



2012 STATE OF AGING AND DISABILITIES SURVEY

***Another Year of Challenges Tempered
by Opportunities***

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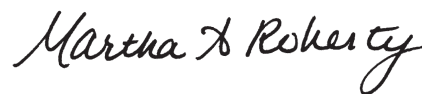
ACKNOWLEDGEMENTS

For the past several years, most states have struggled with staff reductions, furlough days, and unrelenting pressure to assure that aging and disability programs function effectively with fewer resources. In spite of these challenges, staff of the state aging and disability agencies across the country spent considerable time responding to NASUAD's 2012 State of Aging and Disabilities Survey. NASUAD thanks state agency directors and their staff for their valuable contributions to this report.

Under the leadership of President Lance Robertson, Director of the Oklahoma Aging Services Division, the NASUAD Board of Directors offered support throughout the 2012 survey process. Almost the entire NASUAD staff was involved in the 2012 survey. Project leadership was provided by Diana Scully, Senior Director for State Services, who was ably assisted by Grace Cho, Research Assistant. A special acknowledgement is reserved for Elizabeth Sullivan, our summer intern who spent countless hours reviewing states' responses, letting NASUAD staff know when follow up was needed, and creating survey-related spreadsheets and charts.

I thank everyone involved in the production of the 2012 report.

Sincerely,

A handwritten signature in black ink that reads "Martha A. Roherty". The script is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Martha A. Roherty
Executive Director

ABOUT NASUAD

The National Association of States United for Aging and Disabilities (NASUAD) was founded in 1964 under the name National Association of State Units on Aging (NASUA). In 2010, the organization added disabilities to its name in recognition of the fact that member state agencies are responsible for programs serving both older adults and people with disabilities.

Representing the nation's 56 state and territorial agencies on aging and disabilities, NASUAD's mission is to design, improve and sustain state systems delivering home and community-based services and supports for older adults and people with disabilities and their family caregivers. NASUAD supports visionary state leadership, the advancement of state systems innovation and the articulation of national policies that support long term services and supports, including home and community-based services.

NASUAD works to:

- Inform policymakers about the current and future status and operations of state systems that support older adults, people with disabilities, and their family caregivers.
- Serve as the vehicle for state agencies to collectively develop and promote public policy and programmatic recommendations for consideration by key federal partners and others involved in the aging and disabilities network.
- Maintain collaborative relationships with: key federal partners, in particular, the U.S. Department of Health and Human Services' Administration on Community Living (overseeing the Administration on Aging, Administration on Intellectual and Developmental Disabilities, and Office on Disability) and Centers for Medicare and Medicaid Services; aging and disability network partners at the local, state and national levels; and other key national organizations.
- Analyze pertinent federal legislative, regulatory, and administrative actions; and, based on this analysis, inform and advocate with federal partners regarding impacts on state systems that support older adults, people with disabilities and their family caregivers.
- Facilitate the exchange of information and ideas about effective and efficient state and local policy options, program models, service delivery strategies, and management practices.
- Provide general and specialized information consultation, training, technical assistance, and professional development on a full range of policy, program and management challenges facing the states.

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EXECUTIVE SUMMARY

Like the 2009 and 2011 surveys conducted by the National Association of States United for Aging and Disabilities (NASUAD),¹ the 2012 survey has captured a snapshot of the states during a period of change.

State aging and disability agencies have operated within a tumultuous environment for the past several years. They demonstrated resilience in the face of daunting challenges as they participated in a rich array of new opportunities.

Beginning with the 2007 great recession, state agencies faced continuing budgetary challenges. It has become increasingly more difficult to reconcile the needs of older adults and people with disabilities with the resources available to address those needs.

Simultaneously, state agencies had to plan and manage programs against the backdrop of the rapidly growing aging population (leading to increasing demands for service and triggering major loss of knowledgeable, seasoned staff through retirements); a dizzying array of federal and state reforms in the financing and delivery of long term services and support (LTSS), including home and community-based services (HCBS); and a widespread emphasis on the integration and consolidation of agencies and programs.

Themes emerging from the 2012 state of aging and disabilities surveys are similar to themes from the 2011 and 2009 surveys, though there have been a few changes.

- **Theme 1—Medicaid managed long term services and supports (MLTSS) are accelerating.** In the 2009 survey, six states reported that they had some form of capitated Medicaid MLTSS programs operating in a portion of the state or statewide. As of April 2012, this was the case in 16 states. By 2014, 26 states are projected to have Medicaid MLTSS programs.²
- **Theme 2—Participation in Affordable Care Act (ACA) opportunities is growing.** The 2011 survey indicated that a significant number of states had limited involvement in ACA-specific efforts. In contrast, the 2012 survey reveals that more states are playing an active role in developing or operating one or more ACA opportunities, including state dual integration demonstrations, health homes for people with chronic conditions, Balancing Incentive Program, Medicaid state plan amendments under Section 1915(i), and Community First Choice Option.

¹ State of Aging: State Perspectives on State Units on Aging Policies and Practices (October 2009), NASUAD; and 2011 State of the States Survey: “NASUAD State Aging & Disability Agencies in Times of Change”

² Saucier P., Kasten, J. et al. (July 2012) The Growth of Managed Long-Term Services and Supports (MLTSS) Programs: A 2012 Update, prepared by Truven Health Analytics for the Centers for Medicaid and Medicare Services (CMS).

- **Theme 3—Limited budgets and growing demand continue to be top concerns to state aging and disability agencies.** Despite the slightly improving state-level fiscal picture, most state aging and disability agencies remain concerned about budgets and their capacity to meet the demand for services.
- **Theme 4—Agency restructuring continues around the nation.** State aging and disability agencies continue to restructure their functions and to integrate and consolidate their programs.
- **Theme 5—Loss of historical knowledge continues around the nation.** State aging and disability agencies continue to experience turnover in leadership. Since the beginning of 2010, 47 new state directors have been appointed. At the same time, these agencies have continued to lose a significant number of employees, as they have become eligible for retirement.

METHODOLOGY

While many questions from NASUAD's 2011 survey were included in the 2012 survey, the 2012 edition was more streamlined. Some questions asked in 2011 were not asked again in 2012, because the information was not likely to change. A few new disability-related questions were added to the 2012 survey.

Using a web-based survey instrument and related analytic database, NASUAD surveyed all 56 states and territories. Fifty-one state and territory member agencies responded to the 2012 survey.

Each NASUAD senior and policy staff person was assigned a group of states, organized by US Administration for Community Living regions, for response review. First, 2012 responses were compared to 2011 responses. Second, based on these reviews, NASUAD staff developed follow-up questions, and states responded to these questions either electronically or during phone interviews. Finally, state agencies conducted a review of their raw state data organized in a table format.

The report provides a comparison of 2009, 2011 and 2012 data, where possible.

THEMES EMERGING FROM 2012 SURVEY

NASUAD's 2012 State of Aging and Disabilities Survey revealed five key themes regarding the status and activities of state agencies.

Theme 1—The growth of Medicaid managed long term services and supports is accelerating.

Medicaid managed long term services and supports (MLTSS) has notable implications for state aging and disability agencies because of the important roles they play in the delivery and support of Medicaid LTSS. A majority of state agencies operate one or more Medicaid HCBS 1915(c) waivers for elders and people with disabilities; many have roles in the delivery of LTSS funded through the Medicaid state plan; and many are involved in the design and/or implementation of LTSS-related options under the Affordable Care Act (ACA). Key areas of concern to state aging and disability agencies related to MLTSS include whether or not they are included in MLTSS program development; the role that local or regional aging and disability network partners play; and overall impacts on older adults and persons with disabilities.

Information in this section is drawn from a number of sources, including NASUAD surveys, NASUAD's State Medicaid Integration Tracker³, and a nationwide scan conducted from January through June 2012 for the Centers for Medicare and Medicaid Services (CMS)⁴. This information is current as of October 2012, however, given the nature of this systems change, for a more detailed and updated breakdown, please visit our State Medicaid Integration Tracker. Tracking efforts by different organizations can yield different results. One explanation for this is that state plans and programs are changing rapidly and survey data reflects information as of a certain point in time. Also, the numerous surveys in this area ask respondents to include different information, such as the populations covered by MLTSS. For example, in NASUAD's 2012 survey, states were asked *not* to include or consider people with intellectual/developmental disabilities when responding.

³ State Medicaid Integration Tracker, National Association of States United for Aging and Disabilities: http://www.nasuad.org/medicaid_integration_tracker.html

⁴ Saucier P, Kasten, J. et al. (July 2012) The Growth of Managed Long-Term Services and Supports (MLTSS) Programs: A 2012 Update, prepared by Truven Health Analytics for the Centers for Medicare and Medicaid Services (CMS).

In 2009, six states had some form of capitated MLTSS operating in a portion of the state or statewide. In a 2011 survey, 12 states reported having operating MLTSS programs and 11 states indicated that they plan to implement MLTSS in either 2012 or 2013.⁵ In 2012, the nationwide scan conducted for CMS, indicated that 16 states (AZ, CA, DE, FL, HI, MA, MI, MN, NC, NM, NY, PA, TN, TX, WA, WI) operate 19 MLTSS programs. By 2014, 26 states are projected to have these programs.⁶

NASUAD's 2012 survey and tracking efforts⁷ indicate that one additional state is operating MLTSS (IL)⁸ and the expansion of MLTSS is under way in four states (FL, MN, NM, NY). In addition, seven states are working toward implementation of MLTSS for the first-time:

- CMS has approved applications from two states (NH, NJ).
- CMS has not yet approved applications from three states. (KS, NV, OH).⁹
- MLTSS is in earlier stages of development in two states. (CO, GA).

The role the state aging and disability agencies are playing with respect to MLTSS is evolving. In NASUAD's 2012 survey, state agencies engaged in MLTSS indicated that they participate in a variety of ways. Several reported that they have been involved throughout the process of planning, development, and implementation of the state's MLTSS model. Other roles mentioned include serving as the operating agency, outreach to stakeholders, performing functional eligibility and enrollment counseling via Aging and Disability Resource Centers, meeting regularly with the state Medicaid agency, managing nursing home diversion, providing options counseling, and involvement with the dual integration demonstration.

The NASUAD 2012 survey and tracking efforts also reveal the following information about the states engaged in MLTSS:

- States use or plan to use the following Medicaid authority or authorities to operate MLTSS. Some states are listed more than once because they have or are planning to have multiple programs.
 - Ten states—Section 1115 (AZ, DE, HI, KS, NJ, NM, NV, NY, TN, TX)
 - Six states—Sections 1915(b)+(c) (FL, IL, MI, MN, NM, WI)

⁵ Cheek, M., Roherty, M., Cho, E., Walls, J., Gifford, K., Fox-Grage, W., Ujvari, K. (February 2012) On the Verge: The Transformation of Long-Term Services and Supports, AARP Public Policy Institute, National Association of States United for Aging and Disabilities, and Health Management Associates.

⁶ Saucier P., Kasten, J. et al. (July 2012) The Growth of Managed Long-Term Services and Supports (MLTSS) Programs: A 2012 Update, prepared by Truven Health Analytics for the Centers for Medicaid and Medicare Services (CMS).

⁷ State Medicaid Integration Tracker, National Association of States United for Aging and Disabilities: http://www.nasuad.org/medicaid_integration_tracker.html

⁸ In addition, Vermont has had comprehensive, capitated LTSS for a number of years. However, this system is operated directly by the state rather than through private managed care organizations.

⁹ In Ohio, MLTSS is part of the proposed care coordination demonstration for people who are dually eligible for Medicaid and Medicare.

- Five states—Section 1915(a) (CA, NC, NY, PA, WA)
- Three states—Sections 1915(a)+(c) (FL, MA)
- One state—Section 1932(a) and 1915(c) (WI)
- Three states—undecided on implementation (CO, NH, OH)
- States operate or plan to operate their Medicaid Managed Care programs in different ways, including which services are offered and which populations are served.
 - Sixteen state agencies indicated that their states include or plan to include nursing facilities in MLTSS (AZ, CA, DE, FL, HI, IL, MA, MI, MN, NC, NH, NJ, NM, NY, TN, WI).¹⁰
 - Thirteen state agencies said their states include or plan to include assisted living facilities in MLTSS (CA, DE, FL, HI, IL, MI, MN, NC, NH, NJ, NM, TX, TN).¹¹
- States also differ in how they geographically operate their MMLTSS programs.
 - Eleven state agencies reported that their states are operating or planning to operate MLTSS statewide¹² (AZ, DE, FL, HI, MA, MN, NC, NJ, NM, NY, TN).
 - One state (NH) is likely to operate statewide and
 - One state (WI) covers 85% of the state.

¹⁰ Vermont also includes nursing facilities.

¹¹ Vermont also includes assisted living facilities.

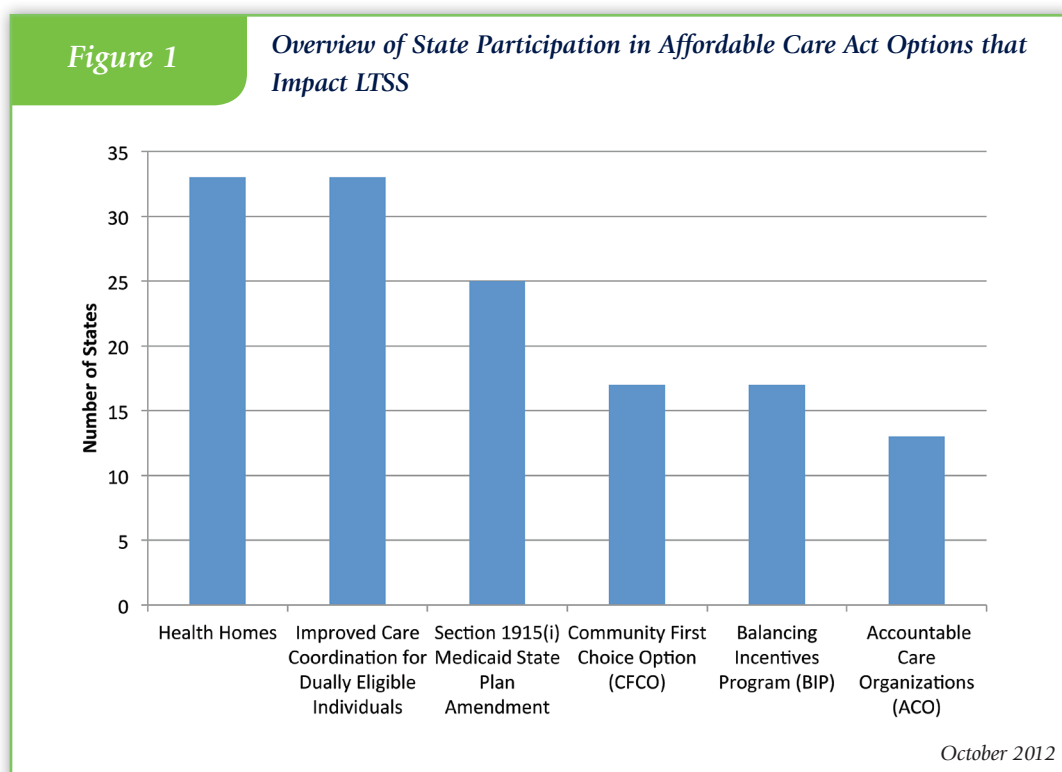
¹² Vermont, the publicly operated MLTSS program, also is statewide.

Theme 2—Participation in Affordable Care Act opportunities is growing.

The Affordable Care Act (ACA) includes several LTSS options and health care programs with implications for LTSS populations. Optional Medicaid provisions in ACA that support HCBS include health homes, improved care coordination for dually eligible individuals, Community First Choice under Section 1915(k), amendments to Section 1915(i) which further support HCBS through Medicaid state plan amendments, and the Balancing Incentive Program.

In NASUAD's 2011 survey, fewer than half the states reported that they were engaged in implementing ACA options relating to LTSS. The majority of responding states indicated that they were not currently pursuing ACA options pending Centers for Medicare and Medicaid Services (CMS) guidance and the legal actions related to the outcome of the Supreme Court decision.

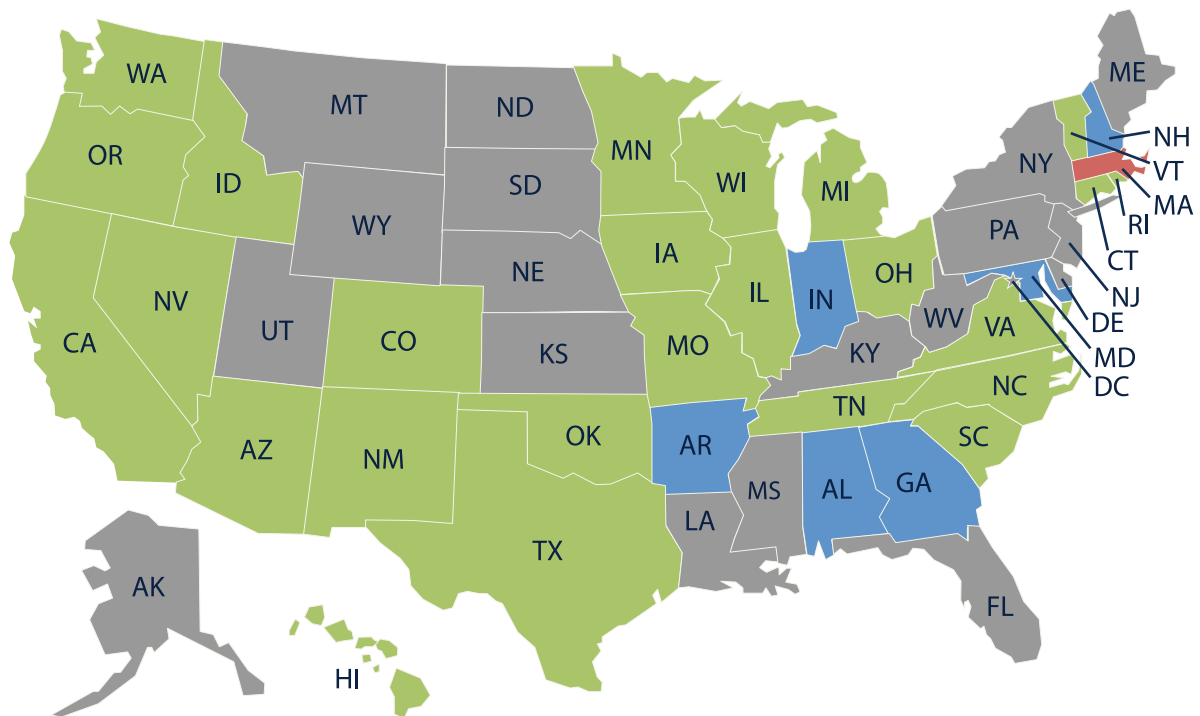
As seen in Figure 1, there is robust participation in ACA programs for LTSS populations in 2012. This information is based on both the 2012 survey and NASUAD's State Medicaid Integration Tracker.¹³ The following descriptions provide more information about the status of implementation in the states indicating that they are participating in or pursuing each of these ACA programs:



¹³ State Medicaid Integration Tracker, National Association of States United for Aging and Disabilities: http://www.nasuad.org/medicaid_integration_tracker.html

Map 1

Care Coordination for Dually Eligible Individuals



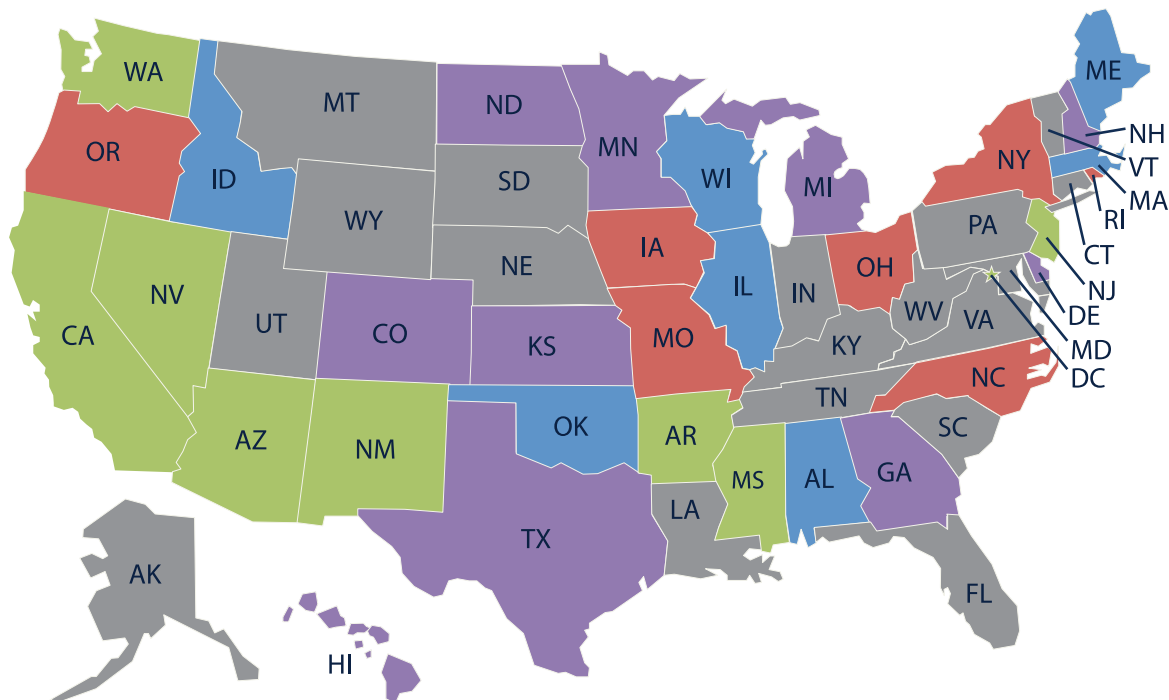
- State with CMS approval for duals care coordination demonstration (MA)
- States that have submitted proposals to CMS (AZ, CA, CO, CT, HI, ID, IL, IA, MI, MN, MO, NC, NM, NV, OH, OK, OR, RI, SC, TN, TX, VT, VA, WA, WI)
- States in conceptualization phase (AL, AR, GA, IN, MD, NH)

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- **Care coordination for dually eligible individuals**—CMS has approved the duals care coordination demonstration in one state (MA); 26 states have submitted proposals to CMS and six states are in the conceptualization phase. In the 2012 NASUAD survey:
 - Twenty-six state agencies reported that the state did not have a duals coordination program before ACA, but they are developing one now.
 - With regard to the Medicaid authority under which they are operating or plan to operate, 12 states identified Section 1115, four states said Sections 1915(b) + (c), and seven states checked “other”.
 - Three-quarters of the state agencies said they are involved in the duals care coordination demonstrations in various ways: partner/active participant in program development; participating on a stakeholder committee; serving in advisory capacity; assessing impact on current services; SHIP and ADRC initiatives coordinating closely with state Medicaid Agency; involved in selection of managed care organizations; co-facilitator/leader; and assuring support for capacity building at the state agency and area agencies on aging (AAAs).

Map 2

Health Homes for Individuals with Chronic Conditions¹⁴



- States with CMS approval (IA, MO, NC, NY, OH, OR, RI)
- States with planning grant to coordinate health homes with Medicaid managed LTSS (AR, AZ, CA, DC, MS, NJ, NM, NV, WA)
- States that have submitted proposal to CMS (AL, IL, ID, ME, MA, OK, WI)
- States in conceptualization phase (CO, DE, GA, HI, KS, MI, MN, ND, NH, TX)

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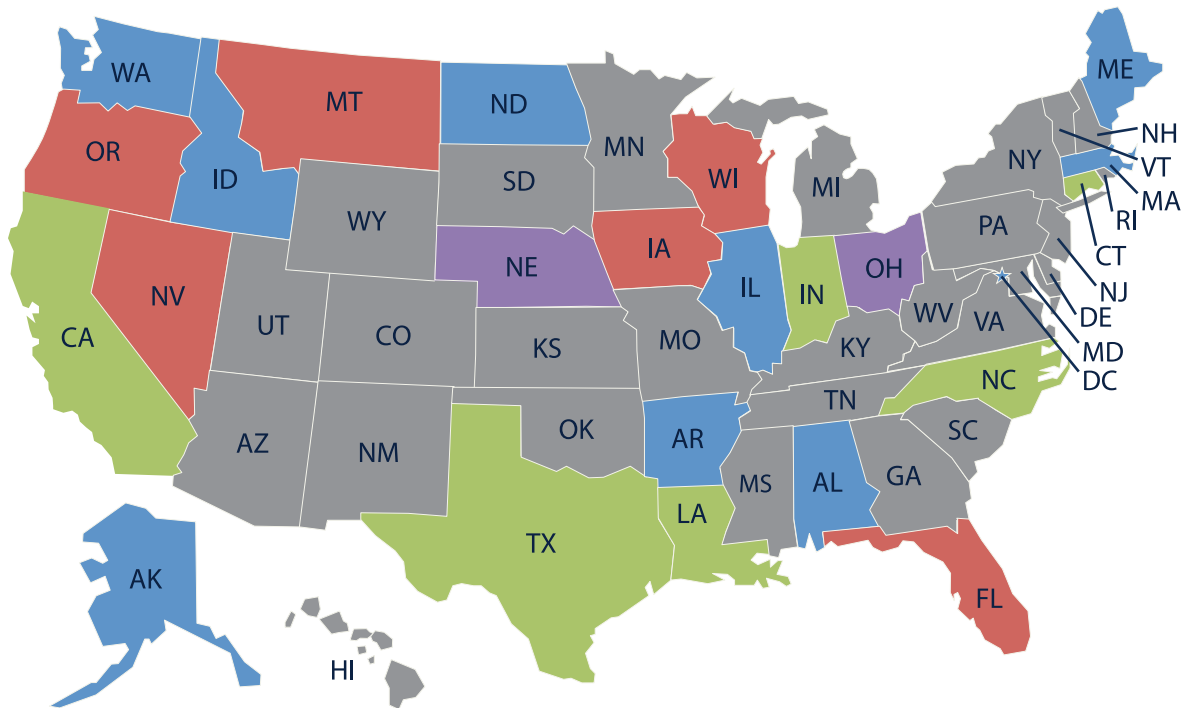
- **Health Homes for individuals with chronic conditions¹⁵**—Seven states have received CMS approval; nine states have a planning grant to coordinate health homes with Medicaid managed LTSS; seven states have submitted a proposal to CMS; and ten states are in the conceptualization phase. In response to NASUAD's 2012 survey, state aging and disability agencies described their involvement with health homes in various ways: partner or active participant in development of the program model; part of a team or stakeholder group; serving in consultant role; participant in planning meetings; and informing the process based on experience and expertise in chronic care management and chronic disease self-management programs.

¹⁴ At least five states (ID, KS, OK, MI, WA) have included health homes as part of their care coordination demonstrations for people who are dually eligible for Medicaid and Medicare. It is possible that additional states, not listed in this report, are including health homes in their dual demonstration proposals.

¹⁵ At least five states (ID, KS, OK, MI, WA) have included health homes as part of their care coordination demonstrations for people who are dually eligible for Medicaid and Medicare. It is possible that additional states are including health homes in their dual demonstration proposals.

Map 3

Section 1915(i) HCBS State Plan Amendment



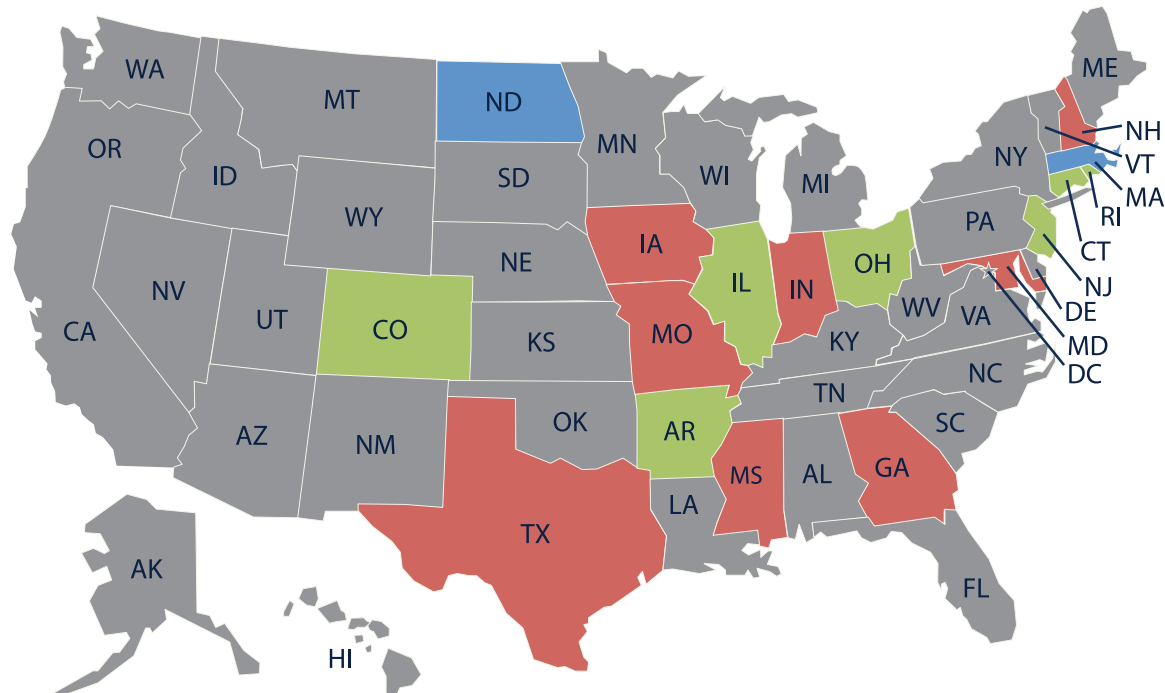
- States with CMS approval (FL, IA, MT, NV, OR, WI)
- States that have submitted proposed state plan amendments to CMS (CA, CT, IN, LA, NC, TX)
- States in conceptualization phase (AK, AL, AR, DC, IL, ID, ME, MA, ND, WA)
- States considering this option (NE, OH)

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- **Section 1915(i) HCBS State Plan Amendment**—CMS has approved Medicaid state plan amendments in six states; six states have submitted proposed state plan amendments to CMS; ten states are in the conceptualization phase; and two states are considering this option. Populations and services that are the focus of 1915(i) state plan amendments include:
 - Services for people with mental illness—ten states (AL, AR, FL, IN, IA, KY, LA, MT, OR, WI)
 - Personal care services or other HCBS for elders and adults with disabilities—five states (CT, ID, NC, OK, TX)
 - Services for people with intellectual/developmental disabilities—three states (AL, CA, ID)
 - Services provided still under consideration—two states (NE, OH)

Map 4

Balancing Incentive Program (BIP)



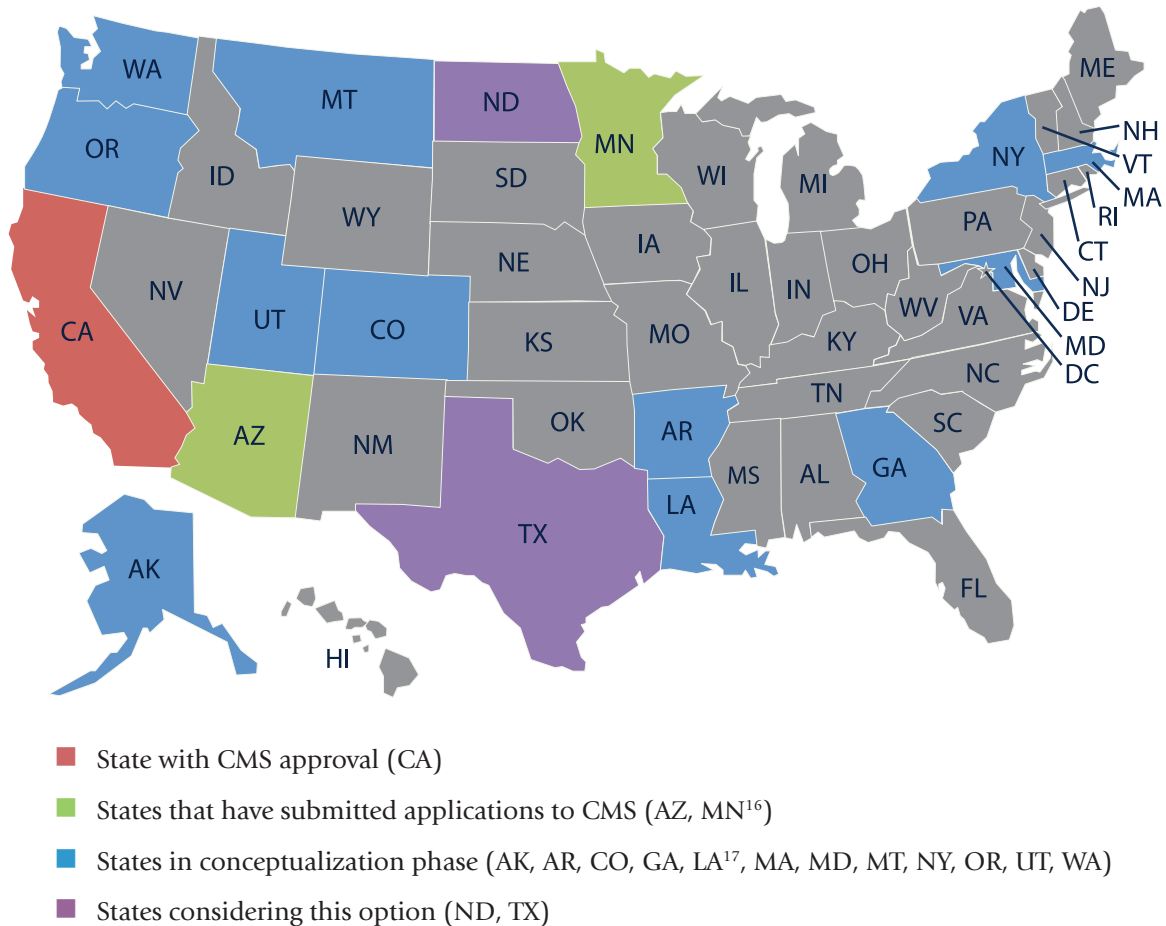
- States with CMS approval (GA, IA, IN, MD, MO, MS, NH, TX)
- States in conceptualization phase (AR, CO, CT, IL, NJ, OH, RI)
- States considering this option (MA, ND)

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- **Balancing Incentive Program (BIP)**—CMS has approved eight states for participation in BIP; seven states are in the conceptualization phase; and two states are still considering BIP. In NASUAD’s 2012 survey, state aging and disability agencies described their involvement in BIP in various ways: taking the lead; responsible for day-to-day management; involved in all aspects; serving as co-administrator; serving as part of the team; participating on a stakeholder committee; responsible for point of entry to LTSS; and assisting with proposal writing.

Map 5

Community First Choice Option (CFCO)



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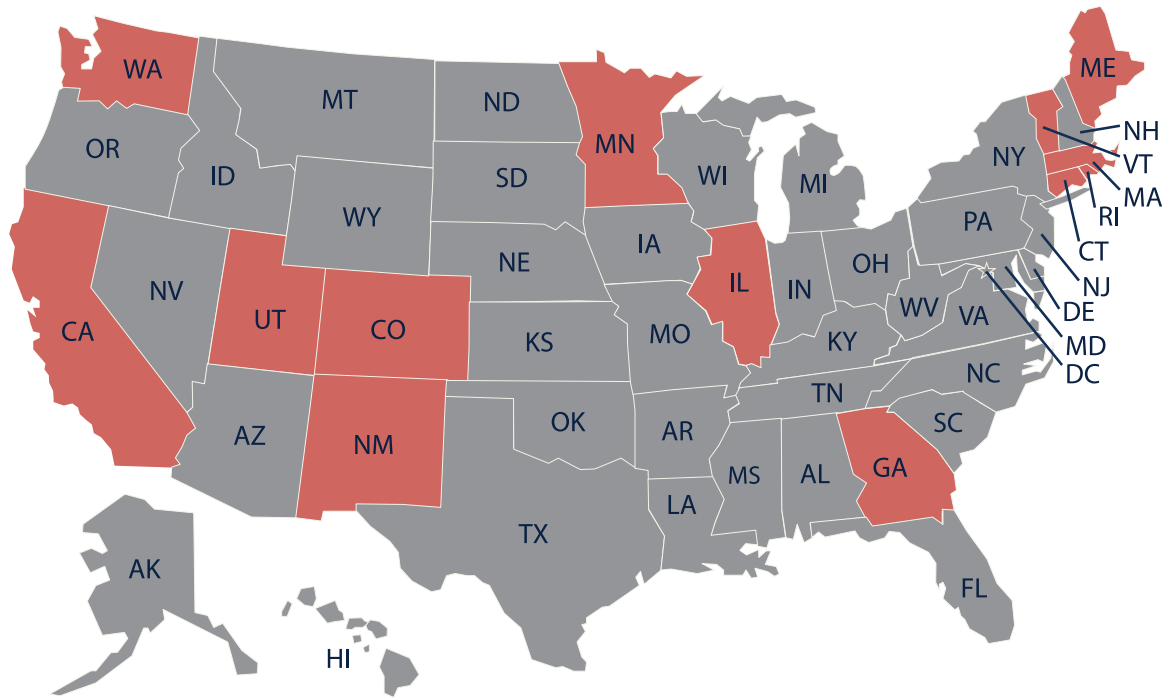
- **Community First Choice Option (CFCO)**—One state's CFCO application has been approved by CMS; one state has submitted a CFCO application to CMS; one state has proposed implementing CFCO as part of a broader Section 1115 proposal; in one state a rule regarding CFCO has been proposed; 11 states are in the conceptualization phase; and CFCO is under more preliminary discussion in two states. Three quarters of the state agencies providing information in the 2012 survey stated that they are involved in this option in various ways: taking the lead; providing oversight or guidance; participating on a stakeholder committee; serving as part of the team or as a partner; and seeking legislative direction.

¹⁶ Minnesota has proposed implementing CFCO as part of a broader Section 1115 proposal.

¹⁷ In LA, there is a proposed rule regarding CFCO.

Map 6

Accountable Care Organizations (ACOs)



■ State aging and disability agencies indicated that the state was considering or involved in the development of ACOs (CA, CO, CT, GA, IL, MA, ME, MN, NM, RI, UT, VT, WA)

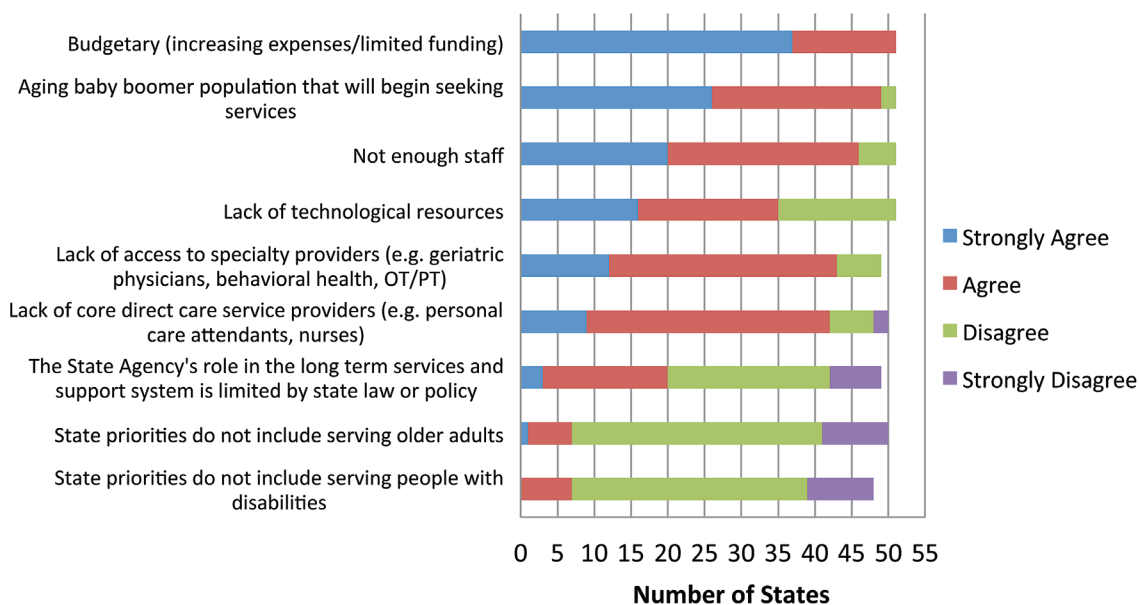
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- **Accountable Care Organizations (ACOs)**—In NASUAD's 2012 survey, 13 state aging and disability agencies indicated that the state was considering or involved in the development of ACOs. The state agencies reported that they are involved in ACOs in a variety of ways—attending planning meetings; assuring that aging network and HCBS are included in the model; and participating on advisory committees, workgroups, and stakeholder groups.

Theme 3—Limited budgets and growing demand continue to be top concerns to state aging and disability agencies.

Figure 2

Top State Agency Challenges



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In reflecting on 2009 survey results, NASUAD's 2011 survey report indicated that despite the improving financial picture in many states, the majority of state aging and disability agencies remain especially concerned about budgets and their capacity to maintain services as the numbers of older adults and persons with disabilities grow. This trend continues during 2012. As shown in Figure 2:

- Every state "strongly agreed" (72.5 percent) or "agreed" (27.5 percent) that they face budgetary challenges, defined as increasing expenses and limited funding.
- All but two states "strongly agreed" (51 percent) or "agreed" (45 percent) that a challenge they face is that the baby boomer population will begin seeking services.
- Immediately following budget concerns and increasing demand for services, are state agencies' challenges associated with insufficient state staff; lack of direct care services providers (e.g. personal care attendants and nurses); and lack of specialty providers (e.g. geriatric physicians, behavioral health providers and physical/occupational therapy.)

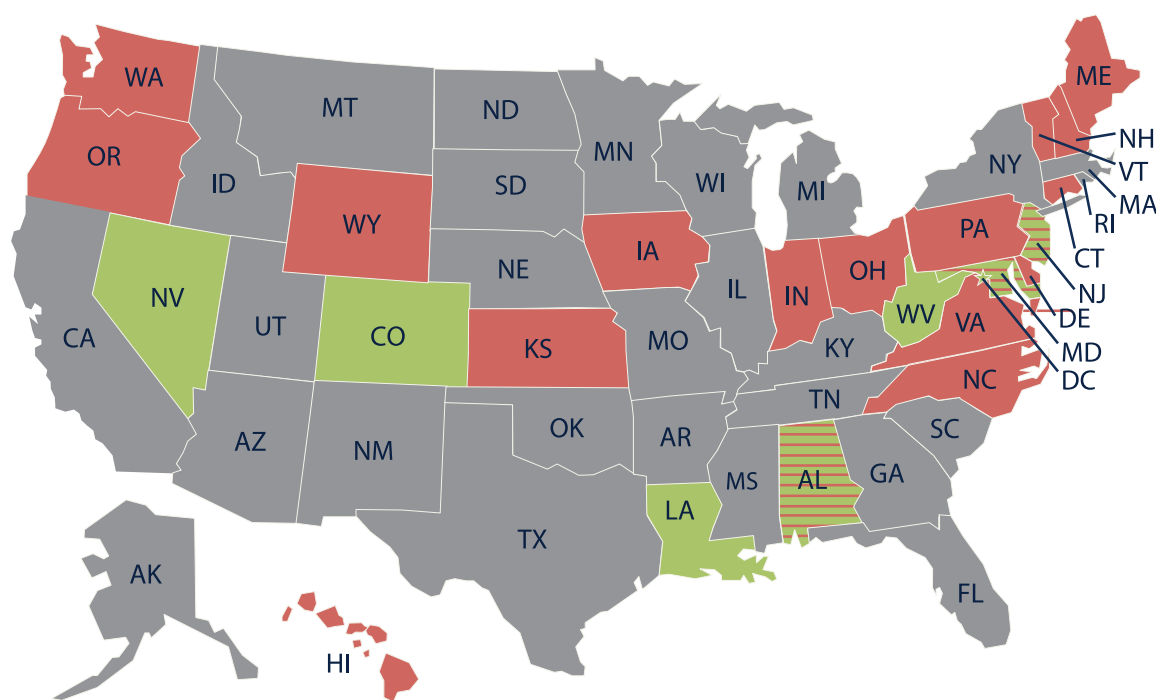
While states' concern about insufficient state staff has remained fairly level between 2011 and 2012, their concern about the lack of direct care and specialty providers has increased, especially with respect to direct care workers. In 2011, only 45 percent of states "agreed" that a lack of direct care service providers was a concern, while in 2012, 66 percent "agreed" and 18 percent "strongly agreed."

Theme 4—Agency restructuring continues around the nation.

In 2011, more than half the states reported they had restructured since 2009 or had plans to restructure. Similarly in 2012, 55 percent of the states reported that they either have been restructured since 2011 (19 states) or have plans for restructuring (eight states). Three states reported both that they have been restructured since 2011 and that there are plans for further restructuring.

Map 7

States Restructuring State Aging and Disability Agencies

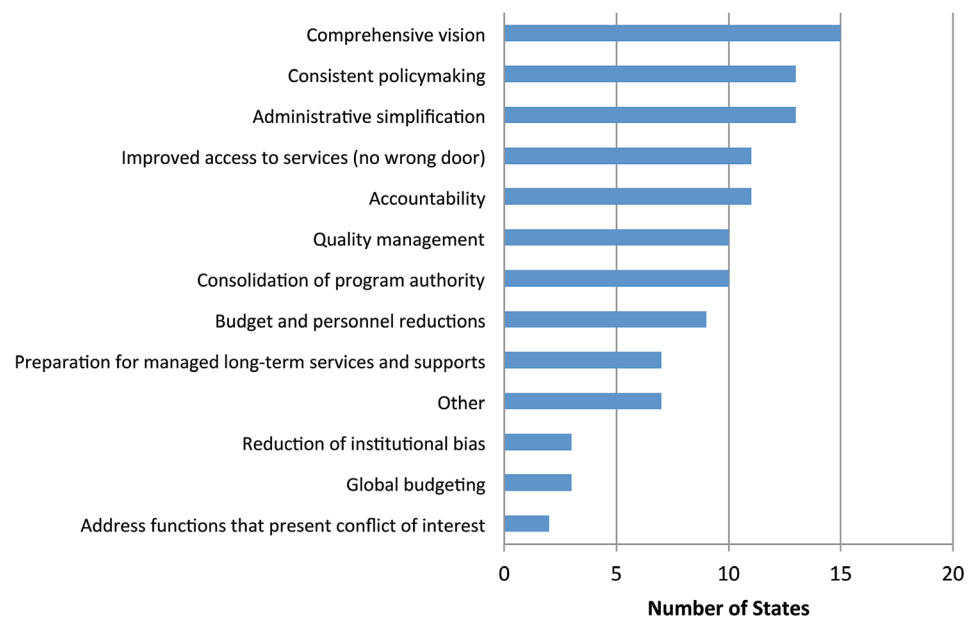


- States restructuring since 2011 (CT, DE, HI, IA, IN, KS, ME, NC, NH, OH, OR, PA, VT, VA, WA, WY)
- States with plans for restructuring (CO, DC, LA, NV, WV)
- States both restructuring since 2011 and with plans (AL, MD, NJ)

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Figure 3

Factors Driving State Agency Restructuring



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Figure 3 provides an overview of factors driving state agency restructuring, as reported by the states in 2012. The top three factors driving agency restructuring include providing a comprehensive vision; consistent policymaking; and administrative simplification. States expressed other challenges in state agency restructuring. Chief among the challenges are difficulty serving multiple populations and agency turf battles. Several states identified other challenges not listed in the survey instrument:

- Supporting staff through the restructuring process;
- Redefining staff roles;
- Working with stakeholder groups so they feel included in the restructuring process;
- Continual cuts to general fund appropriations resulting in erosion of infrastructure, fewer direct services, elimination of programs and reductions in force; and

The 2012 survey asked whether states restructured or relocated the Long Term Care Ombudsman Program since January 2011. Five states (AL, DE, IA, MD, VA) responded affirmatively. In two states the Ombudsman Program was restructured and in three states it was relocated. Reasons for these changes varied. In three states the governor or agency commissioner drove the changes, in one state the state agency took on responsibility for state operated long term care facilities, and in another state the AAAs decided they no longer wanted to host the Ombudsman Program.

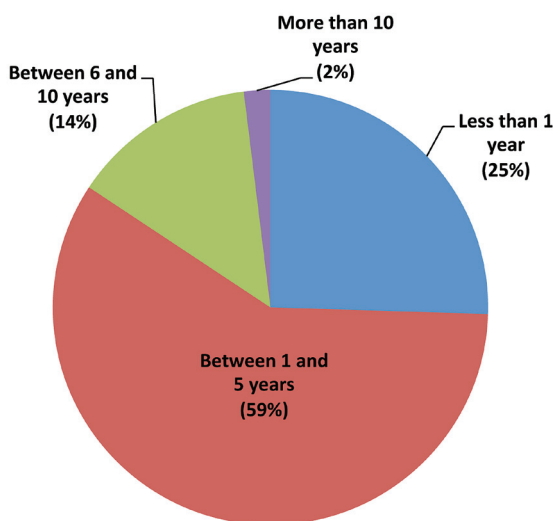
In addition to state-level restructuring, local and regional restructuring is occurring. Approximately a third of states in 2011 and 2012 indicated that some sort of regional or local restructuring effort was underway or planned. In 2012, the two top reasons reported by states for local and regional restructuring were consolidation of Medicaid HCBS operations (36 percent) and change in designated planning and service areas under the OAA (29 percent). Among other reasons states mentioned were transfer of authority for Medicaid HCBS, devolution of a state managed care system to a regional system, moving toward statewide implementation of Aging and Disability Resource Centers, and possible consolidation of local Long Term Care Ombudsman Programs.

Theme 5—The loss of historical knowledge continues around the nation.

In recent years, state aging and disability agencies have experienced a significant turnover in leadership and staff. In 2009, 55 percent of state agency directors had held their positions between one and four years and 14 percent for less than one year. In 2011, 40 percent of state agency directors had served between one and five years and 36 percent for less than one year.

Figure 4

State Agency Directors' Years of Service (2012)



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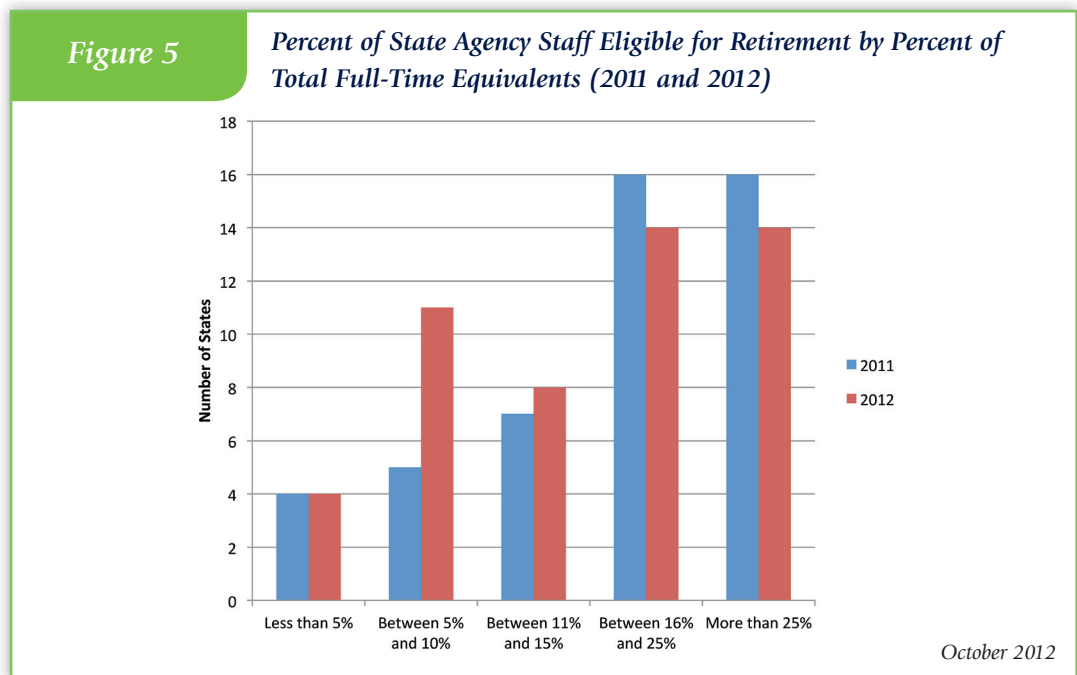
Figure 4 provides a 2012 snapshot of state agency directors' years of service. More than 80 percent of the state agency directors have been in their positions for five years or less—59 percent have served between one and five years and 25 percent for less than one year.

The size of state agencies in terms of full time equivalents (FTEs) varies widely from fewer than 10 to more than 150. However, state agency size clusters around two ranges. Approximately 33 percent of state agencies currently report between 21 and 75 FTEs, while 43 percent have 126 or more FTEs. Among the latter category, 19 states have more than 150 FTEs.

Consistent with the results of NASUAD's 2009 and 2011 surveys, the 2012 survey shows that it is still the case that the staff members in almost all state agencies have long tenures. In 48 percent of the states, the average tenure is more than ten years of service, while in 50 percent of the states it is between four and ten years.

The 2012 survey indicates that three quarters of the state agencies have experienced personnel reductions since the beginning of the economic downturn in fiscal year 2007. The rate of reductions has not accelerated since the 2009 survey. States have used three primary methods to reduce personnel—92 percent have implemented hiring freezes, 54 percent have carried out reductions-in-force, and 49 percent have instituted furloughs.

Of the states' reduction in full-time equivalents (FTEs) since fiscal year 2007, 41 percent reported a loss of ten percent or fewer FTEs, 34 percent reported a loss of 11 percent to 20 percent of their FTEs, and 25 percent reported a loss of more than 20 percent of their FTEs. Two states indicated that they have had staffing increases since 2007.



The 2012 survey reveals a modest reduction in the percentage of state staff eligible for retirement. Since many state agency employees retired prior to 2012, this is not surprising. As seen in Figure 5:

- In 2011, 16 states reported that more than 25 percent of employees were eligible for retirement, but in 2012, only 14 states reported this.
- Similarly, in 2011, 16 states indicated that 16-25 percent of employees were eligible for retirement, but in 2012 only 14 states indicated this.
- With regard to the five to ten percent range of employees eligible for retirement, 11 states reported this range in 2012, but only 6 states reported it in 2011.

State agencies struggle to find time to develop a plan for replacing the knowledge and experience of the many employees eligible for retirement. In 2012, 43 percent of states reported that they have such a plan in place.

OVERVIEW OF STATE AGING AND DISABILITY AGENCIES

State aging and disability agencies are highly individualized. Populations served, funding sources, services provided, and administrative responsibilities vary greatly from state to state.

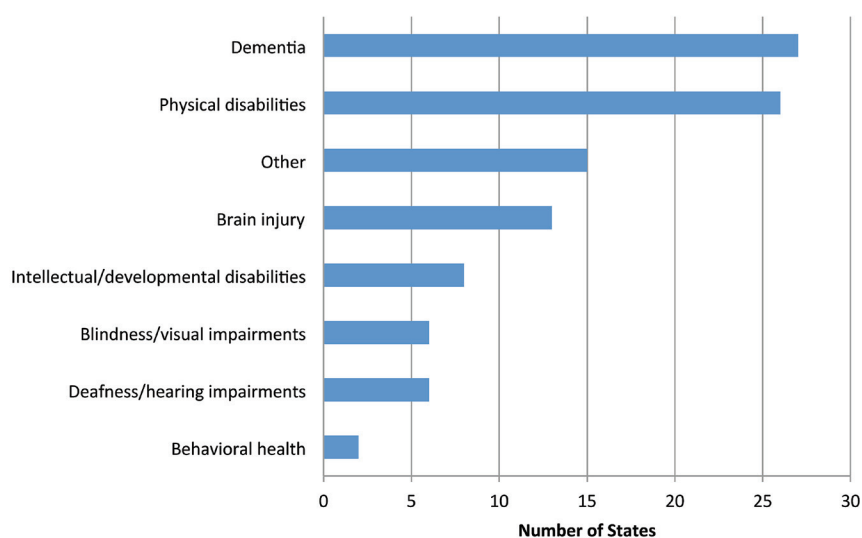
Populations Served by State Agencies

All state agencies manage programs serving older adults and most manage programs serving people with disabilities. Vehicles for supports available to people with disabilities include targeted programs and broader initiatives. An example of a targeted program is a Medicaid HCBS waiver, while an example of a broader effort is an Aging and Disability Resource Center program.

State aging and disability agencies also play purely administrative roles in programs which serve both older adults and people with disabilities. This varies by state. Examples include managing the functional assessment process for LTSS, certifying adult day programs, overseeing registration of direct care workers, and administering supplementary state payments for people in residential settings.

Figure 6

Disabilities for Which State Agencies Are Responsible

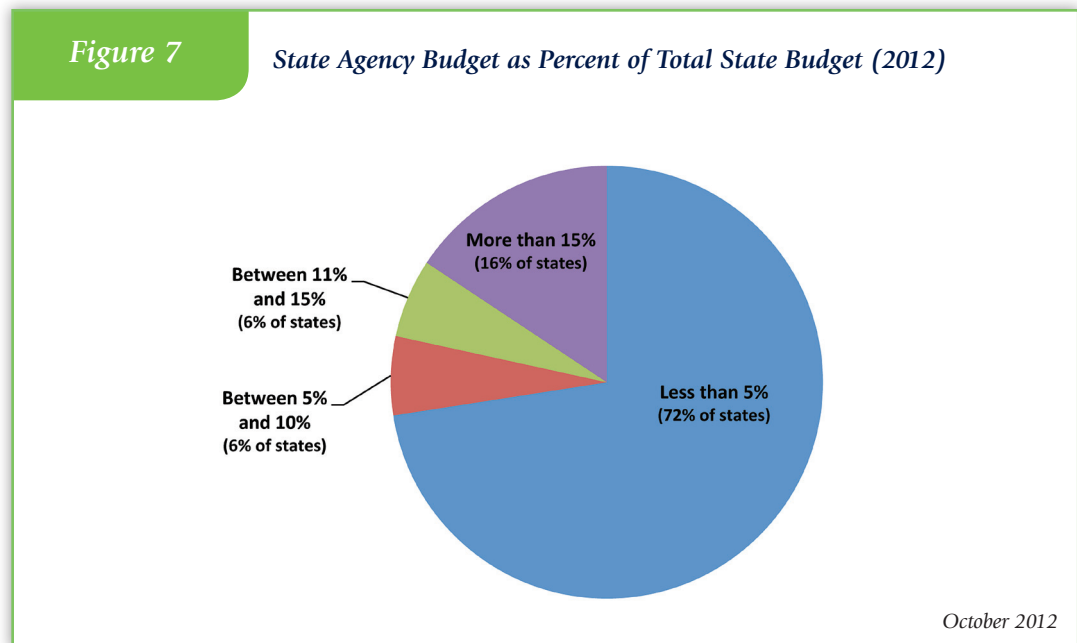


October 2012

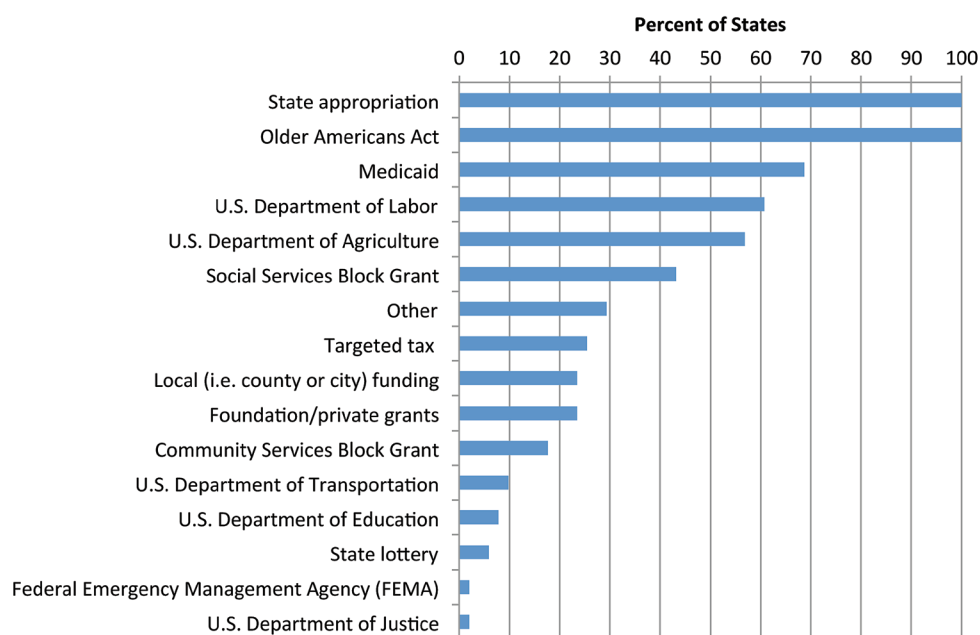
Figure 6 provides an overview of disabilities for which state agencies are responsible. More than half the states indicated that the state agency is responsible for people with cognitive impairment and people with physical disabilities, while a quarter of the states indicated that the state agency is responsible for people with brain injury. Fifteen states indicated that the state agency is responsible for “other” areas related to people with disabilities including adult protective services, guardianship, people who need respite, and advocacy services. A number of state agencies noted that they serve people with disabilities, but do not have primary responsibility for serving them.

Funding for State Agencies

In NASUAD’s 2012 survey, states reported that state agency annual budgets, including federal and state funds for all programs, range from less than \$1 million to more than \$150 million. Half the state agencies have annual budgets of more than \$100 million.



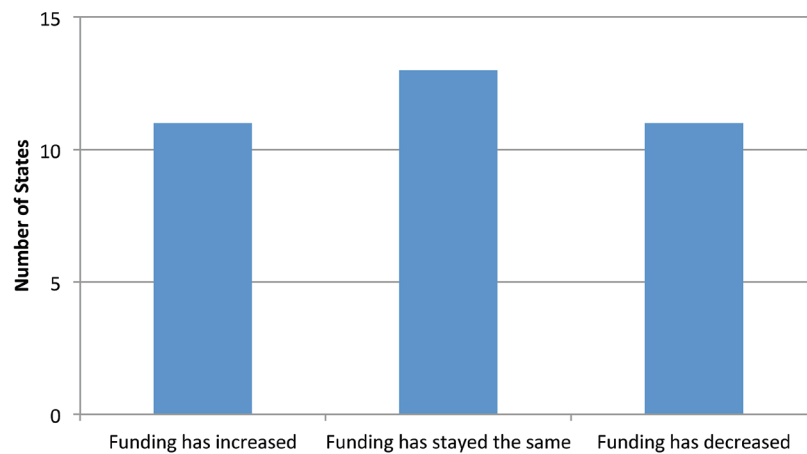
As seen in Figure 7, in 2012, 72 percent of the states indicated that their total state agency budget was less than five percent of the total FY 2012 state budget, while only 16 percent said their total state agency budget was more than 15 percent of the total FY 2012 state budget.

Figure 8***Funding Sources for State Agencies****October 2012*

As Figure 8 shows, state agencies receive funding from a wide variety of sources. Of all the funding sources, only OAA funds and state appropriations are received by every state agency. Sixty-nine percent of the states receive Medicaid funding; 61 percent receive funding from the U.S. Department of Labor, 57 percent receive funding from the U.S. Department of Agriculture, and 43 percent receive funding from the U.S. Department of Health and Human Services, Administration for Children and Families (Social Services Block Grant). [See Table 5 in the state-by-state tables at the end of this report.]

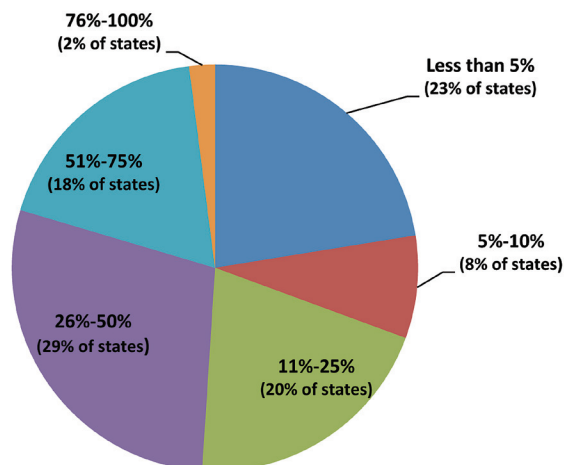
The amount of state funding state agencies received in 2012 for HCBS programs ranges from \$0.3 million to more than \$300 million. Of the more than 70 percent of state agencies that received state funding for HCBS in 2012:

- 12 states receive \$5 million or less
- 11 states receive more than \$5 million to \$20 million
- Ten states receive between more than \$20 million, including three that receive more than \$100 million

Figure 9**Changes in Funding for State-Only Funded Services Since 2011***October 2012*

The 2012 survey asked state agencies whether their funding for state-only funded services had changed since 2011. Figure 9 indicates that funding has increased in 11 states, remained the same in 13 states, and decreased in 11 states. Despite the ongoing effects of the economic downturn at the state level, it is significant that fewer than one-third of the states with state-only funded services reported funding decreases in 2012.

The Older Americans Act lays the foundation for the long term services and supports landscape. Yet OAA funding to the aging network is very modest. As seen in Figure 10, OAA funds represent 25 percent or less of the overall state agency budget in half the states.

Figure 10**OAA Funds as Percent of Total State Agency Budgets (2012)***October 2012*

Medicaid is the largest source of funding for many state aging and disability agencies. To put things in perspective, Medicaid funding for LTSS (\$105.5 billion for nursing facility care, home health and personal care in 2010) is more than 70 times greater than the amount of OAA funding (\$1.5 billion for a wide range of programs).¹⁸

In the 2012 survey, more than two-thirds of the states responded that Medicaid is part of their state agency budgets. Of the state agencies leveraging Medicaid funds, 77 percent said they are using Medicaid to fund HCBS programs and 85 percent said they are using Medicaid to cover administrative functions related to waiver or state plan operations, eligibility, enrollment, etc.

Approaches to Cost-Sharing by State Agencies

Another source of revenue for state agencies is cost-sharing by people who receive services. At present, this is a modest source of income, but given the gap between demand for services and available resources, states will consider this option. OAA allows cost-sharing within specific federal requirements and restrictions.¹⁹ For example:

- Cost-sharing is allowed in LTSS financial planning, home care, adult day services, respite care, health promotion/disease prevention programs, and transportation.
- Cost-sharing is *not* allowed for older people who are poor or for information and assistance services, short-term case management, benefits counseling, vulnerable elder rights protection, nutrition, and services delivered through tribal organizations.

Thirty-one percent of state agencies have a cost-sharing plan and an equal percent do not require any cost-sharing for OAA-funded services. Twenty-two percent of state agencies restrict AAAs from implementing cost-sharing. Reasons offered by state agencies for cost-sharing restrictions include: there is no state plan for doing this; it would need to be statewide; discussions are under way; voluntary contributions generate more income than cost-sharing would; and, given the economy, this could prove burdensome for the people served.

At the AAA level, nearly 70 percent of the states responded that “no AAAs,” and 14 percent said “some AAAs” have cost-sharing plans. The rest of the states said “all AAAs” have cost-sharing plans. The most frequently given reason for AAAs not having cost-sharing, besides it being restricted, is that there is no cost-sharing plan. Among other reasons mentioned: state policymakers decided cost-sharing is not appropriate and the administrative burden would cost more money than cost-sharing would generate. Several states indicated that they can raise more money through voluntary contributions than required cost-sharing, while several others said they are interested in developing cost-sharing.

¹⁸ Scully, D., Business Planning: Moving into the Future (June 2012). Workshop Presented at 14th Annual Healthy Communities Summit, Athens, GA.

¹⁹ Older Americans Act Cost-sharing (May 2011). National Association of States United for Aging and Disabilities.

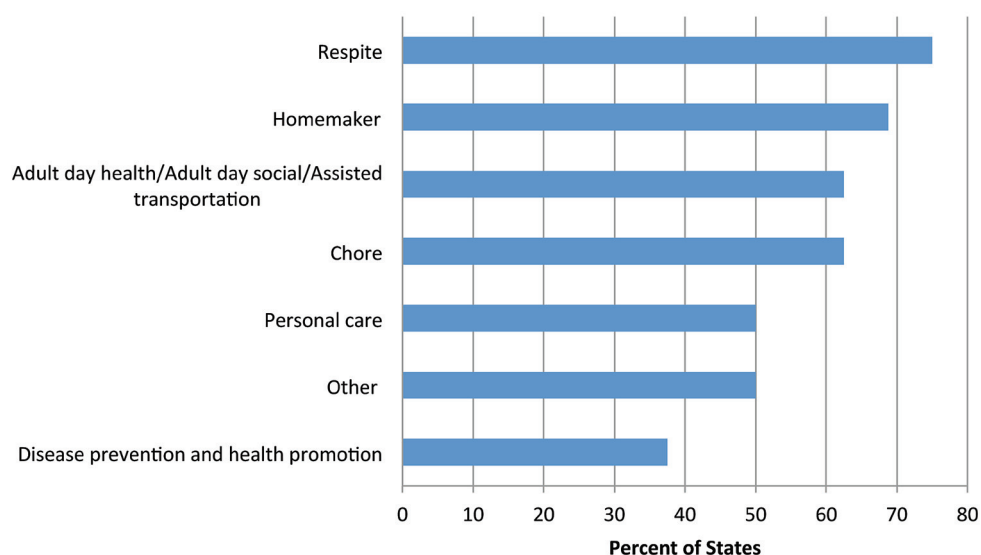
Figure 11***Percent of States Using Cost-Sharing by Type of OAA Service****October 2012*

Figure 11 shows the OAA-funded services that are subject to cost-sharing in the 16 states that use this revenue generating mechanism. These services include adult day, chore, disease prevention and health promotion, homemaker, personal care, respite, and other. When it comes to state-only funded services, more than 70 percent of state agencies that fund these services impose cost-sharing.

Services Provided by State Agencies

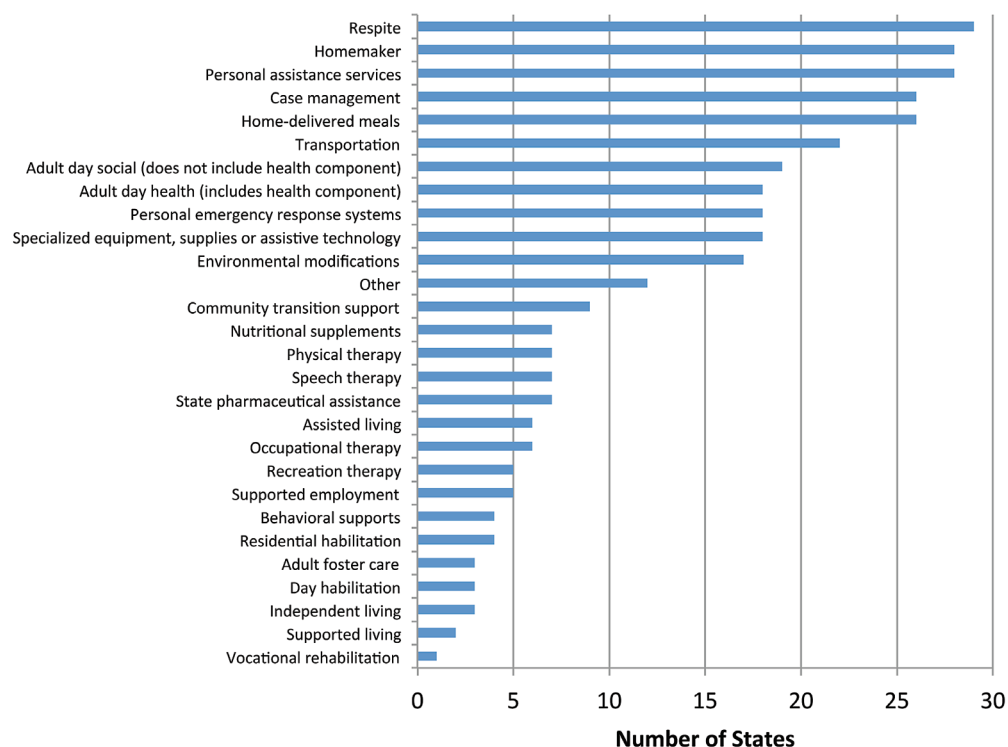
State aging and disability agencies offer a wide variety of services. All state agencies offer OAA-funded services; more than three-quarters offer state-only funded HCBS; and at least two-thirds provide Medicaid-funded HCBS.

Consistent with the variety of funding sources upon which they rely, state aging and disability agencies provide a broad range of federally-funded, non-Medicaid services. Many of these services are provided only to older adults and many are provided to both older adults and adults with disabilities. [See Table 4 in state-by-state tables at the end of this report for a detailed breakdown.]

OAA programs are the most frequently federally-funded, non-Medicaid services that state agencies provide, including legal assistance development, meals (congregate and home-delivered), Aging and Disability Resource Centers/Information and Referral, Long-Term Care Ombudsman, elder abuse prevention, disease prevention/health promotion, transportation, senior centers, homemaker/chore/personal care, family caregiver support and respite, Alzheimer's support and respite, case management, and Senior Community Service Employment Program.

Figure 12

Non-Medicaid, State-Only Funded Home and Community-Based Services Operated by State Agencies



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In addition to OAA programs, many state agencies also oversee the Senior Medicare Patrol (SMP), the State Health Insurance Assistance Program (SHIP), adult day services, adult protective services and guardianship, Veterans-Directed HCBS, the Senior Farmers' Market Nutrition Program, and others.

As displayed in Figure 12, state agencies offer a rich array of state-only funded HCBS. [See Table 6 of the state-by-state tables at the end of this report.]

- The most frequently provided services are respite (29 states); homemaker and personal assistance (28 states each); and case management and home-delivered meals (26 states each).
- Fewer than 25 but more than 15 state agencies provide transportation; adult day (social and health); personal emergency response systems; specialized equipment, supplies or assistive technology; and environmental modifications.
- At least five but fewer than ten state agencies provide community transition support, nutritional supplements, therapies (occupational, physical, speech, recreation), assisted living, pharmaceutical assistance, and supported employment.
- Fewer than five state agencies offer behavioral supports, residential habilitation, adult foster care, day habilitation, independent living, supported living, and vocational rehabilitation.

- Eleven state agencies noted “other” state-only funded programs not listed in the survey. Seven states mentioned chore services. Other services were: assisted transportation, caregiver and/or participant training, companion services, group homes, habilitation therapy, home health and home health aide services, nutrition assessment, pharmacy/ medication dispensing, services to adults not yet age 60, supported housing, room and board during evaluation or treatment, wanderer locator, and wellness and exercise.

State aging and disability agencies also offer Medicaid-financed HCBS. In NASUAD’s 2012 survey, 30 state agencies reported that they operate one or more Medicaid HCBS waivers for elders and people with disabilities.²⁰ This includes Vermont, which operates HCBS through Medicaid’s Section 1115 authority. Figure 13 describes the different types of waivers and the number of state agencies that operate each type. As was the case in 2011, the majority of waivers operated by state agencies in 2012 are targeted to elders and people with physical disabilities. [See Table 8 in the state-by-state tables at the end of this report.]

Figure 14 shows the number of state agencies providing each type of Medicaid HCBS waiver service through an agency (by staff employed by an agency) and through consumer-direction (by staff managed directly by the consumer or his/her representative). [See Table 9 in the state-by-state tables at the end of this report.]

- Case management, personal assistance services and respite services top the list of agency-directed services (21 states each). Following closely are home-delivered meals (20 states) and homemaker, personal emergency response systems, and specialized equipment and supplies (19 states each). Agency-directed services operated by fewer than 19 but more than 10 state agencies include environmental modifications (17 states); adult day health (16 states); assistive technology (15 states); adult day social (14 states); community transition support and transportation (13 states each); occupational therapy (12 states); and day habilitation (11 states).
- Personal assistance heads the list of consumer-directed services (22 states). Respite (15 states) is the next most frequently identified consumer-directed service, followed by homemaker (13 states). Case management is next (10 states) with assistive technology, environmental modifications, and transportation (8 states each) following closely.

²⁰ Most states operate Medicaid HCBS waivers under Section 1915(c) that serve elders and adults with physical disabilities, but in many states these waivers are operated by state agencies other than state aging and disability agencies, such as state Medicaid agencies.

Figure 13

Medicaid HCBS Waivers Operated by State Aging and Disability Agencies

<i>Type of Waiver</i>	<i>Number of State Agencies Operating Each Type of Waiver</i>
Elders and Adults with Disabilities	17
Elders	15
Physical Disabilities.....	12
Assisted Living	8
Intellectual/Developmental Disabilities	7
Traumatic Brain Injury	6
Alzheimer’s disease.....	3
Severe Emotional Disturbance	3
Adult Foster Care	2
Autism	2
Other	7

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Figure 14

Type of Services Provided Under Medicaid HCBS Waivers Administered by State Aging and Disability Agencies by Who Directs the Service

<i>Agency-Directed HCBS Services</i>		<i>Consumer-Directed HCBS Services</i>	
	<i># States</i>		<i># States</i>
Case Management	21	Personal Assistance Services	22
Personal Assistance Services	21	Respite	15
Respite	21	Homemaker	13
Home-delivered Meals	20	Case Management	10
Homemaker	19	Assistive Technology	8
Personal Emergency Response Systems	19	Environmental Modifications	8
Specialized Equipment and Supplies	19	Transportation	8
Environmental Modifications	17	Adult Day Health	6
Adult Day Health	16	Other HCBS Waiver Services	6
Assistive Technology	15	Personal Emergency Response Systems	5
Adult Day Social	14	Specialized Equipment and Supplies	5
Community Transition Support	13	Community Transition Support	4
Transportation	13	Home-Delivered Meals	4
Occupational Therapy	12	Adult Day Social	3
Day Habilitation	11	Day Habilitation	3
Assisted Living	10	Supported Living	3
Behavioral Supports	10	Extended State Plan: Personal Care	3
Speech Therapy	10	Extended State Plan: Nursing	3
Adult Foster Care	9	Adult Foster Care	2
Nutritional Supplements	9	Behavioral Supports	2
Physical Therapy	9	Supported Employment	2
Other HCBS Waiver Services	9	Assisted Living	1
Supported Employment	8	Nutritional Supplements	1
Residential Rehabilitation	7	Occupational Therapy	1
Supported Living	6	Physical Therapy	1
Extended State Plan: Nursing	6	Residential Habilitation	1
Extended State Plan: Home Health	4	Speech Therapy	1
Extended State Plan: Personal Care	3	Extended State Plan: Home Health	1
Recreation Therapy	3	Recreation Therapy	0

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Figure 15**Medicaid State Plan Home and Community-Based Services
Managed by State Aging and Disability Agencies**

<i>Number of State Agencies Managing the Service</i>	<i>Type of Medicaid State Plan Service</i>
9	Personal Assistance Services
7	Adult Day Health
7	Case Management
6	Assisted Living
5	Home Health
4	Adult Foster Care
4	Hospice
4	Occupational Therapy
4	Physical Therapy
4	Speech Therapy
4	Transportation
2	Adult Day Social (no health component)
2	Assistive Technology
2	Day Habilitation
2	Home-Delivered Meals
2	Homemaker
2	Respite
2	Personal Emergency Response Systems
2	Specialized Equipment and Supplies
1	Behavioral Supports
1	Community Transition Support
1	Environmental Modifications
1	Nutritional Supplements
1	Recreation Therapy
1	Residential Rehabilitation
1	Supported Employment
1	Supported Living

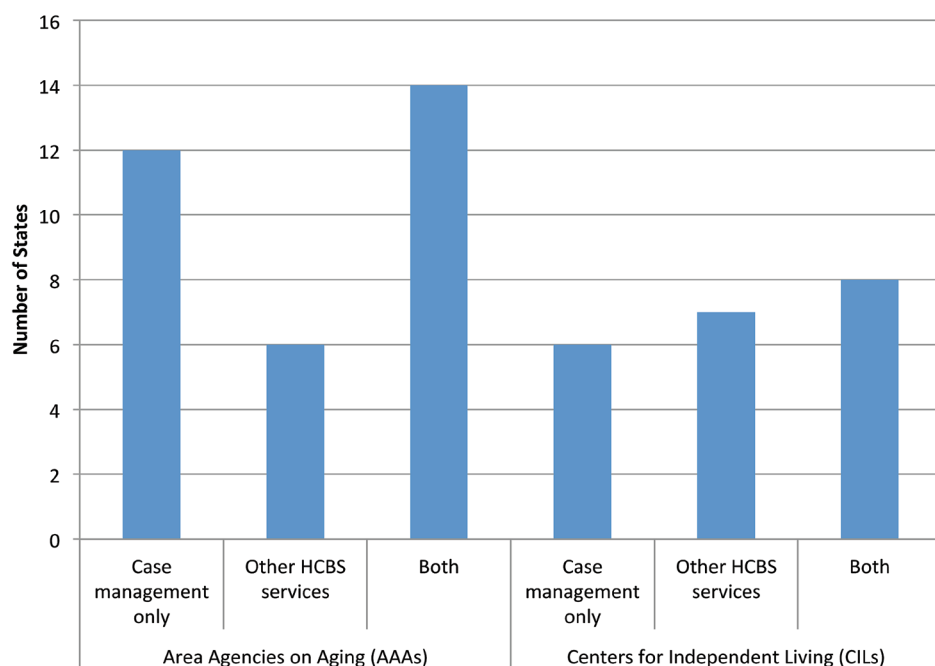
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As shown in Figure 15, several state aging and disability agencies also administer HCBS programs under the Medicaid state plan. The most frequently identified State Plan HCBS were personal assistance services and adult day services (each provided in nine states), followed by case management (provided seven states), assisted living (provided in six states), and home health (provided in five states).

NASUAD's 2012 survey asked whether area agencies on aging (AAAs) and centers for independent living (CILs) provide Medicaid-funded case management and any other Medicaid-funded HCBS. Figure 16 indicates that in a number of states AAAs and CILs provide both case management and other HCBS services. [See Table 10 in the state-by-state tables at the end of this report.]

Figure 16

Medicaid-Funded Case Management Services Provided by Area Agencies on Aging and Centers for Independent Living



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- 14 states responded that AAAs provide both case management and other HCBS, 12 said AAAs provide only case management, and 6 said AAAs provide only other HCBS.
- Eight states responded that CILs provide both case management and other HCBS, seven said CILs provide only HCBS, and six said CILs provide only case management.

Figure 17

States Offering Evidence-Based Services, by Funding Source

<i>Evidence-Based Services</i>	<i>AoA Funding*</i>	<i>Medicaid Funding</i>	<i>State Funding</i>	<i>Other Funding</i>
Chronic Disease Self-Management	39	2	8	19
Family Caregiver Support	30	1	15	6
A Matter of Balance	23	1	5	16
Transition from Institutions Programs	8	12	8	6
Healthy IDEAS or PEARLS	9	1	3	5
Enhance-Fitness	7	0	4	7
Enhance-Wellness	1	0	1	1
Other	13	3	5	8

*AoA=Administration on Aging

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States were asked whether the state aging and disability agency offers evidence-based services and the source(s) of funding for those services, if provided. Figure 17 reveals the following information. [See Table 7 in state-by-state tables at the end of this report.]

- Funding from the U.S. Administration on Aging (AoA) is used most frequently for chronic disease self-management²¹ (39 states), followed by caregiver support (30 states) and A Matter of Balance²² (23 states).
- Medicaid funding is used most frequently for transition from institutions programs (11 states).
- Family caregiver support is the program with the greatest success in securing state funding (15 states), followed by chronic disease self-management and transition from institution programs (8 states each).
- Several states have been particularly successful in accessing “other” funding, in particular for chronic disease self-management (19 states) and A Matter of Balance, a falls prevention program (16 states).
- Healthy IDEAS²³ and PEARLS²⁴ depression screening programs are funded by AoA (nine states), Medicaid (one state), by states (three states) and other sources (five states.)

Administration of State Agency Services

State aging and disability agencies are structured in a variety of ways. In more than 60 percent of the states, these agencies are part of a larger umbrella agency, while in one-third of the states they are independent agencies. The Governor appoints the director of the state aging and disability agency in 26 states, the umbrella agency head appoints the director in 15 states, and the civil service process is used to appoint the director in 6 states. [See Tables 1 and 2 in the state-by-state tables at the end of this report.]

Figure 18 depicts how aging services and disability services are administered by state agencies. More aging services are administered regionally, than on a statewide basis. In contrast, more disability services are administered on a statewide basis, than regionally. Some state agencies noted that they are responsible for the administration of both statewide services and services administered regionally.

²¹ For information about the Chronic Disease Self-Management Programs go to: <http://patienteducation.stanford.edu/programs/cdsmp.html>

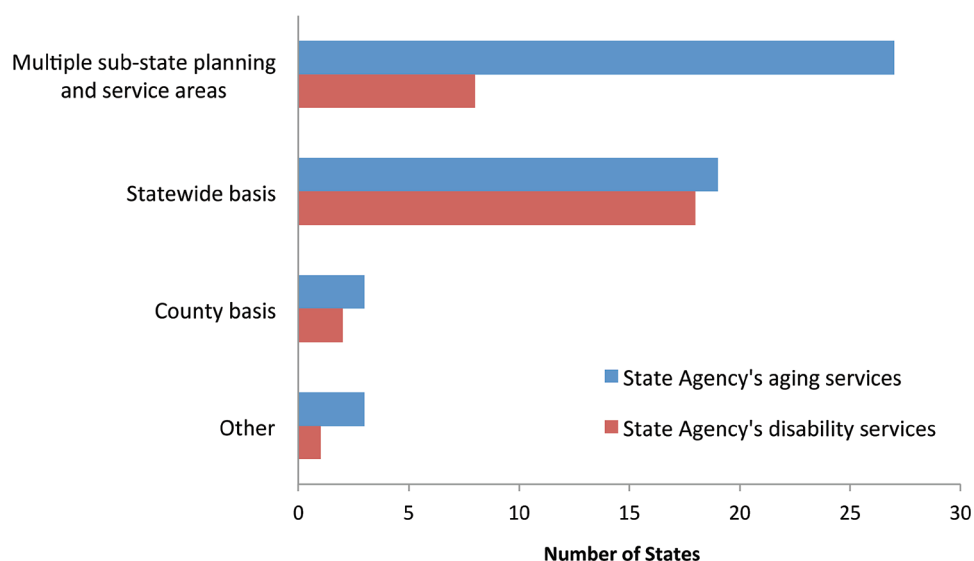
²² For information about A Matter of Balance go to: <http://www.ncoa.org/improve-health/center-for-healthy-aging/a-matter-of-balance.html>

²³ For information about Healthy Ideas go to: <http://www.ncoa.org/improve-health/center-for-healthy-aging/healthy-ideas-identifying.html>

²⁴ For information about PEARLS go to: <http://www.centeronaging.uiowa.edu/AHRQ-CollaborativeCareConference/Docs/Snowden.pdf>

Figure 18

How State Agencies Administer Aging Services and Disability Services

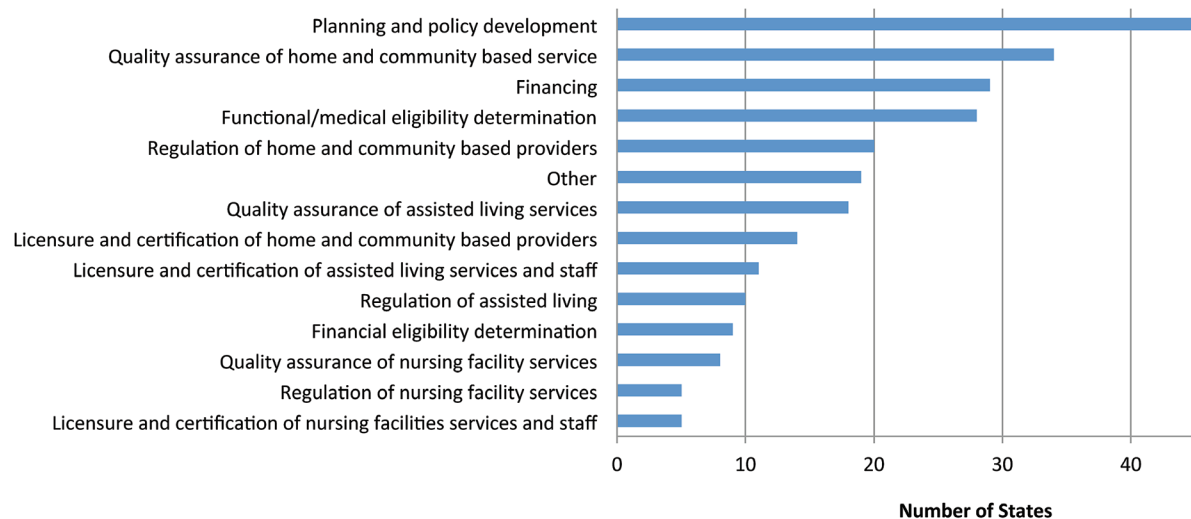


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Figure 19 examines the LTSS components for which state agencies are responsible. In NASUAD's 2012 survey, most states reported that the state agency is responsible for LTSS planning and policy development (45 states). A majority of the states indicated that the state agency is responsible for quality assurance of HCBS (34 states), LTSS financing (29 states), and LTSS functional/medical eligibility determination (27 states). Far fewer state agencies said they are responsible for the remaining LTSS components listed in Figure 19, most of which are administrative functions related to facility-based services and financial eligibility determination. [See Table 3 in the state-by-state tables at the end of this report.]

Figure 19

LTSS Components for Which State Agencies Are Responsible



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CONCLUSIONS

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

- **Growing Demand**—For years, states have anticipated an increasing number of older adults. LTSS for the older adult population is often complicated by multiple chronic conditions. Additionally, higher numbers of younger people with disabilities are requesting services and are in need of services for longer periods of time. Finally, due to the economic downturn, more people, particularly older adults, are turning to public services for assistance.
- **State Budgets**—While there are some signals that the economy is improving, years of recovery will be required to return to 2007 state budget levels. However, 2007 revenue levels and related service outlays likely will be insufficient to meet future higher levels of demand. Additionally, even in the few states with no or minimal budget pressures today, state agencies are concerned about sufficient resources to meet future need.
- **Restructuring**—In order to meet higher levels of demand and operate within their means, state agencies are reorganizing and redesigning service systems. Such changes are producing both innovations and concerns.

As states struggle with these factors, they also are faced with a number of opportunities. States' interest in Medicaid managed LTSS and a range of options under the Affordable Care Act is growing. In the midst of their rapidly changing environment, state aging and disability agencies are striving to innovate and restructure in order to meet the demand for services with lower staffing levels and lingering budget issues. State agencies have demonstrated resilience in the face of daunting challenges as they also participated in a rich array of new opportunities to improve LTSS.



STATE-BY-STATE SUMMARY TABLES

Table 1: Structure of State Agencies

	Independent Administrative Agency	Part of Umbrella Agency					Board or Commission	Other
		Human Services	Health	Medicaid	Welfare	Behavioral Health		
Alabama	✓							Cabinet level agency
Alaska		✓	✓	✓	✓	✓		
Arizona		✓						
Arkansas		✓		✓	✓	✓		
California	✓							
Colorado		✓						
Commonwealth of the Northern Mariana Islands (CNMI)		✓	✓	✓	✓			
Connecticut		✓						
Delaware		✓	✓	✓	✓	✓		Medical Examiner
District of Columbia								Cabinet level agency
Florida	✓							
Georgia		✓		✓	✓			Child Support
Hawaii			✓					
Idaho	✓							
Illinois	✓							
Indiana		✓		✓	✓			
Iowa	✓							
Kansas	✓							
Kentucky		✓	✓	✓	✓	✓		Inspector General and Ombudsman
Louisiana								Office of the Governor
Maine		✓	✓	✓	✓	✓		
Maryland	✓							
Massachusetts		✓						
Michigan	✓							
Minnesota	✓							Independent board administratively place in human services for OAA only; remainder in DHS
Mississippi		✓						
Missouri			✓					
Montana		✓	✓	✓	✓	✓		
Nebraska								
Nevada		✓	✓	✓	✓	✓		

Table 1: Structure of State Agencies (Continued)

	Independent Administrative Agency	Part of Umbrella Agency					Board or Commission	Other
		Human Services	Health	Medicaid	Welfare	Behavioral Health		
New Hampshire		✓	✓	✓	✓	✓		Developmental/ intellectual disabilities, child welfare, juvenile justice, alcohol/ substance abuse prevention, traumatic brain injury
New Jersey			✓					
New Mexico	✓							
New York	✓							
North Carolina								Health and Human Services
North Dakota		✓		✓		✓		Children and Family Services, Developmental Disabilities, Economic Assistance Policy, Mental Health & Substance Abuse Services, Vocational Rehabilitation, State Hospital, Developmental Center and Regional Human Service Centers
Ohio	✓							
Oklahoma		✓			✓			
Oregon		✓			✓			
Pennsylvania	✓							
Rhode Island		✓	✓	✓	✓	✓		
South Carolina								Lt. Governor
South Dakota				✓	✓	✓		
Tennessee							✓	
Texas	✓		✓	✓	✓	✓		
Utah		✓				✓		
Vermont		✓						
Virginia	✓							
Washington		✓		✓	✓	✓		
West Virginia	✓							
Wisconsin		✓	✓	✓		✓		
Wyoming			✓					
	17	24	15	17	17	15	1	

Table 2: Appointment of State Agency Directors

	Director Appointed By					Director Reports To			
	Governor	Umbrella Agency Head	Board or Commission	Merit Civil Service Selection	Other	Governor	Umbrella Agency Head or Deputy	Board or Commission	Other
Alabama	✓					✓			
Alaska	✓						✓		
Arizona		✓					✓		Deputy director of Program Services
Arkansas		✓							Deputy Director
California	✓						✓		
CNMI	✓						✓		
Colorado				✓			✓		
Connecticut				✓					Deputy Commissioner
Delaware	✓						✓		
District of Columbia					Appointed by the Mayor				The Deputy Mayor for Health and Human Services
Florida	✓					✓			
Georgia		✓					✓		
Hawaii	✓					✓			
Idaho	✓					✓			
Illinois	✓					✓			
Indiana		✓					✓		
Iowa	✓					✓			
Kansas	✓					✓			
Kentucky	✓						✓		
Louisiana					Recommended by Aging Board, approved by the Governor				Dual, Board and The Governor
Maine		✓							Deputy Commissioner
Maryland	✓					✓			
Massachusetts	✓						✓		
Michigan	✓					✓			
Minnesota		✓					✓		
Mississippi		✓							Deputy Administrator
Missouri		✓					✓		
Montana				✓			✓		
Nebraska									
Nevada		✓							
New Hampshire					Not specified				Associate Commissioner

Table 2: Appointment of State Agency Directors (Continued)

	Director Appointed By					Director Reports To			
	Governor	Umbrella Agency Head	Board or Commission	Merit Civil Service Selection	Other	Governor	Umbrella Agency Head or Deputy	Board or Commission	Other
New Jersey		✓							Deputy Commissioner
New Mexico	✓					✓			
New York	✓								Governors Deputy Secretary for Health and Human Services
North Carolina	✓								DHHS Deputy Secretary for Long Term Care and Family Services
North Dakota				✓					Cabinet Head to umbrella agency head
Ohio	✓					✓			
Oklahoma				✓					Chief Coordinating Officer
Oregon		✓				✓			
Pennsylvania	✓					✓			
Rhode Island	✓								Director of DHS
South Carolina					Appointed by Lt. Governor				Lt. Governor
South Dakota		✓					✓		
Tennessee	✓					✓			
Texas		✓					✓		
Utah	✓						✓		
Vermont	✓						✓		
Virginia	✓						✓		
Washington		✓					✓		
West Virginia	✓					✓			
Wisconsin				✓					Division administrator
Wyoming		✓					✓		
	26	15	0	6	4	15	20	0	16

Table 3: Components of LTSS for Which State Agency is Responsible

	<i>Planning and policy development</i>	<i>Financing</i>	<i>Regulation of nursing facility services</i>	<i>Licensure and certification of nursing facilities services and staff</i>	<i>Quality assurance of nursing facility services</i>	<i>Regulation of assisted living</i>	<i>Licensure and certification of assisted living services and staff</i>	
Alabama	✓	✓						
Alaska	✓					✓	✓	
Arizona	✓	✓						
Arkansas	✓							
California	✓	✓						
Colorado	✓	✓						
CNMI	✓	✓						
Connecticut	✓	✓						
Delaware	✓	✓						
District of Columbia	✓	✓						
Florida	✓	✓						
Georgia	✓	✓						
Hawaii	✓							
Idaho								
Illinois	✓							
Indiana	✓	✓			✓			
Iowa	✓							
Kansas	✓	✓	✓	✓	✓	✓	✓	
Kentucky	✓					✓	✓	
Louisiana	✓							
Maine	✓					✓		
Maryland	✓	✓						
Massachusetts	✓				✓	✓	✓	
Michigan	✓							
Minnesota	✓	✓						
Mississippi								

	Quality assurance of assisted living services	Regulation of home and community based providers	Licensure and certification of home and community based providers and staff	Quality assurance of home and community based service	Financial eligibility determination	Functional/medical eligibility determination	Other	Explanation on "Other"
				✓		✓		
	✓	✓	✓	✓		✓		
				✓*		✓*	✓	*For non-Medicaid HCBS via AAAs; other includes LTSS Ombudsman
			✓	✓				
		✓	✓	✓		✓	✓	Long Term Care Ombudsman services in nursing facilities and assisted living facilities
				✓				
					✓			
				✓	✓	✓		
				✓		✓		
							✓	Provision of direct home and community-based services
	✓			✓		✓	✓	Rule making authority for ALFs
	✓	✓		✓			✓	Answers check in this section are relative to Older Americans Act HCBS and to 1915c waiver services
							✓	None
		✓		✓	✓	✓	✓	Certification of state requirements.
	✓	✓		✓		✓		
	✓	✓	✓	✓		✓		
	✓	✓		✓		✓		
							✓	It is in statute that this office oversee all aging issues in the state. This does not always happen. As the State Unit on Aging, we oversee the above only with OAA funds and few state dollars for aging services.
	✓	✓		✓	✓	✓	✓	Some answers above only partially apply. See comments next to them on word document survey.
	See explanation						✓	Quality assurance for HCBS provided under Medicaid Waiver for Older Adults and providers of services financed by the agency; serve as preliminary screen for LTSS
	✓			✓	✓	✓		
				✓			✓	"STLCO Omnibusman, coordination and advocacy for LTC supports and services. Answers check in this section are relative to Older Americans Act and state-funded HCBS.
	✓			✓				

Table 3: Components of LTSS for Which State Agency is Responsible (Continued)

	<i>Planning and policy development</i>	<i>Financing</i>	<i>Regulation of nursing facility services</i>	<i>Licensure and certification of nursing facilities services and staff</i>	<i>Quality assurance of nursing facility services</i>	<i>Regulation of assisted living</i>	<i>Licensure and certification of assisted living services and staff</i>	
Missouri	✓	✓						
Montana	✓	✓						
Nebraska								
Nevada	✓							
New Hampshire	✓	✓						
New Jersey	✓							
New Mexico	✓	✓						
New York								
North Carolina	✓	✓						
North Dakota	✓	✓					✓	
Ohio	✓	✓			✓	✓	✓	
Oklahoma	✓	✓						
Oregon	✓	✓	✓	✓	✓	✓	✓	
Pennsylvania	✓	✓					✓	
Rhode Island	✓							
South Carolina	✓	✓						
South Dakota	✓							
Tennessee	✓	✓						
Texas	✓		✓	✓	✓	✓	✓	
Utah								
Vermont	✓	✓	✓	✓	✓	✓	✓	
Virginia	✓							
Washington	✓	✓	✓	✓	✓	✓	✓	
West Virginia								
Wisconsin								
Wyoming	✓	✓						
	45	29	5	5	8	10	11	

	Quality assurance of assisted living services	Regulation of home and community based providers	Licensure and certification of home and community based providers and staff	Quality assurance of home and community based service	Financial eligibility determination	Functional/medical eligibility determination	Other	Explanation on "Other"
				✓		✓		
		✓		✓				
				✓		✓		
						✓	✓	Medicaid certification of OQAs; programmatic oversight of atypical nursing facilities
		✓		✓		✓		
							✓	Ombudsman; information, referral and assistance
		✓	✓	✓			✓	Other agencies in our DHHS also have a role with some of these componets, along with DAAS.
	✓	✓	✓	✓	✓	✓	✓	OAA funds, state funds for guardianship and dementia care servicers and telecommunication devices
	✓	✓	✓	✓		✓	✓	For checked items 6, 7 & 8 above, this only applies to the Assisted Living Medicaid waiver for which operational responsibility has been delegated to ODA. For items 9, 10 and 11, this only applies to the providers participating in the PASS-PORT and Choices Medicaid waivers for which operational responsibility has been delegated to ODA. For items 13, this only applies to the ODA-operated Medicaid waivers, the PACE program and nursing facility admissions.
	✓	✓	✓	✓		✓	✓	HCBS Service Plan Authorization
	✓	✓	✓	✓	✓	✓		
	✓	✓	✓	✓		✓		
	✓			✓		✓		
				✓		✓		
	✓	✓	✓	✓		✓		
	✓	✓	✓	✓		✓		
					✓		✓	
	✓	✓		✓	✓	✓		Coordinating and advocating for aging long-term services and supports
		✓	✓	✓				
						✓	✓	
			✓	✓		✓		Participate in plannning and policy
	18	20	14	34	9	28	19	

Table 4: Federally Funded, Non-Medicaid Programs/Services Administered by State Agencies

	Adult day health (includes health component)	Adult day social (does not include health component)	Adult protective services	Aging and Disability Resource Center (ADRC)	Alzheimer's support programs	Case management	Child and Adult Care Food Program (CACFP)	Chore	Commodity Supplemental Food Program (CSFP)	Congregate meals	Disease prevention and health promotion	Disability representative payee	Elder abuse prevention	Family caregiver support	Guardianship (for adults)	Guardianship (for people with disabilities)	Home delivered meals
Alabama				B	A	B		A		A	B		A	B			A
Alaska				B	A					A	A		A	A			A
Arizona	B	B	B	B	B	B				B	B		B	B			B
Arkansas			B	B		A				B	B		A	B	B	B	B
California	A	A		A	A	A		A		A	A		A	A			A
CNMI										B			B	B	B		
Colorado	A	A	B	B	B	A		A		A	A		A	A			A
Connecticut	B			B	A	B		B	B	B	A		A	B	A		B
Delaware	B	B	B	B		B		B	A	A	A		A	A			B
District of Columbia	A	A		B	A	A		A		A	A		A	A			A
Florida	A	A	A	B	A	A	A	A		B	A		A	A			A
Georgia	A		A	A	A	A		A		A	A	A	A	A	A	A	A
Hawaii	A	A		B		A		A		A	A		A	A			A
Idaho					A	A		A	A	A	A		A	A			A
Illinois	A	A		A		A	A	A		A	A		A	A			A
Indiana	B	B	B	B	A	B	B	A		A	A	B	A	A	B	B	B
Iowa				B		A				A	A			A			A
Kansas		B		B		B		B	A	A	A		A	B			A
Kentucky	A	A		B	A	B		A		A	A	B	A	A	B	B	A
Louisiana		A	A					A		A	A		A	A	A		A
Maine			B	B	B				A	B	B	B	B	B	B	B	B
Maryland				B		A		A		A	A		A	A			A
Massachusetts			A	B	A	A		A		A	B		A	B	A		A
Michigan	A	A		A	A	A		A		A	A		A	A			A
Minnesota				A	A	A		A		A	A		A	A			A
Mississippi		A	A	A		A	A			A	A		A	A			A
Missouri			B	B	B	B		B		B	B		B	B	B	B	B
Montana		A	B	B		A		A	A	A	A		A	A			A
Nebraska																	
Nevada		A	A	B	A	B		B		A	B		A	B			A
New Hampshire	B	B		B				B		A	A		B	B	B		B
New Jersey	A	A	A	A	A	A		A		A	A		A	A	A		A
New Mexico		B	B	B	B			B		B	B		B	B			A
New York		A		B		A		A		A	A	A	A	B			A

	Homemaker	Independent living	Information and referral	Kinship care	Legal assistance development	Long Term Care Ombudsman (in-home services)	Long Term Care Ombudsman (long term care facility)	Low Income Home Energy Assistance Program (LHEAP)	Transportation	Personal care	Public guardianship	Respite	Senior centers	Senior Community Service Employment Program (SCSEP)	Senior Farmers' Market Nutrition Program (SFMNP)	Senior Medicare Patrol (SMP)	State Health Insurance Assistance Program (SHIP)	The Emergency Food Assistance Program (TEFAP)	Traumatic Brain Injury Grant Program	Veterans-Directed Home and Community Based Services	Vocational rehabilitation
	A		A	A	A		B		A	A		B	A	B		B	B				
	A		B				A		A				A			A	A				
	B	B	B	B	B		B	B	B	B		B	B	B		B	B				
	B	B	B	A	A		A	A	A	B	B	B	A	A	A	A					
	A		A		A		A		A	A		A	A	A		A	A				
			B					B	B			D	B	B							
	A		B	B	A	B	B		A	A		A	A	A	A				A		
	B	D	B	B	A		B	B	B	B		B	A	A		B	B	B		B	B
	B		B	A	A	B	B		A	B		B	A	A		A					
	A	A	A		A		B		A	A		A	A						A	A	
	A	A	B		A		A		A	A		A	A	A	A		A				
	A		A	A	A	A	A		A	A	A	A	A	A	A	A	A				
			A	A	A	B	B		A	A		A	A			A	A				
	A								A					A		A					
	A		A	A	A		A		A			A	A			A	A			A	
	B	B	B		A	B	B	B	B	B		B	A	A	A	A	A		B		B
			B		A	A	A							A							
	B	D	B			B	B	D		B		B				A	A		D		
	A	B	B	A	A		B		A	B	B	A	A	A			B		B		
	A		A		A				A	A		A	A	A							
	B		B		B	B	B		B	B	B	B	B	A	A	B	B			B	
	A		A		A		A		A	A		A	A	A	A	A	A			A	
	A		B		A		B		A	A		A		A	A	A	B			A	
	A	A	A	A	A		A		A	A		A	A	A	A	A	A			A	
	A		A	A	A	A	A		A			A				A	A			A	
	A		A		A		A		A			A	A	A		A	A				
	B		B		B		B		B	B	B	B	B	B		B	B				
	A		A		A		B		A	A		A	A		A	B	B		A	B	
	B	B	B		A		A		A			B		A	A	A	A				
	B		B		A		A		A	B		B				A	B			B	
	A		A		A				A	A	A	A	A			A				A	
	A		B	B			B	B	A			B	B	B	B	B	B				
	A		A	A	A		B	A	A	A		A	A	A	A	A	A			A	

Table 4: Federally Funded, Non-Medicaid Programs/Services Administered by State Agencies (Continued)

	Adult day health (includes health component)	Adult day social (does not include health component)	Adult protective services	Aging and Disability Resource Center (ADRC)	Alzheimer's support programs	Case management	Child and Adult Care Food Program (CACFP)	Chore	Commodity Supplemental Food Program (CSFP)	Congregate meals	Disease prevention and health promotion	Disability representative payee	Elder abuse prevention	Family caregiver support	Guardianship (for adults)	Guardianship (for people with disabilities)	Home delivered meals
North Carolina	B	B	B	B	B	B			A	B		A	B	B		B	
North Dakota			B	B	B	B		B	A	A		B	B	B		A	
Ohio	A	A		A	A	A		A	A	A		A	A			A	
Oklahoma				B	A	A		A	A	A		A	B			A	
Oregon		A	A	A		A		A	A	A		A	A	A	A	A	
Pennsylvania	A	A	A	B	A	A			A	A		A	A	A		A	
Rhode Island	A		A	A		A		A	A	A		A	A			A	
South Carolina	A	A		B	A			A	A	A		B	B			A	
South Dakota		B	B	B		B			B	B		B	B	B	B	B	
Tennessee				B	A	B		A	A	A		A	A	A		B	
Texas	B			B		B		B	B	A		A	A	B	B	B	
Utah			A	A	A	A			A	A		A	A			A	
Vermont		A	B	B	B	A		A	A	B	D	A	A	A	D	A	
Virginia	A	A	B	A	A	A		A	A	A		A	A	A	A	A	
Washington	A	A	B	B	A	A	B	A	A	A	B	B	B	B		B	
West Virginia	A	A		A	A			A	A	A		A	A			A	
Wisconsin	A	A	B	B	A			A	A	B		A	A	A		A	
Wyoming	B	B		B		B		B	B	B		B	B			B	
A = Aging	18	23	11	13	25	27	3	29	7	40	37	2	39	31	11	3	36
D = Disability	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	
B = Both	8	9	16	35	8	15	2	10	1	11	13	4	11	20	12	7	14

	Homemaker	Independent living	Information and referral	Kinship care	Legal assistance development	Long Term Care Ombudsman (in-home services)	Long Term Care Ombudsman (long term care facility)	Low Income Home Energy Assistance Program (LIHEAP)	Transportation	Personal care	Public guardianship	Respite	Senior centers	Senior Community Service Employment Program (SCSEP)	Senior Farmers' Market Nutrition Program (SFMNP)	Senior Medicare Patrol (SMP)	State Health Insurance Assistance Program (SHIP)	The Emergency Food Assistance Program (TEFAP)	Traumatic Brain Injury Grant Program	Veterans-Directed Home and Community Based Services	Vocational rehabilitation
	B		B	A	A		B		B	B	B	B	A	A	A						
	B		B		A		B		B	B		B		A							
	A		A		A	B	B		A	A	A	A	A	A	A					B	
	A		B		A		B		A	A	A	A	A		A						
	A		A		A		A		A	A	A	A	A	A	A					A	
	A	A	A	A	A		B		A	B	A	B	A	A		A	A		B	A	
	A		A		A	A	A			A		A	A			A	A				
	A	A	B	B	B		B		A	A		A		A		A	A			B	
	B		B		A		B		B	B		B				A					
	B		B		A		A		A	B	A					B		B			
	B	B	B	A	A		A		A			B	A			A				A	
	A		A		A		A		A	A		A	A	A		A	A				
	A		B	A	A	A	A			B	B	A		A	A	A	B		B	B	B
	A		A	A	A	A	A		A	A	A	A	A	A	A		A				
	A		A	B	A		B	B	A	B		A	A	A	A		B	B	B	B	D
	A		A	A	A	A	A	A	A	A		A	A	A	A		A				
	A	B	B		A	A	A		A			A	A	A	A	B				B	
	B		B	B	B	B	B		B	B		B	B								
	32	5	22	16	41	8	22	3	37	22	8	27	33	31	21	26	23	0	2	11	1
	0	2	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	1	0	0	1
	16	7	28	7	5	8	25	6	10	18	6	18	6	5	1	7	14	2	6	9	3

Table 5: Sources of Funding for State Agencies

	<i>State appropriation</i>	<i>Local (i.e. county or city) funding</i>	<i>Targeted tax</i>	<i>State lottery</i>	<i>Foundation/private grants</i>	<i>Older Americans Act</i>	<i>Medicaid</i>	
Alabama	✓		✓			✓	✓	
Alaska	✓					✓	✓	
Arizona	✓	✓	✓	✓	✓	✓		
Arkansas	✓		✓			✓	✓	
California	✓					✓	✓	
Colorado	✓	✓	✓		✓	✓		
CNMI	✓					✓		
Connecticut	✓					✓	✓	
Delaware	✓					✓		
District of Columbia	✓	✓				✓		
Florida	✓					✓	✓	
Georgia	✓		✓		✓	✓	✓	
Hawaii	✓				✓	✓		
Idaho	✓					✓		
Illinois	✓					✓		
Indiana	✓					✓	✓	
Iowa	✓					✓		
Kansas	✓					✓	✓	
Kentucky	✓		✓			✓	✓	
Louisiana	✓					✓		
Maine	✓				✓	✓		
Maryland	✓					✓	✓	
Massachusetts	✓					✓	✓	
Michigan	✓		✓		✓	✓		
Minnesota	✓					✓	✓	
Mississippi	✓					✓		
Missouri	✓					✓	✓	
Montana	✓					✓	✓	
Nebraska								
Nevada	✓					✓	✓	
New Hampshire	✓	✓	✓			✓	✓	
New Jersey	✓	✓	✓			✓	✓	
New Mexico	✓					✓	✓	
New York	✓	✓			✓	✓	✓	
North Carolina	✓	✓			✓	✓	✓	
North Dakota	✓	✓	✓			✓	✓	
Ohio	✓					✓	✓	
Oklahoma	✓				✓	✓	✓	

	Community Services Block Grant	Social Services Block Grant	Federal Emergency Management Agency (FEMA)	U.S. Department of Agriculture	U.S. Department of Education	U.S. Department of Justice	U.S. Department of Labor	U.S. Department of Transportation	Other
							✓	✓	
	✓	✓		✓			✓		
		✓		✓		✓	✓		✓
							✓		✓
	✓	✓		✓					
	✓	✓	✓				✓		
	✓	✓		✓	✓		✓	✓	
		✓					✓		
				✓					✓
	✓			✓			✓		
	✓	✓					✓		
									✓
							✓		
				✓			✓		
		✓		✓			✓		
									✓
		✓		✓					
				✓			✓		
	✓	✓		✓			✓		
				✓			✓		
				✓			✓		
									✓
				✓					
		✓					✓		✓
		✓					✓		✓
				✓					
					✓		✓		
		✓							✓
		✓		✓			✓		
		✓		✓			✓		
		✓		✓				✓	✓
				✓			✓		
				✓			✓		✓
				✓				✓	✓

Table 5: Sources of Funding for State Agencies (Continued)

	<i>State appropriation</i>	<i>Local (i.e. county or city) funding</i>	<i>Targeted tax</i>	<i>State lottery</i>	<i>Foundation/private grants</i>	<i>Older Americans Act</i>	<i>Medicaid</i>	
Oregon	✓	✓	✓			✓	✓	
Pennsylvania	✓		✓	✓		✓	✓	
Rhode Island	✓					✓	✓	
South Carolina	✓		✓			✓		
South Dakota	✓					✓	✓	
Tennessee	✓					✓		
Texas	✓	✓				✓	✓	
Utah	✓				✓	✓	✓	
Vermont	✓	✓				✓	✓	
Virginia	✓					✓	✓	
Washington	✓	✓			✓	✓	✓	
West Virginia	✓			✓	✓	✓	✓	
Wisconsin	✓					✓	✓	
Wyoming	✓					✓		
	51	12	13	3	12	51	35	

	Community Services Block Grant	Social Services Block Grant	Federal Emergency Management Agency (FEMA)	U.S. Department of Agriculture	U.S. Department of Education	U.S. Department of Justice	U.S. Department of Labor	U.S. Department of Transportation	Other
							✓		
	✓						✓		
				✓					✓
	✓			✓			✓	✓	
		✓		✓					✓
									✓
		✓							
		✓					✓		
		✓		✓	✓		✓		
				✓			✓		
				✓			✓		
				✓			✓		
		✓		✓	✓		✓		
	9	22	1	29	4	1	31	5	15

Table 6: Non-Medicaid, State-Only Funded HCBS Administered by State Agencies

	Adult day health (includes health component)	Adult day social (does not include health component)	Adult foster care	Assisted living	Behavioral supports	Case management	Community transition support	Day habilitation	Environmental modifications	Home-delivered meals	Homemaker	Independent living	Nutritional supplements	Occupational therapy	Personal assistance services	Personal emergency response systems
Alabama									✓							
Alaska		✓			✓	✓	✓									
Arizona	✓				✓				✓	✓	✓			✓		
Arkansas																
California																
Colorado																
CNMI																
Connecticut	✓		✓		✓			✓	✓	✓			✓	✓	✓	
Delaware						✓		✓						✓		
District of Columbia						✓										
Florida	✓	✓			✓			✓	✓	✓			✓	✓	✓	
Georgia																
Hawaii	✓				✓				✓	✓				✓		
Idaho																
Illinois																
Indiana	✓	✓		✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Iowa																
Kansas					✓					✓				✓	✓	
Kentucky					✓				✓	✓				✓		
Louisiana									✓	✓						
Maine	✓	✓	✓					✓	✓	✓			✓	✓	✓	
Maryland	✓	✓	✓		✓				✓	✓		✓		✓	✓	
Massachusetts				✓	✓	✓		✓	✓	✓			✓	✓	✓	
Michigan		✓			✓			✓	✓	✓				✓	✓	
Minnesota	✓	✓			✓	✓		✓	✓	✓					✓	
Mississippi																

	Physical therapy	Recreation therapy	Residential habilitation	Respite	Specialized equipment, supplies or assistive technology	Speech therapy	State pharmaceutical assistance	Supported employment	Supported living	Transportation	Vocational rehabilitation	Other	Explanation on "Other"
						✓							
			✓	✓			✓		✓		✓		Chore, Group Home, Supported living, ADRD Education. Senior residential housing (rural)
				✓	✓		✓		✓				
				✓	✓	✓			✓				
				✓							✓		Wellness and Exercise
	✓	✓		✓	✓	✓			✓				
											✓		Chore and Assisted Transportation
	✓	✓	✓	✓	✓	✓		✓	✓				
							✓		✓				
	✓			✓		✓	✓		✓				
				✓	✓								Maryland has a State-funded program called Senior Care which may cover the cost of almost any service that is needed to divert someone from LTC placement. The services checked here are generally services which may be paid for with Senior Care funds, not stand-alone categorical services.
	✓	✓		✓	✓	✓	✓		✓	✓		✓	Habilitation Therapy, Wanderer Locator, Chore, Laundry, Food Shopping/Delivery, Nutrition Assessment, Skilled Nursing, Medicine Dispensing System
				✓	✓				✓	✓	✓	✓	Chore
				✓	✓				✓			✓	Caregiver training, education; home health; companion services; chore;

Table 6: Non-Medicaid, State-Only Funded HCBS Administered by State Agencies (Continued)

	<i>Adult day health (includes health component)</i>	<i>Adult day social (does not include health component)</i>	<i>Adult foster care</i>	<i>Assisted living</i>	<i>Behavioral supports</i>	<i>Case management</i>	<i>Community transition support</i>	<i>Day habilitation</i>	<i>Environmental modifications</i>	<i>Home-delivered meals</i>	<i>Homemaker</i>	<i>Independent living</i>	<i>Nutritional supplements</i>	<i>Occupational therapy</i>	<i>Personal assistance services</i>	<i>Personal emergency response systems</i>
Missouri	✓				✓					✓				✓		
Montana																
Nevada		✓		✓	✓					✓				✓	✓	
New Hampshire																
New Jersey	✓	✓			✓	✓		✓	✓			✓		✓	✓	
New Mexico																
New York		✓			✓			✓	✓	✓		✓		✓	✓	
North Carolina	✓	✓	✓						✓	✓				✓		
North Dakota		✓	✓		✓			✓	✓	✓				✓	✓	
Ohio	✓	✓	✓		✓			✓	✓	✓		✓		✓	✓	
Oklahoma	✓															
Oregon		✓			✓				✓	✓				✓		
Pennsylvania	✓	✓	✓		✓	✓		✓	✓	✓			✓	✓	✓	
Rhode Island					✓											
South Carolina		✓						✓	✓	✓				✓	✓	
South Dakota		✓	✓	✓												
Tennessee					✓				✓	✓				✓		
Texas								✓		✓	✓			✓		
Utah					✓			✓	✓	✓				✓		
Vermont	✓								✓					✓		
Virginia	✓				✓						✓					
Washington	✓	✓		✓	✓	✓	✓	✓	✓	✓		✓		✓	✓	
West Virginia		✓							✓	✓		✓				
Wisconsin																
Wyoming	✓				✓					✓				✓	✓	
	18	19	3	6	4	26	9	3	17	26	28	3	7	6	28	18

	Physical therapy	Recreation therapy	Residential habilitation	Respite	Specialized equipment, supplies or assistive technology	Speech therapy	State pharmaceutical assistance	Supported employment	Supported living	Transportation	Vocational rehabilitation	Other	Explanation on "Other"
				✓									
				✓	✓				✓		✓		Chore services such as clean-outs, attendant care, caregiver/participant training.
											✓		Could be Institutional Transition Advocacy
				✓	✓				✓		✓		NORCs
				✓					✓				
				✓	✓		✓		✓				
				✓	✓				✓				
				✓									
				✓									
	✓	✓		✓	✓	✓	✓		✓				
				✓			✓						
			✓	✓	✓				✓		✓		Services to older adults not yet 60 but in need of OAA services
	✓	✓	✓	✓	✓	✓			✓		✓		Home health services; Home health aides; chore services, medical services; surgical, therapeutic, diagnostic and other health services; room and board during evaluation or treatment.
				✓	✓				✓				
				✓									
				✓					✓		✓		Pharmacy Connect, companion care, senior centers
	✓			✓	✓		✓	✓	✓				
				✓					✓				
				✓	✓								
7	5	4	29	18	7	7	5	2	22	1	12		

Table 7: Types of Evidence-Based Programs Operated by State Agencies and Funding Sources

<i>AoA = Administration on Aging</i> <i>M = Medicaid</i> <i>S = State</i> <i>O = Other</i>	Active Choices	A Matter of Balance	Caregiver Support Programs	Chronic Disease Self-Management	Enhance-Fitness	Enhance-Wellness	Healthy IDEAS or PEARLS	Prevention and Managements of Alcohol Problems in Older Adults	Transition from Institutions Programs	Other Programs
Alabama		AoA/O	AoA/O	AoA/O						
Alaska		AoA	AoA	AoA						
Arizona		AoA	AoA	AoA	AoA				AoA	
Arkansas		AoA		OAA						AoA
California		AoA	AoA	AoA/O						
CNMI			AoA/S							
Colorado		AoA/S/O	AoA/S/O	AoA/S/O					AoA/O	
Connecticut				OAA						AoA/S
Delaware		AoA/O	AoA	AoA/O					S	AoA
District of Columbia			AoA/S	O	AoA/S	AoA/S			S	O
Florida		AoA		AoA	O	O	AoA		O	AoA
Georgia		O	AoA	AoA					M	AoA
Hawaii				AoA/S/O	AoA/S/O					AoA/S/O
Idaho			O	M						
Illinois		AoA		AoA			AoA/S		M	
Indiana			AoA	AoA					AoA/M	
Iowa										
Kansas				AoA/S/O	O					
Kentucky		AoA/S		AoA/S/O						
Louisiana		O		AoA						
Maine		O	AoA/S	AoA					S/O	
Maryland		AoA/O		AoA/O	AoA/O				AoA/M	AoA/O
Massachusetts		AoA/O	AoA/O	AoA/O			AoA/O		M/S/O	O
Michigan		AoA	AoA	AoA						
Minnesota		AoA	AoA/S	AoA			S		AoA/M/S	
Mississippi			AoA	AoA						
Missouri										
Montana										
Nevada				AoA						
New Hampshire			AoA	AoA/O				AoA	M	
New Jersey		AoA	AoA/S	AoA			AoA		AoA/M/S	AoA/M/S
New Mexico		S/O	AoA/S/O	S/O	S/O				M/S	S/O
New York		AoA/S	AoA/S	AoA/S			AoA/S			
North Carolina		AoA/O	AoA/O	AoA/O			AoA/O		O	
North Dakota										AoA
Ohio		AoA/O	AoA/S	AoA/O			AoA/M/O		AoA	AoA/M/O

Table 7: Types of Evidence-Based Programs Operated by State Agencies and Funding Sources (Continued)

<i>AoA = Administration on Aging M = Medicaid S = State O = Other</i>	<i>Active Choices</i>	<i>A Matter of Balance</i>	<i>Caregiver Support Programs</i>	<i>Chronic Disease Self-Management</i>	<i>Enhance-Fitness</i>	<i>Enhance-Wellness</i>	<i>Healthy IDEAS or PEARLS</i>	<i>Prevention and Managements of Alcohol Problems in Older Adults</i>	<i>Transition from Institutions Programs</i>	<i>Other Programs</i>
Oklahoma		AoA/S/O	AoA/S	AoA/S/O	S/O					
Oregon		AoA	AoA	AoA	AoA				AoA	
Pennsylvania			AoA/S	AoA/S					M/S	S
Rhode Island		O	AoA	AoA					M	
South Carolina		O		AoA/O						AoA/O
South Dakota				AoA						
Tennessee				AoA						
Texas		O		AoA	AoA				O	AoA
Utah			AoA/S	AoA						
Vermont		AoA/M	AoA/M	AoA/M			AoA			
Virginia				AoA						
Washington			AoA/S	AoA/M O	O		AoA/O		M/S	
West Virginia		AoA	AoA/S	O	AoA					
Wisconsin		AoA/O	AoA/S	AoA/O			O		O	AoA/M/O
Wyoming				AoA/O						

Table 8: Medicaid HCBS Waivers Operated by State Agencies

	Adult Foster Care	Alzheimer's Disease	Assisted Living	Autism	Intellectual/Developmental Disabilities	Elders	Elders and Adults with Disabilities	Physical Disabilities	Severe Emotional Disturbance	Traumatic Brain Injury	Other HCBS Waivers
Alabama					✓		✓				✓
Alaska					✓		✓				✓
Arizona											
Arkansas			✓		✓	✓		✓			✓
California						✓					
CNMI											
Colorado											
Connecticut						✓		✓		✓	
Delaware											
District of Columbia											
Florida		✓	✓			✓					✓
Georgia		✓	✓			✓	✓	✓			
Hawaii											
Idaho											
Illinois						✓	✓	✓			
Indiana							✓	✓		✓	
Iowa											
Kansas			✓	✓	✓	✓		✓	✓	✓	✓
Kentucky						✓	✓	✓		✓	
Louisiana											
Maine					✓	✓	✓	✓			
Maryland							✓				
Massachusetts						✓					
Michigan											
Minnesota						✓					
Mississippi											
Missouri						✓	✓	✓			
Montana											
Nebraska											
Nevada			✓			✓					
New Hampshire							✓				
New Jersey							✓				
New Mexico											
New York											
North Carolina											
North Dakota											
Ohio			✓				✓				
Oklahoma							✓				

Table 8: Medicaid HCBS Waivers Operated by State Agencies (Continued)

	<i>Adult Foster Care</i>	<i>Alzheimer's Disease</i>	<i>Assisted Living</i>	<i>Autism</i>	<i>Intellectual/ Developmental Disabilities</i>	<i>Elders</i>	<i>Elders and Adults with Disabilities</i>	<i>Physical Disabilities</i>	<i>Severe Emotional Disturbance</i>	<i>Traumatic Brain Injury</i>	<i>Other HCBS Waivers</i>
Oregon	✓	✓	✓			✓	✓	✓	✓	✓	
Pennsylvania						✓		✓		✓	
Rhode Island											
South Carolina											
South Dakota							✓				
Tennessee											
Texas	✓		✓	✓	✓		✓	✓			✓
Utah											
Vermont											✓
Virginia											
Washington					✓		✓		✓		
West Virginia							✓				
Wisconsin											
Wyoming											
	2	3	8	2	7	15	18	12	3	6	7

Table 9: Medicaid HCBS Waiver Services Operated by State Agencies, by Who Directs the Services

<p>A = Service is Agency-Directed C = Service is Consumer-Directed W = Service Offered under Waiver(s)</p>	Adult Day Health (includes health component)	Adult Day Social (does not include health component)	Adult Foster Care	Assisted Living	Assistive Technology	Behavioral Supports	Case Management	Community Transition Support	Day Habilitation	Environmental Modifications	Home-delivered Meals	Homemaker	Nutritional Supplements	Occupational Therapy
Alabama	A				W	W	A/W	A	W	C/W	A/W	A/C/W		W
Alaska		A/W		A/W			A/W		A/W	A/W	A/W			
Arizona														
Arkansas	A/W	A/W	A/W	A/W			A/W			A/W	A/W	A/W		
California	W	A		W	A/W	A/W	A/W		W	A/W	A/W	A/W	A/W	A/W
CNMI	A	A	A	A	A	A	W	A	A	A	W		A	A
Colorado	A/W	A/W	A	A/W	A/C/W	A/C/W	A/C/W	A/C/W		A/W		A/C/W		
Connecticut	A/C/W				A/C/W	W	A/C/W	W		W	A/C/W	A/C/W		
Delaware														
District of Columbia														
Florida	A/C/W	A/C/W		A/W	A/C/W		A/C/W	A/W		A/C/W	A/C/W	A/C/W		A/W
Georgia				W			W	W			W			
Hawaii														
Idaho														
Illinois	A				A				A/W	A/W	A/W	A/W		A/W
Indiana	A/W	A/W	A/W	A/W	A/W	A/W	A/W	A/W	A/W	A/W	A/W	A/W	A/W	A/W
Iowa														
Kansas		A/W			A/W				A/C/W	A/W	A/W			
Kentucky	W						W			C/W		C/W		
Louisiana														
Maine	A/W				A/W	A/W	A/W		A/W	A/W		A/C/W		A/W
Maryland				W	W	W	A	W		W	W			
Massachusetts					W	A/W	A/C/W	A/W	A/C/W	A/W	A/W	A/C/W	A/W	W
Michigan														
Minnesota	A/C/W	A/C/W	A/C/W	A/C/W	A/C/W	W	A/C/W	A/C/W	W	A/C/W	A/C/W	A/C/W		A/C/W
Mississippi														
Missouri					C		C			C/W	A/W	A/W		
Montana	A/W	A/W	A/W	A/W	A/W	A/W	A/W	A/W	A/W	A/W	A/W	A/C/W	A/C/W	A/W
Nebraska														
Nevada		W					W					W		
New Hampshire			A/W	A/W	A/W			A/C/W		A/W	A/W	A/W		
New Jersey		A/W	A/W	A/W			A/W	A/W		A/W	A/W			
New Mexico														
New York														
North Carolina														

	Respite	Personal Assistance Services	Personal Emergency Response Systems	Physical Therapy	Recreation Therapy	Residential Habilitation	Specialized Equipment and Supplies	Speech Therapy	Supported Employment	Supported Living	Transportation	Extended State Plan Waiver Benefit: Personal Care	Extended State Plan Waiver Benefit: Nursing	Extended State Plan Waiver Benefit: Home Health	Extended State Plan Waiver Benefit: other	Other Medicaid HCBS Waiver Services
	A/C/W	A/C/W				W		W								A/C/W
	A/C/W				A/W	A/W		A/W	A/W	A/W						A/W
	A/W	A/C/W	A/W			A/W										
	A/W	A/W	A/W	A/W	A/W		A/W	A/W			A/W					A/W
	A	A	A	W	W	A	A	A	W	A	W					
	A/C/W	A/C/W	A/W						A/W	A/W						
	A/C/W	A/C/W	A/C/W			A/C/W		W	W	A/C/W						C
	A/C/W	A/C/W	A/C/W	W		A/C/W	W			C						
	W	C/W	W										W			
	A/C/W	A/C/W	A/W	A/W		A/W	A/W	A/W								
	A/W	A/C/W	A/W	A/W		A/W	A/W	A/W		A/W						
		A/C/W	A/W			A/W										A/C/W
	C/W	C/W					W	W		W						
	A/C/W	A/C/W	A/W	A/W			A/W	A/W	A/W	A/W						
	W	C/W	W													
	W	A/C/W	W	C/W	W	C/W	A/W	C/W	C/W		C/W	C/W	A/W	W		C/W
	A/C/W	A/C/W	A/C/W			A/C/W				A/C/W			A/C/W			A/C/W
	A/W	A/C/W				C/W										
	A/C/W	A/C/W	A/W	A/W	A/W	A/W	A/W	A/W	A/W	A/C/W	A/C/W	A/C/W	A/W			A/C/W
	W		W													
	A/C/W	A/C/W	A/W			A/W										
	A/W	A/C/W	A/W			A/W				A/C/W						A/C/W

Table 9: Medicaid HCBS Waiver Services Operated by State Agencies, by Who Directs the Services

<p>A = Service is Agency-Directed C = Service is Consumer-Directed W = Service Offered under Waiver(s)</p>	Adult Day Health (includes health component)	Adult Day Social (does not include health component)	Adult Foster Care	Assisted Living	Assistive Technology	Behavioral Supports	Case Management	Community Transition Support	Day Habilitation	Environmental Modifications	Home-delivered Meals	Homemaker	Nutritional Supplements	Occupational Therapy
North Dakota		A/W	A/W				A/W	A/W		A/W	A/W	A/W		
Ohio	A	A/W	W	A/W			A/W	A		A/W	A/W	A/C/W	A/W	
Oklahoma	A/W			A/W			A/W			A/W	A/W		A/W	A/W
Oregon	C/W						C/W	C/W		C/W	C/W	C/W		
Pennsylvania	A/W	A		W	A/W	A/W	A/W	A/W	A/W	A/W	A/W	A/C/W	A/W	A/W
Rhode Island														
South Carolina														
South Dakota		W		W	W		W			W	W	W	W	
Tennessee														
Texas	A	A/W	W	C/W	C/W	A/W	A/W	A/W	A/W	C/W	A/W	A/C/W	A/W	A/W
Utah					C/W		A/C/W				A/W			
Vermont	A/C/W		A/W	A/C/W	A/C/W	A/C/W	A/C/W		A/C/W	A/C/W		A/W		A/W
Virginia														
Washington	C/W	C/W	C/W	C/W			W	W	W	W	W	W		
West Virginia							A/C					A/C/W		
Wisconsin					A									
Wyoming														

(Continued)

	Respite	Personal Assistance Services	Personal Emergency Response Systems	Physical Therapy	Recreation Therapy	Residential Habilitation	Specialized Equipment and Supplies	Speech Therapy	Supported Employment	Supported Living	Transportation	Extended State Plan Waiver Benefit: Personal Care	Extended State Plan Waiver Benefit: Nursing	Extended State Plan Waiver Benefit: Home Health	Extended State Plan Waiver Benefit: other	Other Medicaid HCBS Waiver Services
	A/W	A/W	A/W				A/W		A/W		A/W	A/W				
	A/W	A/C/W	A/W				A/W				A/W					A/W
	A/W		A/W	A/W			A/W	A/W				A/C/W	A/W			A/W
		C/W	C/W				C/W			C/W	C/W					
	A/C/W	A/C/W	A/W	A/W		A/W	A/W	A/W	A/W		A/W		A/W	A/W		A/W
	W	W	W				W									W
	A/C/W	A/C/W	A/W	A/W	A/W	A	A/W	A/W	W	C/W	A/C/W	W	A/C/W	A/W	A/C/W	
	C/W	A/W														
	A/C/W	A/C/W	A/C/W	A/W		A/W	A/W	A/W	A/C/W	A/C/W	A/C/W					
		C/W	W				W				W					W
		A/C/W											A/C/W			

Table 10: Medicaid-Funded Case Management and Other Services Provided by Area Agencies on Aging and Centers for Independent Living

	Area Agencies on Aging (AAAs) provide:			There is no AAA in my state	Centers for Independent Living (CILs) provide:		
	Case management only	Other HCBS services	Both		Case management only	Other HCBS services	Both
Alabama	✓				✓		
Alaska				✓			✓
Arizona		✓					✓
Arkansas			✓				✓
California	✓						
Colorado	✓						
Commonwealth of the Northern Mariana Islands				✓			✓
Connecticut	✓						
Delaware				✓			
District of Columbia				✓			
Florida			✓		✓		
Georgia			✓				
Hawaii							
Idaho	✓						
Illinois							
Indiana			✓				
Iowa			✓				
Kansas	✓						✓
Kentucky		✓			✓		
Louisiana	✓						
Maine			✓				✓
Maryland			✓				
Massachusetts			✓				
Michigan			✓				
Minnesota		✓				✓	
Mississippi							
Missouri		✓					✓
Montana			✓			✓	
Nevada				✓			
New Hampshire				✓		✓	
New Jersey			✓				
New Mexico							
New York							
North Carolina		✓				✓	
North Dakota				✓		✓	
Ohio	✓					✓	

Table 10: Medicaid-Funded Case Management and Other Services Provided by Area Agencies on Aging and Centers for Independent Living (Continued)

	Area Agencies on Aging (AAAs) provide:			There is no AAA in my state	Centers for Independent Living (CILs) provide:		
	Case management only	Other HCBS services	Both		Case management only	Other HCBS services	Both
Oklahoma	✓				✓		
Oregon			✓		✓		
Pennsylvania			✓				✓
Rhode Island				✓			
South Carolina							
South Dakota				✓			
Tennessee		✓					
Texas						✓	
Utah			✓				
Vermont	✓						
Virginia	✓						
Washington	✓						
West Virginia				✓			
Wisconsin							
Wyoming				✓	✓		
	12	6	14	11	6	7	8

NOTES



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