taxes if collected by the state: **Personal Income, Corporate, and Sales**. Percent change and change in amount collected (in millions) represents the divergence between the state fiscal year noted and baseline SFY 2007.

ARRA FUNDING

IMPACT OF ARRA ENHANCED MEDICAID FMAP EXPIRATION

PREDICTED IMPACT OF THE EXPIRATION OF THE ARRA NUTRITION FUNDING

- Programs will be reduced, including discontinuing breakfast programs started as a result of ARRA.
- Waiting lists will increase.

STATE UNIT ON AGING AND DISABILITY (NON-MEDICAID) SERVICES

STATE UNIT ON AGING NUMBER SERVED (UNDUPLICATED)

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (projected)	% Change SFY 2009–2011
59,045	59,045	59,045	0%

STATE UNIT ON AGING TOTAL EXPENDITURE REDUCTIONS – ACTION TAKEN

SFY 2009–2010	SFY 2010–2011
6%–10%	5% or less

STATE UNIT ON AGING SERVICE DEMAND AND EXPENDITURE CHANGES

Program	Change in Expenditures		Change in Service Requests
	SFY 2009–2010	SFY 2010–2011	SFY 2009–2010
Adult Foster Care	NA	NA	DK
Adult Day Care	-	-	DK
Adult Protective Services	NA	NA	DK
Assisted Living	NA	NA	DK
Behavioral Supports	NA	NA	DK
Case Management	-	-	DK
Chore	-	-	DK
Community Transition	0	0	DK
Congregate Meals	0	-	DK
Day Habilitation	NA	NA	DK
Disease Prevention/Health Promotion	0	0	DK
Elder Abuse Prevention	0	0	DK
Environmental Modifications	NA	NA	DK
Equipment and Supplies	NA	NA	DK
Family Caregiver Support	0	0	DK
Food Stamps/Supplemental Nutrition Assistance Program			DK
Foreclosure Counseling	NA	NA	DK
Homemaker	-	-	DK
Home-Delivered Meals	0	-	DK
Housing Assistance	NA	NA	DK
Information and Referral	-	-	DK
Legal Assistance Development	-	-	DK
LIHEAP			DK
Long-Term Care Ombudsman	0	0	DK
Nutritional Supplements	NA	NA	DK
Occupational Therapy	NA	NA	DK
Personal Care/Assistance	-	-	DK
Physical Therapy	NA	NA	DK
Recreational Therapy	NA	NA	DK
Residential Habilitation	NA	NA	DK
Respite	0	0	DK
Senior Community Service Employment Program	0	0	DK
Senior Centers	NA	NA	DK
Speech Therapy	NA	NA	DK
State Adult Guardianship Program	-	-	DK
State Pharmaceutical Assistance	-	-	DK
Supported Employment	-	-	DK
Supported Living	NA	NA	DK
Transportation	-	-	DK
+ Expenditure/demand increase	0	No change in expenditure/demand	DK Don't know
- Expenditure/demand decrease	NA	Program not administered by SUA	

- Comparative data were not available at the time of the survey because Virginia is in the process of reviewing how requests for services are being handled and has issued new guidelines.

VIRGINIA

STATE UNIT ON AGING NON-MEDICAID HCBS EXPENDITURES

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (appropriation)	% Change SFY 2009–2010
\$18,011,719	\$17,224,164	\$15,793,723	-4%

MEDICAID LONG-TERM SERVICES & SUPPORTS

NUMBER OF BENEFICIARIES: WAIVERS & NURSING FACILITIES

Waiver Name	Avg. Daily Caseload		% Change
	SFY 2009	SFY 2010	SFY 2011 (planned) SFY 2009–2010
None Listed			
Nursing Facility Services	Avg. Daily Census 2010		Expected Change 2011
NF Average Daily Census			

LTSS EXPENDITURES (FEDERAL AND STATE)

Service	SFY 2009	SFY 2010 (Estimate)	SFY 2011 (Appropriation)	% Change SFY 2009–2010
HCBS Waivers (For Older People and Adults with Physical Disabilities)				
Medicaid LTSS State Plan				
Nursing Facility				

LTSS PROVIDER PAYMENT RATE CHANGES

Provider Type	SFY 2009–2010 % change	SFY 2010–2011 % change
Nursing Home		
Home Health		
Personal Care Services		
HCBS Waiver Services		
+ Provider rate increase - Provider rate decrease 0 No change in provider rate		NA Not applicable

OPTIONS, OUTLOOK, AND PROMISING PRACTICES

The Medicaid agency and State Unit on Aging were asked about their intent to pursue options under health care reform, to provide their thoughts on the outlook for LTSS, and to share promising practices in their state. This section combines information from both agencies if both agencies responded.

See the Overview for descriptions of these provisions.

VIRGINIA

State's Intent to Pursue LTSS Provisions in the Affordable Care Act	Very Likely	Somewhat Likely	Not Likely	Don't Know
State Balancing Incentive Program				X
Community First Choice Option	X			
Money Follows the Person Demonstration				
1. Apply for new program				
2. Apply for extension of existing program	X			
Medical/Health Home Initiative				
1. Agency applying for planning grant				X
2. State plan amendment to establish medical/health home services				X
3. Apply to establish community health teams				X

STATE PRIORITIES: 18–24 MONTHS

- The State Unit on Aging (SUA) has had to prioritize its functions between core functions and important, but not statewide, initiatives.
- The SUA's top priorities will include seeking and implementing new grant initiatives such as Chronic Disease Self-Management, Community Living Program, and Aging and Disability Resource Centers (ADRCs).

STATE ISSUES

- Virginia is in the process of developing a blueprint for long-term services and supports (LTSS) needs for the agency.
- The state challenge is to integrate the language, terminology, and advocacy of the community of older adults and younger adults with disabilities.

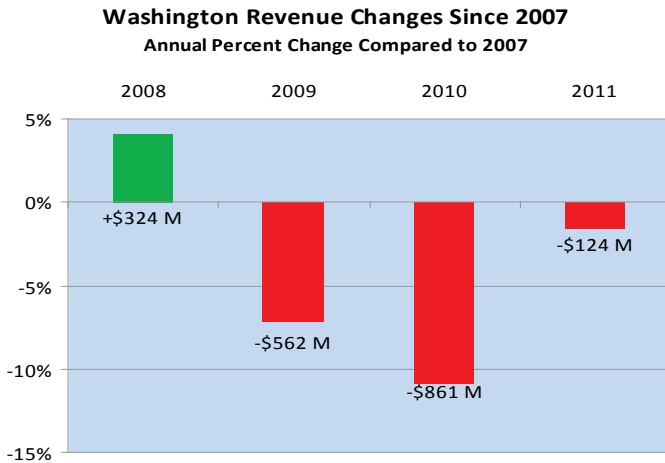
STATE PROMISING PRACTICES

- Expansion of the ADRC No Wrong Door system.
- Use of Community Living Program grant to transform the provision of services provided through the Area Agencies on Aging; the Community Living Program assists individuals at risk of nursing facility placement and spend-down to Medicaid to live in their communities.

The information in this profile represents information available to state officials at a point in time. Surveys were conducted from June through September 2010. Virginia's fiscal year begins July 1 and ends June 30.

WASHINGTON

TAX COLLECTIONS



Source: HMA analysis of state tax collection data from the National Association of State Budget Officers (NASBO), Spring Fiscal Survey of States, 2008 (for baseline 2007 data); Spring Fiscal Survey of States, 2009 (for 2008 data) and Spring Fiscal Survey of States, 2010 (for 2009 actual, 2010 estimated, and 2011 projected). Revenue represents the following taxes if collected by the state: **Personal Income, Corporate, and Sales.** Percent change and change in amount collected (in millions) represents the divergence between the state fiscal year noted and baseline SFY 2007.

ARRA FUNDING

IMPACT OF ARRA ENHANCED MEDICAID FMAP EXPIRATION

- The Enhanced FMAP annual value is \$180 million (state estimate), or 11 percent of all long-term service and support (LTSS) funding.
- Loss of these funds may mean significant cuts to client services.

PREDICTED IMPACT OF THE EXPIRATION OF THE ARRA NUTRITION FUNDING

- Waiting lists will increase.
- Services will be reduced.
- Programs will be eliminated.

STATE UNIT ON AGING AND DISABILITY (NON-MEDICAID) SERVICES

STATE UNIT ON AGING NUMBER SERVED (UNDUPLICATED)

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (projected)	% Change SFY 2009–2011
400,000	425,000	450,000	13%

STATE UNIT ON AGING TOTAL EXPENDITURE REDUCTIONS – ACTION TAKEN

SFY 2009–2010	SFY 2010–2011
5% or less	5% or less

WASHINGTON

STATE UNIT ON AGING SERVICE DEMAND AND EXPENDITURE CHANGES

Program	Change in Expenditures		Change in Service Requests
	SFY 2009–2010	SFY 2010–2011	SFY 2009–2010
Adult Foster Care	-	+	+
Adult Day Care	0	0	+
Adult Protective Services*	0	0	+
Assisted Living	-	+	+
Behavioral Supports	+	+	+
Case Management	-	0	+
Chore	0	0	+
Community Transition	+	+	+
Congregate Meals	+	-	+
Day Habilitation			
Disease Prevention/Health Promotion	+	+	+
Elder Abuse Prevention	0	0	+
Environmental Modifications	+	+	+
Equipment and Supplies	+	+	+
Family Caregiver Support	+	0	+
Food Stamps/Supplemental Nutrition Assistance Program			+
Foreclosure Counseling			
Homemaker	0	0	+
Home-Delivered Meals	+	-	+
Housing Assistance			
Information and Referral	0	0	+
Legal Assistance Development	0	0	+
LIHEAP			
Long-Term Care Ombudsman	0	0	+
Nutritional Supplements			
Occupational Therapy			
Personal Care/Assistance		+	+
Physical Therapy			
Recreational Therapy			
Residential Habilitation			
Respite	0	0	+
Senior Community Service Employment Program	+	-	+
Senior Centers			
Speech Therapy			
State Adult Guardianship Program			
State Pharmaceutical Assistance	0	0	+
Supported Employment			
Supported Living			
Transportation	+	+	+
+ Expenditure/demand increase	0	No change in expenditure/demand	DK Don't know
- Expenditure/demand decrease	NA	Program not administered by SUA	

* Since SFY 2009, the State Unit on Aging has received increased calls for Adult Protective Services (APS), e.g., financial exploitation.



WASHINGTON

STATE UNIT ON AGING NON-MEDICAID HCBS EXPENDITURES

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (appropriation)	% Change SFY 2009–2010
\$17,565,000	\$17,778,000	\$17,778,000	1%

MEDICAID LONG-TERM SERVICES & SUPPORTS

NUMBER OF BENEFICIARIES: WAIVERS & NURSING FACILITIES

Waiver Name	Avg. Daily Caseload			% Change
	SFY 2009	SFY 2010	SFY 2011 (planned)	SFY 2009– 2010
Community Options Entry System	32,646	33,084	33,404	1%
Medically Needy In-home Waiver	128	96	100	-25%
Medically Needy Residential Waiver	698	690	877	-1%
New Freedom	417	591	800	42%
Nursing Facility Services	Avg. Daily Census 2010		Expected Change 2011	
NF Average Daily Census*	10,539		Decrease	

- The state indicates that Money Follows the Person provides significant assistance with managing the nursing facility census.

LTSS EXPENDITURES (FEDERAL AND STATE)

Service	SFY 2009	SFY 2010 (Estimate)	SFY 2011 (Appropriation)	% Change SFY 2009–2010
HCBS Waivers (For Older People and Adults with Physical Disabilities)	\$488,155,640	\$510,242,000	\$553,282,000	5%
Medicaid LTSS State Plan	\$326,180,000	\$342,215,000	\$368,735,000	5%
Nursing Facility	\$534,092,566	\$545,060,000	\$495,315,000	2%

LTSS PROVIDER PAYMENT RATE CHANGES

Provider Type	SFY 2009–2010 % change	SFY 2010–2011 % change
Nursing Home*	+3%	-2%
Home Health		
Personal Care Services	-4%	0
HCBS Waiver Services	-4%	0
+ Provider rate increase - Provider rate decrease 0 No change in provider rate		NA Not applicable

- Nursing facility rates were increased \$5.00/patient day in 2010, for an overall 3 percent increase. In 2011, these rates were decreased by 3.61 percent, for an overall expenditure decrease of 2 percent.

OPTIONS, OUTLOOK, AND PROMISING PRACTICES

The Medicaid agency and State Unit on Aging were asked about their intent to pursue options under health care reform, to provide their thoughts on the outlook for LTSS, and to share promising practices in their state. This section combines information from both agencies if both agencies responded.

See the Overview for descriptions of these provisions.

State's Intent to Pursue LTSS Provisions in the Affordable Care Act	Very Likely	Somewhat Likely	Not Likely	Don't Know
State Balancing Incentive Program			X	
Community First Choice Option		X		
Money Follows the Person Demonstration				
1. Apply for new program				
2. Apply for extension of existing program	X			
Medical/Health Home Initiative				
1. Agency applying for planning grant		X		
2. State plan amendment to establish medical/health home services		X		
3. Apply to establish community health teams				X

STATE PRIORITIES: 18–24 MONTHS

- Expand Aging and Disability Resource Center (ADRC) capacity.
- Continue balancing efforts.
- Develop capacity to serve complex clients in community settings.

STATE ISSUES

- Continuing challenges related to the economic downturn.
- Staffing reductions combined with increasing caseloads, which impact program development and management (e.g., 12 percent staff reduction in home and community-based services (HCBS) regional staff results in longer wait times for assessments and APS investigations; 15 percent staff reduction in main office).
- Maintaining infrastructure that supports HCBS during economic downturn.

STATE PROMISING PRACTICES

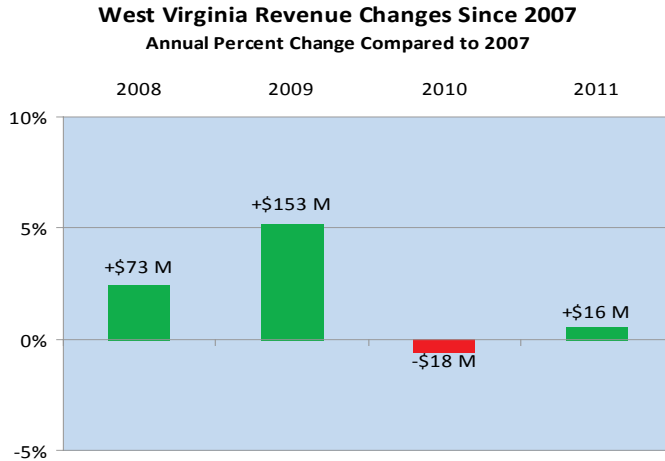
- Achieving balancing successfully in Washington to date.
- Continuing the development of participant-directed models of care.
- Implementing services and supports for informal caregivers.

The information in this profile represents information available to state officials at a point in time. Surveys were conducted from June through September 2010. Washington's fiscal year begins July 1 and ends June 30.



WEST VIRGINIA

TAX COLLECTIONS



Source: HMA analysis of state tax collection data from the National Association of State Budget Officers (NASBO), Spring Fiscal Survey of States, 2008 (for baseline 2007 data); Spring Fiscal Survey of States, 2009 (for 2008 data) and Spring Fiscal Survey of States, 2010 (for 2009 actual, 2010 estimated, and 2011 projected). Revenue represents the following taxes if collected by the state: **Personal Income, Corporate, and Sales.** Percent change and change in amount collected (in millions) represents the divergence between the state fiscal year noted and baseline SFY 2007.

ARRA FUNDING

IMPACT OF ARRA ENHANCED MEDICAID FMAP EXPIRATION

- Does not anticipate any impact to service provision in SFY 2011.

PREDICTED IMPACT OF THE EXPIRATION OF THE ARRA NUTRITION FUNDING

- Expects very little impact because the state supports nutrition programs with state dollars (at least 50 percent of the funding is nonmatched state support).

STATE UNIT ON AGING AND DISABILITY (NON-MEDICAID) SERVICES

STATE UNIT ON AGING NUMBER SERVED (UNDUPLICATED)

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (projected)	% Change SFY 2009–2011
120,499	118,000	115,000	-5%

STATE UNIT ON AGING TOTAL EXPENDITURE REDUCTIONS – ACTION TAKEN

SFY 2009–2010	SFY 2010–2011
None	None Listed

WEST VIRGINIA

STATE UNIT ON AGING SERVICE DEMAND AND EXPENDITURE CHANGES

Program	Change in Expenditures		Change in Service Requests
	SFY 2009–2010	SFY 2010–2011	SFY 2009–2010
Adult Foster Care	NA	NA	DK
Adult Day Care	0	0	+
Adult Protective Services	NA	NA	DK
Assisted Living	NA	NA	DK
Behavioral Supports	NA	NA	DK
Case Management	NA	NA	DK
Chore	0	0	+
Community Transition	NA	NA	DK
Congregate Meals	0	0	-
Day Habilitation	NA	NA	DK
Disease Prevention/Health Promotion	0	0	+
Elder Abuse Prevention	0-	0	+
Environmental Modifications	NA	NA	+
Equipment and Supplies	0	0	DK
Family Caregiver Support	0	0	+
Food Stamps/Supplemental Nutrition Assistance Program			+
Foreclosure Counseling	NA	NA	DK
Homemaker	0	0	+
Home-Delivered Meals	0	0	++
Housing Assistance	NA	NA	DK
Information and Referral	-	0	+
Legal Assistance Development	0	0	+
LIHEAP			+
Long-Term Care Ombudsman	-	0	+
Nutritional Supplements	NA	NA	+
Occupational Therapy	NA	NA	DK
Personal Care/Assistance	NA	NA	DK
Physical Therapy	NA	NA	DK
Recreational Therapy	NA	NA	DK
Residential Habilitation	NA	NA	DK
Respite	0	0	+
Senior Community Service Employment Program			0
Senior Centers			0
Speech Therapy	NA	NA	DK
State Adult Guardianship Program	NA	NA	DK
State Pharmaceutical Assistance	NA	NA	+
Supported Employment	0	0	+
Supported Living	NA	NA	+
Transportation	0	0	+
+ Expenditure/demand increase	0	No change in expenditure/demand	DK Don't know
- Expenditure/demand decrease	NA	Program not administered by SUA	

STATE UNIT ON AGING NON-MEDICAID HCBS EXPENDITURES

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (appropriation)	% Change SFY 2009–2010
\$12,767,804	\$15,112,445	\$16,137,367	18%

MEDICAID LONG-TERM SERVICES & SUPPORTS

NUMBER OF BENEFICIARIES: WAIVERS & NURSING FACILITIES

Waiver Name	Avg. Daily Caseload			% Change SFY 2009– 2010
	SFY 2009	SFY 2010	SFY 2011 (planned)	
Aged/Disabled Waiver	6,523	6,057	8,165	-7%
Nursing Facility Services	Avg. Daily Census 2010		Expected Change 2011	
NF Average Daily Census				

LTSS EXPENDITURES (FEDERAL AND STATE)

Service	SFY 2009	SFY 2010 (Estimate)	SFY 2011 (Appropriation)	% Change SFY 2009–2010
HCBS Waivers (For Older People and Adults with Physical Disabilities)	\$123,012,443	\$131,947,104	\$146,171,355	7%
Medicaid LTSS State Plan	\$41,594,379	\$52,391,192	\$58,525,973	26%
Nursing Facility	\$464,023,240	\$473,417,699	\$493,413,800	2%

LTSS PROVIDER PAYMENT RATE CHANGES

Provider Type	SFY 2009–2010 % change	SFY 2010–2011 % change
Nursing Home*	-2.34%	
Home Health		
Personal Care Services		
HCBS Waiver Services*	+7.6%	
+ Provider rate increase - Provider rate decrease 0 No change in provider rate		NA Not applicable

- The change in nursing facility rates is the result of changes in costs as submitted by providers on semiannual nursing facility financial and statistical reports, which are used to set per diem rates.
- The homemaker service in the Aged/Disabled waiver program was increased from \$3.25 per 15-minute unit to \$3.50 per 15-minute unit during SFY 2010.

OPTIONS, OUTLOOK, AND PROMISING PRACTICES

The Medicaid agency and State Unit on Aging were asked about their intent to pursue options under health care reform, to provide their thoughts on the outlook for LTSS, and to share promising practices in their state. This section combines information from both agencies if both agencies responded.

See the Overview for descriptions of these provisions.

WEST VIRGINIA

State’s Intent to Pursue LTSS Provisions in the Affordable Care Act	Very Likely	Somewhat Likely	Not Likely	Don't Know
State Balancing Incentive Program				
Community First Choice Option				
Money Follows the Person Demonstration				
<ol style="list-style-type: none"> 1. Apply for new program 2. Apply for extension of existing program 				
Medical/Health Home Initiative				
<ol style="list-style-type: none"> 1. Agency applying for planning grant 2. State plan amendment to establish medical/health home services 3. Apply to establish community health teams 				

STATE PRIORITIES: 18–24 MONTHS

- Maintaining levels of service given rising costs and difficulty finding qualified workers.

STATE ISSUES

- Facing the shortage of qualified workers and maintaining service levels.
- Managing the demand for state-funded programs providing respite care (FAIR) and serving individuals with functional deficits (Lighthouse) who are not eligible for Medicaid.

STATE PROMISING PRACTICES

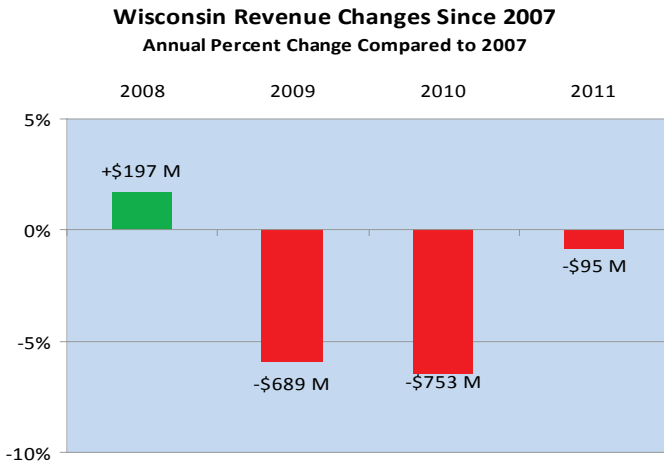
- Over the last five years, additional funding and implementation of new initiatives have resulted in an increase from 40,000 to 120,499 clients served by the State Unit on Aging at the close of SFY 2009.

The information in this profile represents information available to state officials at a point in time. Surveys were conducted from June through September 2010. West Virginia’s fiscal year begins July 1 and ends June 30.



WISCONSIN

TAX COLLECTIONS



Source: HMA analysis of state tax collection data from the National Association of State Budget Officers (NASBO), Spring Fiscal Survey of States, 2008 (for baseline 2007 data); Spring Fiscal Survey of States, 2009 (for 2008 data) and Spring Fiscal Survey of States, 2010 (for 2009 actual, 2010 estimated, and 2011 projected). Revenue represents the following taxes if collected by the state: **Personal Income, Corporate, and Sales**. Percent change and change in amount collected (in millions) represents the divergence between the state fiscal year noted and baseline SFY 2007.

ARRA FUNDING

PREDICTED IMPACT OF THE EXPIRATION OF THE ARRA NUTRITION FUNDING

- Does not anticipate any impact to service provision in SFY 2011.

STATE UNIT ON AGING AND DISABILITY (NON-MEDICAID) SERVICES

STATE UNIT ON AGING NUMBER SERVED (UNDUPLICATED)

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (projected)	% Change SFY 2009–2011
100,605	107,608	114,855	12%

STATE UNIT ON AGING TOTAL EXPENDITURE REDUCTIONS – ACTION TAKEN

SFY 2009–2010	SFY 2010–2011
None Listed	Don't know

STATE UNIT ON AGING SERVICE DEMAND AND EXPENDITURE CHANGES

Program	Change in Expenditures		Change in Service Requests
	SFY 2009–2010	SFY 2010–2011	SFY 200–2010
Adult Foster Care			
Adult Day Care			
Adult Protective Services			
Assisted Living			
Behavioral Supports			
Case Management			
Chore			
Community Transition			
Congregate Meals			
Day Habilitation			
Disease Prevention/Health Promotion			
Elder Abuse Prevention			
Environmental Modifications			
Equipment and Supplies			
Family Caregiver Support			
Food Stamps/Supplemental Nutrition Assistance Program			
Foreclosure Counseling			
Homemaker			
Home-Delivered Meals			
Housing Assistance			
Information and Referral			
Legal Assistance Development			
LIHEAP			
Long-Term Care Ombudsman			
Nutritional Supplements			
Occupational Therapy			
Personal Care/Assistance			
Physical Therapy			
Recreational Therapy			
Residential Habilitation			
Respite			
Senior Community Service Employment Program			
Senior Centers			
Speech Therapy			
State Adult Guardianship Program			
State Pharmaceutical Assistance			
Supported Employment			
Supported Living			
Transportation			
+ Expenditure/demand increase	0	No change in expenditure/demand	DK Don't know
- Expenditure/demand decrease	NA	Program not administered by SUA	

- The state does not budget by specific service type at the state level.

STATE UNIT ON AGING NON-MEDICAID HCBS EXPENDITURES

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (appropriation)	% Change SFY 2009–2010
None listed	None listed	None listed	NA

MEDICAID LONG-TERM SERVICES & SUPPORTS

NUMBER OF BENEFICIARIES: WAIVERS & NURSING FACILITIES

Waiver Name	Avg. Daily Caseload			% Change SFY 2009– 2010
	SFY 2009	SFY 2010	SFY 2011 (planned)	
Aged/Disabled Waiver				
Nursing Facility Services	Avg. Daily Census 2010		Expected Change 2011	
NF Average Daily Census				

LTSS EXPENDITURES (FEDERAL AND STATE)

Service	SFY 2009	SFY 2010 (Estimate)	SFY 2011 (Appropriation)	% Change SFY 2009–2010
HCBS Waivers (For Older People and Adults with Physical Disabilities)				
Medicaid LTSS State Plan				
Nursing Facility				

LTSS PROVIDER PAYMENT RATE CHANGES

Provider Type	SFY 2009–2010 % change	SFY 2010–2011 % change
Nursing Home*		
Home Health		
Personal Care Services		
HCBS Waiver Services*		
+ Provider rate increase - Provider rate decrease 0 No change in provider rate		NA Not applicable

OPTIONS, OUTLOOK, AND PROMISING PRACTICES

The Medicaid agency and State Unit on Aging were asked about their intent to pursue options under health care reform, to provide their thoughts on the outlook for LTSS, and to share promising practices in their state. This section combines information from both agencies if both agencies responded. See the Overview for descriptions of these provisions.

State's Intent to Pursue LTSS Provisions in the Affordable Care Act	Very Likely	Somewhat Likely	Not Likely	Don't Know
State Balancing Incentive Program				X
Community First Choice Option				X
Money Follows the Person Demonstration				
1. Apply for new program				
2. Apply for extension of existing program	X			
Medical/Health Home Initiative				
1. Agency applying for planning grant				X
2. State plan amendment to establish medical/health home services			X	
3. Apply to establish community health teams				X

STATE PRIORITIES: 18–24 MONTHS

- Expanding statewide the Aging and Disability Resource Centers and the Family Care program, a long-term services and supports (LTSS) program for older adults and people with physical disabilities or with developmental disabilities.

STATE ISSUES

- Improve LTSS balancing efforts for older adults.

STATE PROMISING PRACTICES

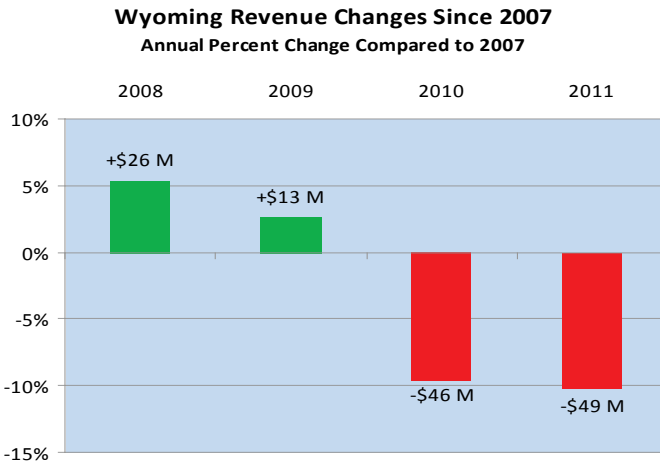
- Successfully developed and implemented 35 Aging and Disability Resource Centers across the state.

The information in this profile represents information available to state officials at a point in time. Surveys were conducted from June through September 2010. Wisconsin's fiscal year begins July 1 and ends June 30.



WYOMING

TAX COLLECTIONS



Source: HMA analysis of state tax collection data from the National Association of State Budget Officers (NASBO), Spring Fiscal Survey of States, 2008 (for baseline 2007 data); Spring Fiscal Survey of States, 2009 (for 2008 data) and Spring Fiscal Survey of States, 2010 (for 2009 actual, 2010 estimated, and 2011 projected). Revenue represents the following taxes if collected by the state: **Personal Income, Corporate, and Sales**. Percent change and change in amount collected (in millions) represents the divergence between the state fiscal year noted and baseline SFY 2007.

ARRA FUNDING

IMPACT OF ARRA ENHANCED MEDICAID FMAP EXPIRATION

PREDICTED IMPACT OF THE EXPIRATION OF THE ARRA NUTRITION FUNDING

- No impact.

STATE UNIT ON AGING AND DISABILITY (NON-MEDICAID) SERVICES

STATE UNIT ON AGING NUMBER SERVED (UNDUPLICATED)

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (projected)	% Change SFY 2009–2011
45,785	42,500	45,000	-2%

STATE UNIT ON AGING TOTAL EXPENDITURE REDUCTIONS – ACTION TAKEN

SFY 2009–2010	SFY 2010–2011
None	None

WYOMING

STATE UNIT ON AGING SERVICE DEMAND AND EXPENDITURE CHANGES

Program	Change in Expenditures		Change in Service Requests
	SFY 2009–2010	SFY 2010–2011	SFY 2009–2010
Adult Foster Care	NA	NA	0
Adult Day Care	NA	NA	NA
Adult Protective Services	NA	NA	NA
Assisted Living	NA	NA	NA
Behavioral Supports	NA		
Case Management	+	+	+
Chore	+	+	+
Community Transition	NA	NA	NA
Congregate Meals	-	-	-
Day Habilitation	NA	NA	NA
Disease Prevention/Health Promotion	+	+	+
Elder Abuse Prevention	+	+	+
Environmental Modifications	+	+	+
Equipment and Supplies	+	+	+
Family Caregiver Support	+	+	+
Food Stamps/Supplemental Nutrition Assistance Program			NA
Foreclosure Counseling	NA	NA	NA
Homemaker	+	+	+
Home-Delivered Meals	-	-	+
Housing Assistance	NA	NA	NA
Information and Referral	+	+	0
Legal Assistance Development	+	+	+
LIHEAP			NA
Long-Term Care Ombudsman	+	+	+
Nutritional Supplements	NA	NA	+
Occupational Therapy	NA	NA	NA
Personal Care/Assistance	+	+	+
Physical Therapy	NA	NA	NA
Recreational Therapy	NA	NA	NA
Residential Habilitation	NA	NA	NA
Respite	+	+	+
Senior Community Service Employment Program			
Senior Centers	+	+	+
Speech Therapy	NA	NA	NA
State Adult Guardianship Program	NA	NA	NA
State Pharmaceutical Assistance	NA	NA	NA
Supported Employment	NA	NA	NA
Supported Living	NA	NA	NA
Transportation	+	+	+
+ Expenditure/demand increase	0	No change in expenditure/demand	
- Expenditure/demand decrease	NA	Program not administered by SUA	DK Don't know

STATE UNIT ON AGING NON-MEDICAID HCBS EXPENDITURES

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (appropriation)	% Change SFY 2009–2010
\$3,052,886	\$3,052,886	\$3,052,886	0%

MEDICAID LONG-TERM SERVICES & SUPPORTS

NUMBER OF BENEFICIARIES: WAIVERS & NURSING FACILITIES

Waiver Name	Avg. Daily Caseload			% Change SFY 2009– 2010
	SFY 2009	SFY 2010	SFY 2011 (planned)	
None Listed				
Nursing Facility Services	Avg. Daily Census 2010		Expected Change 2011	
NF Average Daily Census	2,075			

LTSS EXPENDITURES (FEDERAL AND STATE)

Service	SFY 2009	SFY 2010 (Estimate)	SFY 2011 (Appropriation)	% Change SFY 2009–2010
HCBS Waivers (For Older People and Adults with Physical Disabilities)	\$14,200,000	N/A	\$16,100,000	N/A
Medicaid LTSS State Plan				
Nursing Facility	\$72,900,000		\$71,400,000	

LTSS PROVIDER PAYMENT RATE CHANGES

Provider Type	SFY 2009–2010 % change	SFY 2010–2011 % change
Nursing Home	+0.47%	0
Home Health	0	0
Personal Care Services	NA	NA
HCBS Waiver Services	0	0
+ Provider rate increase - Provider rate decrease 0 No change in provider rate		NA Not applicable

OPTIONS, OUTLOOK, AND PROMISING PRACTICES

The Medicaid agency and State Unit on Aging were asked about their intent to pursue options under health care reform, to provide their thoughts on the outlook for LTSS, and to share promising practices in their state. This section combines information from both agencies if both agencies responded. See the Overview for descriptions of these provisions.

WYOMING

State's Intent to Pursue LTSS Provisions in the Affordable Care Act	Very Likely	Somewhat Likely	Not Likely	Don't Know
State Balancing Incentive Program				X
Community First Choice Option				X
Money Follows the Person Demonstration				
1. Apply for new program			X	
2. Apply for extension of existing program				
Medical/Health Home Initiative				
1. Agency applying for planning grant	X			
2. State plan amendment to establish medical/health home services	X			
3. Apply to establish community health teams		X		

STATE PRIORITIES: 18–24 MONTHS

- Educating about elder abuse and elder rights.
- Supporting the choice to remain in a safe home environment, including those in rural Wyoming.

STATE ISSUES

- Holding firm on state-funded-only program.
- Advocating for elder rights legislation, including conservatorships and guardianships.

STATE PROMISING PRACTICES

- The Long-Term Care Choices Act of 2007 created an "alternative elder care home" based on a Green House Model and resulted in establishing a program in north Wyoming. The state anticipates additional new Green House projects.
- The state developed a State Plan on Aging in collaboration with the community, building from the grassroots up to the state level.

The information in this profile represents information available to state officials at a point in time. Surveys were conducted from June through September 2010. Wyoming's fiscal year begins July 1 and ends June 30.