AARP Public Policy Institute

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Research Report

AARP

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AARP's Public Policy Institute informs and stimulates public debate on the issues we face as we age. Through research, analysis and dialogue with the nation's leading experts, PPI promotes development of sound, creative policies to address our common need for economic security, health care, and quality of life.

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# EXECUTIVE SUMMARY

## INTRODUCTION AND BACKGROUND

Demand for home and community-based services (HCBS) continues to increase as the nation's population ages and people with disabilities live longer due to improved medical care. Medicaid is an important source of long-term care (LTC) financing for low-income older adults, but many people with disabilities have too much income or too many assets to qualify for Medicaid. People with disabilities who cannot afford to pay privately for these services need help to maintain their independence. Even though they receive no federal "match" for these programs, nearly every state provides at least some of its own funds to address the service and support needs of people whose needs are not met by Medicaid.

Yet the current economic crisis may jeopardize these vital state-funded programs. Despite increasing demand, many states are considering cuts to these services, in an attempt to balance their budgets.

AARP issued two previous reports on HCBS programs funded by state revenues: in 1997 and 2004, based on data from fiscal year (FY) 1996 and FY 2002. This report updates those studies. States use their own revenues to support two types of programs: programs that offer a single service to eligible older adults and programs that cover multiple services.

Expenditures for state-funded programs are not reported to any federal agency. The Centers for Medicare & Medicaid Services (CMS) contracts with Thomson Reuters to analyze and report annually on Medicaid expenditures, but the report does not include state-funded HCBS data. However, including these programs presents a more complete picture of each state's progress toward balancing its LTC system.

## FINDINGS

Program Funding

- Overall, states have maintained funding for state-funded HCBS programs over the past decade. States spent $1.2 billion on HCBS programs in FY 2007, compared with $1.4 billion in FY 2002 and $1.2 billion in 1996. Spending for single-service programs rose to $136.1 million in FY 2007, a 36 percent increase compared with $98 million in FY 2002. Multiservice program spending was $1.1 billion in FY 2007 versus $1.3 billion in FY 2002.

- Multiservice program funding increased more than13 percent in eight states: Arizona, Connecticut, Hawaii, Iowa, Kentucky, New York, North Carolina, and Rhode Island.

- When spending on state-funded programs is added to each state's Medicaid LTC spending for older people and adults with physical disabilities, the amount of public funds devoted to HCBS increases by 1.3 percentage points. While this overall increase is small, the impact is dramatic in some states. For example, Indiana's CHOICE program nearly doubles the state's HCBS effort, from 5.5 percent to 10.7 percent.

- The average program expenditure in FY 2007 ranged from less than $500 per participant in 14 single-service and 11 multiservice programs to more than $5,000 in 8 single-service and 8 multiservice programs.
- Spending rose more than 13 percent in eight multiservice programs.

Number of Programs

- In 2007, 25 states reported operating a total of 53 single-service programs. By comparison, in 2003, 21 states reported 41 programs and, in 1996, 30 states listed 69 programs.[1] Only 3 states—Alabama, Mississippi, and Montana—do not operate any state-funded HCBS programs.
- Forty states and the District of Columbia reported spending for 63 multiservice programs[2] in 2007, compared with 51 programs in 37 states in 2003 and 53 programs in 38 states in 1996.

Revenue Sources

- General revenues are the most common source of financing.
- Nine states indicated that local funding, mostly from counties, is available for HCBS.

Eligibility Criteria—Populations Served

- State-funded programs frequently serve more than one population. However, 24 single-service programs serve persons age 60 and older exclusively and 19 cover all adults with physical disabilities. Nine single-service programs provide services to persons with Alzheimer's disease or other dementia.

Number of Participants Served

- State-funded programs served 1.2 million people in FY 2007. More than 311,000 people were served by single-service programs, and 922,574 were served by multiservice programs.

Financial Eligibility Criteria

- The majority of programs do not use financial eligibility criteria to restrict program eligibility.
- Only 10 single-service programs use an income limit.
- Only 16 multiservice programs limit the amount of income needed to qualify for the program.

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[1] Information from the 1996 and 2003 surveys is from Laura L. Summer and Emily S. Ihara, *State-Funded Home and Community-Based Service Programs for Older People*, AARP Public Policy Institute, Washington, DC, 2004.

[2] Information about program characteristics in the following section is based on data on 60 multiservice programs. Information was not reported for three programs.

- Asset tests are used to target eligibility in only 8 single-service programs and 15 multiservice programs.

Program Services

- Personal care, care management, homemaker services, and respite care were the most frequently offered services in 2007; but these and many other services were offered by fewer programs compared with 2003 and 1996. The only service that has grown in availability is emergency response systems.

Cost Management Strategies

- Nearly two-thirds (63 percent) of state-funded HCBS programs ask participants to share in the cost of services received.

Populations Served in Relation to Medicaid

- State-funded programs typically are designed to supplement Medicaid programs or to serve persons who are not eligible for Medicaid LTC state plan or waiver services.

Role of the Care Manager

- Care management is an important component of most multiservice programs (75percent). Care managers typically use information gathered through an assessment to determine functional eligibility for a program or service; develop a care plan; authorize, coordinate, and monitor services; and complete reassessments.

Consumer Direction

- Only 19 multiservice programs reported offering participants the opportunity to direct their own care.

Quality Measurement

- Satisfaction surveys, monitoring by care managers, and provider monitoring activities were the most prevalent quality measurement strategies for multiservice programs.

## DISCUSSION

State-funded programs function as an important part of the overall HCBS system in many states, even though spending for them is significantly less than spending for Medicaid waiver and state plan personal care. However, combining Medicaid and state-funded HCBS expenditures increased 2007 HCBS spending for older adults between 2.0 and 6.2 percentage points in 16 states. Although state programs fill some gaps in what Medicaid provides, these programs are far too small to make up for cuts in Medicaid HCBS programs.

The percentage of programs covering specific services declined compared with the 2003 survey. Some state-funded HCBS programs contribute significantly to LTC delivery and serve a large number of beneficiaries, but most do not offer a comprehensive package of benefits. When resources do not keep pace with inflation and demand, states may offer fewer services to maximize the number of people served.

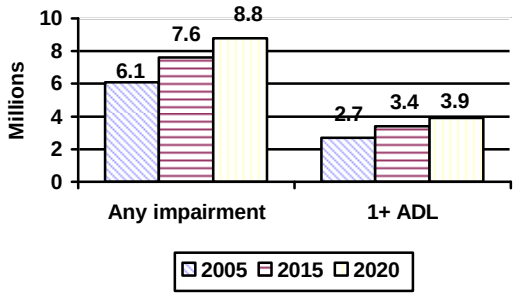
Although many states are contending with reduced general revenues and competition from other program priorities, multiservice program funding increased more than 13 percent in eight states (Arizona, Connecticut, Hawaii, Iowa, Kentucky, New York, North Carolina, and Rhode Island). Two states (Maine and Minnesota) experienced large reductions in spending. Multiservice state-funded programs often use the same care managers in both state-funded and Medicaid-funded programs. This form of coordination streamlines access to programs and services for people with disabilities.

However, the current economic slowdown may jeopardize state-funded HCBS programs, as states struggle to balance their budgets. According to the National Association of State Units on Aging, reductions to these programs may increase the rate of institutionalization, which could result in higher state and federal costs.

## INTRODUCTION

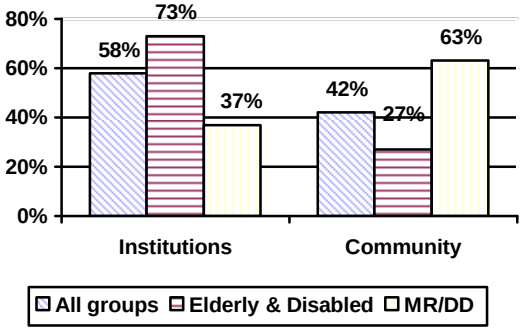
Demand for home and community-based services (HCBS) continues to increase as the nation's population ages and people with disabilities live longer due to improved medical care. Long-term care (LTC) spending totaled $177.6 billion in 2006; Medicaid accounted for the largest share of spending (40 percent), followed by Medicare and out-of-pocket (23 and 22 percent, respectively).[3] The need for long-term services and supports (LTSS) is projected to increase with the aging of the population, despite declining disability rates. Using the Home and Community-Based Services Population Estimating Tool developed by the Lewin Group, 2.7 million Americans over age 65 who live in the community have an impairment in at least one activity of daily living (ADL), such as bathing, dressing, eating, toileting, or ambulation; and 6.1 million have an impairment in at least one instrumental activity of daily living (IADL), such as housekeeping, meal preparation, laundry, using the telephone, or taking medication, or an ADL.[4] The number of Americans age 65 and older with one or more IADL impairments is projected to rise to 7.6 million by 2015 and to 8.8 million by 2020, while the number of people age 65 and older with one or more ADL impairments is projected to rise to 3.4 million by 2015 and 3.9 million by 2020 (see figure 1).

**Figure 1**
**The number of Americans 65+ with ADL limitations will increase from 2005 to 2020**




In FY 2007, 32.5 percent of all Medicaid spending paid for LTC services. Of this Medicaid LTC spending, 42 percent paid for HCBS and 58 percent for institutional care. However, 63 percent of spending for persons with mental retardation/ developmental disabilities (MR/DD) paid for services in the community, compared with 27 percent for older adults and people with physical disabilities (see figure 2).[5] As reported

**Figure 2**
**The balancing of Medicaid long-term care spending varies by population**




[3] Kaiser Commission on Medicaid and the Uninsured, *Medicaid and Long-Term Care Services and Supports*, February 2009. Available at http://www.kff.org/medicaid/upload/2186_06.pdf . These data do not include services financed primarily through Medicaid HCBS waivers.

[4] The HCBS Population Estimating Tool can be accessed at http://lewingroup.liquidweb.com/cgi-bin/woodwork.pl/.

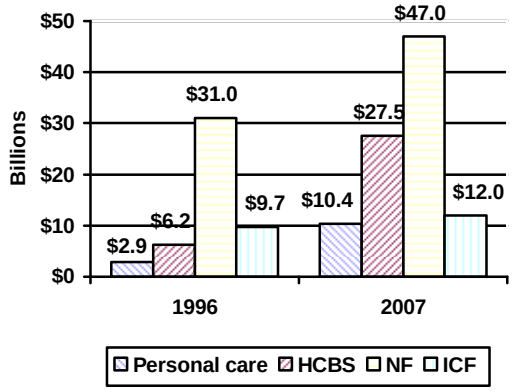
[5] Brian Burwell, Kate Sredl, and Steve Eiken, *Medicaid Long-Term Care Expenditures in FY 2007*, Thomson Reuters, September 2008.

by Burwell et al (2008), HCBS data for FY 2007 include personal care state plan services, HCBS §1915 (c) waiver programs for older adults and people with physical disabilities, some §1115 demonstration services, and HCBS provided under §1929. Data in figure 2 do not include Medicaid home health services, as these services are predominantly postacute care, not LTC.

A recent AARP report[6] highlighted the progress states have made in improving the balance between institutional and community spending. HCBS spending for older people and adults with physical disabilities increased from 12 percent in 1995 to 25 percent in 2006. The number of Medicaid beneficiaries in these population groups served in the community rose 43 percent between 1999 and 2004, compared with a 6 percent increase in beneficiaries served in nursing homes. Despite this progress, wide variations exist among states. The percentage of Medicaid spending on HCBS for older people and adults with physical disabilities ranged from more than 50 percent in Alaska, California, Oregon, New Mexico, and Washington to less than 15 percent in 11 states (Alabama, Delaware, Indiana, Mississippi, New Hampshire, North Dakota, Pennsylvania, Rhode Island, South Dakota, Tennessee and Utah (Medicaid spending data on HCBS do not include services, such as adult day care, that are covered in 12 states under the Medicaid state plan or some state programs that operate under §1115 demonstration waiver programs, such as those in Arizona and Vermont).[7]

Medicaid spending for all LTC services (excluding home health, which provides predominantly postacute services) rose from $51.8 billion in FY 1996 to $97.3 billion in FY 2007—an 86 percent increase. Spending for HCBS waiver programs for all populations increased from $6.2 billion to $27.5 billion (343 percent) in the same period, and state plan personal care spending increased from $2.9 billion to $10.4 billion, or 255 percent.[8] Figure 3 compares Medicaid spending for personal care and HCBS waivers (HCBS) with spending for nursing facilities (NF) and intermediate care facilities (ICF).

**Figure 3**
**Medicaid HCBS spending has increased but remains behind institutional spending**




While the substantial increase in Medicaid spending on HCBS represents meaningful progress in helping people with disabilities receive services in the setting of their choice, many people with disabilities either are not eligible for Medicaid or have needs that are not fully met by Medicaid. To fill some of these service gaps, states operate an array of programs with state revenues.

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6 Enid Kassner, Susan Reinhard, Wendy Fox-Grage, Ari Houser, Jean Accius, Barbara Coleman, and Dann Milne, *A Balancing Act: State Long-Term Care Reform*, AARP, Washington, DC, July 2008.

7 Eiken and Burwell, Ibid.

8 Ibid.

Indeed, state-funded HCBS programs preceded Medicaid's expansion into HCBS, which occurred when the §1915 (c) waiver programs were implemented in 1981. Programs in Connecticut, Illinois, Massachusetts, Pennsylvania, and other states began as early as the mid-1970s. State-funded programs have some advantages over Medicaid; primarily, they allow states the flexibility to design their own service package and eligibility criteria.[9]

Yet the current economic crisis may jeopardize state-funded programs. A recent survey of its members by the National Association of State Units on Aging (NASUA) reported that 67 percent of states had budget shortfalls.[10] It noted that, "The demand for state services in an economic slowdown increases just at a time when state budgets are tightening."[11] And while NASUA reported that states are experiencing increased requests for services, it also indicated that many states intend to cut aging programs that are solely state-funded,[12] such as those described here.

## BACKGROUND AND METHODOLOGY

AARP issued two previous reports on HCBS programs funded by state revenues (1997 and 2004) based on data from FY 1996 and FY 2002. This report updates those studies. States use their own revenues to support two types of programs: programs that offer a single service to eligible older adults and programs that offer multiple services based on the person's needs. The definition of single- and multiservice programs is the same in all three reports:

- State-funded single-service HCBS programs provide a single service to older people, such as homemaker services, home-delivered meals, attendant care, or respite care.
- State-funded multiservice HCBS programs primarily target older people with LTC needs (programs that serve other populations in addition to older people are included in the survey) and provide two or more services, not counting case management.

The 2008 survey requested data on both types of programs. The survey instrument (see Appendix B) included minor revisions to the instrument used for the 2003 study.

The survey was sent electronically to all directors of State Units on Aging in April 2008. Follow-up phone interviews and e-mails were used to clarify survey responses. Expenditure data and updated program information were received from all 50 states and the District of Columbia.[13] The survey requested information about the FY 2007 state appropriation, the number of persons served, the source of funding, eligibility criteria, cost containment strategies, services available, case management tasks, the opportunity

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[9] Diane Justice, Lynn Etheredge, John Luehrs, and Brian Burwell. *State Long-Term Care Reform: Development of Community Care Systems in Six States*, National Governors' Association, Washington, DC, April 1988.

[10] National Association of State Units on Aging. *The Economic Crisis and Its Impact on State Aging Programs: Results of All-State Survey*, NASUA, Washington, DC, December 2008.

[11] Ibid.

[12] Ibid.

[13] Expenditure data for Wisconsin's Community Options Program is from a report for 2006 to the state legislature.

for consumer direction, and quality assurance strategies. Appendix C presents survey data for each state program in a series of tables.

This report supports AARP's continuing interest in understanding trends in the provision of HCBS that support the preference of older adults to live independently in the community.

## FINDINGS

### PROGRAM FUNDING

> **Finding:** *Overall, states have maintained funding for state-funded HCBS programs over the past decade. States spent $1.2 billion on state-funded HCBS programs in FY 2007, compared with $1.4 billion in FY 2002 and $1.2 billion in 1996. Spending for single-service programs rose to $136.1 million in FY 2007, compared with $98 million in FY 2002, a 36 percent increase. Multiservice program spending was $1.1 billion in FY 2007 versus $1.3 billion in FY 2002.*

Even though they receive no federal "match" for these programs, nearly every state provides at least some of its own funds to address the service and support needs of people whose needs are not met by Medicaid. Despite an apparent drop in funding for multiservice programs, spending in FY 2007 is comparable to what was reported in FY 2002. In FY 2002, the largest state-funded program was California's Residual In-Home Supportive Services (IHSS) program, which accounted for 24 percent of all state spending on multiservice programs in that year. Almost all of this $320 million program was converted from state and county revenues to a Medicaid §1115 demonstration waiver program and thus is not included the current survey.[14] Adjusting for this change and several differences in the way spending was reported, overall spending is similar to what was reported for FY 2002. Changes in the way spending was reported between FY 2002 and FY 2007 are explained in appendix A.

Expenditures for state-funded programs are not reported to any federal agency. The Centers for Medicare & Medicaid Services (CMS) contracts with Thomson Reuters to analyze and report annually on Medicaid expenditures, but the report does not include state-funded HCBS data. However, including these programs presents a more complete picture of each state's progress toward balancing its LTC system.

> **Finding:** *When spending on state-funded programs is added to each state's Medicaid LTC spending for older people and adults with physical disabilities, the amount of public funds devoted to HCBS in 2007 increases by 1.3 percentage points.*

While this overall increase is small, the impact is dramatic in some states. For example, the funds spent on HCBS increase by 2.0 or more percentage points in 16 states and the District of Columbia. Indiana's state-funded CHOICE (Community and Home Options to

[14] State officials estimated that approximately 2,000 participants remain in the IHSS residual program. Expenditures for this group could not be reported.

Institutional Care for Elderly and Disabled) program nearly doubles the state's HCBS effort, from 5.5 percent to 10.7 percent. The funds spent on HCBS programs increase by 6.2 percentage points in Illinois and 5.7 percentage points in Massachusetts when state-funded programs are included. Other notable increases were found in the District of Columbia and South Dakota (4 percentage points), North Dakota (3.7 percentage points), Pennsylvania (3.6 percentage points), Wyoming (3.3 percentage points), and Kentucky (3.2 percentage points).

Single-Service Programs

The largest single-service, state-funded program operates in New Jersey; it spent $5.4 million in FY 2007 on respite care services to 4,200 participants. Single-service programs in California, Kentucky, and Vermont each spent more than $4 million in FY 2007. A home-delivered meals program in Illinois reported spending $8.5 million in general revenues to supplement federal Older Americans Act spending.

> **Finding:** *The average single-service program expenditure in FY 2007 ranged from less than $500 per participant in 14 programs to more than $5,000 in 8 programs.*

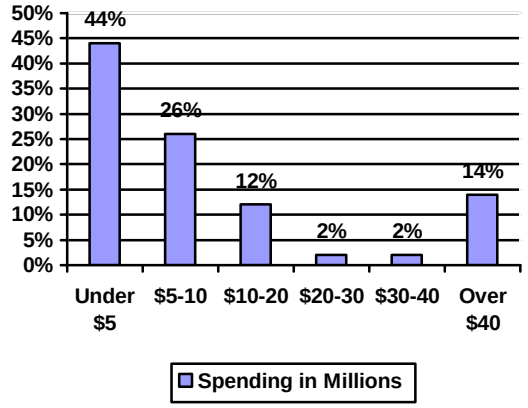
Multiservice Programs

> **Finding:** *Spending rose more than 13 percent in eight multiservice programs.*

Spending more than doubled in New York's Expanded In-Home Services for the Elderly program and increased substantially in seven other multiservice programs: Arizona (38 percent), Connecticut (42 percent), Hawaii (31 percent), Iowa (50 percent), Kentucky (13 percent), North Carolina (22 percent), and Rhode Island (21 percent). Spending declined more than 50 percent in Maine and by 44 percent in Minnesota.

Total program spending ranged from a low of $36,216 for a caregiver resource center in Georgia to $162 million in Pennsylvania. Figure 4 shows the percentage of state multiservice programs by overall expenditure level. Most are relatively small—44 percent of programs allocate less than $5 million in state funds—but 14 percent of programs spent over $40 million. Pennsylvania's OPTIONS program spent $162 million to serve 51,288 participants.[15] The Illinois Community Care Program, which serves Medicaid

**Figure 4**
**Most state-funded multiservice programs spent less than $10 million**




[15] Note: The OPTIONS program is part of the Aging Services Block Grant, and the number of participants reported is based on participants who receive case management and other OPTIONS services.

HCBS waiver and non-waiver participants, spent $147 million on 21,760 non-waiver participants. The Massachusetts Home Care Program also serves waiver and non-waiver participants, and spent $132 million on non-waiver participants. Massachusetts also operates an Enhanced Community Options Program with expenditures totaling $40 million for 7,166 participants. New York spent $53 million through its Expanded In-Home Services for the Elderly Program and another $19 million for Community Services for the Elderly.

> **Finding:** *Average spending per beneficiary varied widely in multiservice programs. It ranged from less than $500 per person in 11 programs to more than $5,000 in 8 programs.*

## NUMBER OF PROGRAMS

> **Finding:** *In 2007, 25 states reported operating a total of 53 single-service programs. By comparison, in 2003, 21 states reported 41 programs, and in 1996, 30 states listed 69 programs.*[16]

Several states operate multiple single-service programs: California, Connecticut, Idaho, Kentucky, Maine, and Washington each offer three separate single-service options. Two single-service programs previously reported in Alaska were consolidated and reported as a multiservice program in 2008. On the other hand, South Dakota reorganized a multiservice program into three single-service programs. The most common single-service program is adult day care, which is available in 11 states. Eight states cover respite services and home-delivered meals or other nutrition services. Only three states—Alabama, Mississippi, and Montana—do not operate any state-funded HCBS programs.

> **Finding:** *Forty states and the District of Columbia reported spending for 63 multiservice programs*[17] *in 2007, compared with 51 programs in 37 states in 2003 and 53 programs in 38 states in 1996.*

Eight states reported additional programs in 2007: California, Colorado, Connecticut, Idaho, Kentucky, Massachusetts, New York, and Tennessee. Programs in Missouri and North Dakota were not reported in the 2003 survey. A program previously reported as a state-funded multiservice program in Idaho was dropped from this report because it provides only the state match for Older Americans Act services, and no additional state funds were reported. New Mexico and Texas were listed as providing "multiservice group" programs in 2003. In this report, they are listed as Area Agencies on Aging (AAA) Services programs, since the funds are allocated to AAAs to supplement Older Americans Act services beyond what is required in state matching funds. The survey sought information on programs that were funded solely by state revenues. However, some states operate programs that combine funding from two or more sources. Ohio allocates federal (i.e., Older Americans Act Title III B, C, and E) and state funds (e.g., State General Revenue Funded Senior Community Services and Alzheimer's Respite funds) to 12 Area Agencies on Aging. In some areas, these funds are supplemented by

[16] Information from the 1996 and 2003 surveys is from Summer and Ihara, 2004.

[17] Information about program characteristics in this section is based on data on 60 multiservice programs. Information was not reported for three programs.

local funds generated through senior services property tax levies. These programs provide individual services (e.g., home-delivered meals, transportation, respite care, caregiver education) and organize case-managed care coordination programs to provide in-home services for frail persons and respite for their caregivers.

**Table 1**
**Number of States Reporting Expenditures for State-Funded Programs**

| Program | 1996 | | 2003 | | 2007 | |
|---|---|---|---|---|---|---|
| | States | Programs | States | Programs | States | Programs |
| Single service | 30 | 69 | 21 | 41 | 25 | 53 |
| Multiservice | 38 | 53 | 37 | 51 | 41 | 63 |

## REVENUE SOURCES

**Finding:** *General revenues are the most common source of financing.*

Most states use general revenues to fund HCBS. A few states use casino revenue, lottery revenue, or local funds. New Jersey dedicated more than $10 million from casino revenue to three programs, and West Virginia relied on lottery revenue to fund an in-home respite program and a multiservice program. South Carolina used bingo revenue to support its program. Iowa created a Senior Living Trust Fund that used investment income to support services. Pennsylvania committed $173.4 million from lottery revenue to its OPTIONS program and Over 60 Attendant Care Program.

## LOCALLY FUNDED PROGRAMS

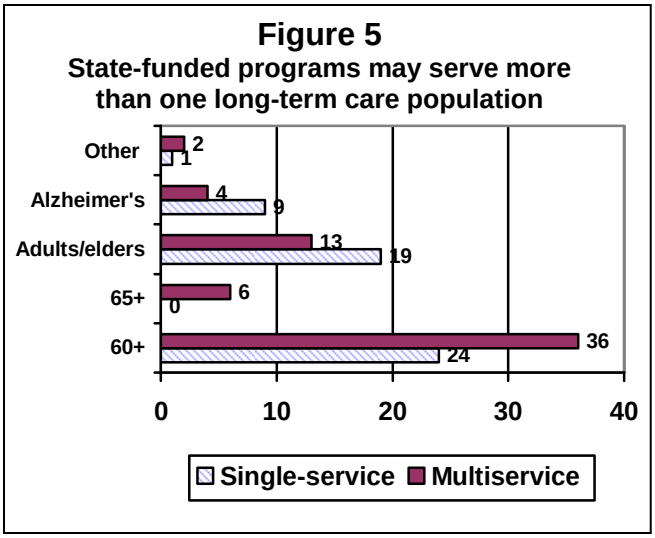
**Finding:** *Nine states indicated that local funding, mostly from counties, is available for HCBS.*

Fifty-six of Ohio's 88 counties support senior services programs through county levies, which generate approximately $100 million. One county in Utah received increased tax revenues from an expansion of a shopping center. The county developed a program similar to the state's home and community-based alternatives program for residents whose incomes were slightly higher than the financial eligibility standard used by the state program. Forty-three of the 115 counties in Missouri have local senior tax levy funds that may pay for HCBS or other services. The funds are governed by local senior tax levy boards that have full discretion on how the funds are allocated and targeted to specific programs or services. Not all senior tax levy boards provide HCBS services.

The survey did not request detailed information about the amount of funding, the services offered, and other aspects of locally funded programs.

## ELIGIBILITY CRITERIA—POPULATIONS SERVED

**Finding:** *State-funded programs frequently serve more than one population. However, 24 single-service programs serve persons age 60 and older exclusively, and 19 cover all adults with physical disabilities. Nine single-service programs provide services to persons with Alzheimer's disease or other dementia.*




Kentucky's personal care attendant program serves people who meet the criteria for admission to a nursing facility. Maryland's Senior Assisted Living Group Home Subsidy serves adults age 62 and older. Programs in Nebraska, New Hampshire, New Jersey, Ohio, South Dakota, and Washington are available to persons who have caregivers. Thirty-six multiservice programs serve adults age 60 and older; 6 programs are limited to persons age 65 and older. Thirteen programs cover older people and adults with physical disabilities, while four serve people with dementia (see figure 5).

## NUMBER OF PARTICIPANTS SERVED

> **Finding:** *State-funded programs served 1.2 million people in FY 2007. More than 311,000 people were served by single-service programs and 922,574 were served by multiservice programs.*

Significant differences were noted between FY 2002 and FY 2007 data. The vast majority of the 70,000 people served by California's In-Home Supportive Services Residual Program in FY 2002 received personal care services 2007 under the Medicaid §1115 waiver demonstration program in FY 2007. An estimated 2,000 people continue to receive personal care services through the IHSS residual program. Illinois reported the number of people served by state revenues and Medicaid waiver programs in FY 2002, but the 2007 data included only participants served through state revenues. Pennsylvania reported the total number of persons served by the Aging Services Block Grant in FY 2002, which combines funding from several sources. The state reported that 51,288 people served in FY 2007 received care management and other services from the OPTIONS component of the block grant. Participants in Georgia's Community-Based Services Program represent a duplicated count of persons who received any of the services covered by the program.

## FINANCIAL ELIGIBILITY CRITERIA

> **Finding:** *The majority of programs do not use financial eligibility criteria to restrict program eligibility.*

Only 10 single-service programs use an income limit. Six programs use a specific amount of income, while others use a percentage of the federal poverty level (FPL) or state median income.

Sixteen multiservice programs limit the amount of income needed to qualify for the program. Five programs set eligibility in relation to FPL ($10,210 a year in 2007); three programs use the Supplemental Security Income (SSI) payment standard; and three programs set eligibility in relation to state median income. Five programs set income

limits that are not related to a recognized income standard. Financial eligibility is related to Medicaid standards in two programs.

Asset tests are used to target eligibility in only 8 single-service programs and 15 multiservice programs. Higher levels were established for programs that serve family caregivers. Thresholds varied widely. Among single-service programs, asset limits ranged from $2,000 in North Carolina to $80,000 in Connecticut's Alzheimer's Respite Program. Asset limits for multiservice programs ranged from $2,000 per person/$3,000 per couple in North Dakota to $500,000 for an individual in Indiana. Minnesota is unique in using a combined income and asset level that equals the cost of 135 days in a nursing facility.

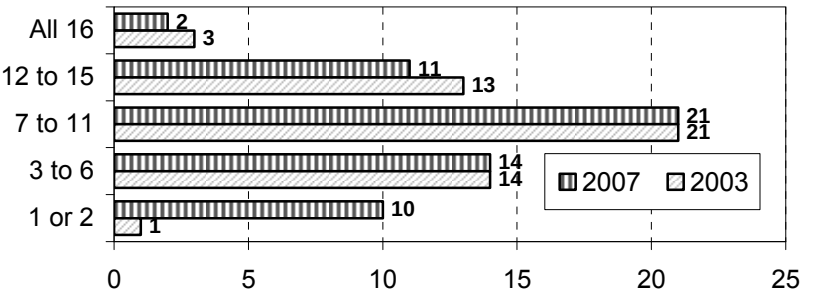
## PROGRAM SERVICES

> **Finding:** *Personal care, care management, homemaker services, and respite care were the most frequently offered services in 2007, but these and many other services were offered by fewer programs compared with 2003 and 1996. The only service that has grown in availability is emergency response systems.*

The 1996 and 2003 surveys listed 12 services that could be provided by multiservice programs: skilled nursing, home health aide, personal care, homemaker, chore services, respite care, case management, home-delivered meals, transportation, adult day care, emergency response systems, and home repairs/modifications. The 2003 survey added four response options: home health care, habilitation, special medical equipment and supplies, and needs assessment services. The 2007 survey added assisted living and adult foster care, for a total of 18 services (see appendix C, tables 13a and 13b). Four programs covered adult foster care; none of the programs covered services in assisted living settings.

In the 2003 survey, three states reported covering all 16 services listed that year: Minnesota's Alternative Care Program, Pennsylvania's OPTIONS program, and Wisconsin's Community Options Program (COP). In the 2008 survey, Minnesota continued to cover the 16 services and Indiana's CHOICE program expanded to cover all 16 services, but Pennsylvania did not include skilled nursing services and Wisconsin did not report on COP. The number of services covered in 2007 and 2003 is shown in figure 6. Ten states covered one or two of the listed services; however, they may cover additional services that were not listed but included under "other services."

**Figure 6**
**Programs vary in the number of services covered**



Coverage shifted significantly between 1996 and 2007. Personal care and homemaker were the most commonly provided services in 1996: covered by 96 percent of the programs. In 2007, personal care and care management were covered by 75 percent of programs; homemaker services were covered by 73 percent. Coverage of home health aide services fell significantly, from 72 percent in 1996 to 37 percent in 2007. Coverage of skilled nursing services also fell, from 43 percent to 13 percent. Emergency response system coverage rose from 42 percent to 48 percent (see table 2).

**Table 2**
**Percentage of Multiservice Programs Covering Each Service**

| Programs | 1996 (n = 53) | 2003 (n = 51) | 2007 (n = 60*) |
|---|---|---|---|
| **Skilled nursing** | 43 | 22 | 13 |
| **Home health aide** | 72 | 37 | 37 |
| **Home health care** | NA | 24 | 18 |
| **Personal care** | 96 | 76 | 75 |
| **Homemaker** | 96 | 86 | 73 |
| **Chore services** | 91 | 61 | 53 |
| **Respite care** | 85 | 82 | 73 |
| **Care management** | 80 | 75 | 75 |
| **Home-delivered meals** | 61 | 67 | 55 |
| **Transportation** | 66 | 73 | 57 |
| **Adult day care** | 76 | 80 | 68 |
| **Habilitation** | NA | 8 | 10 |
| **Emergency response systems** | 42 | 47 | 48 |
| **Specialized medical equipment/supplies** | NA | 53 | 35 |
| **Assessment services** | NA | 53 | 43 |
| **Home repair/modifications** | 50 | 63 | 58 |
| **Assisted living** | NA | NA | 0 |
| **Adult family care** | NA | NA | 7 |

* Note: Percentages are based on data submitted for 60 multiservice programs. Program information for three programs was not provided.

States were asked to report additional services that were not included in the list, and 27 states did so. Colorado covers health promotion, including art therapy, music therapy, dental, hearing, immunizations, medication management screening and education, insurance counseling, physical fitness, and vision. Mental health counseling is available in Connecticut and Iowa. Florida covers memory disorder clinics, caregiver training, and support groups under the Alzheimer's Disease Initiative. In addition to adult foster care, North Dakota covers family home care for providers who are related to the beneficiary. Emergency shelter, companion, home-based wandering devices, medication-dispensing systems, and transitional assistance are covered in Massachusetts. Grocery shopping and laundry, which are covered as part of a homemaker service, are also covered as discrete and separate services in Massachusetts.

## COST MANAGEMENT STRATEGIES

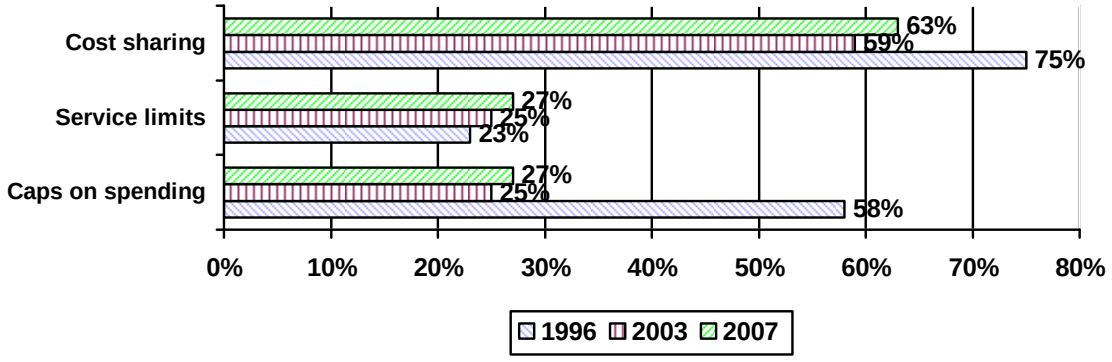
**Finding:** *Nearly two-thirds (63 percent) of state-funded HCBS programs ask participants to share in the cost of services received.*

State programs are often designed to manage costs. The survey sought information about three strategies used by multiservice programs: service limits, cost caps, and participant cost sharing.

Twenty-seven percent of the programs reported placing limits on the services that may be authorized and capping the cost of the care plan, while 63 percent use cost-sharing strategies. The percentage of state-funded programs that use spending caps declined from 58 percent to 27 percent between FY 2002 and FY 2007. The application of cost sharing requirements also declined, while the use of service limits increased slightly (see figure 7).

Service limits are usually set in terms of hours/weeks or a dollar value per day or per month for a specific service. Forty percent of single-service programs have a cost-sharing component to their service. Twenty-one percent charge a sliding fee that is typically scaled to the FPL, and 8 percent charge participants 20 percent of the cost of the service.

**Figure 7**
**Most multiservice programs utilize one or more cost containment strategies**




Service limits are also included in 16 multiservice programs. For example,

- Alaska limits respite services to 40 hours a month and chore services to 10 hours a month in the Senior In-Home Services program.
- Maine allows two weeks of institutional respite care.
- Nevada has a two-week limit on respite services.
- North Dakota and Texas place a dollar limit on respite services.
- Nevada limits adult day care to one day a week.
- West Virginia sets hourly limits for personal care and other services.

States using cost caps reported a variety of strategies. Services are capped at a specified amount per month in 16 programs. Three programs set their caps in relation to the cost of care in a nursing home.

- Connecticut limits the cost to 25 percent of the cost of care in a nursing facility for people who are at risk and 50 percent for people who meet the nursing facility level of care.
- Indiana bases its limit on the cost of three months of care in a nursing facility.
- Maine varies its cap on the basis of levels of care and assessment information.
- Kansas, Missouri, Nebraska, Nevada, North Dakota, Pennsylvania, Utah, and West Virginia use flat dollar caps.

Pennsylvania designed an exceptions process for participants whose service needs exceed the $714.60 monthly cap. The quality and compliance specialist at the state Office of Long-Term Living reviews and approves requests based on documentation submitted by the Area Agency on Aging case manager.

Cost sharing was reported by 63 percent of the multiservice programs, and half use a sliding fee scale. Participants are charged a fee when the income reaches a set percentage of the FPL; for example,

- 100 percent in Minnesota and Pennsylvania
- 125 percent in Georgia
- 130 percent in Kentucky
- 150 percent in Hawaii and Indiana

Nebraska and Nevada dropped their cost sharing requirement in 2008. Nevada found that only a few participants were required to pay a fee, and it was not cost-effective to administer the fee.

## POPULATIONS SERVED IN RELATION TO MEDICAID

> **Finding:** *State-funded programs typically are designed to supplement Medicaid programs or to serve persons who are not eligible for Medicaid long-term care state plan or waiver services.*

The survey collected data on five variables related to Medicaid eligibility. States reported that 83 percent of the multiservice programs (50 programs) serve persons who are not financially eligible for Medicaid. Of these 50 programs, only 4 programs were limited to this group. Others serve both persons who are not financially eligible for Medicaid and those who are financially eligible. Sixty-five percent (39 programs) serve persons who are financially eligible for Medicaid but do not meet the waiver program's criteria for functional level of care; 63 percent (38 programs) enroll applicants who are on a waiting list for HCBS; 50 percent (30 programs) serve people who also receive waiver services; and 45 percent (27 programs) serve people who are waiting to enter a nursing facility (see figures 8 and 9).

**Figure 8**
**Populations served by state-funded programs in relation to Medicaid eligibility and status**

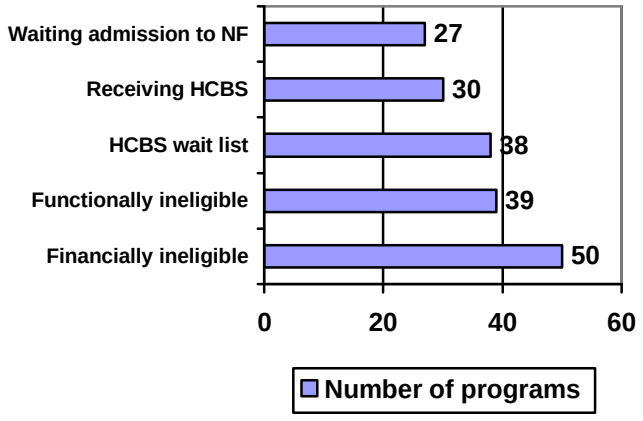
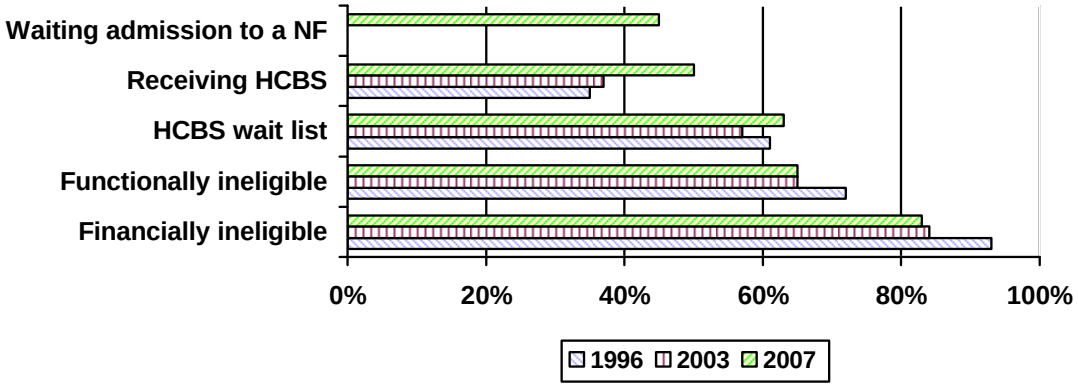



**Figure 9**
**Percentage of state-funded programs serving each long-term care population in relation to Medicaid eligibility and status**



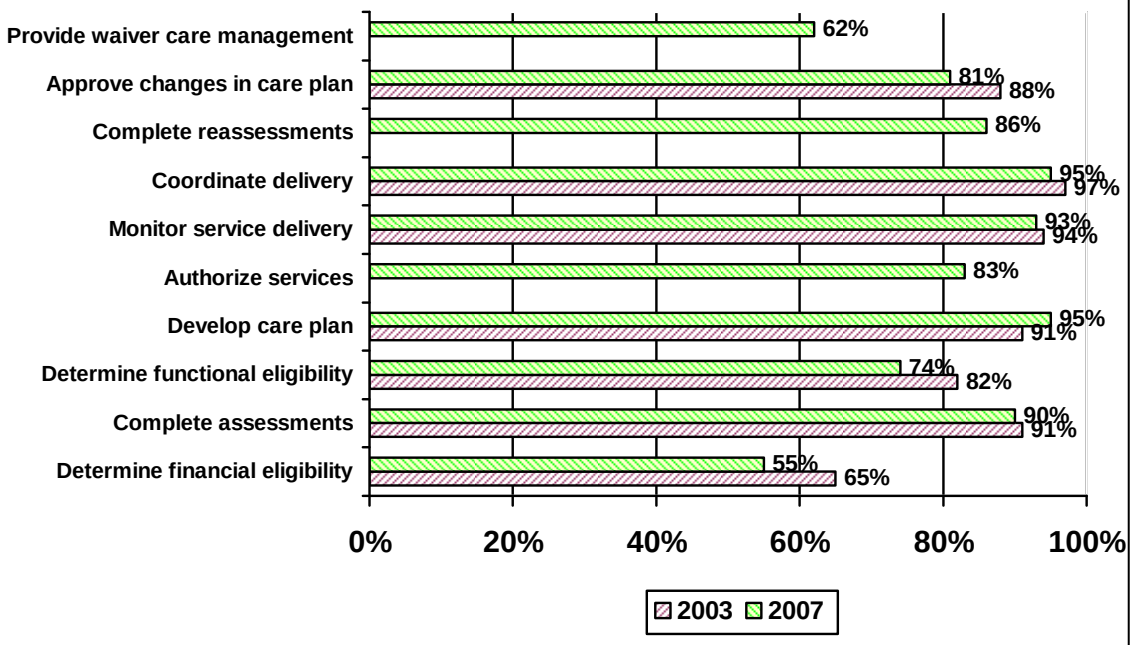

## ROLE OF THE CARE MANAGER

**Finding:** *Care management is an important component of most multiservice programs (68 percent). Care managers typically use information gathered through an assessment to determine functional eligibility for a program or service; develop a care plan; authorize, coordinate, and monitor services; and complete reassessments.*

Care managers in 55 percent of the programs determine financial eligibility; however, several programs do not have income limits, so this function is not necessary. In some programs, the care manager determines the amount of the cost sharing obligation.

The primary tasks performed by care managers are coordinating services and developing a care plan (95 percent) and monitoring services (93 percent). Care managers complete assessments and reassessments in 90 percent and 86 percent of the programs, respectively. Care managers authorize services in 83 percent of the programs. Care managers in 62 percent of the programs also provide care management for Medicaid HCBS waiver programs, which streamlines access to services for applicants who may be eligible for services from either or both programs (see figure 10). Questions in the 2008 survey were changed and data were not comparable with the 2004 survey for authorization of services, reassessment, and provision of waiver care management.

**Figure 10**
**Role of Care Manager**




## CONSUMER DIRECTION

**Finding:** *Few multiservice programs (19) reported offering participants the opportunity to direct their own care.*

Self-direction was available in some programs that serve older people and those that serve adults with physical disabilities. While participation was very limited in most programs (1–5 percent), all participants in Nebraska's Disabled Persons and Family Support program direct their own care. Maryland's Congregate Housing Services Program offers participants a choice of service packages, but they do not appear to be able to hire and fire, train, or supervise care providers (see appendix C, table 14).

## QUALITY MEASUREMENT

**Finding:** *Satisfaction surveys, monitoring by care managers, and provider monitoring activities were the most prevalent quality measurement strategies for multiservice programs.*

Satisfaction surveys are conducted in 28 programs, while 14 programs monitor service providers, and 11 programs include quality oversight as part of the role of the care manager. Most programs use more than one strategy. Other strategies included outcomes-based contracting and care planning, and consumer interviews. Two programs carry out a comprehensive quality management program (see appendix C, table 16).

## DISCUSSION

State-funded programs function as an important part of the overall HCBS system in many states, even though spending for them is significantly less than spending for Medicaid waiver and state plan personal care. However, combining Medicaid and state-funded HCBS expenditures increased 2007 HCBS spending for older adults between 2.0 and 6.2 percentage points in 16 states. Although state programs fill some gaps in what Medicaid provides, these programs are far too small to make up for cuts in Medicaid HCBS programs.

State-funded programs allow people who may not meet Medicaid's income or functional eligibility criteria to access services that support their independence. Adjusting for program changes, spending in FY 2007 was comparable to spending in FY 2002. The number of people served by single-service programs increased in FY 2007. Adjusting for the shift to Medicaid coverage in California, the number of people served by multiservice programs was comparable to the number in FY 2002. However, the percentage of programs covering specific services declined compared with the 2003 survey. Some state-funded HCBS programs contribute significantly to LTC delivery and serve a large number of beneficiaries, but most do not offer a comprehensive package of benefits. When resources do not keep pace with inflation and demand, states may offer fewer services to maximize the number of people served.

Although many states are contending with reduced general revenues and competition from other program priorities, multiservice program funding increased more than 13 percent in eight states (Arizona, Connecticut, Hawaii, Iowa, Kentucky, New York, North Carolina, and Rhode Island). Two states (Maine and Minnesota) experienced large reductions in spending. Multiservice state-funded programs often use the same care managers in both state-funded and Medicaid-funded programs. Sixty percent of the programs that provide care management services use care managers who also serve Medicaid waiver participants. This form of coordination streamlines access to programs and services for people with disabilities.

However, the current economic slowdown may jeopardize state-funded HCBS programs, as states struggle to balance their budgets. According to NASUA, "An unintended consequence of such reductions could be an increase in the rate of institutionalization, which would be more costly to the states and federal government."[18]

[18] NASUA op. cit.

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## APPENDIX A: REPORTING CHANGES BETWEEN 2002 AND 2007

- State-funded programs in Vermont are now included in the state's Choices for Care §1115 Medicaid Demonstration program and, therefore, were not reported as state spending in FY 2007.
- South Dakota converted a multiservice program into three single-service programs.
- FY 2002 spending for multiservice programs in Illinois and Massachusetts included a mix of state revenue and Medicaid waiver activity. The 2007 spending includes only the state general revenue portion.
- Programs in Idaho and Texas reported the state matching that is required for Older Americans Act (OAA) services in FY 2002. Because Idaho's Senior Services Act represented the state's share of OAA services in 2002, this expenditure is not included in the 2007 report.
- In Texas, the OAA appropriation for state matching funds exceeds the required match. Texas reported spending $4.8 million in FY 2007, of which $3.2 million met the OAA matching requirements and $1.6 million supplemented funding. Thus, only the "excess" $1.6 million is included in the 2007 report.
- Pennsylvania's OPTIONS program is part of an Aging Block Grant to Area Agencies on Aging that also includes funds for senior centers, meal programs, information and referral, and other activities. Of the $250 million allocated in FY 2007, the OPTIONS program accounted for $162 million. The data reported for FY 2002 included all Aging Block Grant programs.

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# APPENDIX B: SURVEY OF STATE-FUNDED HOME AND COMMUNITY-BASED LONG-TERM CARE PROGRAMS FOR OLDER PEOPLE

**Conducted for:**

**AARP Public Policy Institute**

**by:**

**National Academy for State Health Policy**

| | |
|---|---|
| State | Email address |
| Name | Phone number |
| Title | Fax number |

Many states fund programs with general revenues or other state funds that address the long-term care needs of older adults. These programs offer valuable supports to individuals who may not be eligible for Medicaid or, if eligible, do not qualify for home and community based waiver programs.

NASHP is conducting a national survey under contract to AARP's Public Policy Institute to examine the various state-funded home and community-based service (HCBS) programs that provide long-term care services for older people. This survey asks about programs funded through a distinct state appropriation. **Federally funded programs—Older Americans Act, Medicaid state plan services or waiver programs, or programs for people with disabilities that do not serve older people—are not included in this project.** We would greatly appreciate your help to provide details of these important state resources. A similar survey was conducted by AARP in 2003.

Part I of the survey asks for basic information about two types of programs:

- Any single HCBS program
- Multi-service HCBS programs

  ► All respondents are asked to complete Part I.

Part II asks more detailed questions about state-funded multi-service HCBS programs. If your state has a state-funded multi-service HCBS program or programs, please complete Part II of the survey. If there is more than one multi-service HCBS program in your state, please provide a separate Part II response for each of the programs.

To complete the survey, you may tab between fields and enter your response. Enter "x" in the boxes and text in the fields.

## DEFINITIONS OF SINGLE-SERVICE AND MULTI-SERVICE HCBS PROGRAMS

State-funded *single-service* HCBS programs provide a single service to older people. Examples include homemaker services, home-delivered meals, attendant care, respite care, etc.

State-funded *multi-service* HCBS programs are:

- State-funded, administered according to state rules, and operate statewide;
- Primarily target older people with long-term care needs (programs serving other populations in addition to older people are included in the survey); and
- Provide two or more services (not counting case management).

## PART I. PROGRAM INFORMATION

1. Does your state have any single-service HCBS programs for older persons? Yes ☐ No ☐

**If yes, please complete the following chart for FY 2007.**

| Area | Program 1 | Program 2 | Program 3 | Program 4 |
|---|---|---|---|---|
| **Name of Single-Service HCBS Program** | | | | |
| **Source of State Funding (e.g., state general revenue, dedicated taxes, lottery funds, tobacco funds, etc.)** | | | | |
| **State Appropriation For FY 2007** | | | | |
| **Number enrolled in FY 2007** | | | | |
| **Who is served (age 60 and older, age 65 and older, elders and individuals with physical disabilities)** | | | | |
| **What is the income limit for a single individual (per month/year)** | | | | |
| **Does this program have asset limits? If yes, what is the limit?** | | | | |
| **Are people in this program charged copayments?** | | | | |

2. Does your state have any multi-service HCBS programs for older persons?
Yes ☐ No ☐

**If yes, please complete the following chart for FY 2007.**

| Name of Multi-Service HCBS Program | Source of State Funding (e.g., state general revenue, dedicated taxes, lottery funds, tobacco funds, etc.) | FY 2007 state appropriation (exclude OAA and Medicaid HCBS programs) | Number enrolled in FY 2007 (exclude OAA and Medicaid HCBS programs) |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

3. Are there any locally-funded multi-service HCBS programs serving older persons in your state?

Yes ☐ No ☐

If yes, please describe:

**If there are any state-funded multi-service HCBS programs in your state, please complete Part II of the survey.**

► (Please provide a separate Part II response for each program, if there is more than one multi-service HCBS program).

**If your state does not have any multi-service HCBS programs, you are finished with this survey.**

**Thank you for your assistance.**

**Please return the survey to Bob Mollica at rmollica@nashp.org.**

## PART II: DESCRIPTION OF MULTI-SERVICE HCBS PROGRAMS

**Please complete a separate Part II response for *each* state-funded multi-service HCBS program in your state.**

**Name of program:**

**If the regulations or policy manual for this program are available on a web site, please insert the web address.**

### A. Characteristics of the population served

1. What population does this program serve?
- ☐ Persons age 60 and older
- ☐ Persons age 65 and older
- ☐ Older persons and other adults with physical disabilities
- ☐ Other (please specify)

2. Does this program serve individuals who are (check all that apply):
- ☐ Financially ineligible for Medicaid
- ☐ Ineligible for Medicaid waiver services based on health/functional criteria
- ☐ Awaiting enrollment in the state's Medicaid HCBS waiver program
- ☐ Receiving Medicaid home and community-based waiver services
- ☐ Awaiting admission to a nursing home
- ☐ Other (please specify)

### B. Financial Eligibility Criteria

4. What is the income limit for a single individual to participate in this program?
$ per (month/year).

5. Is this amount tied to a common income standard (e.g., a percentage of SSI or a percentage of the poverty level)?
Yes (please describe) ☐ No ☐ NA ☐

6. Does the program disregard certain types or amounts of income and/or deduct certain expenses when determining eligibility?
Yes (please describe) ☐ No ☐ N/A ☐

7. Does this program use asset limits when determining eligibility?
Yes ☐ No ☐ N/A ☐

If yes, please specify the maximum amount of assets allowed:

What assets are considered?

8. Does the program disregard certain types or amounts of assets when determining eligibility?

Yes (please describe below) ☐ No ☐ N/A ☐

9. Is eligibility based on individual or household income?

Individual income ☐ Household/Married couple income ☐ N/A ☐

### C. Cost containment strategies

10. Does this program limit the amount or quantity of any covered service?

Yes ☐ No ☐

If yes, please describe the limit and how it is defined in the table below (for example, respite care is limited to $350 per month or homemaker services are limited to 20 hours per week).

| Service type/name | Number/ Amount of limit | Type of limit (e.g., hours/visits/dollars) | Duration of limit (e.g., week/month/year |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

11. Does this program set an upper limit on the total cost of services provided to an individual (care plan cost cap)?

☐ Yes, and the dollar limit is per (Month/year) ☐ No

If yes, is this care plan cost cap tied to a related factor (i.e., a percentage of average nursing home costs)?

☐ Yes (please describe) ☐ No

12. Do the participants in this program share in the cost of services?

☐ Yes ☐ No

If yes, please describe the methodology for determining the amount of the cost sharing.

## D. Services

13. What services are provided in this program? (Please check all that apply). If your state provides the service but calls it a different name, please provide that name in the last column.

| Common name | Service description | Check all services provided | Service name used in the program |
|---|---|---|---|
| **Skilled nursing** | Nursing services that are provided by a registered nurse (RN) or licensed practical or vocational nurse (LPN/LVN) | ☐ | |
| **Home health aide** | Assistance with household chores, bathing, personal care, and other daily living needs | ☐ | |
| **Home health care** | Assistance with a wide range of health-related services, such as assistance with medications, wound care, intravenous (IV) therapy | ☐ | |
| **Personal care** | Assistance with activities of daily living (ADLs)—eating, bathing, dressing, toileting, transferring as well as with self-administration of medications and may also include IADLs assistance. | ☐ | |
| **Homemaker** | Assistance with IADLs which are general household activities such as meal preparation, shopping, light housekeeping, money management, personal hygiene and grooming and laundry | ☐ | |
| **Chore services** | Assistance with heavy housekeeping and other tasks, such as snow removal and yard work. | ☐ | |
| **Respite care** | Short-term temporary assistance provided in the home during the absence of the primary caregiver or to relieve the caregiver; other caregiver support | ☐ | |
| **Care management** | Services which assist individuals in gaining access to needed medical, social, educational and other social services | ☐ | |
| **Home delivered meals** | Hot or frozen meal delivered to the individual's home (or apartment) | ☐ | |
| **Transportation** | Provides transportation to services, activities and resources. May use bus, taxi, volunteer drivers or van services that can accommodate wheelchairs and persons with other needs | ☐ | |
| **Adult day services** | A daytime community-based program that provides a variety of health, social and related support services in a protective setting | ☐ | |
| **Habilitation** | Services designed to assist individuals with socialization and adaptive skills necessary to reside successfully in home and community-based settings | ☐ | |
| **Emergency response systems** | An electronic device which enables individuals at high risk of institutionalization to secure help in an emergency | ☐ | |
| **Specialized medical equipment/ supplies** | Equipment and supplies which enable individuals to increase their abilities to perform ADLs or to maneuver the environment in which they live | ☐ | |
| **Home repair/ modifications** | Assistance with minor home repairs or modifications necessary to allow the individual to live in the home safely | ☐ | |
| **Assessment services** | May involve standardized assessment of functioning, ADLs, IADLs, and other criteria necessary to determine individual's ability to remain at home | ☐ | |
| **Assisted living** | Personal care and related services provided in licensed residential settings | ☐ | |
| **Adult family care** | Personal care and related services provided in small family or home-like residential settings | ☐ | |
| **Other** | | ☐ | |

### E. Other Program Information

14. What is the role of the case or care manager? (please check all that apply)

- ☐ Determines financial eligibility for the program
- ☐ Completes an assessment
- ☐ Determines functional eligibility
- ☐ Develops a care plan
- ☐ Authorizes services in the care plan
- ☐ Monitors service delivery
- ☐ Coordinates the provision of services
- ☐ Completes periodic reassessments
- ☐ Approves changes in the care plan
- ☐ Other (please specify)

15. Is there an option for consumer direction in this program?

☐ Yes ☐ No

16. If yes, what percentage of the participants chose consumer direction?

17. Describe the scope of consumer direction—e.g. ability to manage an individual budget, ability to hire family members, limited to specific services.

18. How is quality measured in this program?

19. Do care managers in this program also provide care management for Medicaid home and community based waiver services?

☐ Yes ☐ No

20. Have there been any recent revenue/budget limitations on the program? If so, please describe:

**Thank you for your assistance.**

**Please return the survey to Bob Mollica at rmollica@nashp.org.**

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# APPENDIX C: COMPARATIVE STATE TABLES

| Table 1. Medicaid Long-Term Care and State-Funded HCBS Expenditures for Older People and Adults with Physical Disabilities* | | | | | | | |
|---|---|---|---|---|---|---|---|
| STATE | Medicaid LTC | | | TOTAL Medicaid LTC Expenditures | State-funded HCBS | Percent HCBS Including State-Funded Programs | Percentage Point Increase |
| | Nursing Home | HCBS | Percent HCBS | | | | |
| Alabama | $871,067,242 | $81,856,366 | 8.6% | $952,923,608 | $0 | 8.6% | 0.0% |
| Alaska | $126,076,479 | $128,643,619 | 50.5% | $254,720,098 | $4,620,056 | 51.4% | 0.9% |
| Arizona[1] | $13,038,851 | $22,409,738 | 63.2% | $35,448,589 | $16,217,498 | NA | NA |
| Arkansas | $541,166,283 | $141,693,137 | 20.7% | $682,859,420 | $7,667,664 | 21.6% | 0.9% |
| California[3] | $3,656,631,647 | $3,820,135,868 | 51.1% | $7,476,767,515 | $13,273,000 | 51.2% | 0.1% |
| Colorado | $516,675,875 | $144,093,080 | 21.8% | $660,768,955 | $7,000,000 | 22.6% | 0.8% |
| Connecticut | $1,232,775,829 | $122,335,121 | 9.0% | $1,355,110,950 | $42,939,627 | 11.8% | 2.8% |
| Delaware | $162,657,368 | $17,576,762 | 9.8% | $180,234,130 | $1,488,951 | 10.5% | 0.7% |
| DC | $173,010,834 | $87,578,939 | 33.6% | $260,589,773 | $16,784,032 | 37.6% | 4.0% |
| Florida[2] | $2,393,318,097 | $349,258,385 | 12.7% | $2,742,576,482 | $67,240,223 | 14.8% | 2.1% |
| Georgia | $820,820,874 | $182,517,464 | 18.2% | $1,003,338,338 | $16,002,568 | 19.5% | 1.3% |
| Hawaii | $214,954,168 | $45,587,588 | 17.5% | $260,541,756 | $7,000,000 | 19.7% | 2.2% |
| Idaho | $145,765,488 | $91,445,860 | 38.6% | $237,211,348 | $1,296,807 | 38.9% | 0.3% |
| Illinois | $1,355,165,623 | $401,990,619 | 22.9% | $1,757,156,242 | $155,197,767 | 29.1% | 6.2% |
| Indiana | $794,441,002 | $45,993,883 | 5.5% | $840,434,885 | $48,765,643 | 10.7% | 5.3% |
| Iowa | $447,532,660 | $75,476,448 | 14.4% | $523,009,108 | $12,652,350 | 16.5% | 2.1% |
| Kansas | $349,072,968 | $176,517,475 | 33.6% | $525,590,443 | $6,783,690 | 34.4% | 0.8% |
| Kentucky | $758,738,405 | $66,214,249 | 8.0% | $824,952,654 | $29,780,401 | 11.2% | 3.2% |
| Louisiana | $509,309,466 | $160,389,165 | 23.9% | $669,698,631 | $5,950,966 | 24.6% | 0.7% |
| Maine | $239,924,656 | $82,160,947 | 25.5% | $322,085,603 | $9,521,598 | 27.6% | 2.1% |
| Maryland | $954,738,411 | $122,718,066 | 11.4% | $1,077,456,477 | $4,889,497 | 11.8% | 0.4% |
| Massachusetts[2] | $1,612,684,186 | $503,864,216 | 23.8% | $2,116,548,402 | $171,460,789 | 29.5% | 5.7% |
| Michigan | $1,482,976,417 | $324,192,904 | 17.9% | $1,807,169,321 | $31,140,077 | 19.3% | 1.4% |
| Minnesota[2] | $835,028,759 | $649,572,386 | 43.8% | $1,484,601,145 | $48,172,461 | 45.5% | 1.7% |
| Mississippi[5] | $694,932,380 | $4,876,823 | 0.7% | $699,809,203 | $0 | 0.7% | 0.0% |
| Missouri | $760,018,026 | $338,357,223 | 30.8% | $1,098,375,249 | $12,187,935 | 31.6% | 0.8% |
| Montana | $148,657,897 | $51,609,895 | 25.8% | $200,267,792 | $0 | 25.8% | 0.0% |
| Nebraska | $328,400,530 | $72,494,224 | 18.1% | $400,894,754 | $3,598,915 | 18.8% | 0.7% |
| Nevada | $155,014,807 | $80,677,792 | 34.2% | $235,692,599 | $1,941,798 | 34.8% | 0.6% |
| New Hampshire | $317,870,200 | $46,178,843 | 12.7% | $364,049,043 | $350,000 | 12.8% | 0.1% |
| New Jersey | $1,780,135,441 | $445,464,711 | 20.0% | $2,225,600,152 | $20,796,127 | 20.8% | 0.8% |

| Table 1. Medicaid Long-Term Care and State-Funded HCBS Expenditures for Older People and Adults with Physical Disabilities* | | | | | | | |
|---|---|---|---|---|---|---|---|
| STATE | Medicaid LTC | | | TOTAL Medicaid LTC Expenditures | State-funded HCBS | Percent HCBS Including State-Funded Programs | Percentage Point Increase |
| | Nursing Home | HCBS | Percent HCBS | | | | |
| New Mexico | $173,587,539 | $267,545,445 | 60.6% | $441,132,984 | $24,018,278 | 62.7% | 2.1% |
| New York[2] | $6,750,416,830 | $2,729,111,915 | 28.8% | $9,479,528,745 | $95,301,184 | 29.5% | 0.7% |
| North Carolina | $1,125,575,224 | $713,482,771 | 38.8% | $1,839,057,995 | $34,230,937 | 39.9% | 1.1% |
| North Dakota | $168,472,951 | $9,767,592 | 5.5% | $178,240,543 | $7,328,250 | 9.2% | 3.7% |
| Ohio $2,643,027,882 | | $544,704,226 | 17.1% | $3,187,732,108 | $14,716,876 | 17.5% | 0.4% |
| Oklahoma $505,731,258 | | $22,739,633 | 4.3% | $528,470,891 | $3,342,624 | 4.9% | 0.6% |
| Oregon $292,315,922 | | $378,716,012 | 56.4% | $671,031,934 | $6,000,000 | 56.8% | 0.4% |
| Pennsylvania $3,868,257,381 | | $453,841,934 | 10.5% | $4,322,099,315 | $182,163,071 | 14.1% | 3.6% |
| Rhode Island | $299,904,871 | $42,803,481 | 12.5% | $342,708,352 | $3,816,776 | 13.5% | 1.0% |
| South Carolina | $489,665,170 | $136,307,631 | 21.8% | $625,972,801 | $1,248,208 | 21.9% | 0.0% |
| South Dakota | $135,544,832 | $10,658,155 | 7.3% | $146,202,987 | $6,669,960 | 11.3% | 4.0% |
| Tennessee | $1,182,654,826 | $16,031,823 | 1.3% | $1,198,686,649 | $5,149,000 | 1.8% | 0.5% |
| Texas[2] | $1,886,966,718 | $1,273,083,678 | 40.3% | $3,160,050,396 | $4,767,229 | 40.4% | 0.1% |
| Utah $163,123,796 | | $9,058,512 | 5.3% | $172,182,308 | $3,977,295 | 7.4% | 2.1% |
| Vermont[4] | $110,317,219 | $42,609,513 | 27.9% | $152,926,732 | $4,989,546 | 30.1% | 2.2% |
| Virginia $720,094,995 | | $258,483,941 | 26.4% | $978,578,936 | $10,586,464 | 27.2% | 0.8% |
| Washington $594,863,214 | | $717,016,716 | 54.7% | $1,311,879,930 | $14,386,000 | 55.1% | 0.5% |
| West Virginia | $420,724,229 | $100,504,288 | 19.3% | $521,228,517 | $1,795,000 | 19.6% | 0.3% |
| Wisconsin[2] | $988,641,608 | $384,601,050 | 28.0% | $1,373,242,658 | $0 | 28.0% | 0.0% |
| Wyoming $67,851,205 | | $11,133,093 | 14.1% | $78,984,298 | $3,151,144 | 17.4% | 3.3% |
| Total $46,980,338,539 | | $17,006,083,205 | 26.6% | $63,986,421,744 | $1,192,358,282 | 27.9% | 1.3% |

* Source: Steve Eiken and Brian Burwell. *Medicaid Long Term Care Expenditures FY 2007* . Thomson Reuters, 2008. Home health spending was excluded from Medicaid community based service and state-funded expenditures were added.

[1] Arizona's Medicaid LTC program is almost entirely provided through managed care contractors, and the state's total Medicaid LTC spending is much higher than indicated in the table (which includes only fee-for-service spending).

[2.] Data for Florida, Massachusetts, Minnesota, New York, Texas, and Wisconsin do not include managed LTC expednitures.

[3] California's reported Medicaid expenditures will likely increase as the state submits prior period adjustments. For FY 2002 through FY 2005, adjustments increased community services expenditures by $500 to $800 million.

[4] Vermont's data do not include a program that covers both long-term and acute care because long-term care spending data are not available.

[5] Mississippi Aged/Disabled waiver data are not available because the state did not report target population information for HCBS waivers.

**Table 2. State-Funded HCBS Programs for Older People**

| State | Single-Service HCBS Programs | State Appropriation | | Multiservice HCBS Programs | State Appropriation | | Total | |
|---|---|---|---|---|---|---|---|---|
| | | FY 2007 | FY 2002 | | FY 2007 | FY 2002 | FY 2007 | FY 2002 |
| AL | None | | | None | | | | |
| AK | Adult Day | $1,413,071 | $1,413,100 | Senior In-Home Services | $2,131,985 | NR | $4,620,056 | $2,867,600 |
| | Care Coordination* | See note | $962,900 | | | | | |
| | Respite* | See note | $491,600 | | | | | |
| | Senior Residential Services | $815,000 | NR | | | | | |
| | Mini Grants | $260,000 | NR | | | | | |
| AZ | None | | | Independent Living Services* | $16,217,498 | $9,982,800 | $16,217,498 | $10,482,800 |
| | | | | Tobacco Tax Program | $500,000 | | | |
| AR | None | | | State Aging Services | $4,667,664 | $4,686,551 | $7,667,664 | $7,686,551 |
| | | | | Cigarette Tax | $3,000,000 | $3,000,000 | | |
| CA | Alzheimer's Day Care Resource Center Program | $4,173,000 | $4,200,000 | IHSS Residual Program* | NR | $320,000,000 | $13,273,000 | $332,500,000 |
| | Respite | $333,000 | NA | Linkages | $8,433,000 | $8,300,000 | | |
| | Senior Companion | $334,000 | NA | | | | | |
| CO | None | | | State Funding for Senior Services | $7,000,000 | $2,740,000 | $7,000,000 | $2,740,000 |
| CT* | Alzheimer's Respite Program | $1,288,040 | $1,120,200 | CT Home Care Program for Elders: State Funded | $39,328,092 | $23,000,000 | $42,939,627 | $24,303,597 |
| | Day Care for Alzheimer's Victims | NR | $183,397 | *Personal Care Assistance Pilot* | $1,915,319 | NA | | |
| | Project Home Share | $99,273 | NR | | | | | |
| | Elderly Health Screening | $308,903 | NR | | | | | |
| DE | Statewide Respite Services | $110,000 | $124,557 | None | | | $1,488,951 | $626,065 |
| | Emergency Response System | $51,451 | $49,288 | | | | | |
| | Alzheimer's Day Treatment | $469,498 | $452,220 | | | | | |
| | Personal Attendant Program | $858,002 | NR | | | | | |
| DC | None | | | Senior Services Network | $16,784,032 | $14,727,000 | $16,784,032 | $14,727,000 |
| FL | None | | | Alzheimer's Disease Initiative | $13,833,105 | $12,155,902 | $67,240,223 | $64,049,733 |
| | | | | Community Care for the Elderly | $43,877,657 | $42,364,370 | | |
| | | | | Home Care for the Elderly | $9,529,461 | $9,529,461 | | |
| GA | None | | | Community-Based Services Program | $11,298,410 | $11,298,871 | $16,002,568 | $14,286,868 |
| | | | | State-funded Alzheimer's Program | $2,380,208 | $2,873,690 | | |
| | | | | Alzheimer's Community-Based Services | $530,516 | NA | | |
| | | | | Caregiver Kinship Care | $571,582 | NA | | |
| | | | | Health & Wellness | $1,075,822 | NA | | |
| | | | | GA Caregiver Resource Center | $36,216 | NA | | |
| | | | | Income Tax Check-off Fund | $109,814 | $114,307 | | |
| HI | None | | | Kupuna Care | $7,000,000 | $4,854,305 | $7,000,000 | $4,854,305 |
| ID | Congregate Meals | $62,200 | NA | Idaho Seniors Services Act | See note | $864,020 | $1,296,807 | $864,020 |
| | Transportation | $166,097 | NA | | | | | |
| | Case Management | $1,068,510 | NA | | | | | |
| IL | Home-Delivered Meals* | $8,504,007 | $6,600,000 | Community Care Program* | $146,693,760 | $212,800,000 | $155,197,767 | $219,400,000 |
| IN | None | | | CHOICE (Community and Home Options to Institutional Care for Elderly and Disabled) | $48,765,643 | $46,000,000 | $48,765,643 | $46,000,000 |

**Table 2. State-Funded HCBC Programs for Older People**

| State | Single-Service HCBC Programs | State Appropriation | | Multi-Service HCBC Programs | State Appropriation | | Total | |
|---|---|---|---|---|---|---|---|---|
| | | FY 2007 | FY 2002 | | FY 2007 | FY 2002 | FY 2007 | FY 2002 |
| IA | None | | | Senior Living Program | $8,324,044 | $4,177,291 | $12,652,350 | $7,301,048 |
| | | | | Elder Services | $4,328,306 | $3,123,757 | | |
| KS | None | | | Senior Care Act | $6,783,690 | $7,865,402 | $6,783,690 | $7,865,402 |
| KY | Adult Day/Alzheimer's Respite Program | $1,859,875 | $2,773,800 | Home Care | $17,586,230 | $15,301,500 | $29,780,401 | $18,075,300 |
| | Personal Care Attendant Program | $4,334,296 | | | | | | |
| | Hart Supported Living | $6,000,000 | | | | | | |
| LA | Nutrition/Meals | $4,817,470 | $5,100,000 | None | | | $5,950,966 | $6,200,000 |
| | Transportation | $621,784 | $600,000 | | | | | |
| | Homemaker | $511,712 | $500,000 | | | | | |
| ME | Homemaker Services | $2,273,317 | $2,000,000 | Home-Based Care for Elders & Disabled Adults | $6,337,531 | $13,000,000 | $9,521,598 | $16,276,000 |
| | Adult Day Services | $321,426 | $400,000 | | | | | |
| | Alzheimer's Respite | $589,324 | $876,000 | | | | | |
| MD | Senior Assisted Living Group Home Subsidy | $3,285,240 | NR | Congregate housing services program | $1,604,257 | NR | $4,889,497 | NR |
| MA | None | | | Home Care Program | $131,319,422 | $150,000,000 | $171,460,789 | $150,000,000 |
| | | | | *Enhanced Community Options Program** | $40,141,367 | NA | | |
| MI | Home-Delivered Meals | $10,461,717 | NR | Access Services | $898,400 | | $31,140,077 | $19,251,095 |
| | Personal Care* | See note | $2,664,208 | Community Services | $6,437,618 | | | |
| | Homemaker* | See note | $3,305,245 | In-Home Services | $6,516,842 | | | |
| | Adult Day Care* | See note | $2,135,372 | | | | | |
| | In-Home Respite* | See note | $3,277,041 | | | | | |
| | Care Management* | $6,825,500 | $7,869,229 | | | | | |
| MN | Senior Nutrition | $2,329,000 | $2,740,000 | Alternative Care | $44,983,000 | $65,000,000 | $48,172,461 | $68,193,000 |
| | Caregiver Support | $860,461 | $453,000 | | | | | |
| MS | None | | | None | | | | |
| MO | Non-Medicaid Consumer-Directed Care | $1,163,366 | NR | State Funded In-Home Services | $11,024,569 | NR | $12,187,935 | NR |
| MT | None | | | None | | | | |
| NE | Respite - Life Span | $810,000 | $810,000 | Disabled Persons and Family Support | $910,000 | $910,000 | $3,598,915 | $3,436,558 |
| | Care Management | $1,878,915 | $1,716,558 | | | | | |
| NV | None | | | Community Service Option Program for the Elderly | $1,941,798 | $998,070 | $1,941,798 | $998,070 |
| NH | Alzheimer's Disease & Related Disorders Respite Care | $350,000 | NA | None | | | $350,000 | |
| NJ | Alzheimer's Adult Day Services Program | $2,802,300 | $2,668,908 | Jersey Assistance for Community Caregiving (JACC) | $10,000,000 | $10,000,000 | $20,796,127 | $24,382,740 |
| | Home-Delivered Meals | NR | $1,870,832 | Congregate housing services program | $2,634,827 | $3,093,000 | | |
| | Statewide Respite Care Program | $5,359,000 | $6,750,000 | | | | | |

| Table 2. State-Funded HCBC Programs for Older People | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| State | Single-Service HCBC Programs | State Appropriation | | Multi-Service HCBC Programs | State Appropriation | | Total | |
| | | FY 2007 | FY 2002 | | FY 2007 | FY 2002 | FY 2007 | FY 2002 |
| NM | None | | | GAP Program | $169,000 | NR | $24,018,278 | $13,577,530 |
| | | | | Area Agency on Aging Services* | $20,197,810 | $10,905,536 | | |
| | | | | Indian Area Agency on Aging* | $1,437,251 | $1,665,352 | | |
| | | | | Navajo Area Agency on Aging* | $2,214,217 | $1,006,642 | | |
| NY | Supplemental Nutrition Program | $22,936,000 | $17,209,000 | Expanded In-Home Services for the Elderly Program | $52,512,184 | $25,500,030 | $95,301,184 | $42,709,030 |
| | | | | Community Services for the Elderly | $19,853,000 | NR | | |
| NC | Special Assistance in Home | $4,299,124 | NR | Home and Community Care Block Grant | $29,931,813 | $23,449,112 | $34,230,937 | $23,449,112 |
| ND | None | | | Service Payments for the Elderly and Disabled (SPED) | $6,874,804 | NR | $7,328,250 | NA |
| | | | | Expanded Service Payments for the Elderly and Disabled (ESPED) | $453,446 | NR | | |
| OH | Alzheimer's Respite | $4,085,888 | NR | Senior Community Services Block Grant | $10,630,988 | NR | $14,716,876 | NR |
| OK | Adult Day Care | $3,342,624 | $2,997,670 | None | | | $3,342,624 | $2,997,670 |
| OR | None | | | Oregon Project Independence | $6,000,000 | $5,106,951 | $6,000,000 | $5,106,951 |
| PA | Risk Reduction through Assistive Technology Program | NR | $1,000,000 | OPTIONS Program | $162,257,000 | $206,617,706 | $182,163,071 | $218,791,705 |
| | | | | Family Caregiver Support Program | $8,761,000 | $11,173,999 | | |
| | | | | Over 60 attendant care | $11,145,071 | NA | | |
| RI | Respite Care | NR | $424,000 | CoPay Program | $3,816,776 | $3,029,000 | $3,816,776 | $3,453,000 |
| SC | None | | | Alternative Care for the Elderly | $1,248,208 | $755,389 | $1,248,208 | $755,389 |
| SD | Homemaker | $4,768,400 | NR | Long-Term Care Alternatives Program | See note | $2,807,363 | $6,669,960 | $2,807,363 |
| | Nursing | $1,209,160 | NR | | | | | |
| | Respite Care | $692,400 | NR | | | | | |
| TN | None | | | Options for Community Living | $5,149,000 | NA | $5,149,000 | NA |
| TX | None | | | Area Agency on Aging Services* | $4,767,229 | $5,306,470 | $4,767,229 | $5,306,470 |
| UT | None | | | Home & Community-Based Alternatives Program | $3,977,295 | $3,644,828 | $3,977,295 | $3,644,828 |
| VT | Attendant Services Program | $4,889,546 | $201,368 | Housing and Support Services | See note | $750,110 | $4,989,546 | $5,438,467 |
| | VCIL Home modification | $100,000 | NR | | | | | |
| | Homemaker Program | See note | $3,448,203 | | | | | |
| | Adult Day Services | See note | $1,038,786 | | | | | |
| | Housing and Support Services | $350,103 | See note | | | | | |
| VA | Home-Delivered Meals | $3,797,304 | $3,406,545 | Community-Based Services Program | $5,357,554 | $6,283,166 | $10,586,464 | $10,599,810 |
| | Transportation | $1,431,606 | $910,099 | | | | | |
| WA | Respite & Family Caregivers Support* | $3,633,000 | $2,719,119 | *Family Caregiver Support Program* | NR | $622,810 | $14,386,000 | $3,341,929 |
| | Senior Drug Education | $163,000 | NA | Senior Services Citizens Act | $8,786,000 | NR | | |
| | Volunteer Chore | $1,804,000 | NA | | | | | |
| WV | Family Alzheimer's In-Home Respite | $795,000 | NA | Non-Medicaid Personal Care (Lighthouse) | $1,000,000 | NA | $1,795,000 | $700,000 |
| | Community Care Program | NA | $700,000 | | | | | |
| WI | Elderly Nutrition | NR | NR | Community Options Program* | $12,011,649 | NR | NR | NR |
| WY | None | | | Community-Based In-Home Services | $3,151,144 | $1,901,155 | $3,151,144 | $1,901,155 |
| TOTAL | | $136,065,910 | $98,162,245 | $1,068,654,124 | | $1,313,785,916 | $1,192,358,282 | $1,411,948,161 |

**Notes:** NR = not reported. NA = Not applicable.

* Programs in italics are not included in later tables.

* Alaska: Care coordination and respite programs were combined into the Senior In-Home Services program in 2004.

* Arizona's program was formerly named Non-Medical Home and Community Based Services.

* California: A major portion of the residual IHSS program converted to a §1115 Medicaid Demonstration program. About 2,000 participants who are not eligible for federal reimbursement continue in the program.

* Connecticut: The Home Care Program for Elders figures are for FY 2006.

* Florida: Information was taken from "2007 Florida Programs and Services," available at http://elderaffairs.state.fl.us/english/GLR/sops2007/First%20page_2007SOPS.html

* Idaho: This program was reported as an Older Americans Act activity and was not included in the 2008 report.

* Illinois: 2007 spending is for the non-Medicaid portion of the CCP program. 2002 spending may include both Medicaid-and state-funded clients.

* Massachusetts: Additional information about the Enhanced Community Options Program was not reported.

* Michigan: Care management is used to help consumers access multiservice programs. Personal care, homemaker, respite and day care are included in the multi-service programs.

* Minnesota: Single-service programs reported in 2002 are now covered by the Alternative Care program.

* New Jersey: The congregate housing services program was reported as a multiservice program in 2002 and a single-service program in 2007.

* NewMexico: These programs provide additional state funds for Older Americans Act services.

* Pennsylvania: Figures for FY 2002 include programs and services funded through an Aging Services Block grant that includes federal funds. The FY 2007 figures report the OPTIONS component of the block grant and the number of people served who receive care management and other HCBS services.

* South Dakota: The Long-Term Care Alternatives program was reorgnized into single-service programs.

* Texas: This program provides additional state funds for Older Americans Act services beyond the required match.

* Vermont: Services for this program were shifted to the Choices for Care §1115 demonstration program. The remaining funds support assessment and coordination.

* Wisconsin: The Community Option Program is merging with the Family Care Program (a managed care model) and could not be reported separately. Expenditures for FY 2006 are from Table 16, Report to the Legislature, Calendar Year 2006.

* Washington: Formerly Respite Services Program.

* West Virginia: Reported funding a community care program in FY 2002 that was not reported in 2007.

| Table 3. Single-Service HCBS Programs: Funding and Enrollment | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| State | Name of Single-Service HCBS Program | Source of State Funding | State Appropriation | | Number Enrolled | | Whom does the program serve? | Funding per Enrollee |
| | | | FY 2007 | FY 2002 | FY 2007 | FY 2002 | | |
| AK | Adult Day Care | General Revenue | $1,413,071 | $1,413,100 | 462 | 482 | 60+, individuals with disabilities and individuals with Alzheimer's disease or related disorders | $3,059 |
| | Care Coordination* | General Revenue | See note | $962,900 | See note | 1,157 | 60+, individuals with disabilities and individuals with Alzheimer's disease or related disorders | |
| | Respite* | General Revenue | See note | $491,600 | See note | 215 | Alzheimer's disease or related disorders | |
| | Senior Residential Services | General Revenue | $815,000 | NR | 116 | NR | 60+ | $7,026 |
| | Mini Grants | Mental Health Trust | $260,000 | NR | 237 | NR | 60+ w/Alzheimers and related dementia | $1,097 |
| CA | Alzheimer's Day Care Resource Center Program | General Revenue | $4,173,000 | $4,200,000 | 3,320 | 2,945 | Individuals with Alzheimer's disease or dementia | $1,257 |
| | Senior Companion | General Revenue | $334,000 | NR | NR | NA | 60+ | |
| | Respite | General Revenue | $333,000 | NR | 698 | NA | 60+ | $477 |
| CT | Statewide Respite Care Program | General Revenue | $1,288,040 | $1,120,200 | 656 | 491 | Individuals with Alzheimer's or related dementias | $1,963 |
| | Day Care for Alzheimer's victims | General Revenue | NR | $183,397 | | 100 | 60+ | |
| | Project Home Share | General Revenue | $99,273 | NR | 111 | NR | 60+ | $894 |
| | Elderly Health Screening | General Revenue | $308,903 | NR | 721 | NR | 60+ | $428 |
| DE | Statewide Respite Services | General Revenue | $110,000 | $124,557 | 35 | 67 | 60+ | $3,143 |
| | Emergency Response System | General Revenue | $51,451 | $49,288 | 197 | 120 | 65+, individuals with physical disabilities | $261 |
| | Alzheimer's Day Treatment | General Revenue | $469,498 | $452,220 | 52 | 37 | Individuals with Alzheimer's or related dementias, who cannot be left alone during day | $9,029 |
| | Personal Attendant Program | General Revenue/ Tobacco Funds | $858,002 | NR | 80 | NR | 65+, adults with physical disabilities | $10,725 |
| ID | Congregate Meals | General Revenue | $62,200 | NA | 644 | NA | 60+ | $97 |
| | Transportation | General Revenue | $166,097 | NA | 6,706 | NA | 60+ | $25 |
| | Case Management | General Revenue | $1,068,510 | NA | 6,275 | NA | 60+ | $170 |
| IL | Home-Delivered Meals* | General Revenue | $8,504,007 | $6,600,000 | 23,386 | 21,539 | 60+, frail, homebound, disabled, isolated | $364 |
| KY | Personal care attendant program | State General Funds | $4,334,296 | NA | 380 | NA | 18+ meeting nursing home level of care | $11,406 |
| | Hart-Supported Living | State General Funds | $6,000,000 | NA | 505 | NA | | $11,881 |
| | Adult Day/Alzheimer's Respite Program | General Revenue | $1,859,875 | $2,773,800 | 822 | NR | Any person with a diagnosis of Alzheimer's disease | $2,263 |
| LA | Nutrition/Meals | General Revenue | $4,817,470 | $5,100,000 | See notes | NR | 60+ | |
| | Transportation | General Revenue | $621,784 | $600,000 | See notes | NR | 60+ | |
| | Homemaker | General Revenue | $511,712 | $500,000 | 5,345 | NR | 60+ | $96 |

| Table 3. Single-Service HCBS Programs: Funding and Enrollment | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| State | Name of Single-Service HCBS Program | Source of State Funding | State Appropriation | | Number Enrolled | | Whom does the program serve? | Funding per Enrollee |
| | | | FY 2007 | FY 2002 | FY 2007 | FY 2002 | | |
| ME | Homemaker Services | General Revenue | $2,273,317 | $2,000,000 | 1482 | 1,764 | 18+ | $1,534 |
| | Adult Day Services | General Revenue | $321,426 | $400,000 | 71 | 155 | 18+ | $4,527 |
| | Alzheimer's Respite | General Revenue | $589,324 | $876,000 | 680 | 472 | 18+ | $867 |
| MD | Senior Assisted Living Group Home Subsidy | General Revenue | $3,285,240 | NR | 661 | NR | 62+ | $4,970 |
| MA | None | | | | | | | |
| MI | Home delivered meals | General Revenue | $10,461,717 | NR | 49,717 | 2,967 | 60+ | $210 |
| | Personal Care* | General Revenue | See note | $2,664,208 | NR | 2,967 | 60+ | |
| | Homemaker* | General Revenue | See note | $3,305,245 | NR | 6,275 | 60+ | |
| | Adult Day Care* | Revenue from unclaimed property, tobacco settlement | See note | $2,135,372 | NR | 128 | 60+, Adults with disabilities | |
| | In-Home Respite* | Revenue from unclaimed property, tobacco settlement | See note | $3,277,041 | NR | 846 | 60+, Adults with disabilities | |
| | Care Management | General Revenue | $6,825,500 | $7,869,229 | 3,812 | 12,509 | 60+ | $1,791 |
| MN | Senior Nutrition | General Revenue | $2,329,000 | $2,740,000 | 78,000 | 88,000 | 60+ | $30 |
| | Caregiver Support | General Revenue | $860,461 | $453,000 | 4,713 | 7,000 | 60+ | $183 |
| MS | None | | | | | | | |
| MO | Non-Medicaid Consumer Directed Care | General Revenue | $1,163,366 | NR | 81 | NR | 60+, Adults with disabilities | $14,363 |
| NE | Respite - Life Span | Tobacco funds | $810,000 | $810,000 | 201 | 415 | Individuals who have an in-home caregiver needing respite | $4,030 |
| | Care Management | General Revenue | $1,878,915 | $1,716,558 | 5,470 | 8,975 | 60+ with service needs | $343 |
| NV | None | | | | | | | |
| NH | ADRD Respite Care | General Revenue | $350,000 | NA | 230 | NA | Individuals with irreversible dementing illness who live with family caregivers | $1,522 |
| NJ | Adult Day Services Program for Persons with Alzheimer's Disease or Related Disorders | Casino Revenue | $2,802,300 | $2,668,908 | 848 | 884 | Individuals with Alzheimer's or related disorders | $3,305 |
| | Home-Delivered Meals | Casino Revenue and General Revenue | NR | $1,870,832 | NR | 8,094 | 60+, minorities, individuals who are impoverished, frail, and/or vulnerable | |
| | Statewide Respite Care Program | Casino Revenue | $5,359,000 | $6,750,000 | 4,200 | 3,060 | Age 18 or older and recipient must have a caregiver | $1,276 |
| NM | None | | | | | | | |
| NY | Supplemental Nutrition Program | General Revenue | $22,936,000 | $17,209,000 | 75,183 | 30,944 | 60+ | $305 |
| NC | Special Assistance In-Home | 50% General Revenue | $4,299,124 | NA | 1,503 | NA | Aged 65+; disabled 18-65 | $2,860 |
| OH | Alzheimer's Respite Program* | General Revenue | $4,085,888 | NR | 24,654 | NR | Age 60+ and caregivers | $166 |

| Table 3. Single-Service HCBS Programs: Funding and Enrollment | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| State | Name of Single-Service HCBS Program | Source of State Funding | State Appropriation | | Number Enrolled | | Whom does the program serve? | Funding per Enrollee |
| | | | FY 2007 | FY 2002 | FY 2007 | FY 2002 | | |
| OK | Adult Day Care | General Revenue | $3,342,624 | $2,997,670 | 618 | 851 | 60+, Individuals with physical disabilities | $5,409 |
| OR | None | | | | | | | |
| PA | Risk Reduction through Assistive Technology Program | Tobacco funds | NR | $1,000,000 | NR | 345 | 60+ | |
| RI | Respite Care | General Revenue | NR | $424,000 | NR | 1,500 | 60+, Individuals with Alzheimer's or related disorders | |
| SD | Homemaker | General Revenue* | $4,768,400 | NR | 3878 | NR | 18 and older with physical disability | $1,230 |
| | Nursing | General Revenue* | $1,209,160 | NR | 1441 | NR | 18 and older with physical disability | $839 |
| | Respite Care | General Revenue | $692,400 | NR | 304 | NR | 18 and older with a caregiver | $2,278 |
| VT* | Attendant Services Program | General Revenue | $4,889,546 | $201,368 | 384 | 845 | 18+ with disabilities | $12,733 |
| | VCIL Home Modification | General Revenue | $100,000 | NR | 59 | NR | Individuals with disabiltiies | $1,695 |
| | Homemaker Program | General Revenue | See note | $3,448,203 | NA | 324 | 60+/disabled | NA |
| | Adult Day Services | General Revenue | See note | $1,038,786 | NA | 978 | 60+/disabled | NA |
| | Housing and Support Services | General Revenue | $350,103 | See note | NA | 978 | 60+/disabled | NA |
| VA | Home-Delivered Meals | General Revenue | $3,797,304 | $3,406,545 | NR | NR | 60+ | |
| | Transportation | General Revenue | $1,431,606 | $910,099 | NR | NR | 60+ | |
| WA | Respite & Family Caregivers Support* | General Revenue | $3,633,000 | $2,719,119 | 2,475 | 1,951 | Caregivers of adults with functional disabilities and seniors | $1,468 |
| | Senior Drug Education | General Revenue | $163,000 | NA | NR | NA | 60+ | |
| | Volunteer Chore | General Revenue | $1,804,000 | NA | NR | NA | Adults with functional disabilities and seniors | |
| WV | Family Alheimer's In-Home Respite | State Lottery | $795,000 | $700,000 | 289 | 491 | Caregivers of individuals with Alzheimer's or related dementia | $2,751 |
| WI | Elderly Nutrition | General Revenue | NR | NR | NR | NR | 60+ | |
| WY | None | | | | | | | |
| TOTAL | | | $136,065,910 | $98,162,245 | 311,702 | 210,871 | | |

**Notes:** NR = not reported.

* Alaska: Care coordination and respite programs were combined into the Senior In-Home Services program in 2004.

* Illinois: This program supplements the Older Americans Act nutrition program beyond what is required.

* Louisiana: Reported providing meals to 4,394,367 people and transportation services to 722,067 people. The numbers include duplicated counts of the people served.

* Michigan: Personal care, homemaker, respite, and day care are included in the multiservice programs.

* Missouri: Includes block grant funds.

* Ohio: State respite funds are pooled by local AAAs with funds from other sources to support participants and caregivers.

* South Dakota: Social Services Block Grant funds are also used.

* Vermont: These services were included in the Medicaid Choices for Care § 1115 demonstration program. Housing and Supportive Services (HASS) now offers service coordination.

* Washington: Formerly respite services.

| Table 4. Single-Service HCBS Programs: Income and Asset Limits and Copayments | | | | |
|---|---|---|---|---|
| **State** | **Name of Single-Service HCBS Program** | **What is the income limit for a single individual to qualify for this program?** | **What are the asset/resource limits used to determine eligibility?** | **Are people in this program charged copayments?** |
| AK | Adult day care | None | None | Yes, sliding fee scalle |
| | Senior Residential Services | None | None | None |
| | Mini Grants | None | None | None |
| CA | Alzheimer's Day Care Resource Center Program | None | None | Yes, sliding fee scale |
| | Senior Companion | None | None | None |
| | Respite | None | None | None |
| CT | Alzheimer's Respite Program | $2,500/mo | $80,000/individual | Yes, 20% of cost of service |
| | Elderly Health Screening | None | None | None |
| | Project Home Share | None | None | Processing fee of $10 to $25 |
| DE | Statewide Respite Services | None | None | Yes, sliding fee scale |
| | Emergency Response System | None | None | Donation |
| | Alzheimer's Day Treatment | None | None | Donation |
| | Personal Attendant Program | None | None | Yes, sliding fee scale |
| ID | Congregate Meals | None | None | Donation |
| | Transportation | None | None | Donation |
| | Case management | None | None | None |
| IL | Home-Delivered Meals | None | None | None |
| KY | Personal Care Attendant Program | None | None | Yes depending on income |
| | Hart-Supported Living | None | None | None |
| | Adult Day/Alzheimer's Respite Program | None | None | None |
| LA | Nutrition/Meals | None | None | None |
| | Transportation | None | None | None |
| | Homemaker | None | None | None |
| ME | Homemaker Services | None | $50,000/individual; $75,000/couple | Yes, 20% of cost of service |
| | Adult Day Services | None | $50,000/individual; $75,000/couple | Yes, 20% of cost of service |
| | Alzheimer's Respite | None | $50,000/individual; $75,000/couple | Yes, 20% of cost of service |
| MD | Senior Assisted Living Group Home Subsidy | $2,440 | $11,000/individual; $14,000/couple | Program supplements participant income up to $650 a month |
| MI | Home-Delivered Meals | None | None | None |
| | Care Management | None | None | None |
| MN | Senior Nutrition | None | None | None |
| | Caregiver Support | None | None | None |
| MO | Non-Medicaid Consumer Directed Services | 300% FPL | $250,000 | None |
| NE | Respite - Life Span | 312% of Poverty | None | None |
| | Care Management | None | None | Yes, sliding fee scale |
| NH | ADRD Respite Care | None | None | None |

| Table 4. Single-Service HCBS Programs: Income and Asset Limits and Copayments | | | | |
|---|---|---|---|---|
| **State** | **Name of Single-Service HCBS Program** | **What is the income limit for a single individual to qualify for this program?** | **What are the asset/resource limits used to determine eligibility?** | **Are people in this program charged copayments?** |
| NJ | Alzheimer's Adult Day Services Program | $45,666/year individual<br>$53,277/year couple | $40,000/individual; $60,000/couple | Yes, sliding fee scale above 100% poverty |
| | Statewide Respite Care Program | $1,635/mo | $40,000/individual; $60,000/couple | Yes, sliding fee scale |
| NY | Supplemental Nutrition Program | None | None | None |
| NC | Special Assistance In-Home | 100% FPL | $200 | None |
| OH | Alzheimer's Respite Program | None | None | Voluntary cost share |
| OK | Adult Day Care | $851/mo | None | Yes |
| RI | Respite Care | None | None | Yes, sliding fee scale |
| SD | Homemaker | None | $40,000/individual; $45,000 couple | Yes |
| | Nursing | None | $40,000/individual; $45,000 couple | Yes |
| | Respite Care | None | $40,000/individual; $45,000 couple | Yes |
| VT | Attendant Services Program | None | None | None |
| | VCIL Home Modifications | 80% of area median income | None | |
| VA | Home-Delivered Meals | None | None | Yes, sliding fee scale |
| | Transportation | None | None | Yes, sliding fee scale |
| WA | Respite & Family Caregivers Support* | $3,140/mo | None | Yes, sliding fee scale |
| | Senior Drug Education | None | None | None |
| | Volunteer Chore | Individuals who cannot pay privately | None | None |

**Notes:** NR = not reported.

| Table 5. Multiservice HCBS Programs: Funding and Enrollment | | | | | | | |
|---|---|---|---|---|---|---|---|
| State | Name of Multiservice HCBS Program | Source of State Funding | Appropriation | | Number Enrolled | | Funding per Enrollee |
| | | | FY 2007 | FY 2002 | FY 2007 | FY 2002 | |
| AK | Senior In-Home Services* | General Revenue | $2,131,985 | NR | 570 | NR | $3,740 |
| AZ | Independent Living Supports* | General Revenue | $16,217,498 | $9,982,800 | 16,864 | 16,448 | $962 |
| | Tobacco Tax Program | Tobacco Tax | NR | $500,000 | | 798 | |
| AR | State Aging Services | General Revenue | $4,667,664 | $4,686,551 | NR | NR | NR |
| | Cigarette Tax | Tobacco Tax | $3,000,000 | $3,000,000 | NR | NR | NR |
| CA | IHSS Residual Program* | General Revenue | See note | $320,000,000 | See note | 70,000 | NA |
| | Linkages | General Revenue | $8,433,000 | $8,300,000 | 6,507 | 5,517 | $1,296 |
| CO | Older Coloradoans Fund* | General Revenue | See note | $2,000,000 | See note | NR | |
| | State Funding for Senior Services | General Revenue | $7,000,000 | $740,000 | 14,543 | NR | $481 |
| CT | CT Home Care Program for Elders: State-Funded | General Revenue | $39,328,092 | $23,000,000 | 4,933 | 3,439 | $7,972 |
| | Personal Care Assistance Pilot | General Revenue | $1,915,319 | NA | 150 | NA | $12,769 |
| DC | Senior Services Network* | General Revenue | $16,784,032 | $14,727,000 | 17,931 | 25,000 | $936 |
| FL | Alzheimer's Disease Initiative | General Revenue | $13,833,105 | $12,155,902 | 6,779 | 8,880 | $2,041 |
| | Community Care for the Elderly | General Revenue | $43,877,657 | $42,364,370 | 33,369 | 35,720 | $1,315 |
| | Home Care for the Elderly | General Revenue | $9,529,461 | $9,529,461 | 6,840 | 7,278 | $1,393 |
| GA | Community-Based Services Program* | General Revenue | $11,298,410 | $11,298,871 | 33,428 | 13,788 | $338 |
| | State-Funded Alzheimer's Program | General Revenue | $2,380,208 | $2,873,690 | 950 | 732 | $2,505 |
| | Alzheimer's Community Based Services | General Revenue | $530,516 | NA | 233 | NA | $2,277 |
| | Caregiver Kinship Care | General Revenue | $571,582 | NA | 550 | NA | $1,039 |
| | Health & Wellness | General Revenue | $1,075,822 | NA | 26,543 | NA | $41 |
| | GA Caregiver Resource Center | General Revenue | $36,216 | NA | 173 | NA | $209 |
| | Income Tax Check-off Fund | Dedicated Income Taxes | $109,814 | $114,307 | 528 | 673 | $208 |
| HI | Kupuna Care | General Revenue | $7,000,000 | $4,854,305 | 10,281 | 6,648 | $681 |
| ID | Idaho Senior Services Act | General Revenue | See note | $864,020 | See note | 2,555 | See note |
| IL | Community Care Program* | General Revenue | $146,693,760 | $212,800,000 | 21,760 | 39,354 | $6,741 |
| IN | CHOICE | General Revenue | $48,765,643 | $46,000,000 | 16,782 | 11,000 | $2,906 |
| IA | Senior Living Program | Senior Living Trust Fund | $8,324,044 | $4,177,291 | 15,705 | 9,548 | $530 |
| | Elder Services | General Revenue | $4,328,306 | $3,123,757 | 4,404 | 10,407 | $983 |
| KS | Senior Care Act | General Revenue | $6,783,690 | $7,865,402 | 6,113 | 4,248 | $1,110 |
| KY | Homecare | General Revenue | $17,586,230 | $15,301,500 | 8,263 | NR | $2,128 |
| LA | None | | | | | | |
| ME | Home-Based Care for Elders & Disabled Adults | General Revenue | $6,337,531 | $13,000,000 | 1,501 | 3,873 | $4,222 |
| MD | Congregate Housing Services Program | | $1,604,257 | NR | | NR | |

| Table 5. Multiservice HCBS Programs: Funding and Enrollment | | | | | | | |
|---|---|---|---|---|---|---|---|
| State | Name of Multiservice HCBS Program | Source of State Funding | Appropriation | | Number Enrolled | | Funding per Enrollee |
| | | | FY 2007 | FY 2002 | FY 2007 | FY 2002 | |
| MA | Home Care Program | General Revenue | $131,319,422 | $150,000,000 | 46,153 | 39,000 | $2,845 |
| | Enhanced Community Options Program | General Revenue | $40,141,367 | | 7,166 | | $5,602 |
| MI | Access Services | General Revenue | $898,400 | NA | NR | NR | |
| | Community Services | General Revenue | $6,437,618 | NA | NR | NR | |
| | In-Home Services | General Revenue | $6,516,842 | NA | NR | NR | |
| MN | Alternative Care | General Revenue | $44,983,000 | $65,000,000 | 5,078 | 12,193 | $8,858 |
| MO | State-Funded In-Home Services | Block Grant and General Revenue | $11,024,569 | NR | 4,413 | NR | $2,498 |
| NE | Disabled Persons and Family Support | General Revenue | $910,000 | $910,000 | 304 | 550 | $2,993 |
| NV | Community Service Option Program for the Elderly* | General Revenue | $1,941,798 | $998,070 | 138 | 241 | $14,071 |
| NJ | JACC | General Revenue | $10,000,000 | $10,000,000 | 1,347 | 1,873 | $7,424 |
| | Congregate Housing Services Program | Casino Revenue Fund and General Revenue | $2,634,827 | $3,093,000 | 2,337 | 2,994 | $1,127 |
| NM | GAP Program | General Revenue | $169,000 | NR | 28 | NR | $6,036 |
| | Area Agency on Aging Services* | General Revenue | $20,197,810 | $10,905,536 | 111,067 | 115,675 | $182 |
| | Indian Area Agency on Aging | General Revenue | $1,437,251 | $1,665,352 | 3,748 | 3,900 | $383 |
| | Navajo Area Agency on Aging | General Revenue | $2,214,217 | $1,006,642 | 6,024 | 4,300 | $368 |
| NY | Expanded In-Home Services for the Elderly Program | General Revenue | $52,512,184 | $25,500,030 | 46,383 | 34,545 | $1,132 |
| | Community Services for the Elderly | General Revenue | $19,853,000 | NR | 77,989 | NR | $255 |
| NC | Home and Community Care Block Grant | General Revenue | $29,931,813 | $23,449,112 | 31,198 | 72,907 | $959 |
| ND | SPED | 95% State General Revenue, 5% County Match | $6,874,804 | NR | 15,850 | NR | $434 |
| | ESPED | General Revenue | $453,446 | NR | 1,395 | NR | $325 |
| OH | Senior Community Services Block Grant | General Revenue | $10,630,988 | NR | 13,462 | NR | $790 |
| OR | Oregon Project Independence | Senior Property Tax Deferral | $6,000,000 | $5,106,951 | 3,602 | 4,400 | $1,666 |
| PA | OPTIONS Program* | State Lottery | $162,257,000 | $206,617,706 | 51,288 | 229,506 | $3,164 |
| | Pennsylvania Family Caregiver Support Program | General Revenue | $8,761,000 | $11,173,999 | NR | 8,020 | NA |
| | Over 60 Attendant Care | State Lottery | $11,145,071 | NA | 642 | NA | NA |
| RI | CoPay Program | General Revenue | $3,816,776 | $3,029,000 | 1,262 | 1,800 | $3,024 |
| SC | Alternative Care for the Elderly | General Revenue, Dedicated Taxes from Bingo | $1,248,208 | $755,389 | 802 | 484 | $1,561 |
| SD | Long-Term Care Alternatives Program (LTCAP) | General Revenue | See note | $2,807,363 | See note | 1,308 | $2,146 |
| TN | Options for Community Living | General Revenue | $5,149,000 | NA | 3,164 | NA | $1,627 |

| Table 5. Multiservice HCBS Programs: Funding and Enrollment | | | | | | | |
|---|---|---|---|---|---|---|---|
| State | Name of Multiservice HCBS Program | Source of State Funding | Appropriation | | Number Enrolled | | Funding per Enrollee |
| | | | FY 2007 | FY 2002 | FY 2007 | FY 2002 | |
| TX | Area Agency on Aging Services* | General Revenue | $4,767,229 | $5,306,470 | 227,881 | 176,625 | NA |
| UT | Home and Community-Based Alternatives Program | General Revenue | $3,977,295 | $3,644,828 | 1,059 | 1,865 | $3,756 |
| VT | HASS* | General Revenue | See note | $750,110 | See note | 771 | NA |
| VA | Community-Based Services | General Revenue | $5,357,554 | $6,283,166 | NR | NR | |
| WA | Senior Services Citizens Act | General Revenue | $8,786,000 | NR | NR | NR | |
| | Family Caregiver Support Program | General Revenue | NR | $622,810 | NR | 1,354 | |
| WV | Lighthouse | Lottery Funds | $1,000,000 | NA | 329 | NA | $3,040 |
| WI | Community Options Program (COP Regular) | General Revenue | $12,011,649 | NR | NR | 2,254 | NR |
| WY | Community-Based In-Home Services* | General Revenue | $3,151,144 | $1,901,155 | 2,765 | 2,781 | $1,140 |
| TOTAL | | | $1,068,654,124 | $1,313,785,916 | 922,574 | 995,252 | |

**Notes:** NR = not reported

* Alaska: Care coordination and respite programs were combined into the Senior In-Home Services program in 2004.

* California: The IHSS residual program converted to a §1115 Medicaid Demonstration program.

* Colorado: The Older Coloradoans program is included in the State Funding for Senior Services Program.

* DC: Includes clients served by federal funds.

* Georgia: The number of people enrolled is the aggregate number of participants who received a service and is a duplicated count.

* Idaho: This program was reported as an Older Americans Act activity and was not included in the 2008 report.

* Illinois: 2007 spending is for the non-Medicaid portion of the program. 2002 spending may include both Medicaid- and state-funded clients.

* Pennsylvania: Figures for FY 2002 include programs and services funded through an Aging Services Block grant that includes federal funds. The FY 2007 figures report the OPTIONS component of the block grant and the number of people served who receive care management and other HCBS services.

* South Dakota: The Long-Term Care Alternatives program was reorgnized into single-service programs.

* Texas: This program provides additional state funds for Older Americans Act services beyond the required match.

* Vermont: Services were shifted to the Choices for Care Demonstration. Remaining funds support assessment and coordination.

* Wyoming: The number of people served in FY 2002 was reduced to correct a reporting error.

| Table 6. Locally Funded Multiservice HCBS Programs | | | | |
|---|---|---|---|---|
| Are there any locally funded multiservice HCBS programs serving older persons in your state? | | | | |
| **State** | **Yes** | **No** | **NR** | **If yes, please describe** |
| AL | | x | | |
| AK | | x | | |
| AZ | | x | | |
| AR | | X | | |
| CA | | X | | |
| CO | | x | | |
| CT | | x | | |
| DE | | | x | |
| DC | | x | | |
| FL | x | | | The local services program provides additional funding to expand long-term care alternatives enabling elders to maintain an acceptable quality of life in their own homes and avoid or delay nursing home placement. This program is funded in four of the 11 Planning and Service Areas. The Department administers the program through contracts with AAAs which subcontract with providers for service delivery. |
| GA | x | | | Some of the larger urban counties provide significant funding to support a variety of social services for older residents, Senior Centers, meals, transportation, etc |
| HI | | x | | |
| ID | | x | | |
| IL | | x | x | |
| IN | | x | | |
| IA | | x | | |
| KS | | x | | |
| KY | x | | | Faith in Action |
| LA | | x | | |
| ME | | x | | |
| MD | | x | | |
| MA | | x | | |
| MI | X | | | 63 counties have senior millages that support a variety of multi-service HCBS programs for older adults. |
| MN | | X | | |
| MS | | x | | |
| MO x | | | | 43 of the state's 115 counties have a senior tax levy that may pay for HCBS. The funds are governmed by local Senior Tax Levy Boards that have full discretion to allocate or target the funds. |
| MT | | x | | |
| NE | | x | | |
| NV | | x | | |
| NH | | x | | |

| Table 6. Locally Funded Multiservice HCBS Programs | | | | |
|---|---|---|---|---|
| **Are there any locally funded multiservice HCBS programs serving older persons in your state?** | | | | |
| NJ | | x | | |
| NM | | x | | |
| NY | | x | | |
| NC | x | | | Some counties provide local support in excess of local matching requirements for aging services through the HCBS block grant. |
| ND | x | | | Some county Social Service Boards provide HCBS to county residents. |
| OH | x | | | 56 of 88 counties have a local tax levy senior services programs. Each is designed locally. |
| OK | | | x | |
| OR | | x | | |
| PA | | x | | |
| RI | | x | | Did not know |
| SC | | x | | |
| SD | | x | | |
| TN | | x | | |
| TX | | x | | |
| UT | x | | | One county received increased tax revenue and developed a program similar to the Home and Community Based Alternatives program with a higher financial eligibility standard. |
| VT | | x | | |
| VA | | x | | |
| WA | | x | | |
| WV | | x | | |
| WY | | x | | |
| TOTAL | 9 | 39 | 3 | |

Notes: NR = Not reported

| Table 7. Multiservice HCBS Programs: Population Served | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | What population does this program serve? | | | | | | | | |
| State | Name of Multiservice HCBS program | 60+ | 65+ | People with dementia | Older persons & other adults with physical disabilities | Financially ineligible for Medicaid | Ineligible for Medicaid waiver services based on health/functional criteria | Awaiting placement in the state's Medicaid HCBS program | Receiving Medicaid HCBS services | Awaiting placement for nursing home care |
| AL | None | | | | | | | | | |
| AK | Senior In-Home Services | | | | x | x | x | x | | x |
| AZ | Non-Medical Home & Community-Based Services | | | x | x | | x | x | | |
| AR | State Aging Services | x | | | | x | x | x | x | x |
| | Cigarette Tax | x | | | | x | x | x | x | x |
| CA | Linkages x | | | | | x | x | x | x | x |
| CO | State Funding for Senior Services | x | | | | x | x | x | x | x |
| CT | CT Home Care Program for Elders: State-Funded | | x | | | x | | | | |
| DE | None | | | | | | | | | |
| DC | Senior Services Network | x | | | | x | x | x | | x |
| FL | Alzheimer's Disease Initiative | | | x | | x | x | x | x | x |
| | Community Care for the Elderly | x | | | | x | x | x | x | x |
| | Home Care for the Elderly | x | | | | x | x | x | x | x |
| GA | Community-Based Services Program | x | | | | | | | | |
| | State-Funded Alzheimer's Program | | | x | | x | x | x | x | x |
| | Alzheimer's Community-Based Services | | | x | | x | x | x | x | x |
| | Caregiver Kinship Care | x | | | | x | x | x | x | |
| | Health & Wellness | | x | | | x | x | x | x | x |
| | GA Caregiver Resource Center | x | | | | x | x | x | x | x |
| | Income Tax Check-off Fund | x | | | | x | x | x | x | x |
| HI* | Kupuna Care | x | | | | x | x | x | x | |
| ID | None | | | | | | | | | |
| IL | Community Care Program | x | | | | x | | | x | |
| IN | CHOICE | | | | x | x | | x | | |
| IA | Senior Living Program | x | | | | x | x | x | x | X |
| | Elder Service | x | | | | x | x | x | x | x |
| KS | Senior Care Act | x | | | | x | x | | | |
| KY | Homecare | | | | x | x | | | x | |
| LA | None | | | | | | | | | |

| Table 7. Multiservice HCBS Programs: Population Served | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| What population does this program serve? | | | | | | | | | | |
| State | Name of Multiservice HCBS program | 60+ | 65+ | People with dementia | Older persons & other adults with physical disabilities | Financially ineligible for Medicaid | Ineligible for Medicaid waiver services based on health/functional criteria | Awaiting placement in the state's Medicaid HCBS program | Receiving Medicaid HCBS services | Awaiting placement for nursing home care |
| ME | Home Based Care for Elders & Disabled Adults | | | | x | x | x | | | |
| MD | Congregate Housing Services | * | | | | x | x | x | x | x |
| MA | Home Care Program | x | | | | | | | | |
| MI | Access Services | x | | | | x | x | x | x | x |
| | Community Services | x | | | | x | x | x | x | x |
| | In-Home Service | x | | | | x | x | x | x | x |
| MN | Alternative Care | | x | | | x | | x | | |
| MS | None | | | | | | | | | |
| MO | State-Funded In-Home Services | | | | x | x | | | x | |
| MT | None | | | | | | | | | |
| NE | Disabled Persons and Family Support | | | | x | x | x | x | x | |
| NV | Community Service Option Program for the Elderly | | x | | | x | | x | | x |
| NH | None | | | | | | | | | |
| NJ | JACC | x | | | | x | | | | |
| | Congregate Housing Services Program | * | | | | | | | | |
| NM | GAP Program | | | | | | | x | | x |
| | Area Agency on Aging Services* | x | | | | | x x | x | x | x |
| | Indian Area Agency on Aging | x | | | NR | | NR | NR | NR | NR |
| | Navajo Area Agency on Aging | x | | | NR | | NR | NR | NR | NR |
| NY | Expanded In-Home Services for the Elderly Program* | x | | | | x | x | x | x | x |
| | Community Services for the Elderly | x | | | | x | x | x | x | x |
| NC | Home and Community Care Block Grant | x | | | | * | | | | |
| ND | SPED* | | | | x | x | x | x | x | |
| | ESPED* | | | | x | x | x | | | |
| OH | Senior Community Services | x | | | | x | x | | | |
| OK | None | | | | | | | | | |
| OR | Oregon Project Independence* | x | | | | x | x | x | | |
| PA | OPTIONS Program | x | | | | x | x | | | |
| | Pennsylvania Family Caregiver Support Program | | x | | | | | | | |
| | Over 60 Attendant Care | x | | | | x | | | | |
| RI | CoPay Program | | x | | x | x | | | | |

x

| Table 7. Multiservice HCBS Programs: Population Served | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| What population does this program serve? | | | | | | | | | | |
| **State** | **Name of Multiservice HCBS program** | **60+** | **65+** | **People with dementia** | **Older persons & other adults with physical disabilities** | **Financially ineligible for Medicaid** | **Ineligible for Medicaid waiver services based on health/functional criteria** | **Awaiting placement in the state's Medicaid HCBS program** | **Receiving Medicaid HCBS services** | **Awaiting placement for nursing home care** |
| SC | Alternative Care for the Elderly | x | | | | x | x | x | x | x |
| SD | None | | | | | | | | | |
| TN | Options for Community Living | | x | | | x | x | | | |
| TX | Area Agency on Aging Services* | x | | | | | | | | |
| UT | Home and Community-Based Alternatives Program | x | | | x | x | x | x | | |
| VT | None | | | | | | | | | |
| VA | Community-Based Services | x | | | | | | | | |
| WA | Senior Services Citizens Act | x | | | | x | | x | | |
| WV | Lighthouse | x | | | | x | x | x | | x |
| WY | Community-Based In-Home services | | | | x | x | x | x | x | |
| TOTAL | | 36 | 6 | 4 | 13 | 50 | 39 | 38 | 30 | 27 |

**Notes:** NR = not reported

* Connecticut: The program serves individuals with Alzheimer's disease and related dementias.
* Hawaii: Also serve individuals with income below the poverty level.
* Iowa: The Senior Living Program is a program of last resort that can cover services above the Medicaid waiver maximums.
* Maine: Also serves people who are functionally but not financial eligible for Medicaid waiver services.
* Maryland: Sserves individuals 62 and older living in selected housing sites.
* New Jersey: Congregate Housing Services Program serves adults 62 and over.
* New York: Must also meet other program eligibility criteria.
* North Carolina: Eligibility is not means-tested but services are targeted to low-income, monitority and rural elders.
* North Dakota: SPED serves those who do not have severe impairments in toileting, transferring, or eating and are impaired in at least three IADLs.
* North Dakota: ESPED serves individuals with impairments in 4 ADLs or 5 IADLs.
* Oregon: Also serves individuals with Alzheimer's and related diseases.

| Table 8. Multiservice HCBS Programs: Income Limits | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| State | Name of Multiservice HCBS Program | What is the income limit for a single individual to qualify? | Is the amount tied to a common income standard (e.g., a percentage of the federal poverty level)? | | | | Does the program disregard certain types or amounts of income and/or certain expenses when determining eligibility? | | | | Is eligibility based on individual or household income? | | |
| | | | Yes | If yes, please describe | No | NA | Yes | If yes, please describe | No | NA | Ind income | Hshold income | NA |
| AL | None | | | | | | | | | | | | |
| AK | Senior In-Home Services | $1,911/mo | x | 300% of SSI | | | x | Permanent Fund Dividend | | | x | | |
| AZ | Independent Living Supports | None | | | | x | | | | x | | | x |
| AR | State Aging Services | None | | | | x | | | x | | | | x |
| | Cigarette Tax | None | | | | x | | | x | | | | x |
| CA | Linkages None | | | | | x | | | x | | | | |
| CO | State Funding for Senior Services | None | | | | x | | | | x | | | x |
| CT | Home Care Program for Elders: State-Funded | None | | | | x | | | | x | | | x |
| DE | None | | | | | | | | | | | | |
| DC | Senior Services Network | None | | | | x | | | | x | | | x |
| FL | Alzheimer's Disease Initiative | None | | | | x | | | | x | | | x |
| | Community Care for the Elderly | None | | | | x | | | | x | | | x |
| | Home Care for the Elderly | $1,911/mo | x | 300% of SSI | | | | | | | x | | |
| GA | Community-Based Services Program | None | | | | x | | | | x | | | x |
| | State-Funded Alzheimer's Program | None | | | | x | | | | x | | | x |
| | Alzheimer's Community Based Services | None | | | | x | | | | x | | | x |
| | Caregiver Kinship Care | None | | | | x | | | | x | | | x |
| | Health & Wellness | None | | | | x | | | | x | | | x |
| | GA Caregiver Resource Center | None | | | | x | | | | x | | | x |
| | Income Tax Check-off Fund | None | | | | x | | | | x | | | x |
| HI | Kupuna Care | None | | | | x | | | | x | | | x |
| ID | None | | | | | | | | | | | | |
| IL | Community Care Program | None | | | | x | | | | x | | | x |
| IN | CHOICE None | | | | | x | x | For cost sharing, health insurance premiums, long-term care costs, psychological services, and other payments | | | | x | |
| IA | Senior Living Program | Less than $30,630/year | x | 300% of FPL | | | | | x | | x | | |
| | Elder Services | None | | | | x | | | | x | | | x |
| KS | Senior Care Act | None | | | | x | | | | x | | | x |
| KY | Homecare | None | | | | | x | Extraordinary medical expenses, durable medical equipment, prepaid burial, and home modications in the last six months. | | | | | x |
| LA | None | | | | | | | | | | | | |

**Table 8. Multiservice HCBS Programs: Income Limits**

| State | Name of Multiservice HCBS Program | What is the income limit for a single individual to qualify? | Is the amount tied to a common income standard (e.g., a percentage of the federal poverty level)? | | | | Does the program disregard certain types or amounts of income and/or certain expenses when determining eligibility? | | | | Is eligibility based on individual or household income? | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Yes | If yes, please describe | No | NA | Yes | If yes, please describe | No | NA | Ind income | Hshold income | NA |
| ME | Home-Based Care for Elders & Disabled Adults | None | | | | x | | | | x | | | x |
| MD | Congregate Housing Services Program | $2,444/mo | x | 60% of state median income | | | | Allowable medical expenses | | | * | * | |
| MA | Home Care Program | $1,696/mo | | | x | | x | Rental income is adjusted based on expenses (i.e., repairs) but very few people have rental income | | | | x | |
| MI | Access Services | None | | | | x | | | | x | | | x |
| | Community Services | None | | | | x | | | | x | | | x |
| | In-Home Services | None | | | | x | | | | x | | | x |
| MN | Alternative Care | Combined income & assets are at or below $23,276 | x | Income and assets would cover 6 months or less of nursing home costs based on individual's level of need or "case mix.") | | | x | Recurring, predictable monthly medical expenses, clothing, personal needs allowance, unpaid past medical bills, $1,500 burial exclusion | | | | | x |
| MS | None | | | | | | | | | | | | |
| MO | State-Funded In-Home Services | See note | | | | | | | x | | | | x |
| MT | None | | | | | | | | | | | | |
| NE | Disabled Persons & Family Support | $1,364/mo | x | Median income/family of 4 | | | x | Disability and medical expenses | | | | x | |
| NV | Community Service Option Program for the Elderly | $2,812/mo | | | x | x | | Medical expense | | | x | | |
| NH | None | | | | | | | | | | | | |
| NJ | JACC | $3,106/mo individual $4,165/mo couple | x | 365% of FPL | | | x | Supplemental medical insurance premiums, prescribed medical expenses not reimbursed by insurance; client employed-provider insurance: Liability and Worker's Comp; standard deduction of $160/individual or $309/couple can be used instead of itemizing deductions. | | | x | | |
| | Congregate Housing Services Program | $930/mo | | | | | x | | | | | | |
| NM | GAP Program | $1,911/mo | x | 300% of SSI | | | | | x | | x | | |
| | Area Agencies on Aging | None | | | | x | | | | x | | | x |
| | Indian Area Agency on Aging | None | | | | x | | | | x | | | x |
| | Navajo Area Agency on Aging | None | | | | x | | | | x | | | x |
| NY | Expanded In-Home Services for the Elderly Program | None | | | | x | | | | x | | | x |
| | Community Services for the Elderly | None | | | | x | | | | x | | | x |
| NC | Home and Community Care Block Grant | None | | | | x | | | | x | | | x |

**Table 8. Multiservice HCBS Programs: Income Limits**

| State | Name of Multiservice HCBS Program | What is the income limit for a single individual to qualify? | Is the amount tied to a common income standard (e.g., a percentage of the federal poverty level)? | | | | Does the program disregard certain types or amounts of income and/or certain expenses when determining eligibility? | | | | Is eligibility based on individual or household income? | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Yes | If yes, please describe | No | NA | Yes | If yes, please describe | No | NA | Ind income | Hshold income | NA |
| ND | SPED<br>ESPED | $50,000<br>Medicaid x | | | x | | x<br>x | Primary residence | | | x | | x |
| OH | Senior Community Services Block Grant | None | | | | x | | | | x | | | x |
| OK | None | | | | | | | | | | | | |
| OR | Oregon Project Independence | None | | | | x | | | | x | | | x |
| PA | OPTIONS Program<br>PA Family Caregiver Support Program<br>Over 60 Attendant Care | None<br>$39,520<br>None | x | 300% of FPL | | x<br><br>x | | $100/mo for utilities, 7.5% medical expenses to establish sliding fee share | x | x<br><br>x | | x | x<br><br>x |
| RI | CoPay Program | $19,341/year | | | x | | x | Prescription drug and adult day care services | | | | x | |
| SC | Alternative Care for the Elderly | None | | | | x | | | | x | | | x |
| SD | None | | | | | | | | | | | | |
| TN | Options for Community Living | None | | | | x | | | | | | | x |
| TX | Area Agencies on Aging Services | None | | | | x | | | | x | | | x |
| UT | Home & Community -Based Alternatives Program | $1,300/mo | x | 100% of FPL | | | x | Deductions for medical bills & prescriptions >10% of monthly gross income; Child support,alimony, rent or mortgage > 30% of monthly gross income; Unreimbursed costs of death or burial durin the preceding 12 months; Relocation payments, uranium mining exposure (similar to Black Lung), foster grandparent and senior companion payments. | | | x | | |
| VT | None | | | | | | | | | | | | |
| VA | Community-Based Services | None | | | | x | | | | x | | | x |
| WA | Senior Services Citizens Act | - | x | 100% of state median income | | | | | x | | | | |
| WV | Lighthouse | None | | FPL | | | | | x | | | | x |
| WY | Community-Based In-Home Services | None | | | | x | | | | x | | | x |

**Notes:**

NA = not applicable.

NR = not reported.

* Maryland counts individual income for single persons and household income for couples.

* Missouri: This program provides state-funded service during periods of ineligibility for Medicaid or when individuals have not met their spend-down to qualify for Medicaid.

| Table 9. Multiservice HCBS Programs: Asset Limits | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| State | Name of Multiservice HCBS Program | Are asset limits used to determine eligibility? | | | | Does the program disregard certain types or amounts of assets when determining eligibility? | | | |
| | | Yes | Asset Limits | No | NR | Yes | If yes, please describe | No | N/A |
| AL | None | | | | | | | | |
| AK | Senior In-Home Services | | | x | | | | | x |
| AZ | Independent Living Services | | | x | | | | | x |
| AR | State Aging Services | | | x | | | | | x |
| | Cigarette Tax | | | x | | | | | x |
| CA | Linkages | | | x | | | | | x |
| CO | State Funding for Senior Services | | | x | | | | | x |
| CT | CT Home Care Program for Elders: State-Funded | x | $31,320/individual; $41,760/couple | | | x | Primary residence, furnishings, personal belongings; motor vehicle that is the applicant's essential means of transportation; irrevocable burial trusts up to $5,400 for each person or revocable contracts up to $1,800 for each person; burial plots; total case surrender value for life insurance policies that do not exceed $1,500. | | |
| DE | None | | | | | | | | |
| DC | Senior Services Network | | | x | | | | | x |
| FL | Alzheimer's Disease Initiative | | | x | | | | | x |
| | Community Care for the Elderly | | | x | | | | | x |
| | Home Care for the Elderly | x | $2,000/individual $5,000/couple | | | x | Homestead, vehicle, prepaid burial contract, burial funds up to $2,500, life insurance with face value under $2,500 | | |
| GA | Community-Based Services Program | | | x | | | | | x |
| | State-Funded Alzheimer's Program | | | x | | | | | x |
| | Alzheimer's Community Based Services | | | x | | | | | x |
| | Caregiver Kinship Care | | | x | | | | | x |
| | Health & Wellness | | | x | | | | | x |
| | Caregiver Resource Center | | | x | | | | | x |
| | Income Tax Check-off Fund | | | x | | | | | x |
| HI | Kupuna Care | | | x | | | | | x |
| ID | None | | | | | | | | |
| IL | Community Care Program | x | $17,500/individual | | | x | Homestead property, clothing and personal effcts, household furnishings, business or farming equipment used for the production of income, motor vehicles except those primarily for recreational purposes, group life insurance, the principal of a trust only when trust states the principal cannot be impaired, prepaid burial plan up to $1,500, life insurance policy with total face or cash value or $1,500 or less, and value of Food Stamp coupon. | | |

| Table 9. Multiservice HCBS Programs: Asset Limits | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| State | Name of Multiservice HCBS Program | Are asset limits used to determine eligibility? | | | | Does the program disregard certain types or amounts of assets when determining eligibility? | | | |
| | | Yes | Asset Limits | No | NR | Yes | If yes, please describe | No | N/A |
| IN | CHOICE | X | $500,000 | | | X | Checking and savings accounts, CDs, IRAs, stocks, bonds, mutual funds, cash surrender valua of life insurance, non-income producing real estate. | | x |
| IA | Senior Living Program | | | x | | | | | x |
| | Elder Services | | | x | | | | | x |
| KS | Senior Care Act | | | x | | | | | x |
| KY | Homecare | | | x | | | | | x |
| LA | None | | | | | | | | |
| ME | Home-Based Care for Elders & Disabled Adults | X | $50,000/individual; $75,000 couple | | | | | X | |
| MD | Congregate Housing Services Program | X | $27,375/individual; $45,585/couple | | | X | Real property that was the primary residence of a participant immediately before admission to the Program may not be counted towards the asset limit for 1 year after the date of admission to the Program. If after 1 year from admission the participant retains any ownership interest in the real property that was the primary residence of the participant immediately before admission, the value of the participant's ownership interest shall be counted against the asset limit. | | |
| MA | Home Care Program | | | x | | | | | x |
| MI | Access Services | | | x | | | | | x |
| | Community Services | | | x | | | | | x |
| | In-Home Services | | | x | | | | | x |
| MN | Alternative Care | x | Combined income and assets are at or below $23,276, which equals 135 days of NF care | | | x | Homestead property, 1 vehicle, personal property, cash value of life insurance under $1,500, burial accounts up to $1,500. and real property contiguous to homestead | | |
| MS | None | | | | | | | | |
| MO | State-Funded In-Home Services | | | x | | | | | x |
| MT | None | | | | | | | | |
| NE | Disabled Persons and Family Support | | | x | | | | | x |
| NV | Community Service Option Program for the Elderly | x | $10,000/individual $15,000/couple | | | | | x | |
| NH | None | | | | | | | | |
| NJ | JACC | x | $40,000/individual $60,000/couple | | | | | x | |
| | Congregate Housing Services Program | | | | x | | | | |
| NM | GAP Program | x | $2,000 | | | x | $1,500 burial account | | |
| | Area Agencies on Aging | | | x | | | | | x |
| | Indian Area Agency on Aging | | | x | | | | | x |
| | Navajo Area Agency on Aging | | | x | | | | | x |

| Table 9. Multiservice HCBS Programs: Asset Limits | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| State | Name of Multiservice HCBS Program | Are asset limits used to determine eligibility? | | | | Does the program disregard certain types or amounts of assets when determining eligibility? | | | |
| | | Yes | Asset Limits | No | NR | Yes | If yes, please describe | No | N/A |
| NY | Expanded In-Home Services for the Elderly Program | | | x | | | | | x |
| | Community Services for the Elderly | | | x | | | | | x |
| NC | Home and Community Care Block Grant | | | x | | | | | x |
| ND | SPED | x | $50,000 in liquid assets | | | x | Real property | | |
| | ESPED | x | $2,000/individual $3,000/couple | | | | | x | |
| OH | Senior Community Services Block Grant | | | x | | | | | x |
| OK | None | | | | | | | | |
| OR | Oregon Project Independence | | | x | | | | | x |
| PA | OPTIONS Program | | | x | | | | | x |
| | Pennsylvania Family Caregiver Support Program | | | x | | | | | x |
| | Over 60 Attendant Care | | | x | | | | | x |
| RI | CoPay Program | | | x | | | | | x |
| SC | Alternative Care for the Elderly | | | x | | | | | x |
| SD | None | | | | | | | | |
| TN | Options for Community Living | x | | | | | Do not include home, automobile, and personal belongings | | |
| TX | Area Agencies on Aging Services | | | x | | | | | x |
| UT | Home and Community-Based Alternatives Program | x | $6,000/individual $12,000/couple | | | x | Home | | x |
| VT | None | | | | | | | | x |
| VA | Community-Based Services | | | x | | | | | x |
| WA | Senior Services Citizens Act | x | $10,000/individual $15,000/two persons | | | x | Home, personal property used to produce income or for rehabilitation, cash surrender value of life insurance, one cemetery plot, automobile, and other personal property | | |
| WV | Lighthouse | | | x | | | | | x |
| WY | Community-Based In-Home Services | | | x | | | | | |
| TOTAL | | 15 | | 44 | 1 | 10 | | 4 | 46 |

**Notes:** NR = not reported

| Table 10. Multiservice HCBS Programs: Service Limits | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| State | Name of Multiservice HCBS Program | Does this program limit the amount or quantity of any covered service? | | | If yes, please describe the limit and how it is defined. | | | |
| | | Yes | No | NR | Service type/name | Amount of limit | Type of limit | Duration of limit |
| AL | None | | | | | | | |
| AK | Senior In-Home Services | x | | | Respite<br>Chore services | 40<br>10 | hours<br>hours | Month<br>Month |
| AZ | Independent Living Supports | | x | | | | | |
| AR | State Aging Services<br>Cigarette Tax | | x<br>x | | AAA requests voluntary donation<br>AAA requests voluntary donation | | | |
| CA | Linkages | | | x | | | | |
| CO | State Funding for Senior Services | | x | | | | | |
| CT | Home Care Program for Elders: State-Funded | | x | | | | | |
| DE | None | | | | | | | |
| DC | Senior Services Network | x | | | Homemaker | 2-8 (may vary with financial status of DC) | hours | Week |
| FL | Alzheimer's Disease Initiative<br>Community Care for the Elderly<br>Home Care for the Elderly | | x<br>x<br>x | | | | | |
| GA | Community-Based Services Program<br>State-Funded Alzheimer's Program<br>Alzheimer's Community Based Services<br>Caregiver Kinship Care<br>Health & Wellness<br>GA Caregiver Resource Center<br>Income Tax Check-off Fund | | x<br>x<br>x<br>x<br>x<br>x<br>x | | | | | |
| HI | Kupuna Care | | x | | | | | |
| ID | None | | | | | | | |
| IL | Community Care Program | | x | | | | | |
| IN | CHOICE | | x | | | | | |
| IA | Senior Living Program<br>Elder Services* | | x<br>x | | | | | |
| KS | Senior Care Act | | x | | | | | |
| KY | Homecare | x | | | | Based on need and available funding | | |
| LA | None | | | | | | | |

| Table 10. Multiservice HCBS Programs: Service Limits | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| State | Name of Multiservice HCBS Program | Does this program limit the amount or quantity of any covered service? | | | If yes, please describe the limit and how it is defined. | | | |
| | | Yes | No | NR | Service type/name | Amount of limit | Type of limit | Duration of limit |
| ME | Home-Based Care for Elders & Disabled Adults | x | | | Institutional respite | 2 weeks | Ave Medicaid per diem | 2 weeks |
| MD | Congregate Housing Services Program | x | | | Personal assistance; housekeeping; laundry | Standard model: 3 hours; individualized model: 9 hours | Per week | Ongoing |
| MA | Home Care Program | | x | | | | | |
| MI | Access Services<br>Community Services<br>In-Home Services | | x<br>x<br>x | | | | | |
| MN | Alternative Care | x | | | Care plan limited to 75% of monthly Elderly Waiver case mix cap; home modifications cappped at $4,845 | | | Per year |
| MS | None | | | | | | | |
| MO | State-Funded In-Home Services | | x | | | | | |
| MT | None | | | | | | | |
| NE | Disabled Persons and Family Support | x | | | Chore | $100 | dollars | month |
| NV | Community Service Option Program for the Elderly | x | | | Homemaker<br>Respite<br>Adult Day Care | 2 hours<br>2 weeks<br>1 | hours<br>weeks<br>day | <br><br>week |
| NH | None | | | | | | | |
| NJ | JACC<br>Congregate Housing Services Program | <br>x | x | | | <br>$600 | | <br>month |
| NM | GAP Program<br>Area Agencies on Aging<br>Indian Area Agency on Aging<br>Navajo Area Agency on Aging | | x<br>x<br>x<br>x | | | | | |
| NY | Expanded In-Home Services for the Elderly Program<br>Community Services for the Elderly | | x<br>x | | | | | |
| NC | Home and Community Care Block Grant | | x | | | | | |

| Table 10. Multiservice HCBS Programs: Service Limits | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| State | Name of Multiservice HCBS Program | Does this program limit the amount or quantity of any covered service? | | | If yes, please describe the limit and how it is defined. | | | |
| | | Yes | No | NR | Service type/name | Amount of limit | Type of limit | Duration of limit |
| ND | SPED | x | | | Respite, Homemaker, Family Home Care | $725; $244; $26.84 | month/month/day | |
| | ESPED | x | | | Same as SPED | Same as SPED | Same as SPED | |
| OH | Senior Community Services Block Grant | | x | | Depends on local policy | | | |
| OK | None | | | | | | | |
| OR | Oregon Project Independence | | x | | | | | |
| PA | OPTIONS Program | | x | | | | | |
| | Pennsylvania Family Caregiver Support Program | x | | | Services and supplies; home modifications | $200; $2,000 | dollars | Month; maximum for entire duration |
| | Over 60 Attendant Care | | x | | | | | |
| RI | CoPay Program | x | | | Certified nursing assistant | 20 | hrs | week |
| | | | | | Adult Day Services | 5 | days | week |
| SC | Alternative Care for the Elderly | | x | | | | | |
| SD | None | | | | | | | |
| TN | Options for Community Living | | x | | | | | |
| TX | Area Agencies on Aging Services | x | | | Respite | $300 | dollars | quarter |
| UT | Home and Community-Based Alternatives Program | | x | | | | | |
| VT | None | | | | | | | |
| VA | Community-Based Services | | | x | | | | |
| WA | Senior Services Citizens Act | | x | | | | | |
| WV | Lighthouse | x | | | Personal care, mobility assistance, nutrition assistance, houskeeping* | 60 | hours | month |
| WY | Community-Based In-Home Services | x | | | Home Modifications | $300 | one time | |
| TOTAL | | 16 | 42 | 2 | | | | |

**Notes:** NR = not reported

* Iowa: Limits may be placed by local Area Agencies on Aging but there are no statewide limits.
* Ohio: Varies by local program and available resources.
* West Virginia: Housekeeping is limited to 33% of the total service plan.

| Table 11. Multiservice HCBS Programs: Cost Caps | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| State | Name of Multiservice HCBS Program | Does this program set an upper limit on the total cost of services provided to an individual (care plan cost cap)? | | | | If yes, is this care plan cost cap tied to a related factor? | | | |
| | | Yes | If yes, amount | No | NR | Yes | No | NA | If yes, please describe |
| AL | None | | | | | | | | |
| AK | Senior In-Home Services | | | x | | | | x | |
| AZ | Independent Living Supports | | | x | | | | x | |
| AR | State Aging Services | | | x | | | | x | |
| | Cigarette Tax | | | x | | | | x | |
| CA | Linkages | | | x | | x | | | |
| CO | State Funding for Senior Services | | | | x | | | | |
| CT | CT Home Care Program for Elders: State-Funded | x | 25% of the cost of NF care for people at risk; 50% of the cost of NF care for those who meet level of care but are not financially eligible for Medicaid | | | x | | | Client is placed in category according to functional need: Category I (at risk, moderately frail) is 25% of nursing facility cost and Category II (immediate need, very frail) is 50% of nursing facility cost. |
| DE | None | | | | | | | | |
| DC | Senior Services Network | | | x | | | | x | |
| FL | Alzheimer's Disease Initiative | | | x | | | | x | |
| | Community Care for the Elderly | | | x | | | | x | |
| | Home Care for the Elderly | | | x | | | | x | |
| GA | Community-Based Services Program | | | x | | | | x | |
| | State-Funded Alzheimer's Program | | | x | | | | x | |
| | Alzheimer's Community Based Services | | | x | | | | x | |
| | Caregiver Kinship Care | | | x | | | | x | |
| | Health & Wellness | | | x | | | | x | |
| | GA Caregiver Resource Center | | | x | | | | x | |
| | Income Tax Check-off Fund | | | x | | | | x | |
| HI | Kupuna Care | | | x | | | | x | |
| ID | None | | | | | | | | |
| IL | Community Care Program | x | Varies by assessment score and primary service type. | | | | x | | |
| IN | CHOICE | x | 3 months cost of nursing facility care | | | x | | | Skilled Nursing Facility Index |
| IA | Senior Living Program | | | x | | | | x | |
| | Elder Services | | | x | | | | x | |

| Table 11. Multiservice HCBS Programs: Cost Caps | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| State | Name of Multiservice HCBS Program | Does this program set an upper limit on the total cost of services provided to an individual (care plan cost cap)? | | | | If yes, is this care plan cost cap tied to a related factor? | | | |
| | | Yes | If yes, amount | No | NR | Yes | No | NA | If yes, please describe |
| KS | Senior Care Act | x | $1,445 | | | x | | | |
| KY | Homecare | | | x | | | | x | |
| LA | None | | | | | | | | |
| ME | Home-Based Care for Elders & Disabled Adults | x | Level I = $900/mo;<br>Level II = $1,100/mo<br>Level III = $1,675/mo<br>Level IV = $2,033436/mo<br>(Levels are based on functional need) | | | x | | | Level IV = 85% of average cost of nursing facility. |
| MD | Congregate Housing Services Program | | | x | | | | x | |
| MA | Home Care Program | | | x | | | | x | |
| MI | Access Services<br>Community Services<br>In-Home Services | | | x<br>x<br>x | | | | x<br>x<br>x | |
| MN | Alternative Care | x | 75% of monthly Elderly Waiver cap | | | | | x | |
| MS | None | | | | | | | | |
| MO | State-Funded In-Home Services | x | $2,604 | | | x | | | Nursing facility cost cap |
| MT | None | | | | | | | | |
| NE | Disabled Persons and Family Support | x | $300/mo | | | | | | |
| NV | Community Home-Based Initiatives Program | | | x | | | | x | |
| NH | None | | | | | | | | |
| NJ | JACC<br>Congregate Housing Services Program | x | $600/mo | <br>x | | | x | | |
| NM | GAP Program<br>Area Agencies on Aging<br>Indian Area Agency on Aging<br>Navajo Area Agency on Aging | x | $7,000 over three years | <br>x<br>x<br>x | | | x | <br>x<br>x<br>x | |
| NY | Expanded In-Home Services for the Elderly Program<br>Community Services for the Elderly | | | x<br>x | | x | | <br>x | |
| NC | Home and Community Care Block Grant | | | x | | | | | |

| Table 11. Multiservice HCBS Programs: Cost Caps | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| State | Name of Multiservice HCBS Program | Does this program set an upper limit on the total cost of services provided to an individual (care plan cost cap)? | | | | If yes, is this care plan cost cap tied to a related factor? | | | |
| | | Yes | If yes, amount | No | NR | Yes | No | NA | If yes, please describe |
| ND | SPED | x | $1,602/mo | | | | x | | |
| | ESPED | x | $1,602/mo | | | | x | | |
| OH | Senior Community Services Block Grant | | | x | | | | | |
| OK | None | | | | | | | | |
| OR | Oregon Project Independence | | | x | | | | | |
| PA | OPTIONS Program | x | $714/mo | | | | x | | |
| | Pennsylvania Family Caregiver Support Program | x | $200/mo | | | | x | | |
| | Over 60 Attendant Care | | | x | | | | x | |
| RI | CoPay Program | | | x | | | | x | |
| SC | Alternative Care for the Elderly | | | x | | | | x | |
| SD | None | | | | | | | | |
| TN | Options for Community Living | | | x | | | | | |
| TX | Area Agencies on Aging Services | | | x | | | | x | |
| UT | Home and Community-Based Alternatives Program | x | $750/mo | | | | x | | |
| VT | None | | | | | | | | |
| VA | Community-Based Services | | | x | | | | | |
| WA | Senior Services Citizens Act | | | x | | | | x | |
| WV | Lighthouse | x | $930/mo | | | | x | | |
| WY | Community Based In-Home Services | | | x | | | | x | |
| TOTAL | | 16 | | 43 | 1 | 4 | 10 | 38 | |

**Notes:** NR = not reported.

| Table 12. Multiservice HCBS Programs: Cost Sharing | | | | | |
|---|---|---|---|---|---|
| **State** | **Name of Multiservice HCBS Program** | **Do participants of this program share in the cost of care?** | | | **If yes, please describe the methodology to determine the amount of co-payment for an individual.** |
| | | **Yes** | **No** | **NR** | |
| AL | None | | | | |
| AK | Senior In-Home Services | x | | | Sliding fee scale. |
| AZ | Independent Living Services | | x | | Cost sharing is required for respite services but AAAs are encouraged to implement cost sharing for other services. |
| AR | State Aging Services | | x | | |
| | Cigarette Tax | | x | | |
| CA | Linkages x | | | | |
| CO | State Funding for Senior Services | | x | | |
| CT | CT Home Care Program for Elders: State-Funded | X | | | Yes, if their income exceeds 200% of FPL. |
| DE | None | | | | |
| DC | Senior Services Network | | x | | |
| FL | Alzheimer's Disease Initiative | x | | | Sliding fee scale. Clients with an income of $1.00 or more must make a copayment unless they are determined exempt. Clients who are automatically exempt are Home Care for the Elderly clients, Medicaid Waiver clients, Adult Protective Service clients (exemption cannot exceed 30 days), and individuals and couples with less than $1.00 monthly income. |
| | Community Care for the Elderly | x | | | Sliding fee scale. Clients with an income of $1.00 or more must make a copayment unless they are determined exempt. Clients who are automatically exempt are: Home Care for the Elderly clients, Medicaid Waiver clients, Adult Protective Service clients (exemption cannot exceed 30 days), and individuals and couples with less than $1.00 monthly income. |
| | Home Care for the Elderly | | x | | |
| GA | Community-Based Services Program | x | | | Sliding fee scale. Household size and annual income are used to determine the percentage of the unit cost for a service that is assessed as a fee or copay. Individuals with income at or below 125% of FPL do not pay a fee. Those with income above 400% of FPL pay 100% of the cost of service. |
| | State-Funded Alzheimer's Program | x | | | Same as above. |
| | Alzheimer's Community Based Services | x | | | Same as above. |
| | Caregiver Resource Center | x | | | Same as above. |
| | Income Tax Check-off Fund | x | | | Same as above. |
| | Caregiver Kinship Care | | x | | |
| | Health & Wellness | | x | | |

| Table 12. Multiservice HCBS Programs: Cost Sharing | | | | | |
|---|---|---|---|---|---|
| State | Name of Multiservice HCBS Program | Do participants of this program share in the cost of care? | | | If yes, please describe the methodology to determine the amount of co-payment for an individual. |
| | | Yes | No | NR | |
| HI | Kupuna Care | x | | | Sliding fee scale for all services except case management and home-delivered meals. Individuals with incomes at or below $1,107/mo (150% of FPL) are not charged a fee. Those with incomes between $1,108-1,845/mo (150-250% of FPL) pay 1/3 of the service cost; those with incomes between $1,845-2,583/mo(250-350% of FPL) pay 2/3 of the service cost; those with incomes above $2,583/mo (350% of FPL) pay the full cost. Out-of-pocket health care expenses and emergency expense are deducted. |
| ID | None | | | | |
| IL | Community Care Program | x | | | Sliding fee scale based on poverty level. |
| IN | CHOICE | x | | | Sliding fee scale. Individuals with income below 151% of FPL pay nothing, and those with incomes at or above 351% of FPL pay full cost of services. |
| IA | Senior Living Program<br>Elder Services | | x<br>x | | |
| KS | Senior Care Act | x | | | Sliding fee based on household income. |
| KY | Homecare | X | | | Sliding fee scale based on federal poverty guidelines. A one-person household with income less than 130% FPL does not pay a fee; 130-149% pays 20% of cost;150-169% pays 40%; 170-189% pays 60%; 190-209% pays 80%; and 210% and higher pays full cost. |
| LA | None | | | | |
| ME | Home-Based Care for Elders & Disabled Adults | x | | | 3% of assets monthly ($15,000 asset disregard); 4% of monthly income. |
| MD | Congregate Housing Services Program | x | | | Based on net income. |
| MA | Home Care Program | x | | | Monthly fee based on annual gross income only. |
| MI | Access Services<br>Community Services<br>In-Home Services | | x<br>x<br>x | | |
| MN | Alternative Care | x | | | Sliding fee scale. Individuals with income between 100%-150% of FPL and gross assets < $10,000 pay 5% of service cost; 150%-200% FPL pay 15% of service costs; over 200% FPL or assets over $10,000 pay 30% of service costs. |
| MS | None | | | | |
| MO | State-Funded In-Home Services | x | | | Sliding fee scale. |
| MT | None | | | | |
| NE | Disabled Persons and Family Support | | x | | |
| NV | Community Service Option Program for the Elderly | | X | | Eliminated in July 2008. |
| NH | None | | | | |

| Table 12. Multiservice HCBS Programs: Cost Sharing | | | | | |
|---|---|---|---|---|---|
| **State** | **Name of Multiservice HCBS Program** | **Do participants of this program share in the cost of care?** | | | **If yes, please describe the methodology to determine the amount of co-payment for an individual.** |
| | | **Yes** | **No** | **NR** | |
| NJ | JACC | x | | | Sliding fee scale. Copay amounts can be $0, $15, $30, $60, $90, or $120 based on monthly income (i.e., individuals with incomes below $1,153 have no co-pay; $1,154-$1,517 - $15; $1,518-$1,951 - $30; $1,952-$2,384 - $60; $2,358-$2,818 - $90; $2,819-$3,165 - $120). |
| | Congregate Housing Services Program | x | | | Sliding fee scale. |
| NM | GAP Program | x | | | Individuals contribute to environmental modications that exceed $7,000. |
| | Area Agencies on Aging | | x | | |
| | Indian Area Agency on Aging | | x | | |
| | Navajo Area Agency on Aging | | x | | |
| NY | Expanded In-Home Services for the Elderly Program (EISEP) | x | | | Sliding fee scale starts at 150 FPL and applies to some service. Some exclusions from income are allowed, such as housing costs that exceed 40% of income. |
| | Community Services for the Elderly | x | | | Sliding fee for EISEP-like services; no fee for other services. |
| NC | Home and Community Care Block Grant | x | | | Voluntary donations. |
| ND | SPED | x | | | Separate sliding fee scales for $0-$24,999 and $25,000-$50,000. |
| | ESPED | | x | | |
| OH | Senior Community Services Block Grant | x | | | Sliding fee scale. |
| OK | None | | | | |
| OR | Oregon Project Independence | x | | | Sliding fee starts at 100% of FPL and increases in $25 increments to 200% of FPL. Full cost above 200% FPL. Monthly fees are limited to 30% of net income for a one-person household and 40% for two or more. All medical costs are deducted from gross income. |
| PA | OPTIONS Program | x | | | Sliding fee scale. Individuals with incomes at or below 100% of PFL have no copay. Those with income above 300% of FPL pay the full cost of services. |
| | Pennsylvania Family Caregiver Support Program | x | | | Sliding fee scale. Individuals with incomes at or below 125% of FPL have no copay; full payment starts at 300% of FPL. |
| | Over 60 Attendant Care | | x | | |
| RI | CoPay Program | x | | | Sliding scale based on income. |
| SC | Alternative Care for the Elderly | x | | | Sliding fee. |
| SD | None | | | | |
| TN | Options for Community Living | x | | | Sliding fee calculated by Area Agency on Aging. |
| TX | Area Agencies on Aging Services | | x | | |
| UT | Home and Community-Based Alternatives Program | x | | | Sliding fee that ranges from zero to $34 per month. |
| VT | None | | | | |
| VA | Community-Based Services | x | | | Some local Area Agencies on Aging operate their home and community-based care services on a fee-for-service basis and charge people using a sliding fee scale. |

| Table 12. Multiservice HCBS Programs: Cost Sharing | | | | | |
|---|---|---|---|---|---|
| **State** | **Name of Multiservice HCBS Program** | **Do participants of this program share in the cost of care?** | | | **If yes, please describe the methodology to determine the amount of co-payment for an individual.** |
| | | **Yes** | **No** | **NR** | |
| WA | Senior Services Citizens Act | X | | | No fee below 40% of state median income; sliding fee scale between 40-100% of state median income. |
| WV | Lighthouse | x | | | Sliding fee scale based on Federal Poverty Level |
| WY | Community-Based In-Home Services | x | | | Sliding fee scale based on Federal Poverty Level |
| TOTAL | | 38 | 21 | 1 | |

**Notes:** NR = not reported.

| Table 13a. Multiservice HCBS Programs: Services Provided* | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **State** | **Name of Multiservice HCBS Program** | **Skilled Nursing** | **Home Health Aide** | **Home Health Care** | **Personal Care** | **Homemaker** | **Chore Services** | **Respite Care** | **Care Mgmt** | **Home-Delivered Meals** | **Transpor-tation** | **Adult Day Care** |
| AL | None | | | | | | | | | | | |
| AK | Senior In-Home Services | | | | | x | x | x | x | | | |
| AZ | Independent Living Supports | | x | | x | x | x | x | x | x | x | x |
| AR | State Aging Services | | | | | | | | | x | x | |
| | Cigarette Tax | | | | | | | | | x | x | |
| CA | Linkages | | x | | x | x | x | x | x | x | x | |
| CO | State Funding for Senior Services | | | | x | x | x | x | | x | x | x |
| CT | CT Home Care Program for Elders: State-Funded | x | x | | x | x | x | x | x | x | x | x |
| DE | None | | | | | | | | | | | |
| DC | Senior Services Network | | x | | x | x | x | x | x | x | x | x |
| FL | Alzheimer's Disease Initiative | | | | | | | x | x | | | x |
| | Community Care for the Elderly | | x | | x | x | x | x | x | x | x | x |
| | Home Care for the Elderly | | | | x | x | x | x | x | | | |
| GA | Community-Based Services Program | | | x | x | x | | x | x | x | x | x |
| | State-Funded Alzheimer's Program | | | | x | | | x | | | | x |
| | Alzheimer's Community-Based Services | | | | | | | x | | | | x |
| | Caregiver Kinship Care | | | | | | | x | | | | |
| | Health & Wellness | | | | | | | | | | | |
| | Caregiver Resource Center | | | | | | | x | | | | x |
| | Income Tax Check-off Fund | | | | | | | | | x | x | |
| HI | Kupuna Care | | | | x | x | x | | x | x | x | x |
| ID | None | | | | | | | | | | | |
| IL | Community Care Program | | | | x | x | | | x | | | x |
| IN | CHOICE | x | x | x | x | x | x | x | x | x | x | x |
| IA | Senior Living Program | | | | x | x | | x | x | x | x | x |
| | Elder Services | | | | x | x | | x | x | x | x | x |
| KS | Senior Care Act | | | | x | x | x | x | x | | x | x |
| KY | Homecare | | x | | x | x | x | x | x | x | x | x |
| LA | None | | | | | | | | | | | |

| Table 13a. Multiservice HCBS Programs: Services Provided* | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **State** | **Name of Multiservice HCBS Program** | **Skilled Nursing** | **Home Health Aide** | **Home Health Care** | **Personal Care** | **Homemaker** | **Chore Services** | **Respite Care** | **Care Mgmt** | **Home-Delivered Meals** | **Transpor-tation** | **Adult Day Care** |
| ME | Home-Based Care for Elders & Disabled Adults | x | x | x | x | x | | x | x | | x | x |
| MD | Congregate Housing Services Program | | | | x | x | | | x | | | |
| MA | Home Care Program | x | x | | x | x | x | x | x | x | x | x |
| MI | Access Services | | | | | | | | x | | | |
| | Community Services | | x | | x | x | x | x | | | | x |
| | In-Home Services | | | | | | | x | | | x | x |
| MN | Alternative Care | x | x | x | x | x | x | x | x | x | x | x |
| MS | None | | | | | | | | | | | |
| MO | State-Funded In-Home Services | | | | x | x | x | x | x | | | x |
| MT | None | | | | | | | | | | | |
| NE | Disabled Persons & Family Support | | x | x | x | x | | | x | x | x | x |
| NV | Community Service Option Program for the Elderly | | | | * | x | x | x | x | | | x |
| NH | None | | | | | | | | | | | |
| NJ | JACC | | | x | x | x | x | x | x | x | x | x |
| | Congregate Housing Services Program | | x | | x | x | | | | | | |
| NM | GAP Program | | | | | | | | | | | |
| | Area Agencies on Aging | | | | x | x | x | x | x | x | x | x |
| | Indian Area Agency on Aging | | | | x | x | x | x | x | x | x | x |
| | Navajo Area Agency on Aging | | | | | x | | | | x | x | |
| NY | Expanded In-Home Services for the Elderly Program | | | | x | x | | x | x | | | x |
| | Community Services for the Elderly | | x | | x | x | x | x | x | x | x | x |
| NC | Home & Community Care Block Grant | x | x | | x | | x | x | x | x | x | x |
| ND | SPED | | | | x | x | x | x | x | | | x |
| | ESPED | | | | x | x | x | x | x | | | x |
| OH | Senior Community Services Block Grant | | x | | x | x | x | | x | x | x | x |
| OK | None | | | | | | | | | | | |
| OR | Oregon Project Independence | x | | x | x | x | x | x | x | x | x | |

| Table 13a. Multiservice HCBS Programs: Services Provided* | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **State** | **Name of Multiservice HCBS Program** | **Skilled Nursing** | **Home Health Aide** | **Home Health Care** | **Personal Care** | **Homemaker** | **Chore Services** | **Respite Care** | **Care Mgmt** | **Home-Delivered Meals** | **Transpor-tation** | **Adult Day Care** |
| PA | OPTIONS Program | | x | x | x | x | x | x | x | x | x | x |
| | Family Carewgiver SupportSupport Program | | x | x | x | x | x | x | x | x | x | x |
| | Over 60 Attendant Care | | | | x | | | | x | | | |
| RI | CoPay Program | | x | | x | x | | | x | | | x |
| SC | Alternative Care for the Elderly | | | | | x | | x | x | x | | |
| SD | None | | | | | | | | | | | |
| TN | Options for Community Living | | | | x | x | | | x | x | | |
| TX | Area Agencies on Aging Services | | | | x | x | | x | x | x | x | |
| UT | Home and Community-Based Alternatives Program | | x | x | x | x | x | x | x | x | x | x |
| VT | None | | | | | | | | | | | |
| VA | Community-Based Services | | | | x | x | x | x | | | | x |
| WA | Senior Services Citizens Act | x | x | x | x | x | x | x | x | x | x | x |
| WV | Lighthouse | | | | x | x | | | x | | | |
| WY | Community-Based In-Home Services | | x | | x | | x | x | x | | | x |
| TOTAL | | 8 | 22 | 11 | 45 | 44 | 32 | 43 | 45 | 33 | 34 | 41 |
| Percent of programs covering this service | | 13% | 37% | 18% | 75% | 73% | 53% | 72% | 75% | 55% | 57% | 68% |

Notes: NR = Not reported.

State totals are in Table 13b.

* Programs that use a different name for a service that is consistent with the definition included on the survey are considered to offer the service listed.

| Table 13b. Multiservice HCBS Programs: Services Provided (continued) | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| State | Name of Multiservice HCBS Program | Habili-tation | Emergency Response System | Spec Med Equip/ Supplies | Home Repair/Mod | Assessment Services | Assisted Living | Adult Foster Care | Total Number of Services | Other (specify) |
| AL | None | | | | | | | | - | |
| AK | Senior In-Home Services | | | | | | | | 3 | |
| AZ | Independent Living Supports | | x | x | x | x | | | 13 | |
| AR | State Aging Services | | | | | | | | 2 | Senior Center activities. |
| | Cigarette Tax | | | | | | | | 2 | Senior Center activities. |
| CA | Linkages | x | x | x | x | x | x | | 14 | |
| CO | State Funding for Senior Services | | x | x | x | x | | | 12 | Health promotion: including art therapy, music therapy, dental, hearing, immunizations, medication management screening & education, insurance counseling, physical fitness & vision. |
| CT | CT Home Care Program for Elders: State-Funded | | x | | x | x | | | 13 | Mental health counseling. |
| DE | None | | | | | | | | - | |
| DC | Senior Services Network | | | | x | x | | | 11 | |
| FL | Alzheimer's Disease Initiative | | | x | | | | | 4 | Memory disorder clinics; caregiver training & support groups. |
| | Community Care for the Elderly | | x | x | x | | | | 12 | |
| | Home Care for the Elderly | | x | x | x | | | | 8 | Special cash subsidy. |
| GA | Community-Based Services Program | x | x | x | x | x | | | 13 | Activities that promote socialization, physcial and mental enrichment; community public education; information and assistance. |
| | State-Funded Alzheimer's Program | | | | | x | | | 4 | |
| | Alzheimer's Community-Based Services | | | | | | | | 2 | |
| | Caregiver Kinship Care | | | | | | | | 1 | Outreach to information of other services available and counseling to assist with decision making. |
| | Health & Wellness | | | | | | | | 0 | Activities that promote health, wellness, mobility and flexibiity, including specialized workouts for persons with disabilities or mobility limitations. |
| | GA Caregiver Resource Center | | | | | | | | 2 | Public information. |
| | Income Tax Check-off Fund | | | | | | | | 2 | |
| HI | Kupuna Care | | | | | | | | 7 | |
| ID | None | | | | | | | | - | |
| IL | Community Care Program | | | | | x | | | 5 | |
| IN | CHOICE | x | x | x | x | x | | | 16 | |

| Table 13b. Multiservice HCBS Programs: Services Provided (continued) | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **State** | **Name of Multiservice HCBS Program** | **Habili-tation** | **Emergency Response System** | **Spec Med Equip/ Supplies** | **Home Repair/Mod** | **Assessment Services** | **Assisted Living** | **Adult Foster Care** | **Total Number of Services** | **Other (specify)** |
| IA | Senior Living Program | | x | | x | x | | | 10 | Mental Health. |
| | Elder Services | | x | | x | x | | | 10 | Mental Health. |
| KS | Senior Care Act | | x | x | x | x | | | 11 | |
| KY | Homecare | | | | x | x | | 1 | 1 | |
| LA | None | | | | | | | | - | |
| ME | Home-Based Care for Elders & Disabled Adults | | x | | x | | | | 11 | |
| MD | Congregate Housing Services Program | | | | | | | | 2 | At least two meals per day either cooked on-site or catered and served in a community setting. |
| MA | Home Care Program | x | x | x | x | x | | | 15 | Companion, grocery shopping & delivery, home based wandering response, laundry, medication dispensing system, supportive day care, supportive home care aide, transitional assistance, wanderer locator. |
| MI | Access Services | | | | | | | | 1 | Information & assistance, outreach, case coordination & support. |
| | Community Services | | x | | x | | | | 8 | Friendly reassurance. |
| | In-Home Services | | | | x | | | | 4 | Disease prevention/health promotion, nutrtiion counseling, legal assistance, services for the deaf & visually impaired. |
| MN | Alternative Care | x | x | x | x | x | | | 16 | Family adult day services, caregiver training & |
| MS | None | | | | | | | | - | . |
| MO | State-Funded In-Home Services | | | | | | | | 5 | Counseling services. |
| MT | None | | | | | | | | - | |
| NE | Disabled Persons & Family Support | | | x | x | | | | 9 | |
| NV | Community Service Option Program for the Elderly | | x | | | | | | | 6 |
| NH | None | | | | | | | | - | |
| NJ | JACC | x | | x | | | | | 11 | Adult social day care is separate from adult day health care. |
| | Congregate Housing Services Program | | | | | | | | 3 | |
| NM | GAP Program | | | x | x | | | | 2 | |
| | Area Agencies on Aging | | | | X | X | | | 10 | |
| | Indian Area Agency on Aging | | | | X | X | | | 10 | |
| | Navajo Area Agency on Aging | | | | | | | | 4 | |

| Table 13b. Multiservice HCBS Programs: Services Provided (continued) | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **State** | **Name of Multiservice HCBS Program** | **Habili-tation** | **Emergency Response System** | **Spec Med Equip/ Supplies** | **Home Repair/Mod** | **Assessment Services** | **Assisted Living** | **Adult Foster Care** | **Total Number of Services** | **Other (specify)** |
| NY | Expanded In-Home Services for the Elderly Program | | x | x | x | x | | 9 | | Several of the services listed are covered as ancillary services. |
| | Community Services for the Elderly | | x | x | x | x | | | 13 | |
| NC | Home & Community Care Block Grant | | | | x | | | | 0 | 1 |
| ND | SPED | | X | | x | | | x | 9 | Family home care.* |
| | ESPED | | X | | x | | | x | 9 | Family home care.* |
| OH | Senior Community Services Block Grant | | x | | x | x | | | 1 | 1 |
| OK | None | | | | | | | | - | |
| OR | Oregon Project Independence | | | | x | x | | | 11 | Assisted transportation (escort); long term care planning; other services approved by DHS. |
| PA | OPTIONS Program | x | x | x | x | x | | x | 16 | Personal assistance services. |
| | Family Caregiver Support Program | | x | x | x | x | | | 14 | |
| | Over 60 Attendant Care | | x | | | | | | 2 | Personal assistance services. |
| RI | CoPay Program | | | | | | | | 4 | |
| SC | Alternative Care for the Elderly | | | | | | | | 4 | |
| SD | None | | | | | | | | - | |
| TN | Options for Community Living | | | | | | | | 3 | |
| TX | Area Agencies on Aging Services | | x | | x | | | | 8 | |
| UT | Home and Community-Based Alternatives Program | | x | x | x | x | | | 14 | |
| VT | None | | | | | | | | - | |
| VA | Community-Based Services | | | | | | | | 5 | |
| WA | Senior Services Citizens Act | | x | x | x | x | | | 15 | |
| WV | Lighthouse | | | | | x | | | 4 | |
| WY | Community-Based In-Home Services | | x | x | x | | | | 9 | |
| TOTAL | | 6 | 29 | 21 | 35 | 26 | 0 | 4 | | |
| Percent of programs covering this service | | 10% | 48% | 35% | 58% | 43% | 0% | 7% | | |

Notes:

North Dakota: Family home care is provided by relatives and adult foster care is provided by non-relatives.

| Table 14: Case Management Functions | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **State** | **Name of Multiservice HCBS Program** | **Has case manage-ment** | **Financial eligibility** | **Complete assess-ment** | **Functional eligibility** | **Develops care plan** | **Authorize services** | **Monitor service delivery** | **Coordinate services** | **Reassess-ment** | **Approves changes in care plan** | **Other** | **Provide waiver case manage-ment** |
| AL | None | | | | | | | | | | | | |
| AK | Senior In-Home Services | x | | x | | x | | x | x | | x | | x |
| AZ | Independent Living Support | x | | x | x | x | x | x | x | x | x | x | |
| AR | State Aging Services | No | | | | | | | | | | | |
| | Cigarette Tax | No | | | | | | | | | | | |
| CA | Linkages | x | | x | | x | x | x | x | x | x | x | |
| CO | State Funding for Senior Services | No | | | | | | | | | | | |
| CT | Home Care Program for Elders - State Funded | x | | x | | x | x | | | | | | x |
| DE | None | | | | | | | | | | | | |
| DC | Senior Services Network | x | | x | x | x | x | x | x | x | x | | x |
| FL | Alzheimer's Disease Initiative | x | | x | x | x | x | x | x | x | x | | |
| | Community Care for the Elderly | x | | x | x | x | x | x | x | x | x | | |
| | Home Care for the Elderly | x | x | x | x | x | x | x | x | x | x | | |
| GA | Community-Based Services Program | x | | | | | | | | | | | |
| | State-Funded Alzheimer's Program | * | | | | | | | | | | | |
| | Alzheimer's Community-Based Services | * | | | | | | | | | | | |
| | Caregiver Kinship Care | * | | | | | | | | | | | |
| | Health & Wellness | No | | | | | | | | | | | |
| | Caregiver Resource Center | * | | | | | | | | | | | |
| | Income Tax Check-off Fund | ** | | | | | | | | | | | |
| HI | Kapuna Care | x | | x | x | x | | x | x | x | | | |
| ID | None | | | | | | | | | | | | |
| IL | Community Care Program | x | x | x | x | x | x | x | x | x | x | | x |
| IN | CHOICE | x | x | x | x | x | x | x | x | x | x | | x |
| IA | Senior Living Program | x | x | x | | x | x | x | x | x | x | | x |
| | Elder Services | x | x | x | | x | x | x | x | x | x | | x |
| KS | Senior Care Act | x | x | x | x | x | x | x | x | x | x | | |
| KY | Home care | x | | x | x | x | x | x | x | x | x | x | |
| LA | None | | | | | | | | | | | | |

| Table 14: Case Management Functions | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **State** | **Name of Multiservice HCBS Program** | **Has case manage-ment** | **Financial eligibility** | **Complete assess-ment** | **Functional eligibility** | **Develops care plan** | **Authorize services** | **Monitor service delivery** | **Coordinate services** | **Reassess-ment** | **Approves changes in care plan** | **Other** | **Provide waiver case manage-ment** |
| ME | Home-Based Care for Elders & Disabled Adults | x | | | | | | x | x | | | | |
| MD | Congregate Housing Services Program | x | x | x | x | x | x | x | x | x | x | x | |
| MA | Home Care Program | x | x | x | x | x | x | x | x | x | x | | x |
| MI | Access Services<br>Community Services<br>In-Home Services | x | | x | x | x | x | x | x | x | x | | x |
| MN | Alternative Care Program | x | x | x | x | x | x | x | x | x | x | x | x |
| MS | None | | | | | | | | | | | | |
| MO | State-Funded In-Home Services | x | x | x | x | x | x | x | x | x | x | | x |
| MT | None | | | | | | | | | | | | |
| NE | Disabled Persons and Family Support | x | x | | | | | | | x | | | |
| NV | Community Service Option Program for the Elderly | x | x | x | x | x | x | x | x | x | x | | x |
| NH | None | | | | | | | | | | | | |
| NJ | JACC<br>Congregate Housing Services Program | x<br>NR | | x | x | x | x | x | x | x | x | | x |
| NM | GAP Program<br>Area Agencies on Aging<br>Indian Area Agency on Aging<br>Navajo Area Agency on Aging | <br>x<br>x | | | | | | | | | | | |
| NY | Expanded In-Home Services for the Elderly Program*<br>Community Services for the Elderly* | x<br>x | x<br>x | x<br>x | x<br>x | x<br>x | x<br>x | x<br>x | x<br>x | <br>x | x<br>x | | |
| NC | Home and Community Care Block Grant | x | x | x | x | x | x | x | x | x | x | | |
| ND | SPED<br>ESPED | x<br>x | x<br>x | x<br>x | x<br>x | x<br>x | x<br>x | x<br>x | x<br>x | x<br>x | x<br>x | | x<br>x |

| Table 14: Case Management Functions | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **State** | **Name of Multiservice HCBS Program** | **Has case manage-ment** | **Financial eligibility** | **Complete assess-ment** | **Functional eligibility** | **Develops care plan** | **Authorize services** | **Monitor service delivery** | **Coordinate services** | **Reassess-ment** | **Approves changes in care plan** | **Other** | **Provide waiver case manage-ment** |
| OH | Senior Community Services Block Grant | x | | x | x | x | x | | x | x | x | x | |
| OK | None | | | | | | | | | | | | |
| OR | Oregon Project Independence | x | x | x | x | x | x | x | x | x | x | | x |
| PA | OPTIONS Program | x | x | | | x | x | x | x | x | x | | x |
| | Family Caregiver Support Program | x | | x | x | x | x | x | x | x | x | | x |
| | Over 60 Attendant Care | x | | | | x | x | x | x | x | | | x |
| RI | CoPay Program | x | x | x | x | x | | x | x | x | | | x |
| SC | Alternative Care for the Elderly | x | | x | | x | | x | x | | | | x |
| SD | None | | | | | | | | | | | | |
| TN | Options for Community Living | x | x | x | x | x | | x | x | x | | | x |
| TX | Area Agencies on Aging Services | x | | x | | x | x | x | x | | x | | |
| UT | Home and Community-Based Alternatives Program | x | x | x | x | x | x | x | x | x | x | | x |
| VT | None | | | | | | | | | | | | |
| VA | Community-Based Services | No | | | | | | | | | | | |
| WA | Senior Services Citizens Act | x | | x | x | x | x | x | x | x | x | | x |
| WV | Lighthouse | x | | x | x | x | x | x | x | x | x | | x |
| WY | Community-Based In-Home Services | x | x | x | x | x | x | x | x | x | x | | x |
| TOTAL | | 45 | 23 | 38 | 31 | 40 | 35 | 39 | 40 | 36 | 34 | 6 | 26 |
| Percent | | 75% | 55% | 90% | 74% | 95% | 83% | 93% | 95% | 86% | 81% | 14% | 62% |

**Notes:**

Care management functions are calculated as a percentage of programs with care management.

Georgia: * Case management is not mandatory. Eligibility, assessment, impairment level, and unmet need are completed at the AAA single entry point but not with this funding source.

Georgia: Clients of the community-based services program may receive case management which is supported by this funding source.

Minnesota: Assists with contracting with providers.

New Mexico: Reported that case management was covered but did not specify the functions.

| Table 15. Multiservice HCBS Programs: Consumer Direction | | | | | | |
|---|---|---|---|---|---|---|
| State | Name of Multiservice HCBS Program | Is there an option for consumer direction in this program? | | | What percentage choose consumer direction? | Scope of consumer-directed activities |
| | | Yes | No | NR | | |
| AL | None | | | | | |
| AK | Senior In-Home Services | | x | | | |
| AZ | Independent Living Support<br>Tobacco Tax Program | | x<br>x | | | |
| AR | State Aging Services<br>Cigarette Tax | | x<br>x | | | |
| CA | Linkages | x | | | | |
| CO | State Funding for Senior Services | x | | | Unknown | Consumers do not manage a budget except for certain voucher services where consumers are allocated a set amount and selects their own provider. Consumers may hire family members and direct the delivery of the service. |
| CT | CT Home Care Program for Elders: State-Funded | x | | | Separate pilot program for 250 people. | May hire family members if services were not previously provided on an in-kind basis. |
| DE | None | | | | | |
| DC | Senior Services Network | | x | | | |
| FL | Alzheimer's Disease Initiative<br>Community Care for the Elderly<br>Home Care for the Elderly | <br><br>x | x<br>x | | | |
| GA | Community-Based Services Program<br>State-Funded Alzheimer's Program<br>Alzheimer's Community Based Services<br>Caregiver Kinship Care<br>Health & Wellness<br>GA Caregiver Resource Center<br>Income Tax Check-off Fund | | x<br>x<br>x<br>x<br>x<br>x<br>x | | | |
| HI | Kupuna Care | | x | | | |
| IL | Community Care Program | | x | | | |
| ID | None | | | | | |
| IN | CHOICE | x | | | About 1% | Consumers recruit, hire, train, reimburse, and fire attendant care providers (personal care). |

| Table 15. Multiservice HCBS Programs: Consumer Direction | | | | | | |
|---|---|---|---|---|---|---|
| State | Name of Multiservice HCBS Program | Is there an option for consumer direction in this program? | | | What percentage choose consumer direction? | Scope of consumer-directed activities |
| | | Yes | No | NR | | |
| IA | Senior Living Program<br>Elder Services | | x<br>x | | | |
| KS | Senior Care Act | x | | | 15% | Hire attendants, sign invoice, select services needed. |
| KY | Homecare | x | | | | A pilot program is underway. |
| LA | None | | | | | |
| ME | Home-Based Care for Elders & Disabled Adults | x | | | 5% | Ability to manage individual budget, hire and direct, can hire family members. |
| MD | Congregate Housing Services Program | x | | | 50% | Individualized program participants can select the service package that best meets their needs. |
| MA | Home Care Program | x | | | Less 100 consumers | May direct personal care and homemaker services, cannot hire a spouse. |
| MI | Access Services<br>Community Services<br>In-Home Services | | x<br>x<br>x | | | |
| MN | Alternative Care | x | | | 2% | The CDCS service option includes all services participants needs to remain in their homes. The participant chooses a fiscal management entity (FSE) through which all claims are billed to MMIS, determines what services are needed, selects their workers, controls the worker's schedule, and determines how tasks are to be done. CDCS participants can hire legally responsible relatives (spouse or guardian) to provide personal assistance services only. The legally responsible relative can only be paid for personal assistance up to 40 hours per week at a payment rate no greater than the MA payment for PCA services. There are no limitations on the hiring of other family members for any services needed at any rate. The participant's allowable maximum budget is determined by the participant's case mix level. Each case mix level has a budget maximum assigned based on the average actual expenditures of all AC recipients in that case mix level. The budget includes all paid services the participant needs except required case management and criminal background checks. |
| MS | None | | | | | |
| MO | State-Funded In-Home Services | | x | | | |
| MT | None | | | | | |
| NE | Disabled Persons and Family Support | x | | | 100% | |

| Table 15. Multiservice HCBS Programs: Consumer Direction | | | | | | |
|---|---|---|---|---|---|---|
| State | Name of Multiservice HCBS Program | Is there an option for consumer direction in this program? | | | What percentage choose consumer direction? | Scope of consumer-directed activities |
| | | Yes | No | NR | | |
| NV | Community Service Option Program for the Elderly | x | | | | |
| NH | None | | | | | |
| NJ | JACC | x | | | NR | |
| | Congregate Housing Services Program | x | | | NR | |
| NM | GAP Program | | x | | | |
| | Area Agencies on Aging | | | | | |
| | Indian Area Agency on Aging | | | | | |
| | Navajo Area Agency on Aging | | | | | |
| NY | Expanded In-Home Services for the Elderly Program | | x | | | |
| | Community Services for the Elderly | | x | | | |
| NC | Home and Community Care Block Grant | | x | | 2% | A small pilot program allows consumers to manage an individual budget and hire family members as caregivers for in-home services. |
| ND | SPED | | x | | | |
| | ESPED | | x | | | |
| OH | Senior Community Services Block Grant | x | | | | Varies by AAA that offer this option. |
| OK | None | | | | | |
| OR | Oregon Project Independence | x | | | Not documented but estimated at 50% | Hire and fire own service providers. |
| PA | OPTIONS Program | x | | | | Participants manage personal care and home support services. |
| | Pennsylvania Family Caregiver Support | | x | | | |
| | Over 60 Attendant Care | x | | | NR | NR |
| RI | CoPay Program | | x | | | |
| SC | Alternative Care for the Elderly | | x | | | |
| SD | None | | | | | |
| TN | Options for Community Living | | x | | | |
| TX | Area Agencies on Aging Services | | x | | | |
| UT | Home and Community-Based Alternatives Program | x | | | Less than 1% | Manage individual budget, hire and train providers. |
| VT | None | | | | | |

| Table 15. Multiservice HCBS Programs: Consumer Direction | | | | | | |
|---|---|---|---|---|---|---|
| State | Name of Multiservice HCBS Program | Is there an option for consumer direction in this program? | | | What percentage choose consumer direction? | Scope of consumer-directed activities |
| | | Yes | No | NR | | |
| VA | Community-Based Services | | | x | | |
| WA | Senior Services Citizens Act | | x | | | |
| WV | Lighthouse | | x | | | |
| WY | Community-Based In-Home Services | | x | | | |
| TOTAL | | 19 | 37 | 2 | | |

**Notes:** NR = not reported.

**Table 16: Multi-Service HCBS Programs: Quality Measurement and Budget Limitations**

| State | Name of Multi-Service HCBS Program | How is quality measured in this program? | Have there been any recent revenue/budget limitations on the program? |
|---|---|---|---|
| AL | None | | |
| AK | Senior In-Home Services | NR | NR |
| AZ | Independent Living Support | Bi-annual customer satisfaction survey and program monitoring. | Reductions are pending in 2008 and expected in 2009. |
| | Tobacco Tax Program | Contacts with case managers. | Unable to determine |
| AR | State Aging Services | | |
| | Cigarette Tax | | |
| CA | Linkages | NR | NR |
| CO | State Funding for Senior Services | AAAs administer the program locally. Satisfaction surveys are completed annually. The State Unit on Aging tracks service delivery and expenditures monthly. | No |
| CT | CT Home Care Program for Elders: State-Funded | Annual client surveys to determine client satisfaction. | No, not at this time. The program is open and enrolling clients: no waiting list. |
| DE | None | | |
| DC | Senior Services Network | Satisfaction surveys. | Resources are always limited. |
| FL | Alzheimer's Disease Initiative | Case manager observations; case management agency client satisfaction surveys and quality assurance monitoring; Department of Elder Affairs client satisfaction surveys. | No |
| | Community Care for the Elderly | Case manager observations; case management agency client satisfaction surveys and quality assurance monitoring; Department of Elder Affairs client satisfaction surveys. | No |
| | Home Care for the Elderly | Case manager observations; case management agency client satisfaction surveys and quality assurance monitoring; Department of Elder Affairs client satisfaction surveys. | No |
| GA | Community-Based Services Program | Outcome measures include but are not limited to AAA monitoring of service providers at least annually and client satisfaction surveys. | Unknown |
| | State-Funded Alzheimer's Program | Same as above | Unknown |
| | Alzheimer's Community Based Services | Same as above | Unknown |
| | Caregiver Kinship Care | Same as above | Unknown |
| | Health & Wellness | Same as above | Unknown |
| | Caregiver Resource Center | Same as above | Funding has been cut three times in the last five years. |
| | Income Tax Check-off Fund | Same as above | Unknown |
| HI | Kupuna Care | Measured through meeting contract and area plan objectives. | |
| ID | Idaho Seniors Services Act | Client satisfaction surveys at state level; AAAs use various methods. | Yes, adding to client load |

**Table 16: Multi-Service HCBS Programs: Quality Measurement and Budget Limitations**

| State | Name of Multi-Service HCBS Program | How is quality measured in this program? | Have there been any recent revenue/budget limitations on the program? |
|---|---|---|---|
| IL | Community Care Program | Primarily through quality improvement reviews of service providers and case management units; also through the Service Improvement Program. Also, providers must survey staff and client satisfaction. | NR |
| IN | CHOICE (Community and Home Options to Institutional Care for Elderly and Disabled) | Client review by case manager every 90 days; consumer satisfaction survey with feedback to vendors annually; and compliance monitoring checks. | Appropriations remained flat. |
| IA | Senior Living Program<br><br>Elder Services | NR<br><br>Quality Assurance Review at least every 4 years. | Appropriations is fixed every year and needs historically exceed the appropriation.<br>The appropriation is fixed every year. |
| KS | Senior Care Act | Customer surveys. | NR |
| KY | Homecare | Client satisfaction surveys. Also developing a program evaluation and outcomes based contracting. | FY 2009 budget has been cut 3%. |
| LA | None | | |
| ME | Home-Based Care for Elders & Disabled Adults | Case reviews; home visits, QA review committee; provider audits; consumer satisfaction surveys. | Program has a large and growing waiting list. |
| MD | Congregate Housing Services Program | State and local monitors interview participants in a group and individually. | No increases in state funding in several years. |
| MA | Home Care Program | Measured by consumer satisfaction, health and safety and outcomes from the care plan. | No |
| MI | Access Services<br><br>Community Services<br>In-Home Services | NR<br><br>NR<br>NR | Funding unchanged over 10 years; waiting lists statewide.<br><br>Funding unchanged over 10 years.<br>Funding unchanged over 10 years. |
| MN | Alternative Care | Elaborate site visit, random interview method. | Residential services were dropped in 2006. Eligibility asset and income limits were reduced to 135 days of NF care from 180 days. |
| MS | None | | |
| MO | State Funded In-Home Services | Providers undergo the same quality assurance measures as providers of Medicaid covered services and must meet conditions of participation. | State appropriation has been reduced. |
| MT | None | | |
| NE | Disabled Persons and Family Support | Self-reporting by consumers. | No budget increase since 1989. |
| NV | Community Service Option Program for the Elderly | Participant experience survey. | There was a 4.5% decrease in administrative funds. |
| NH | None | | |

**Table 16: Multi-Service HCBS Programs: Quality Measurement and Budget Limitations**

| State | Name of Multi-Service HCBS Program | How is quality measured in this program? | Have there been any recent revenue/budget limitations on the program? |
|---|---|---|---|
| NJ | Jersey Assistance for Community Caregiving (JACC) | On-site visits by state staff from the Division of Aging and Community Services and client satisfaction surveys. | Funding remains level and there are waiting lists. |
| | Congregate Housing Services Program | NR | NR |
| NM | GAP Program<br>Area Agencies on Aging<br>Indian Area Agency on Aging<br>Navajo Area Agency on Aging | Program manager conducts on-site evaluations before and after modifications are made. | Level funding for many years. |
| NY | Expanded In-Home Services for the Elderly Program | Quarterly reports, annual evaluations, client survey and in a limited numbner of AAAs, POMP. | Programs were reduced by 6% in FY 2008 and flat funding is expected in FY 2009. |
| | Community Services for the Elderly | Quarterly reports, annual evaluations, client survey and in a limited numbner of AAAs, POMP. | Programs were reduced by 6% in FY 2008 and flat funding is expected in FY 2009. |
| NC | Home and Community Care Block Grant | Measured by preventing unnecessary institutionalization. | No |
| ND | SPED | A comprehensive quality management program has been implemented for all programs. | NR |
| | ESPED | A comprehensive quality management program has been implemented for all programs. | NR |
| OH | Senior Community Services Block Grant | Varies by AAAs. | Funding has been reduced by 25% since 2001. |
| OK | None | | |
| OR | Oregon Project Independence | Customer satisfaction surveys, audit smaples. State staff perform field reviews in each local area. | Funding was reduced $1.8 million over last bi-ennium ($800,000 each year). |
| PA | OPTIONS Program | Consumer satisfaction surveys, onsite monitoring and care plan monitoring. | NR |
| | Pennsylvania Family Caregiver Support Program | Consumer satisfaction surveys, onsite visits and care management. | No |
| | Over 60 Attendant Care | Consumer satisfaction surveys, onsite monitoring and care plan monitoring. | NR |
| RI | CoPay Program | Periodic quality review | Enrollment in the program was closed for five months. |
| SC | Alternative Care for the Elderly | QA standards adopted by agency and used by service providers. | |
| SD | None | | |
| TN | Options for Community Living | AAAs have quality assurance teams that monitor providers; Commission on Aging team monitors overall program. | |
| TX | Area Agencies on Aging Services | NR | NR |
| UT | Home and Community-Based Alternatives Program | Frequent care management contact. | Anticipate slow growth. |

**Table 16: Multi-Service HCBS Programs: Quality Measurement and Budget Limitations**

| State | Name of Multi-Service HCBS Program | How is quality measured in this program? | Have there been any recent revenue/budget limitations on the program? |
|---|---|---|---|
| VT | None | | |
| VA | Community-Based Services | | |
| WA | Senior Services Citizens Act | Monitoring of contracted service providers. | Funds were reduced several years ago that have not been restored. |
| WV | Lighthouse | Peer review by Registered Nurses | No |
| WY | Community-Based In-Home Services | Annual assessment on each grantee who recieves funds. | NR |

NR = Not reported.