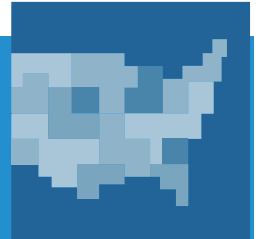


REPORT



January 2018

Medicaid Home and Community-Based Services:

RESULTS FROM A 50-STATE SURVEY OF ENROLLMENT, SPENDING, AND PROGRAM POLICIES

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Executive Summary

Medicaid is the primary source of coverage for long-term services and supports (LTSS), including home and community-based services (HCBS) that help seniors and people with disabilities with self-care and household activities. For the past 16 years, the Kaiser Family Foundation has surveyed all 50 states and Washington, DC to track Medicaid HCBS enrollment, spending, and program policies. This report presents our latest survey findings, including 2014 data for the three programs that comprise the majority of HCBS enrollment and spending: the mandatory home health services state plan benefit, the optional personal care services state plan benefit, and optional Section 1915 (c) HCBS waivers. In recognition of growing state interest in other program authorities, this year's report adds 2016 HCBS enrollment and spending data for the Section 1915 (i) HCBS state plan option and the Community First Choice state plan option.

This report also identifies key 2016 state-level HCBS policy developments related to waiver waiting lists, financial and functional eligibility criteria, cost controls, self-direction, waiver consolidation, scope of benefits, provider policies and payment rates, and state progress in implementing the U.S. Department of Labor (DOL) direct care worker minimum wage and overtime rule and the Medicaid home and community-based settings rule. Additionally, this year's report discusses HCBS enrollment and waiting list changes in the context of the Affordable Care Act's (ACA) Medicaid expansion; HCBS quality measures; and state progress in implementing selected managed long-term services and supports (MLTSS) provisions of the revised Medicaid managed care rule. The Appendix tables contain detailed state-level data.

MEDICAID HCBS ENROLLMENT AND SPENDING TRENDS, 2004-2014

Nearly 3.2 million people received HCBS through one of the three main Medicaid programs in 2014, a five percent increase from the prior year. Most of the HCBS enrollment increase from 2013 to 2014 is due to a 27 percent increase in home health state plan services. Enrollment growth in Section 1915 (c) waivers was small (2%), while enrollment in personal care state plan services declined by six percent. Section 1915 (c) waivers continue to comprise half of total Medicaid HCBS enrollment across the three main programs. Home health state plan services makes up just over a quarter of total HCBS enrollment, while personal care state plan services account for just under a quarter of total HCBS enrollment. Seniors and adults with physical disabilities comprised over half (54%) of all Section 1915 (c) waiver enrollment, followed by people with intellectual or developmental disabilities (I/DD, 42%).

The overall increase in enrollment across the three main HCBS programs from 2013 to 2014 is notable as many states also experienced enrollment increases from implementing the ACA's Medicaid expansion in 2014. State-level data do not support a relationship between changes in HCBS enrollment and a state's Medicaid expansion status. Some of the states with larger increases in HCBS enrollment from 2013 to 2014 were ACA expansion states. States with HCBS enrollment decreases from 2013 to 2014 included both expansion and non-expansion states, with some of the greater HCBS enrollment decreases in non-expansion states.

Total Medicaid spending on HCBS across the three main programs was \$58.5 billion in 2014, an increase of three percent from the prior year. Spending growth was led by home health state plan services (11%), followed by a 10 percent increase in personal care state plan services, and a one percent increase in Section 1915 (c) waiver services. Nearly three-quarters (72%) of Medicaid HCBS spending went to Section

1915 (c) waivers. Section 1915 (c) waiver services targeted to adults with I/DD accounted for 70 percent of all Section 1915 (c) waiver spending, while waiver services targeted to seniors and nonelderly adults with physical disabilities was 27 percent of waiver spending.

Medicaid HCBS spending per enrollee averaged \$18,458 nationally in 2014, with substantial state-level variation. For example, five states spent less than \$10,000 per enrollee while seven states spent more than \$30,000 per enrollee. Higher per enrollee spending in some states is at least in part due to the transfer of most HCBS waiver populations to Section 1115 MLTSS programs, leaving all or most enrollment in the three traditional HCBS programs comprised of people with I/DD, who may have more intensive needs and therefore higher spending compared to other target populations. Per enrollee spending also varied across the three main HCBS programs, ranging from \$7,570 for home health services to \$26,563 for Section 1915 (c) waiver services and reflecting differences in the type and extent of services provided by the different programs.

KEY MEDICAID HCBS STATE POLICIES, 2016

Most of the 24 states with capitated MLTSS programs in 2016 already were implementing key policies contained in the revised Medicaid managed care rule. Seventy-one percent of MLTSS states provided beneficiaries with independent options enrollment counseling, 54 percent allowed beneficiaries to disenroll if their LTSS provider leaves the health plan network, 58 percent required network adequacy standards for LTSS providers, 83 percent had a state-level advisory committee, and 79 percent had a state-level managed care advisory committee.

Three-quarters of states reported Section 1915 (c) or Section 1115 HCBS waiver waiting lists in 2016, totaling 656,195 individuals. The average waiting time across all waivers with waiting lists was 23 months, with substantial variation by waiver population, ranging from five months for HIV/AIDS waivers to 48 months for waivers targeted to people with I/DD. Eighty-seven percent of waivers with waiting lists offered non-waiver Medicaid services to individuals who were waiting for waiver services.

The data do not support a relationship between a state's Medicaid expansion status and changes in its HCBS waiver waiting list between 2015 and 2016. Most ACA expansion states (56% or 18 of 32) either have no HCBS waiver waiting list or had a decrease in their waiting list from 2015 to 2016. Among states that experienced a waiver waiting list increase from 2015 to 2016, the average increase was lower in expansion states compared to non-expansion states.

Over three-quarters (77%) of Section 1915 (c) HCBS waivers set financial eligibility at the federal maximum (300% of SSI). Nearly all Section 1915 (c) waivers used the same functional eligibility criteria for their waivers as for nursing home eligibility. Most states used some form of cost controls, such as fixed expenditure caps or hourly service limits in each of the three main HCBS programs.

Nearly all states (49 of 51) offered self-direction as an option in their HCBS waivers. Most states (20 out of 31) offered self-direction in their personal care state plan services programs, while few (6 out of 51) did so for their home health state plan services programs. Fifteen states reported plans to restrict direct care worker hours or make other policy changes in response to the U.S. DOL minimum wage and overtime rule, up from seven states that reported doing so in 2015.

States were further along in identifying policy changes necessary to comply with the home and community-based settings rule in 2016 compared to 2015. Forty-two states reported that they anticipated having to change state rules or policies, up from 21 states in 2015.

The average home health agency reimbursement rate decreased slightly from 2015 to 2016, while the average personal care agency reimbursement rate increased slightly. In 2016, the average home health agency rate was \$92.52 per hour, and the average personal care agency rate was \$19.01 per hour.

CONCLUSION

Over the past three decades, increased access to Medicaid HCBS has resulted in greater enrollment in and spending on these services. The size and scope of Medicaid HCBS programs continues to vary across states. Section 1915 (c) waivers continue to account for the majority of HCBS enrollment and spending. While working to expand beneficiary access to HCBS, states also have been implementing the ACA's Medicaid expansion. The data do not support a relationship between changes in HCBS enrollment or waiting lists and a state's Medicaid expansion status. States also continue to focus on policy changes to implement federal regulatory requirements, including the MLTSS provisions of the Medicaid managed care rule, the DOL minimum wage and overtime rule, and the home and community-based settings rule, with most states reporting policy changes in these areas. As the population ages and medical advances continue to emerge to support people with disabilities living longer and independently in the community, stakeholder interest in state trends in Medicaid HCBS enrollment, spending, and program policies is likely to continue.

Introduction

Medicaid is the primary source of coverage for long-term services and supports (LTSS), which help seniors and people with disabilities with self-care and household activities.¹ LTSS needs result from a range of conditions, such as cognitive disabilities, like dementia or Down syndrome; physical disabilities, like multiple sclerosis or spinal cord injuries; mental health disabilities, like depression or schizophrenia; and disabling chronic conditions, like cancer or HIV/AIDS.² State Medicaid programs must cover LTSS in nursing homes, while most home and community-based services (HCBS) are optional.³ Spending on HCBS surpassed spending on institutional care for the first time in 2013, and comprises 55% of total Medicaid LTSS spending as of 2015.⁴ Factors contributing to this trend include beneficiary preferences for HCBS, states' community integration obligations under the Americans with Disabilities Act and the Supreme Court's *Olmstead* decision,⁵ and the fact that HCBS typically cost less than comparable institutional care.

For the past 16 years, the Kaiser Family Foundation has surveyed all 50 states and the District of Columbia (DC) to track Medicaid HCBS enrollment, spending, and program policies. This report presents our latest survey findings, including 2014 data for the three programs that comprise the majority of HCBS enrollment and spending: the mandatory home health services state plan benefit, the optional personal care services state plan benefit, and optional Section 1915 (c) HCBS waivers. In recognition of growing state interest in other program authorities, this year's report adds 2016 HCBS enrollment and spending data for the Section 1915 (i) HCBS state plan option and the Community First Choice state plan option.

This report also identifies key 2016 state-level HCBS policy developments related to waiver waiting lists, financial and functional eligibility criteria, cost controls, self-direction, waiver consolidation, scope of benefits, provider policies and payment rates, and state progress in implementing the U.S. Department of Labor (DOL) direct care worker minimum wage and overtime rule and the Medicaid home and community-based settings rule. This year's report also discusses HCBS enrollment and waiting list changes in the context of the Affordable Care Act's (ACA) Medicaid expansion, HCBS quality measures, and state progress in implementing selected managed long-term services and supports (MLTSS) provisions of the revised Medicaid managed care rule. The Appendix tables contain detailed state-level data.

Medicaid HCBS Enrollment in 2014

HOME HEALTH, PERSONAL CARE, AND SECTION 1915 (C) WAIVER ENROLLMENT

Nearly 3.2 million people received services through the three main Medicaid HCBS programs in 2014 (Table 1A). They include 867,996 people who received home health services through the mandatory state plan benefit offered by all 50 states and DC (Table 1B); 724,788 people who received personal care services through the optional state plan benefit offered by 33 states and DC (Table 1C);⁶ and 1,575,227 people who received HCBS through optional Section 1915 (c) waivers offered by 47 states and DC (Table 1D). The three states that did not offer any Section 1915 (c) waivers in 2014 (Arizona, Rhode Island, and Vermont) instead provided HCBS through Section 1115 capitated MLTSS waivers, which are discussed later in this report.

Section 1915 (c) waivers continue to comprise about half of total Medicaid HCBS enrollment across the three main programs. People receiving home health state plan services make up just over a quarter of total HCBS enrollment, and those receiving personal care state plan services account for just under a quarter of total enrollment across the three main HCBS programs (Figure 1).

SECTION 1915 (C) WAIVER ENROLLMENT BY TARGET POPULATION

Forty-seven states and DC offered a total of 287 Section 1915 (c) HCBS waivers targeted to

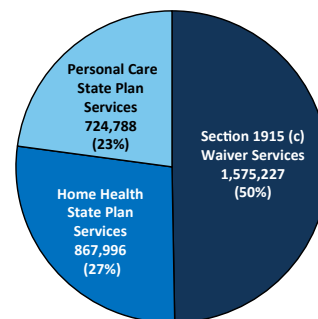
different populations in 2014 (Table 4).⁷ These waivers allow states to expand financial eligibility and offer HCBS to seniors and people with disabilities who would otherwise qualify for an institutional level of care. Our survey categorizes Section 1915 (c) waivers as serving the following populations: people with intellectual or developmental disabilities (I/DD), seniors, both seniors and nonelderly adults with physical disabilities, nonelderly adults with physical disabilities, children who are medically fragile or technology dependent, people with HIV/AIDS, children and adults with mental health disabilities,⁸ and people with traumatic brain or spinal cord injuries (TBI/SCI).

The number of Section 1915 (c) waivers offered by states ranged from one to 11, depending on the number of populations targeted (Table 4). Some states, such as Delaware, Hawaii, and New Jersey, operated only one Section 1915 (c) waiver; these states, along with California, New Mexico, New York, Tennessee, and Texas used Section 1915 (c) waivers to provide HCBS for some populations and Section 1115 capitated MLTSS waivers (discussed later) for other populations.⁹ By contrast, Colorado operated 11 Section 1915 (c) waivers, and five other states (Connecticut, Massachusetts, Missouri, New York, and Pennsylvania) operated 10 Section 1915 (c) waivers targeted to different populations.

Over half (54%, or 842,773 individuals) of Section 1915 (c) enrollment was in waivers targeted to seniors and/or nonelderly adults with physical disabilities (Table 4 and Figure 2). The next largest group of Section 1915 (c) waiver enrollees (42%, or 655,429 individuals) were people with I/DD. The Section 1915 (c) waiver populations with the smallest enrollment were children who are medically fragile or technology dependent (34,647 individuals), people with mental health disabilities (19,199 individuals), people with HIV/AIDS (12,065 individuals), and people with TBI/SCI (11,114 individuals) (Tables 4 and 5).

Figure 1

Medicaid HCBS enrollment by program, 2014.



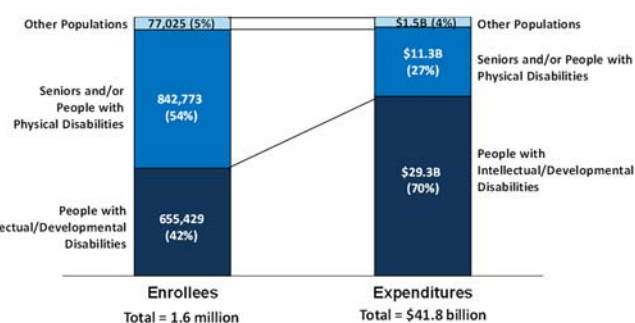
Total Participants = 3.2 million

NOTE: Excludes enrollment in capitated Section 1115 HCBS waivers, the Section 1915 (i) HCBS state plan option, and the Community First Choice state plan option.
SOURCE: Kaiser Family Foundation analysis of CMS Form 372 data and Medicaid HCBS program survey conducted in 2016.



Figure 2

Medicaid § 1915 (c) HCBS waiver enrollment and spending by target population, 2014.



NOTES: Percentages may not sum to 100 percent due to rounding. "Other" includes children who are medically fragile or technology dependent, people with HIV/AIDS, people with mental health disabilities, and people with traumatic brain and spinal cord injuries. Excludes enrollment in capitated Section 1115 HCBS waivers.
SOURCE: Kaiser Family Foundation analysis of CMS Form 372 data and Medicaid HCBS program survey conducted in 2016.



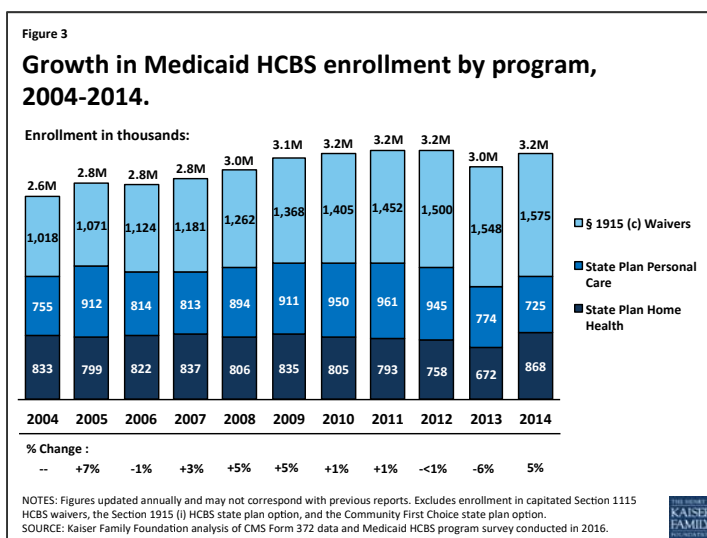
SECTION 1915 (C) WAIVER ENROLLMENT BY SERVICE TYPE

States provide a range of different HCBS through Section 1915 (c) waivers, which our survey groups into nine categories: (1) case management, (2) home-based services (including personal care, companion services, home health, respite, chore/homemaker services, and home-delivered meals), (3) day services (including day habilitation and adult day health services), (4) nursing/other health/therapeutic services, (5) round-the-clock services (including in-home residential habilitation, supported living, and group living), (6) supported employment/training, (7) other mental health and behavioral services (including mental health assessment, crisis intervention, counseling, peer specialist), (8) equipment/technology/modifications (such as personal emergency response systems, home and/or vehicle accessibility adaptations), and (9) other services (including non-medical transportation, community transition services, payments to managed care, and goods and services). The service categories in this year's survey have been revised and expanded to reflect CMS's HCBS Taxonomy.¹⁰

In 2014, the vast majority (70%, or 1.1 million individuals) of Section 1915 (c) waiver enrollees received home-based services (Table 6). The most common type of home-based service provided to waiver enrollees was personal care (received by 42%, or 456,562 individuals), followed by respite (17%, or 191,208 individuals), and chore/homemaker (16%, or 173,172 individuals) (no table shown). Ohio and Pennsylvania provided personal care services to the largest number of Section 1915 (c) waiver enrollees, serving 75,230 and 34,107 individuals respectively. These states do not offer the optional state plan personal care services benefit. The next largest group of Section 1915 (c) waiver service enrollment was day services (45%, or 707,173 individuals). Over 588,000 people (37%) received case management services through a Section 1915 (c) waiver. Total Section 1915 (c) waiver enrollees by service type exceeds the unduplicated number of total waiver enrollees because waiver enrollees may receive more than one waiver service.

HCBS ENROLLMENT TRENDS

Enrollment in the three main Medicaid HCBS programs increased by five percent between 2013 and 2014. This increase followed a six percent decline in HCBS enrollment from 2012 to 2013, and exceeded the 10-year average HCBS enrollment growth rate of two percent from 2004-2014 (Table 1A and Figure 3). Most states (32 states and DC) had increases in HCBS enrollment across the three main programs between 2013 and 2014, led by South Dakota and DC. Specifically, South Dakota had a large increase in home health state plan enrollment. DC's growth is attributable to a sizeable increase in personal care state plan service enrollment, which led to an FBI audit and implementation of a process aimed at improving the accuracy of needs assessment determinations, according to District officials. A minority of states (14) reported a decline in enrollment across the three main HCBS programs from 2013 to 2014; however, the two states with the largest declines (Delaware and New Mexico) do not represent a net loss in overall Medicaid HCBS



enrollment, as both of these states transitioned enrollees from one or more of the three main HCBS authorities to a Section 1115 capitated MLTSS waiver in 2014.

Most of the increase in overall HCBS enrollment from 2013 to 2014 is due to a 27 percent increase in home health state plan service enrollees. This increase followed a 10 percent decline in home health state plan services enrollment during the previous year and marks the first percent increase in home health enrollment since 2009 (Table 1B). The three states reporting the largest increases in home health state plan enrollment in 2014 were South Dakota, Minnesota, and Pennsylvania.

Enrollment in personal care state plan services declined by 6 percent from 2013 to 2014, following an 18 percent decrease from 2012 to 2013 (Table 1C). Some of this decline may be attributable to states offering HCBS through other authorities, such as Community First Choice, Section 1915 (i), and/or Section 1115 waivers. For example, California offers both CFC and Section 1915 (i) HCBS and reported a twenty percent decline in personal care state plan services, resulting in nearly 60,000 fewer participants between 2013-2014. Twenty states reported increases and eleven states reported decreases in personal care state plan services between 2013 and 2014. Oregon attributes its large increase in personal care state plan enrollment from 2013 to 2014 to a reporting change.

Enrollment growth in Section 1915 (c) waivers from 2013 to 2014 also was small (2%), and slightly lower than the three percent increase from 2012 to 2013 (Table 1D). Thirty-one states reported increases in Section 1915 (c) waiver enrollment, and 17 states reported decreases from 2013 to 2014. Two states reporting large decreases in Section 1915 (c) waiver enrollment (New Jersey and New Mexico) do not represent a net loss in overall Medicaid HCBS enrollment as both of those states moved enrollees from Section 1915 (c) to Section 1115 capitated MLTSS waivers in 2014. With the exception of those two states and Utah's 73% increase, most states did not experience large percent changes in Section 1915 (c) waiver enrollment between 2013 and 2014.

When looking at Section 1915 (c) waivers by target population, those that focused on both seniors and people with physical disabilities (9%) and only people with physical disabilities (8%) had the largest increases in enrollment from 2013 to 2014 (Table 5). Enrollment in Section 1915 (c) waivers targeting people with I/DD rose by five percent from 2013 to 2014. Total waiver enrollment for other target populations decreased from 2013 to 2014, including a 35 percent drop in TBI/SCI waiver enrollment, a 24 percent drop in senior waiver enrollment, and a two percent drop in HIV/AIDS waiver enrollment. However, this does not represent a net decrease in people receiving HCBS waiver services, as Delaware, New Jersey, and New Mexico terminated Section 1915 (c) waivers for these populations in 2014, and instead cover these populations through Section 1115 capitated MLTSS waivers. Other Section 1915 (c) waiver enrollment changes between 2013 and 2014 are attributable to changes in survey reporting: beginning in 2014, we include waivers serving children with serious emotional disturbance or serious mental illness in the "mental health disabilities" group as distinct from waivers serving children who are medically fragile or technology dependent.

HCBS ENROLLMENT CHANGES AND STATE ADOPTION OF ACA MEDICAID EXPANSION

The overall increase in enrollment across the three main HCBS programs from 2013 to 2014 is notable as many states also experienced enrollment increases from implementing the ACA's Medicaid expansion in 2014. The ACA authorizes states to expand Medicaid eligibility to nearly all adults with income up to 138% of the federal poverty level (FPL, \$16,643/year for an individual in 2017).¹¹ The two populations are not mutually exclusive as Medicaid expansion enrollees can receive home health or personal care state plan services, if those services are medically necessary and included in the state's expansion adult benefit package. After South Dakota (a non-expansion state) and DC (extenuating circumstances discussed above), some of the states with larger increases in HCBS enrollment from 2013 to 2014, such as Iowa (59%), Minnesota (34%), and Rhode Island (33%), also implemented the ACA Medicaid expansion in 2014. Besides Delaware and New Mexico (both of which moved enrollees from traditional HCBS authorities to Section 1115 waivers, as discussed above), states with HCBS enrollment decreases from 2013 to 2014 included both expansion states and non-expansion states, with some of the greater decreases in HCBS enrollment in non-expansion states, such as Georgia (-18%) and Mississippi (-18%). New Hampshire, which implemented the Medicaid expansion in August 2014, reported a 22 percent decrease in HCBS enrollment from 2013 to 2014. (Table 1A).

State-level data do not support a correlation between increased or decreased enrollment in the optional personal care services state plan benefit and a state's ACA expansion status. Some of the states with larger decreases in personal care state plan services enrollment from 2013 to 2014 were non-expansion states, such as Florida (-84%), Utah (-29%), and Oklahoma (-21%). Conversely, some of the states with larger increases in personal care state plan services enrollment from 2013 to 2014 were expansion states, such as Minnesota (49%), Arkansas (25%), New Jersey (21%), and Massachusetts (20%).

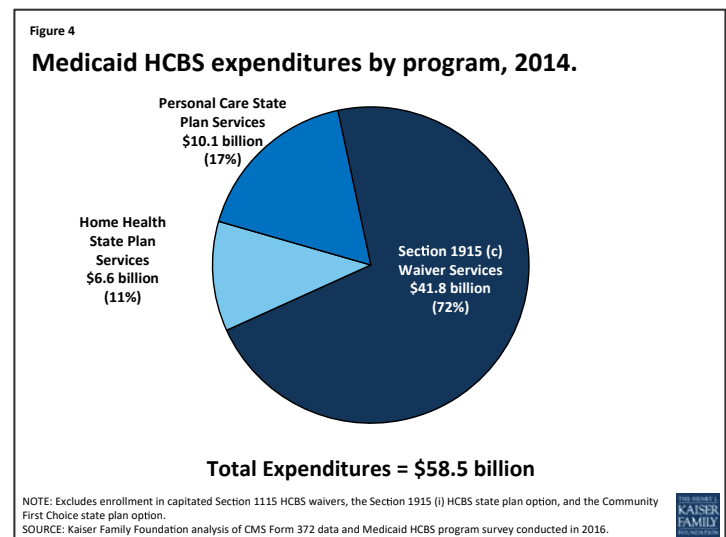
Medicaid HCBS Spending in 2014

HOME HEALTH, PERSONAL CARE, AND SECTION 1915 (C) WAIVER SPENDING

Total Medicaid spending on HCBS across the three main programs was \$58.5 billion in 2014 (Table 2A). As in past years, the large majority (72%) of Medicaid HCBS spending was for Section 1915 (c) waivers, totaling \$41.8 billion in 2014 (Table 2D). Medicaid spent \$10.1 billion on personal care state plan services and \$6.6 billion on home health state plan services (Tables 2B and 2C and Figure 4).

SECTION 1915 (C) WAIVER SPENDING BY TARGET POPULATION

Spending on Section 1915 (c) waivers targeted to people with I/DD accounted for 70 percent of all Section 1915 (c) waiver spending (Tables 5 and 7 and Figure 2). Although individuals with I/DD accounted for 42 percent of total Section 1915 (c) waiver enrollees, spending for this population was



disproportionate to their enrollment as a result of their generally more intensive needs. Spending on Section 1915 (c) waivers targeted to seniors and/or people with physical disabilities accounted for slightly more than half (54%) of total Section 1915 (c) waiver enrollment but just over a quarter (27%) of spending (Figure 2).

SECTION 1915 (C) WAIVER SPENDING BY SERVICE TYPE

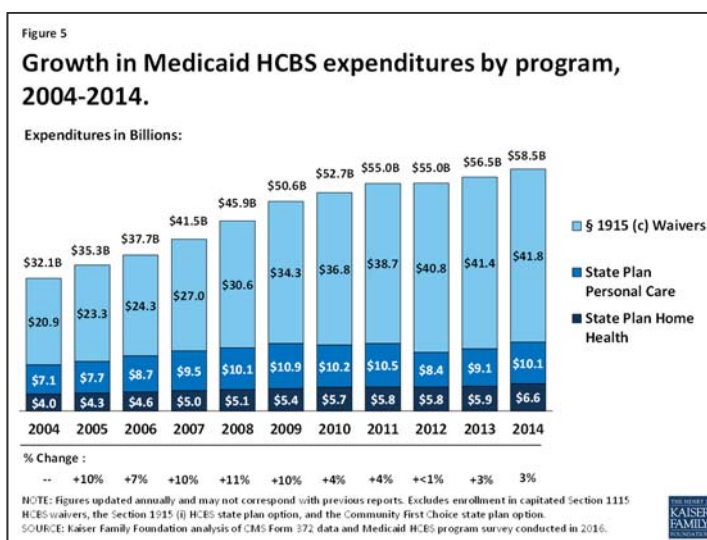
Thirty-seven percent of total Section 1915 (c) waiver spending went to round-the-clock services.

Residential habilitation services for individuals with I/DD in New York accounted for 21 percent (\$3.2 billion) of the \$15.5 billion total spending on round-the-clock waiver services. The next two largest waiver spending service categories were home-based services (25% or \$10.6 billion) and day services (20% or \$8.3 billion) (Table 8). Spending on other services, including non-medical transportation, community transition services, payments to managed care, and goods and services, accounted for 9 percent of waiver spending (or \$3.9 billion). Case management services and equipment/technology/modifications comprised smaller shares of total waiver spending; even though these services were relatively widely used, they are not as expensive to provide as some other types of waiver services.

HCBS SPENDING TRENDS

Spending in the three main Medicaid HCBS programs increased by three percent from 2013 to 2014 (Figure 5).

Over the 10-year period from 2004 to 2014, total annual spending in the three main HCBS programs increased by six percent on average with the lowest annual spending growth (about 1%) between 2011 and 2012, followed by a three percent increase from 2012 to 2013. Although spending growth was slow from 2013 to 2014, 34 states reported increased HCBS spending, while 14 states reported decreases during this period (Table 2A). New Mexico's 52 percent spending decrease is not a net loss in overall HCBS spending but rather can be attributed to its change of HCBS authority to a Section 1115 capitated managed care waiver in 2014.



Consistent with changes in HCBS enrollment, most spending growth from 2013 to 2014 was for home health state plan services (Table 2B).

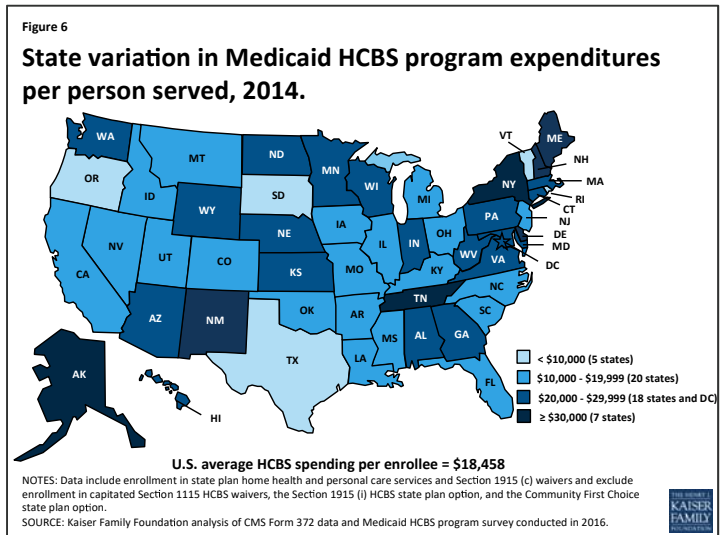
The eleven percent increase in spending on home health state plan services from 2013 to 2014 followed a two percent decrease from 2012 to 2013. Driven by a thirty percent increase in California, overall spending on personal care state plan services increased by ten percent from 2013 to 2014, after a nine percent increase the prior year (Table 2C). The one percent increase in Section 1915 (c) waiver spending from 2013 to 2014 was the same as the prior year's increase (Table 2D).

When looking at Section 1915 (c) waivers by target population, the waivers with the largest annual rate of spending growth between 2013 and 2014 targeted both seniors and people with physical disabilities (19%) and people with physical disabilities (13%), consistent with enrollment growth during this period (Table 5). Spending on Section 1915 (c) waivers targeted to people with I/DD remained relatively flat (less than 1% increase) from 2013 to 2014. There was a sharp fall (-33%) in spending on waivers serving people with TBI/SCI and a 15 percent decline in waivers serving people

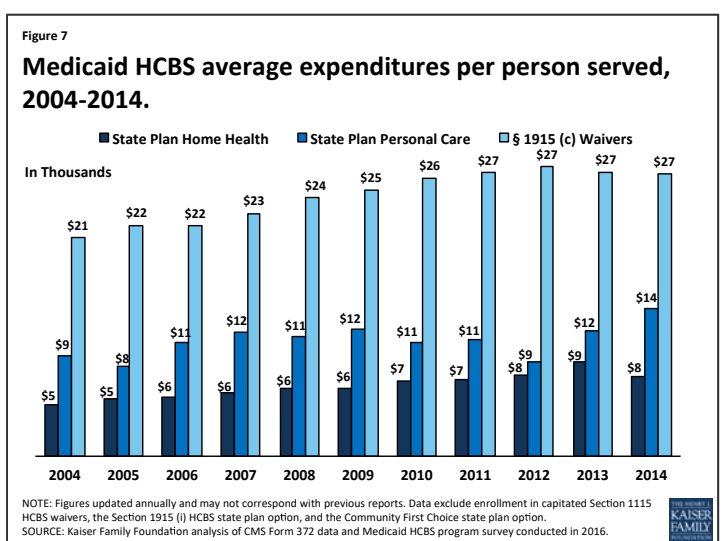
with HIV/AIDS. However, both of these decreases can be largely attributed to New Jersey moving its TBI and HIV/AIDS HCBS populations from Section 1915 (c) to Section 1115 waiver authority rather than a net loss in overall HCBS enrollment. Similarly, changes in spending for Section 1915 (c) waivers serving seniors can be largely attributed to changes from Section 1915 (c) to Section 1115 waiver authority, in states such as Delaware, New Jersey and New Mexico. Finally, changes in spending for Section 1915 (c) waivers serving children and individuals with mental illness were primarily due to reporting changes.

HCBS SPENDING PER ENROLLEE

Medicaid HCBS spending per enrollee averaged \$18,458 nationally in 2014, with substantial state-level variation (Table 3A and Figure 6). For example, five states (Oregon, Rhode Island, South Dakota, Texas, and Vermont) spent less than \$10,000 per enrollee, while seven states (Alaska, Delaware, Maine, New Hampshire, New Mexico, New York, and Tennessee) spent more than \$30,000 per enrollee. Higher per enrollee spending in Delaware, New Mexico, and Tennessee is likely at least in part due to the transfer of most HCBS waiver populations from Section 1915 (c) to Section 1115 authority in those states, leaving all or most of their remaining Section 1915 (c) waivers targeted to people with I/DD, who may have more intensive needs and therefore higher spending compared to other target populations.



National per enrollee spending also varied across the three major HCBS programs, ranging from \$7,570 for home health services to \$26,563 for Section 1915 (c) waivers (Tables 3B, 3C, 3D, and Figure 7). This difference is likely due to the type and extent of services provided in the different HCBS programs. Lower national per enrollee spending on home health state plan services relative to the other two programs likely reflects shorter periods of per enrollee service utilization compared to personal care state plan or Section 1915 (c) waiver services.



While total Medicaid HCBS spending across the three main programs increased slightly (by 3%) from 2013 to 2014, as noted above, HCBS spending per enrollee across the three main programs declined by two percent over this period (Table 3A). Home health spending per enrollee declined by fourteen percent, and personal care state plan services spending per enrollee increased by eighteen percent. Section 1915 (c) waiver spending per enrollee decreased by less than one percentage point (-0.8%) from 2013 to 2014, following a two percent decline the previous year. The 10-year average growth in Section 1915 (c) waiver per enrollee spending from 2004 through 2014 was three percent (Table 3D).

SECTION 1915 (C) WAIVER PER ENROLLEE SPENDING BY TARGET POPULATION

There was substantial variation in per enrollee spending among Section 1915 (c) waivers targeted to different populations, with those targeted to people with I/DD having the highest per enrollee spending (\$44,629) (Tables 5 and 9). Although Section 1915 (c) waiver spending per enrollee for people with I/DD was more than four times higher than per enrollee spending for waivers targeted to seniors (\$10,189) and more than three times higher than per enrollee spending for waivers targeted to both seniors and people with physical disabilities (\$12,837), I/DD waiver spending per enrollee fell by four percent from 2013 to 2014. Per enrollee spending grew by 10 percent from 2013 to 2014 for waivers targeted to both seniors and people with physical disabilities, while per enrollee spending declined in waivers targeted to people with HIV/AIDS (-13%) and seniors (-14%) (Table 5). The declines in per enrollee spending from 2013-2014 do not all represent a net loss in spending on Medicaid waiver HCBS, due to states moving from Section 1915 (c) to Section 1115 and to reporting changes for waivers affecting children and people with mental health needs, as described above.

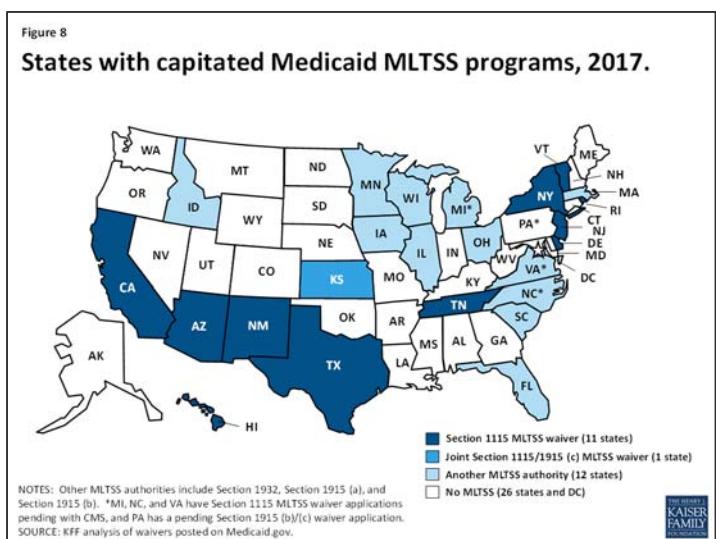
SECTION 1915 (C) WAIVER PER ENROLLEE SPENDING BY SERVICE TYPE

The category of waiver services with the highest spending per enrollee was round-the-clock services (\$44,811), reflecting the intensity of these services compared to other types (Table 10). However, there is large inter-state variation in round-the-clock service spending per enrollee, ranging from \$5,416 in Louisiana to \$100,961 in Connecticut. The next highest waiver service category was day services, at \$11,717 per enrollee. Again, there is large inter-state variation in day service spending per enrollee, ranging from \$482 in Indiana to \$41,029 in West Virginia. Case management and equipment/technology/modifications were the least expensive Section 1915 (c) waiver services nationwide at \$1,756 and \$670 per enrollee (Table 10).

Medicaid HCBS Provided Through Capitated Managed Care: Program Policies in 2016

This year's survey asked the 24 states with capitated MLTSS programs in 2016 to report on selected policies to gauge state progress with implementing key provisions of the revised Medicaid managed care regulations, including independent enrollment choice counseling, disenrollment for cause if an LTSS provider leaves the plan network, network adequacy standards, and stakeholder advisory committees. The 2016 revision of these regulations, issued under the Obama Administration, for the first time addressed capitated MLTSS programs; different provisions of the regulations have different effective dates.¹² Under the Trump Administration, CMS issued a June 2017

informational bulletin indicating that it “intends to use [its] enforcement discretion. . . when states are unable to implement new and potentially burdensome requirements of the final [managed care] rule by the required compliance date, particularly provisions with a compliance deadline of contracts beginning on or after July 1, 2017,” while CMS reviews the managed care regulations and considers changes through future rule-making.¹³



INDEPENDENT ENROLLMENT OPTIONS COUNSELING

Seventeen states (71% of the 24 MLTSS states) provided MLTSS enrollees with independent enrollment options counseling in 2016. Some states contract with a third party enrollment broker, while others rely on community-based organizations such as aging and disability resource centers or ombudsman programs. By contrast, Arizona uses state eligibility caseworkers to provide enrollment counseling. Options counseling seeks to help MLTSS enrollees select a health plan; this population may not be familiar with that process because they traditionally have been enrolled in the fee-for-service delivery system. MLTSS enrollees also may seek assistance with choosing a health plan to find a provider network that best meets their various needs – which may go beyond primary care to include specialists, behavioral health providers, durable medical equipment suppliers, and personal care attendants -- and preserves their existing provider relationships to the extent possible. CMS's 2016 Medicaid managed care regulations require all states to offer enrollee choice counseling through the independent beneficiary support system required in health plan contracts beginning on or after July 1, 2018.¹⁴

DISENROLLMENT IF LTSS PROVIDER LEAVES PLAN NETWORK

Thirteen states (54% of the 24 MLTSS states) allow MLTSS beneficiaries to disenroll from their health plan if their residence or employment would be disrupted due to an LTSS provider leaving the plan network in 2016. Under the 2016 Medicaid managed care regulations, states must consider these circumstances as good cause for disenrollment for health plan contracts beginning or after July 1, 2017.¹⁵

LTSS NETWORK ADEQUACY STANDARDS

Thirteen states (54% of the 24 MLTSS states) require network adequacy standards for LTSS providers in 2016. For example, Tennessee includes specific service initiation timeframes, while Arizona requires reporting of service gap incidents. Minnesota requires its MLTSS health plans to include the entire fee-for-service provider network. The 2016 managed care regulations require states to develop time and distance standards for MLTSS providers when the enrollee must travel to the provider, and network adequacy standards other than time and distance standards for MLTSS providers that travel to the enrollee to deliver services. These standards are required for health plan contracts beginning on or after July 1, 2018.¹⁶

STAKEHOLDER ADVISORY COMMITTEES

Twenty states (83% of the 24 MLTSS states) had a state-level managed care advisory committee, and 19 states (79%) required health plans to have a stakeholder advisory committee in 2016. For example, Illinois' state Medicaid advisory committee includes an LTSS subcommittee that provides advice on planning and policy. Ohio requires its MLTSS health plans to hold quarterly member advisory council meetings. The 2016 Medicaid managed care regulations require states to create and maintain a stakeholder group to solicit and address the opinions of beneficiaries, individuals representing beneficiaries, providers, and other stakeholders in the design, implementation, and oversight of a state's MLTSS program. In addition, plans providing MLTSS must have a member advisory committee that includes at least a reasonably representative sample of the populations receiving LTSS covered by the plan or other individuals representing those enrollees. These provisions are effective for health plan contracts beginning on or after July 1, 2017.¹⁷

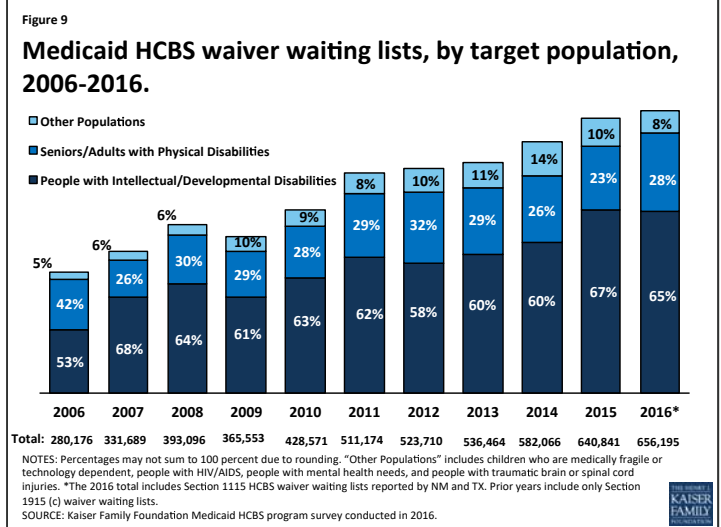
Medicaid HCBS Program Policies in 2016

SECTION 1915 (C) AND SECTION 1115 HCBS WAIVER POLICIES

Under Medicaid HCBS waiver authority, states can use a range of cost containment strategies to meet federal cost neutrality requirements and control state spending. States also can apply policies that affect the type of services received and the number of people served by these waivers. These policies include waiting lists; financial and functional eligibility criteria; cost controls; self-direction, including changes in response to the U.S. Department of Labor direct care worker minimum wage and overtime rule; quality measures; waiver consolidation; and changes in response to the home and community-based settings rule. We surveyed all state Section 1915 (c) and Section 1115 HCBS waiver administrators in 2016 to report on these key policy areas.

WAITING LISTS

Three-quarters of states (39 out of 51) reported Section 1915 (c) or Section 1115 HCBS waiver waiting lists in 2016, up from 36 states in 2015 (Tables 11 and 12). Unlike Medicaid state plan services, states can cap enrollment for HCBS provided through waivers. The maintenance and length of waiver waiting lists has implications for states' compliance with their community integration obligations under the Americans with Disabilities Act and the Supreme Court's *Olmstead* decision. National waiver waiting list enrollment increased to 656,195 individuals across 116 Section 1915 (c) and two Section 1115 HCBS waivers in 2016, up from 640,841 individuals across 133 Section 1915 (c) waivers in 2015. The 2016 total includes individuals on Section 1115 HCBS waiver waiting lists reported by Section 1115 waivers in New Mexico and Texas;¹⁸ prior years include only Section 1915 (c) waiver waiting lists. Individuals waiting for HCBS waivers targeted to those with I/DD comprised 65 percent of total waiting list enrollment (423,735 individuals), followed by those waiting for waivers targeted to seniors and/or adults with physical disabilities (28% of waiting list enrollment, or 182,429 individuals) (Table 12 and Figure 9).



Waiting time for waiver services averaged 23 months across all HCBS waivers with waiting lists in 2016. Average waiting list time varied substantially by waiver target population, ranging from five months for HIV/AIDS waivers to 48 months for waivers targeted to people with I/DD. Nearly 60 percent (23 of 39) of states moved a total of 72,380 individuals off a waiting list (by offering them waiver services) in the past year; the other states with waiver waiting lists either did not have this data available or did not respond to this survey question. States with waiver waiting lists reported that virtually all (93%) of individuals on waiting lists currently live in the community (25 states reporting; 14 states did not respond).

Nearly ninety percent of waivers with waiting lists provided non-waiver services (i.e., Medicaid state plan services, such as personal care) to individuals enrolled in Medicaid who were waiting for waiver services. In addition, over half (53%) of waivers with waiting lists screened individuals for waiver eligibility before being placed or while on a waiting list (Table 11). Nearly three-quarters (70%) of waivers with waiting lists had policies to prioritize certain individuals to receive waiver services when slots

become available. For example, 33 waivers prioritized people who are moving from an institution to the community, and 13 waivers prioritized people who are at risk of entering an institution without waiver services. A minority of states also reported giving priority to individuals who meet specific crisis or emergency criteria (10 states) and/or based on assessed level of need (6 states).

Waiting List Changes and State Adoption of ACA Medicaid Expansion

There does not appear to be a relationship between a state's Medicaid expansion status and changes in its HCBS waiver waiting list between 2015 and 2016. Analysis of our survey data between 2014 and 2015 also does not support a relationship between a state's Medicaid expansion status and changes in its HCBS waiver waiting list.¹⁹ HCBS waiver waiting lists pre-date the ACA's Medicaid expansion, which became effective in most states in 2014 (Figure 9).²⁰

Most ACA expansion states (56%, or 18 of 32²¹) either have no HCBS waiver waiting list or had a decrease in their waiting list from 2015 to 2016 (Figure 10). Eight expansion states (Arizona, DC, Delaware, Hawaii, Massachusetts, Rhode Island, Vermont, and Washington) had no HCBS waiver waiting list in 2015 and 2016; seven of these states (all except Washington) also had no waiting list in 2014. Ten expansion states (Alaska, Colorado, Illinois, Indiana, Maryland, Minnesota, Montana, New Jersey, Pennsylvania, and West Virginia) experienced a decrease in their HCBS waiver waiting lists from 2015 to 2016. New Jersey completely cleared its waiting list between 2015 and 2016, and the other nine states experienced double digit percent decreases, ranging from -15% in Montana to -97% in Minnesota). Three of these states (Alaska, Indiana, and Pennsylvania) also experienced waiting list decreases from 2014 to 2015.

Among states that experienced a waiver waiting list increase from 2015 to 2016, the average increase was lower in expansion states compared to non-expansion states (Figure 11). The average waiting list increase across 13 expansion states (Arkansas, California, Connecticut, Iowa, Kentucky, Louisiana, Michigan, North Dakota, New Hampshire, New Mexico, Nevada, Ohio, and Oregon) was 1,756 people and ranged from 3 people in North Dakota to 11,101 in Louisiana.²² The average waiting list increase across eight non-expansion states (Alabama, Maine,²³ Mississippi, Nebraska,

Figure 10

Changes in HCBS waiver waiting lists from 2015 to 2016, by ACA expansion status.

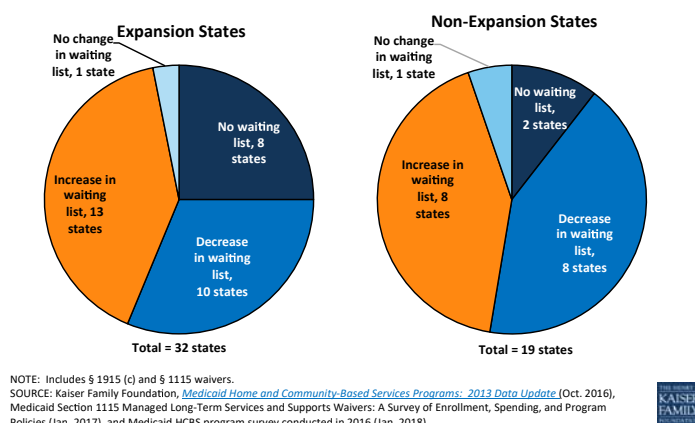
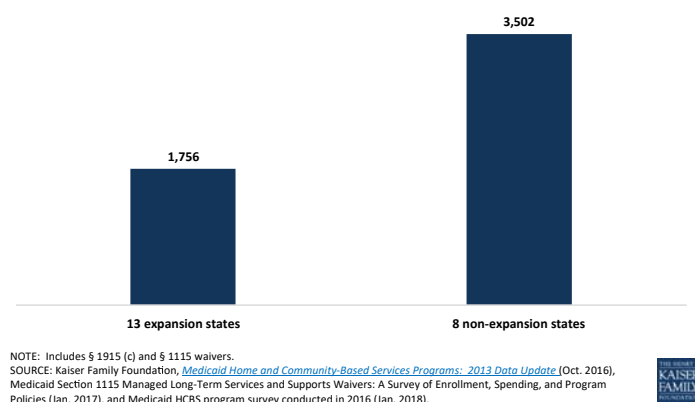


Figure 11

Average Medicaid HCBS waiver waiting list increase from 2015 to 2016, by ACA expansion status.



Oklahoma, South Carolina, Texas, and Utah) was 3,502 people and ranged from 302 people in Utah to 11,806 people in Texas.

FINANCIAL ELIGIBILITY

Over three-quarters (77%, or 230 out of 298 waivers) of Section 1915 (c)/Section 1115 HCBS waivers set financial eligibility at the federal maximum (300% SSI or \$2,199 per month for an individual in 2016) (Table 13 and Figure 12).²⁴ By contrast, 9 percent of Section 1915 (c)/1115 HCBS waivers set financial eligibility at the federal minimum (100% of SSI).

FUNCTIONAL ELIGIBILITY

Nearly all (94%, or 280 out of 298) Section 1915 (c)/Section 1115 HCBS waivers use the same functional eligibility criteria as are

required for nursing facility eligibility. Only six Section 1915 (c) waivers (2% of all HCBS waivers) in four states (California, Idaho, North Dakota, and Oregon) used functional eligibility criteria that are more restrictive than those required for institutional care (no table shown). Functional eligibility criteria typically include the extent of assistance needed to perform self-care (such as eating, bathing, or dressing) and/or household activities (such as preparing meals or managing medications). Using the same functional eligibility for HCBS waivers and institutional care removes any potential bias in favor of institutional care, which can occur if an individual must have greater functional needs to receive HCBS than to receive institutional services.

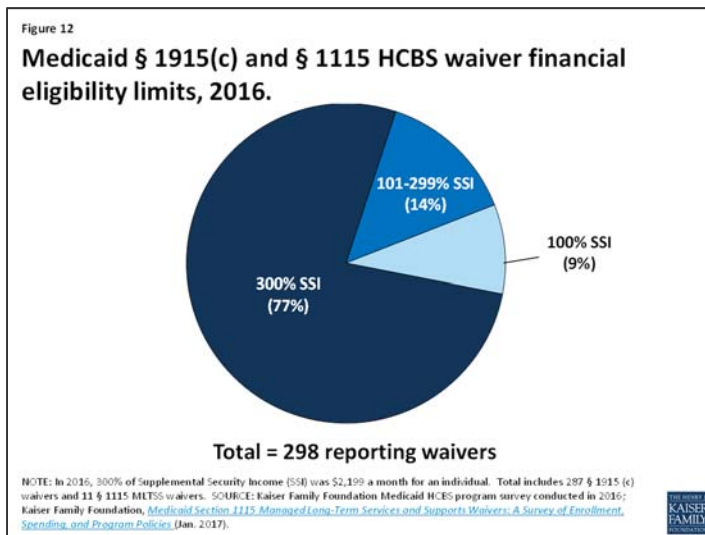
COST CONTROLS

Eighty-two percent (42 of 51) of states used some form of cost controls in their Section 1915 (c) and/or Section 1115 HCBS waivers beyond the federal cost neutrality requirement²⁵ in 2016.

Nineteen states used more than one type of cost control: 14 states used both fixed expenditure caps and hourly limits on services, four states used both fixed expenditure caps and geographic limits, and one state (Minnesota) used all three types of cost controls (Table 14). Another 18 states used fixed expenditure caps only, such as limiting the cost of HCBS to a percentage of the nursing facility rate. Four states used hourly service limits only, such as day, week, annual or lifetime limits on services such as personal care, respite, chore-homemaker, adult day, physical/occupational/speech therapies, and supported employment.

SELF-DIRECTION

Nearly all states (49 of 51) offer self-direction in their Section 1915 (c) and/or Section 1115 HCBS waivers in 2016. In nearly all states (47 responding), self-direction allows beneficiaries to select, train, and dismiss providers and set worker's schedules (Table 15). In most states, self-direction also allows beneficiaries to allocate their service budgets (35 states) and determine worker's pay rates (34 states). The majority of states offering self-direction (28 states) offer a choice of both agency-employed and independent providers. Twelve states offer only independent providers, seven states offer only agency providers, and two states did not



respond to this survey question. Twenty-nine states allow certain family members to be paid providers, typically those who are not the beneficiary's spouse or legally responsible relative (data not shown).

Department of Labor Direct Care Worker Minimum Wage and Overtime Rule Implementation

Fifteen states planned to restrict worker hours or make other policy changes in 2016, in response to the U.S. Department of Labor (DOL) minimum wage and overtime rules, up from seven states that reported doing so in 2015. These states include California, Delaware, Georgia, Hawaii, Iowa, Kansas, Kentucky, New Hampshire, New Mexico, Oklahoma, Oregon, Tennessee, Washington, Wisconsin, and Wyoming. DOL extended the Fair Labor Standards Act minimum wage and overtime rules to most direct care workers, such as certified nursing assistants, home health aides, personal care aides, and other caregivers, who previously were exempt from those requirements; the new rules took effect in 2015.²⁶ CMS policy guidance issued in 2014 anticipated that the new DOL rules could affect self-directed Medicaid HCBS and observed that “many states will need to develop policies and consider programmatic changes to address the costs related to overtime and/or worker time spent traveling between worksites (i.e., individuals’ homes), to avoid or minimize negative impacts to individual [service] budgets, and to preserve the ability of individuals to self-direct services and supports effectively.”²⁷

Among the states reporting 2016 policy changes in response to the DOL rule, five (Iowa, New Mexico, Oklahoma, Wisconsin, and Wyoming) limited worker hours to 40 per week. Other states allow overtime subject to certain conditions. For example, two states allowed providers with a history of overtime hours to work a limited amount of overtime (up to 50 hours per week in Oregon, and up to 65 hours per week in Washington), while one state (Georgia) allows overtime only if necessary to avoid nursing facility placement.

Ten states reported budgeting state funds for worker overtime and/or travel time pay as a result of the DOL rule. Specifically, seven states (Alabama, California, Illinois, Massachusetts, Nebraska, South Carolina, and Washington) budgeted funds for direct care worker overtime and travel pay in fiscal year 2017, and three states (Kentucky, Pennsylvania, and Wisconsin) had budgeted funds for overtime only.

QUALITY MEASURES AND OVERSIGHT

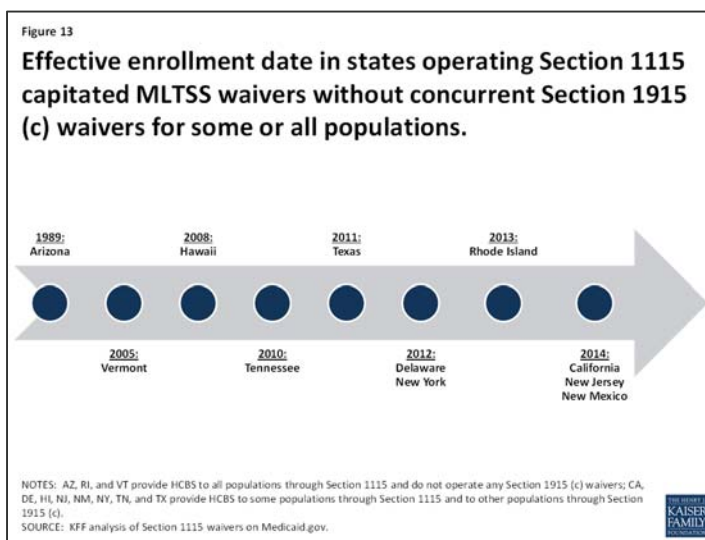
All states reported having at least one HCBS waiver quality measure in place in 2016. Forty-eight states measure beneficiary quality of life through tools such as the National Core Indicators – Aging and Disability (NCI-AD) survey,²⁸ the CAHPS HCBS survey,²⁹ and other consumer satisfaction surveys. Thirty-three states have quality measures related to community integration based on the NCI-AD survey, care plan reviews to evaluate person-centeredness, or monitoring beneficiary choice of service providers. Nineteen states use LTSS rebalancing measures drawing from annual needs assessment data or the Money Follows the Person rebalancing benchmarks. For example, Tennessee’s LTSS rebalancing measures include: the number of enrollees receiving nursing facility services or HCBS at a point in time and over 12 months; HCBS and nursing facility expenditures for 12 months and as a percentage of total LTSS spending; average annual per person HCBS and nursing facility expenditures; average annual length of stay in nursing facilities and HCBS; percent of new LTSS beneficiaries admitted to nursing facilities annually; and annual number of nursing facility to HCBS transitions.³⁰ HCBS quality measures vary by state and sometimes vary by waiver within a state. CMS’s 2016 Medicaid managed care rule requires states that provide MLTSS to identify standard performance

measures related to quality of life, rebalancing, and community integration for health plan contracts beginning on or after July 1, 2017.³¹

Forty-two states reporting having an ombudsman program, typically as part of state government (34 states), to assist Medicaid beneficiaries receiving HCBS. Ombudsman programs may provide enrollment options counseling, assist beneficiaries with health plan appeals, offer information about state fair hearings, track beneficiary complaints, train health plans and providers about community-based services and supports that can be linked with Medicaid-covered services, and report data and systemic issues to states. The 2016 Medicaid managed care rule requires states using capitated MLTSS to offer an independent beneficiary support system, in plan contracts beginning on or after July 1, 2018, that provides the following services for people who use or wish to use LTSS: (1) an access point for complaints and concerns; (2) education on enrollee rights and responsibilities; (3) assistance in navigating the grievance and appeals process; and (4) review and oversight of data to guide the state in identifying and resolving systemic LTSS issues.³²

WAIVER CONSOLIDATION

Sixteen states reported plans to consolidate multiple Section 1915 (c) HCBS waivers or move those services to another Medicaid authority; these changes would affect 26 existing Section 1915 (c) waivers. These states include: California, Colorado, Connecticut, Delaware, Florida, Indiana, Michigan, Missouri, Nebraska, New York, Ohio, South Carolina, Tennessee, Utah, Virginia, and Wisconsin. Children with I/DD (10 states) and adults with I/DD (7 states) are the target populations most often affected by these changes. Some states, such as Michigan,³³ New York,³⁴ and Virginia,³⁵ are planning to consolidate multiple Section 1915 (c) waivers into a single Section 1115 waiver that would both authorize HCBS and require capitated managed care enrollment.³⁶ If approved by CMS, Michigan and Virginia would join the 11 other states (including New York, which proposes adding new populations) that offer some or all home and community-based waiver services through Section 1115 MLTSS waivers instead of Section 1915 (c) (Figure 13).³⁷ Other states are moving certain HCBS from Section 1915 (c) waiver to Medicaid state plan authority. For example, South Carolina and Utah are phasing out their Section 1915 (c) waivers that serve children with autism and instead offering those services as part of their state plan benefit package.



HOME AND COMMUNITY-BASED SETTINGS RULE IMPLEMENTATION

States were further along in the process of identifying policy changes necessary to come into compliance with CMS's home and community-based settings rule in 2016 compared to 2015, although many states were still evaluating settings. CMS's January 2014 rule defines the qualities of residential and non-residential settings in which Medicaid-funded HCBS can be provided.³⁸ To be considered

community-based, settings must support an individual's full access to the greater community; be selected by the individual from options including non-disability specific settings; ensure individual privacy, dignity, respect and freedom from coercion or restraint; optimize individual autonomy in making life choices; and facilitate individual choice regarding services and providers. Additional criteria apply to provider-owned or controlled settings. In May, 2017, CMS extended the state compliance deadline by three years, to March, 2022, but retained the March, 2019 deadline for states to submit transition plans.³⁹ As of January 3, 2018, seven states (Arkansas, Delaware, DC, Kentucky, Oklahoma, Tennessee, and Washington) had received final CMS approval on their transition plans.⁴⁰

Forty-two states reported that they anticipated having to change state rules or policies to come into compliance with the settings rule in 2016, up from 21 states in 2015. These states include: Alabama, Arizona, California, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Iowa, Idaho, Illinois, Indiana, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Missouri, Mississippi, Montana, North Carolina, North Dakota, Nebraska, New Hampshire, New Jersey, New Mexico, Nevada, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Washington, Wisconsin, and Wyoming. Specifically, 35 states have identified some settings that will have to be modified in some way to continue to be used for Medicaid-funded HCBS under the settings rule (up from 13 states in 2015). Additionally, 16 states identified settings that cannot be modified to meet the settings rule and consequently will require beneficiaries to be relocated to continue receiving Medicaid-funded HCBS (up from 2 states in 2015).

Twenty-eight states plan to submit information to the HHS Secretary to overcome the rule's presumption that a specific setting is institutional so that Medicaid-funded HCBS can continue to be provided there (up from 11 states in 2015). The settings rule presumes that certain settings are not community-based because they have institutional qualities, such as those in a facility that provides inpatient treatment, those on the grounds of or adjacent to a public institution, and those that have the effect of isolating individuals from the broader community. The Secretary can overcome the institutional presumption for these settings by applying heightened scrutiny based on information submitted by the state. Twenty-two states have identified settings that are presumed institutional because they effectively isolate beneficiaries (up from 10 states in 2015).

STATE PLAN HOME HEALTH AND PERSONAL CARE SERVICE POLICIES

Unlike HCBS waivers, state cannot cap enrollment or place geographic limits on home health or personal care state plan services. However, federal Medicaid rules allow states to use certain cost-containment strategies for state plan services. States also can apply policies that affect the type of services received under these benefits. We surveyed all state Medicaid programs in 2016 to report on key policy areas, including scope of benefits, self-direction, cost controls, and provider policies.

SCOPE OF BENEFITS

Most states offer optional therapy services under their home health state plan benefits. All state Medicaid programs must offer home health services, including nursing services, home health aide services, and medical supplies, equipment and appliances. States can choose to also offer physical therapy, occupational therapy, and speech pathology as part of their home health programs, and most (37 states) do. In addition, 15

states provide assistance with household activities (such as meal preparation or medication management) as part of their home health benefit, in addition to assistance with self-care.

States provide a variety of services in a variety of settings under their state plan personal care benefits. Thirty (of 31) states include assistance with household activities, 17 states provide transportation, 15 states cover cueing or monitoring, and 11 states cover tasks delegated by a nurse, such as injections. In addition to the beneficiary's residence, 22 states offer personal care services at a beneficiary's work site, 15 states provide services at residential care, foster care or assisted living facilities, and 17 states provide services in the community outside of a home or work setting.

SELF-DIRECTION

A majority of states (20 out of 31) allowed self-direction in their personal care state plan services programs, while few (6 out of 51) states did so for their home health state plan services programs (Table 14). The state with the highest personal care services self-direction enrollment was California, serving 470,339 beneficiaries in 2016. Five states (CA, FL, OR, TX, and WI) used the Section 1915 (j) state plan option to offer self-directed personal assistance services in 2016, serving 20,095 individuals and spending \$194 million. Fifteen states offer only agency-directed personal care services, nine states use both agency-directed and independent providers, and two states offer only independent personal care providers. The remaining five states did not respond to this survey question.

COST CONTROLS

The majority of states applied cost controls to state plan home health and personal care services in 2016. Sixty-three percent (32 of 51 states) applied cost controls, such as expenditure caps or hourly limits, to their home health state plan services. Of these, 26 states used hourly limits only, three states used expenditure caps only, and three states used both hourly limits and expenditure caps (Table 14). Sixty-one percent (19 of 31 states) applied cost controls to their personal care state plan services. Of these, 17 states used hourly limits only, 1 state (Missouri) used expenditure caps only, and 1 state (Florida) used both types of cost controls (Table 14).

PROVIDER POLICIES

Criminal Background Checks

Nearly all states require personal care and home health providers to undergo criminal background checks. These include all but two (Montana and North Dakota) personal care state plan option states, and nearly all states (30 of 40) responding to this home health survey question.

Training

Most states require training for personal care providers, while few have training requirements for home health aides. Specifically, 65% (17 of 26 responding) states required formal training for personal care attendants, and 73% (19 of 26) had requirements for attendant supervision. Eighteen percent (9 of 51) of states require home health aide training, including West Virginia, which requires 75 hours of one-time training plus twelve hours of continuing education each year.

Reimbursement Rates

The average home health agency reimbursement rate decreased slightly from 2015 to 2016, while the average personal care agency reimbursement rate increased slightly. On average, states paid home health agencies \$92.52 per visit in 2016, compared to \$93.93 per visit in 2015. The average personal care agency rate was \$19.01 per hour in 2016, and \$18.82 per hour in 2015. In states that paid registered nurses or home health aides directly or mandated their reimbursement rates, the average rate per home health visit was \$83.29 and \$42.56, respectively (Table 16). In states that paid personal care providers directly or mandated their reimbursement rates, the average hourly rate was \$14.32 (Table 16).

Enrollment, Spending, and Policies in Other Medicaid HCBS Authorities in 2016

To provide a more complete snapshot of Medicaid HCBS across program authorities, this year's survey asked states about their use of the Section 1915 (i) HCBS state plan option and the Community First Choice state plan option.

SECTION 1915 (i) HCBS STATE PLAN OPTION

Eighteen states used the Section 1915 (i) state plan option to provide HCBS in 2016. These states include: California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Idaho, Indiana, Iowa, Maryland, Michigan, Mississippi, Montana, Nevada, North Dakota, Oregon, Texas, and Wisconsin. Almost 62,000 individuals received Section 1915 (i) HCBS (in 8 states reporting this data: CA, CT, DC, DE, ID, IN, MS & NV), and \$237,007,226 was spent on these services (7 states reporting: CA, CT, DE, ID, IN, MS & NV). Section 1915 (i) allows states to offer HCBS as part of their Medicaid state plan benefit package instead of through a waiver. Unlike waivers, states are not permitted to cap enrollment or maintain a waiting list for Section 1915 (i) HCBS.

Most Section 1915 (i) states (15) set financial eligibility at 150% FPL, while three states (Idaho, Indiana, and Maryland) extend financial eligibility to 300% SSI. Both Idaho and Indiana operate more than one 1915 (i) program (targeted to different populations). Under Section 1915 (i), states can cover (1) people up to 150% FPL with no asset limit who meet functional eligibility criteria; and/or (2) people up to 300% SSI who would be eligible for Medicaid under an existing HCBS waiver. Functional eligibility under Section 1915 (i) requires beneficiaries to have needs that are less than what is required to qualify for an institutional level of care, and states can manage enrollment by restricting functional eligibility criteria if the state will exceed its anticipated number of beneficiaries served.

Only one state (Indiana) uses Section 1915 (i) as an independent Medicaid coverage pathway. Indiana's Section 1915 (i) benefit targeted to people with mental illness allows individuals who are not otherwise eligible to gain Medicaid coverage.⁴¹ The other 17 states use Section 1915 (i) to authorize HCBS but require enrollees to be otherwise eligible for Medicaid.

States are targeting specific populations under Section 1915 (i). Of the 18 states offering HCBS through Section 1915 (i), eight states serve people with mental illness, five states serve people with I/DD, and five states serve seniors and/or adults with physical disabilities.

SECTION 1915 (K) COMMUNITY FIRST CHOICE STATE PLAN OPTION

Eight states (CA, CT, MD, MT, NY, OR, TX, and WA) are offering attendant care services and supports through the Community First Choice (CFC) state plan option as of 2016. CFC is a Medicaid HCBS option added by the ACA and includes six percent enhanced federal matching funds. Over 353,000 individuals received CFC services (7 states reporting: CA, CT, MD, MT, OR, TX and WA), and \$8.2 billion was spent on these services (6 states reporting: CA, MD, MT, OR, TX and WA) in 2016. California accounted for the largest number of CFC spending and enrollment, spending \$5 billion on 212,688 individuals. Five states (CT, MD, MT, NY⁴² and WA) set CFC financial eligibility at 150% FPL, and three states (CA, OR and TX) extend financial eligibility above 150% FPL.

Conclusion

Over the past three decades, increased access to Medicaid HCBS has resulted in greater enrollment in and spending on these services. The size and scope of Medicaid HCBS programs continues to vary across states. Section 1915 (c) waivers continue to account for the majority of HCBS enrollment and spending. While working to expand beneficiary access to HCBS, states also have been implementing the ACA's Medicaid expansion. The data do not support a relationship between changes in HCBS enrollment or waiting lists and a state's Medicaid expansion status. States also continue to focus on policy changes to implement federal regulatory requirements, including the MLTSS provisions of the Medicaid managed care rule, the DOL minimum wage and overtime rule, and the home and community-based settings rule, with most states reporting policy changes in these areas. As the population ages and medical advances continue to emerge to support people with disabilities living longer and independently in the community, stakeholder interest in state trends in Medicaid HCBS enrollment, spending, and program policies is likely to continue.

Table 1A. Total Medicaid HCBS Participants, by State, 2004-2014

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	13-14 % change
Total	2,605,870	2,782,984	2,760,641	2,831,517	2,961,608	3,114,796	3,159,688	3,204,638	3,202,732	3,004,685	3,168,011	5%
AK	8,243	8,915	8,032	7,912	7,859	8,136	8,437	8,862	8,983	9,291	10,577	14%
AL	19,723	20,330	20,823	21,327	21,888	24,552	22,078	21,320	20,305	20,019	20,602	3%
AR	33,970	34,174	34,559	33,174	33,145	34,891	34,726	35,763	36,519	36,564	39,526	8%
AZ	29,934	31,197	32,358	33,891	34,968	36,045	37,122	38,199	39,275	40,364	40,364	0%
CA	454,476	482,776	493,315	516,338	599,526	605,489	586,696	594,425	554,567	440,841	500,654	14%
CO	34,270	31,264	36,721	38,637	40,455	42,927	44,185	46,078	47,763	49,755	55,246	11%
CT	39,467	40,027	38,242	29,917	31,145	47,566	49,311	52,879	55,061	55,932	59,170	6%
DC	5,574	6,818	7,579	9,027	9,541	9,952	10,678	11,404	12,268	12,432	26,187	111%
DE	4,162	4,070	4,224	4,171	4,078	4,123	4,104	4,262	4,327	2,077	984	-53%
FL	87,836	94,323	99,857	89,176	82,578	104,833	93,073	96,126	107,410	105,041	106,121	1%
GA	40,871	43,425	41,585	41,812	46,614	50,538	52,443	51,890	55,419	56,694	46,527	-18%
HI	4,643	5,663	6,060	6,502	7,088	4,197	4,305	4,454	4,583	4,691	4,452	-5%
IA	42,110	42,618	36,259	38,517	40,185	40,670	42,010	42,564	42,046	42,089	66,834	59%
ID	15,827	16,552	17,004	17,976	18,784	17,528	17,244	16,828	21,364	18,435	20,933	14%
IL	77,419	81,714	85,935	85,354	93,287	100,021	104,701	111,852	117,982	125,386	131,114	5%
IN	22,413	21,318	22,271	24,476	26,323	29,952	33,504	35,265	38,144	44,313	47,656	8%
KS	27,767	29,213	30,211	30,752	33,423	33,916	33,631	33,591	32,251	32,349	33,629	4%
KY	39,063	37,337	34,100	33,266	33,228	32,806	34,384	35,832	36,686	39,289	39,934	2%
LA	24,126	26,001	27,758	30,970	36,172	40,520	44,231	46,015	41,877	47,772	44,312	-7%
MA	46,212	50,668	52,093	52,639	55,075	59,487	63,733	65,991	70,891	76,751	84,555	10%
MD	19,478	23,662	23,705	23,360	24,505	29,434	30,346	31,156	32,332	33,554	35,872	7%
ME	9,009	8,948	9,361	8,971	9,914	10,548	10,559	18,010	20,458	11,547	12,096	5%
MI	79,901	79,275	80,200	81,426	83,051	86,146	90,738	92,456	94,086	102,810	95,578	-7%
MN	56,005	59,325	78,449	84,517	90,225	94,841	99,009	89,920	103,125	103,268	138,503	34%
MO	88,565	89,271	84,810	83,068	84,091	87,404	86,304	91,254	91,646	96,714	96,815	0%
MS	23,885	23,584	22,166	22,524	22,924	24,482	25,714	27,045	30,553	35,240	28,973	-18%
MT	7,303	7,566	7,650	7,890	8,105	8,327	8,616	8,820	9,505	9,285	8,586	-8%
NC	95,880	110,891	117,467	115,123	115,793	120,312	116,892	104,570	116,075	107,911	102,744	-5%
ND	5,159	5,511	6,401	6,487	6,515	6,473	5,824	6,087	6,286	6,925	7,277	5%
NE	15,065	17,271	17,942	19,031	19,081	18,186	18,828	17,196	15,807	15,702	15,760	0%
NH	8,152	7,769	8,378	9,298	9,740	10,449	10,965	11,236	11,638	11,692	9,105	-22%
NJ	48,140	52,699	55,690	57,279	57,894	66,236	61,154	61,997	63,995	65,022	83,531	28%
NM	15,934	16,274	17,508	19,812	21,083	21,304	22,011	23,246	23,388	26,642	4,936	-81%
NV	8,993	9,741	10,344	10,679	11,250	11,327	10,091	10,575	11,758	11,792	13,319	13%
NY	271,682	271,886	281,821	277,626	277,555	280,552	281,990	280,418	281,006	281,283	271,925	-3%
OH	143,989	83,281	88,866	103,114	96,932	105,654	110,506	123,348	132,770	139,520	137,699	-1%
OK	27,556	31,255	33,538	36,434	39,720	39,047	37,891	36,957	36,960	35,306	34,091	-3%
OR	42,487	43,196	43,607	44,437	44,688	47,284	49,270	51,109	52,071	46,196	52,921	15%
PA	53,897	59,938	76,891	78,202	84,782	90,912	98,588	86,152	91,778	92,225	109,735	19%
RI	6,919	7,226	7,697	8,516	9,119	7,697	1,376	1,413	1,310	1,350	1,799	33%
SC	24,793	24,249	22,638	24,492	25,173	25,141	23,876	23,345	23,718	25,360	29,220	15%
SD	9,769	9,646	9,862	9,986	10,013	9,218	7,880	7,362	7,265	7,394	17,551	137%
TN	17,735	19,317	19,871	20,292	23,519	25,089	25,255	20,034	18,879	19,009	19,217	1%
TX	291,625	427,907	319,786	335,174	320,722	339,215	367,106	381,135	317,662	196,974	241,510	23%
UT	8,942	8,903	8,790	15,510	13,043	16,144	13,555	12,295	11,418	11,947	16,026	34%
VA	20,536	22,735	24,337	25,416	28,493	31,706	36,522	39,232	42,416	44,557	47,165	6%
VT	9,070	9,559	5,958	5,705	6,224	6,224	6,247	5,943	5,555	5,564	5,894	6%
WA	64,336	67,668	69,022	69,810	71,808	73,066	77,431	80,125	88,528	82,712	78,668	-5%
WI	53,940	57,055	58,048	60,578	67,941	70,285	80,133	83,652	88,219	91,054	102,574	13%
WV	15,388	14,916	16,524	16,335	17,659	19,180	19,365	19,755	19,992	21,195	21,255	0%
WY	3,631	4,058	4,328	4,591	4,684	4,765	5,050	5,196	4,813	4,850	4,899	1%

NOTES: Data may not sum to total due to rounding. Total Medicaid HCBS comprises Medicaid home health state plan services, Medicaid personal care state plan services, and Medicaid § 1915(c) HCBS waivers. Arizona did not operate any § 1915(c) waivers over the study period because all HCBS were provided through a § 1115 managed care waiver. Rhode Island terminated its § 1915(c) waivers in mid-2009 and provided services under a § 1115 waiver. Vermont terminated its § 1915(c) waivers in 2006 and provided services under a § 1115 waiver.

SOURCES: Kaiser Family Foundation analysis of Medicaid HCBS Program survey and CMS Form 372.

Table 1B: Medicaid Home Health State Plan Services Participants, by State, 2004-2014

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	13-14 % change
Total	832,910	799,406	822,296	837,278	805,843	835,395	804,504	792,506	757,884	682,137	867,996	27%
AK	273	390	373	348	294	312	298	302	281	307	292	-5%
AL	6,345	6,757	6,389	6,513	6,743	9,635	7,013	6,622	5,527	5,231	6,162	18%
AR	6,642	6,788	6,505	6,065	5,763	6,251	6,167	6,363	6,352	6,387	6,038	-5%
AZ	29,934	31,197	32,358	33,891	34,968	36,045	37,122	38,199	39,275	40,364	40,364	0%
CA	87,027	88,659	87,656	86,543	85,697	84,851	30,626	29,669	23,832	21,035	65,785	213%
CO	8,275	8,687	9,430	10,412	10,964	11,037	11,134	11,998	12,201	12,603	15845	26%
CT	21,446	21,753	22,217	14,394	15,157	26,519	27,474	30,070	31,484	31,676	33630	6%
DC	2,360	2,855	3,406	4,090	4,236	4,382	4,528	5,178	5,549	5,403	12117	124%
DE	1,601	1,428	1,467	1,324	1,269	1,214	1,159	1,150	1,105	1,130	DNR	-
FL	19,962	21,192	21,149	19,092	17,023	15,819	14,671	12,226	11,042	10,562	11,676	11%
GA	13,102	14,014	8,731	6,411	6,033	5,655	5,277	4,899	4,521	4,631	4631	0%
HI	585	1,300	1,469	1,532	1,628	1,724	1,820	1,903	1,992	2,032	1,829	-10%
IA	23,346	24,558	12,835	13,039	13,230	12,699	13,922	13,766	13,016	13,189	38,172	189%
ID	3,295	3,326	3,321	3,936	4,475	1,882	1,790	1,871	2,111	1,811	1,858	3%
IL	12,391	13,063	14,913	14,080	13,085	14,107	14,162	13,795	12,667	11,655	13501	16%
IN	8,939	7,834	8,307	8,353	8,291	9,250	10,663	13,134	14,237	13,051	15,676	20%
KS	7,152	5,865	5,364	4,888	4,145	4,106	3,965	3,730	3,736	3,803	5329	40%
KY	23,702	22,415	19,261	18,528	18,146	16,572	15,976	15,864	14,986	15,036	14,678	-2%
LA	11,662	12,187	11,986	11,704	11,691	11,830	11,222	11,042	10,978	10,813	6570	-39%
MA	16,498	17,875	17,591	17,214	17,653	18,231	19,977	20,899	23,001	24,895	27,816	12%
MD	1,245	4,393	4,176	3,312	3,709	3,977	4,067	4,244	4,233	4,108	4,323	5%
ME	2,875	2,986	3,695	3,091	2,866	2,634	2,611	7,831	11,606	2,537	2696	6%
MI	7,080	6,573	6,551	5,996	5,896	5,796	6,395	6,044	5,253	13,764	4299	-69%
MN	5,349	5,229	13,078	12,682	12,624	12,293	12,053	2,317	12,822	10,056	34,448	243%
MO	7,246	7,739	6,960	6,964	6,143	6,513	6,544	6,938	6,880	6,543	6,229	-5%
MS	9,472	9,044	8,223	7,949	7,888	7,889	8,749	9,257	7,923	11,104	3845	-65%
MT	473	442	414	442	392	412	428	367	387	378	343	-9%
NC	35,871	38,670	40,313	40,517	40,387	41,094	38,871	39,970	33,507	32,767	28,700	-12%
ND	899	521	813	769	865	884	758	749	954	1,120	952	-15%
NE	5,532	7,539	7,700	8,184	7,678	5,808	6,305	4,307	3,123	2,671	2494	-7%
NH	2,389	2,841	2,694	2,698	2,540	2,798	3,056	3,314	3,572	3,546	411	-88%
NJ	11,322	11,136	12,653	13,564	14,695	15,826	16,957	17,481	18,392	19,032	47,613	150%
NM	391	431	447	429	396	326	273	249	523	581	DNR	-
NV	980	870	798	751	705	608	658	659	698	691	1,520	120%
NY	110,910	109,244	117,401	113,603	109,386	108,365	107,344	106,323	105,302	104,325	104,325	0%
OH	96,408	31,171	32,215	39,846	31,308	34,586	36,676	39,138	44,576	47,937	44,130	-8%
OK	3,841	5,129	5,233	5,918	5,001	5,147	5,750	5,298	5,528	5,058	4726	-7%
OR	1,010	819	3,341	4,609	3,012	3,341	2,970	3,062	3,191	414	381	-8%
PA	9,171	9,359	23,716	24,521	25,775	27,461	28,705	14,656	13,777	7,692	22,541	193%
RI	1,588	1,658	1,546	1,566	1,436	1,406	1,376	1,413	1,310	1,350	1,799	33%
SC	4,680	3,908	3,041	2,654	2,037	1,687	1,257	1,056	954	893	808	-10%
SD	5,236	5,103	5,036	4,963	4,865	3,767	2,561	1,812	1,841	1,706	11,795	591%
TN	12,655	12,539	11,875	10,912	10,727	10,850	11,829	12,130	10,934	11,165	11,127	0%
TX	170,881	187,099	192,421	209,679	198,832	210,046	230,619	235,475	199,567	133,544	176,666	32%
UT	2,214	2,121	1,976	10,013	6,866	9,842	7,236	5,649	4,392	4,479	3,522	-21%
VA	2,890	3,299	4,055	3,432	3,733	3,958	5,530	4,772	4,510	3,738	3,552	-5%
VT	3,611	3,854	3,842	3,737	3,571	3,810	3,625	3,440	3,145	3,210	3,870	21%
WA	2,858	3,597	3,703	3,317	3,282	3,239	3,356	3,129	2,750	3,668	3971	8%
WI	7,006	7,430	6,742	6,204	6,035	5,866	5,697	5,317	5,040	4,803	10,864	126%
WV	1,754	1,954	2,343	1,989	2,147	2,476	2,699	2,833	2,689	3,041	3,488	15%
WY	536	565	567	610	555	569	583	597	611	602	589	-2%

NOTES: Data may not sum to total due to rounding.

SOURCES: Kaiser Family Foundation analysis of Medicaid HCBS Program survey.

Table 1C: Medicaid Personal Care State Plan Services Participants, by State, 2004-2014

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	13-14 % change
Total	755,397	912,229	814,192	813,481	894,154	911,239	949,822	960,601	944,507	774,243	724,788	-6%
AK	4,679	4,960	3,904	3,705	3,520	3,538	3,556	3,574	3,598	3,657	4,982	36%
AL	-	-	-	-	-	-	-	-	-	-	-	-
AR	15,503	15,452	15,160	14,223	13,923	14,377	13,904	14,559	15,206	15,356	19,222	25%
AZ	-	-	-	-	-	-	-	-	-	-	-	-
CA	295,049	313,893	329,893	345,507	422,823	425,321	455,243	456,512	419,385	305,132	245,429	-20%
CO	-	-	-	-	-	-	-	-	-	-	-	-
CT	-	-	-	-	-	-	-	-	-	-	-	-
DC	2,432	2,522	2,498	2,365	2,298	2,231	2,164	2,097	2,112	2,098	9,461	351%
DE	0	0	0	0	0	0	0	0	0	0	0	-
FL	14,718	13,980	12,253	357	403	944	1,235	1,744	11,115	12,364	1,991	-84%
GA	-	-	-	-	-	-	-	-	-	-	-	-
HI	-	-	-	-	-	-	-	-	-	-	-	-
IA	-	-	-	-	-	-	-	-	-	-	-	-
ID	3,614	3,601	3,777	3,773	3,799	4,266	3,331	2,163	5,918	2,070	2,169	5%
IL	-	-	-	-	-	-	-	-	-	-	-	-
IN	-	-	-	-	-	-	-	-	-	-	-	-
KS	-	-	-	18	89	147	210	273	336	365	365	0%
KY	-	-	-	-	-	-	-	-	-	-	-	-
LA	2	4,400	6,568	8,625	11,532	14,166	17,533	18,535	18,393	19,431	20,025	3%
MA	11,716	13,767	14,200	15,109	16,900	18,200	19,828	21,566	22,853	24,292	29,139	20%
MD	4,603	4,643	4,474	4,385	4,416	4,608	4,894	5,221	5,323	5,593	5,143	-8%
ME	1,950	1,901	1,632	1,716	1,704	2,128	2,245	4,474	3,016	3,088	3,247	5%
MI	54,986	55,158	56,210	57,980	59,124	61,324	64,956	66,930	69,090	68,133	69,074	1%
MN	8,329	9,940	16,569	18,862	20,759	22,750	24,352	22,664	23,589	24,297	36,239	49%
MO	49,295	49,481	47,435	46,969	49,333	52,732	51,115	55,473	55,665	58,960	59,526	1%
MS	-	-	-	-	-	-	-	-	-	-	-	-
MT	2,990	3,127	3,117	3,095	3,093	3,144	3,323	3,323	3,592	3,558	2,914	-18%
NC	41,911	50,818	53,141	49,877	50,017	53,162	50,830	38,713	57,098	47,905	50,998	6%
ND	777	1,362	1,896	1,872	1,754	1,509	1,089	1,145	1,165	1,200	1,206	1%
NE	1,356	1,549	1,680	1,723	1,832	2,412	2,349	2,266	1,991	2,325	2,526	9%
NH	25	25	21	16	21	25	29	28	28	32	130	306%
NJ	18,987	20,884	21,198	21,582	20,623	20,553	20,483	20,413	20,543	20,748	25,202	21%
NM	9,525	9,614	10,477	11,769	12,365	13,443	14,520	15,598	15,872	16,013	0	-100%
NV	4,408	4,991	5,383	5,663	6,205	6,507	5,133	5,377	6,470	6,494	6,920	7%
NY	85,613	84,270	82,801	80,099	78,494	75,158	71,693	68,228	66,198	64,032	62,291	-3%
OH	-	-	-	-	-	-	-	-	-	-	-	-
OK	4,342	5,505	4,077	3,700	3,327	3,475	3,885	3,836	3,998	3,858	3,048	-21%
OR	4,495	5,086	3,746	3,609	3,389	3,077	3,228	3,130	3,226	700	4,271	510%
PA	-	-	-	-	-	-	-	-	-	-	-	-
RI	0	0	0	0	0	0	0	0	0	0	0	-
SC	-	-	-	-	-	-	-	-	-	-	-	-
SD	923	901	936	986	996	861	791	763	572	427	448	5%
TN	-	-	-	-	-	-	-	-	-	-	-	-
TX	71,381	187,099	64,425	59,025	51,567	52,628	56,510	69,409	56,161	11,125	10,987	-1%
UT	1,787	1,755	1,674	72	62	131	168	241	393	400	283	-29%
VA	-	-	-	-	-	-	-	-	-	-	-	-
VT	1,543	1,896	2,116	1,968	2,653	2,414	2,622	2,503	2,410	2,354	2,024	-14%
WA	22,390	22,738	23,988	25,152	27,075	25,689	27,303	27,989	26,979	25,684	19,021	-26%
WI	11,123	12,540	13,255	13,653	14,032	14,411	14,790	15,169	15,548	15,654	19,158	22%
WV	4,945	4,945	5,688	6,026	6,026	5,908	6,510	6,685	6,664	6,898	7,349	7%
WY	-	-	-	-	-	-	-	-	-	-	-	-

NOTES: Data may not sum to total due to rounding. Personal care services are an optional benefit. In 2014, 31 states reported personal care services participants. Delaware, New Mexico, & Rhode Island were approved by CMS to offer personal care services but did not report participants during the period. These states deliver PCS services through Section 1115 managed care waivers. Kansas did not report participants in 2014 and therefore 2013 numbers were used. A dash indicates that there was no operational personal care services program that year.

SOURCES: Kaiser Family Foundation analysis of Medicaid HCBS Program survey.

Table 1D: Medicaid § 1915(c) HCBS Waivers Participants, by State, 2004-2014

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	13-14 % change
Total	1,017,563	1,071,349	1,124,153	1,180,758	1,261,611	1,368,163	1,405,362	1,451,531	1,500,342	1,548,305	1,575,227	2%
AK	3,291	3,565	3,755	3,859	4,045	4,286	4,583	4,986	5,104	5,327	5,303	-0.5%
AL	13,378	13,573	14,434	14,814	15,145	14,917	15,065	14,698	14,778	14,788	14,440	-2.4%
AR	11,825	11,934	12,894	12,886	13,459	14,263	14,655	14,841	14,961	14,821	14,266	-3.7%
AZ	-	-	-	-	-	-	-	-	-	-	-	-
CA	72,400	80,224	75,766	84,288	91,006	95,317	100,827	108,244	111,350	114,674	129,737	13.1%
CO	25,995	22,577	27,291	28,225	29,491	31,890	33,051	34,080	35,562	37,152	39,401	6%
CT	18,021	18,274	16,025	15,523	15,988	21,047	21,837	22,809	23,577	24,256	25,540	5%
DC	782	1,441	1,675	2,572	3,007	3,339	3,986	4,129	4,607	4,931	4,609	-7%
DE	2,561	2,642	2,757	2,847	2,809	2,909	2,945	3,112	3,222	947	984	4%
FL	53,156	59,151	66,455	69,727	65,152	88,070	77,167	82,156	85,253	82,115	92,454	13%
GA	27,769	29,411	32,854	35,401	40,581	44,883	47,166	46,991	50,898	52,063	41,896	-19.5%
HI	4,058	4,363	4,591	4,970	5,460	2,473	2,485	2,551	2,591	2,659	2,623	-1.4%
IA	18,764	18,060	23,424	25,478	26,955	27,971	28,088	28,798	29,030	28,900	28,662	-0.8%
ID	8,918	9,625	9,906	10,267	10,510	11,380	12,123	12,794	13,335	14,554	16,906	16.2%
IL	65,028	68,651	71,022	71,274	80,202	85,914	90,539	98,057	105,315	113,731	117,613	3.4%
IN	13,474	13,484	13,964	16,123	18,032	20,702	22,841	22,131	23,907	31,262	31,980	2%
KS	20,615	23,348	24,847	25,846	29,189	29,663	29,456	29,588	28,179	28,181	27,935	-1%
KY	15,361	14,922	14,839	14,738	15,082	16,234	18,408	19,968	21,700	24,253	25,256	4%
LA	12,462	9,414	9,204	10,641	12,949	14,524	15,476	16,438	12,506	17,528	17,717	1%
MA	17,998	19,026	20,302	20,316	20,522	23,056	23,928	23,526	25,037	27,564	27,600	0%
MD	13,630	14,626	15,055	15,663	16,380	20,849	21,385	21,691	22,776	23,853	26,406	10.7%
ME	4,184	4,061	4,034	4,164	5,344	5,786	5,703	5,705	5,836	5,922	6,153	3.9%
MI	17,835	17,544	17,439	17,450	18,031	19,026	19,387	19,482	19,743	20,913	22,205	6.2%
MN	42,327	44,156	48,802	52,973	56,842	59,798	62,604	64,939	66,714	68,915	67,816	-1.6%
MO	32,024	32,051	30,415	29,135	28,615	28,159	28,645	28,843	29,101	31,211	31,060	-0.5%
MS	14,413	14,540	13,943	14,575	15,036	16,593	16,965	17,788	22,630	24,136	25,128	4%
MT	3,840	3,997	4,119	4,353	4,620	4,771	4,865	5,130	5,526	5,349	5,329	0%
NC	18,098	21,403	24,013	24,729	25,389	26,056	27,191	25,887	25,470	27,239	26,139	-4%
ND	3,483	3,628	3,692	3,846	3,896	4,080	3,977	4,193	4,167	4,605	5,119	11%
NE	8,177	8,183	8,562	9,124	9,571	9,966	10,174	10,623	10,693	10,706	10,740	0%
NH	5,738	4,903	5,663	6,584	7,179	7,626	7,880	7,894	8,038	8,114	8,564	5.5%
NJ	17,831	20,679	21,839	22,133	22,576	29,857	23,714	24,103	25,060	25,242	10,716	-57.5%
NM	6,018	6,229	6,584	7,614	8,322	7,535	7,218	7,399	6,993	10,048	4,936	-50.9%
NV	3,605	3,880	4,163	4,265	4,340	4,212	4,300	4,539	4,590	4,607	4,879	5.9%
NY	75,159	78,372	81,619	83,924	89,675	97,029	102,953	105,867	109,506	112,926	105,309	-6.7%
OH	47,581	52,110	56,651	63,268	65,624	71,068	73,830	84,210	88,194	91,583	93,569	2%
OK	19,373	20,621	24,228	26,816	31,392	30,425	28,256	27,823	27,434	26,390	26,317	0%
OR	36,982	37,291	36,520	36,219	38,287	40,866	43,072	44,917	45,654	45,082	48,269	7%
PA	44,726	50,579	53,175	53,681	59,007	63,451	69,883	71,496	78,001	84,533	87,194	3%
RI	5,331	5,568	6,151	6,950	7,683	6,291	-	-	-	-	-	-
SC	20,113	20,341	19,597	21,838	23,136	23,454	22,619	22,289	22,764	24,467	28,412	16.1%
SD	3,610	3,642	3,890	4,037	4,152	4,590	4,528	4,787	4,852	5,261	5,308	0.9%
TN	5,080	6,778	7,996	9,380	12,792	14,239	13,426	7,904	7,945	7,844	8,090	3.1%
TX	49,363	53,709	62,940	66,470	70,323	76,541	79,977	76,251	61,934	52,305	53,857	3.0%
UT	4,941	5,027	5,140	5,425	6,115	6,171	6,151	6,405	6,633	7,068	12,221	72.9%
VA	17,646	19,436	20,282	21,984	24,760	27,748	30,992	34,460	37,906	40,819	43,613	7%
VT	3,916	3,809	-	-	-	-	-	-	-	-	-	-
WA	39,088	41,333	41,331	41,341	41,451	44,138	46,772	49,007	58,799	53,360	55,676	4%
WI	35,811	37,085	38,051	40,721	47,874	50,008	59,646	63,166	67,631	70,597	72,552	3%
WV	8,689	8,591	8,493	8,320	9,486	10,796	10,156	10,237	10,639	11,256	10,418	-7%
WY	3,095	3,493	3,761	3,981	4,129	4,196	4,467	4,599	4,202	4,248	4,310	1.5%

NOTES: Data may not sum to total due to rounding. Arizona did not operate a § 1915(c) waiver over the study period because all HCBS were provided through a § 1115 managed care waiver. Rhode Island terminated its § 1915(c) waivers in mid-2009 and provided services under a § 1115 waiver. Vermont terminated its § 1915(c) waivers in 2006 and provided services under a § 1115 waiver. New Jersey operated one 1915(c) waiver in 2014, however the most recent 372 report accepted by CMS is from 2011. A dash indicates that there was no operational § 1915(c) waiver that year.

SOURCES: Kaiser Family Foundation analysis of CMS Form 372.

Table 2A: Total Medicaid HCBS Expenditures, by State, 2004-2014 (\$, in thousands)

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	13-14 % change
Total	32,069,976	35,265,334	37,663,246	41,481,325	45,910,301	50,609,471	52,720,253	54,994,764	55,035,077	56,510,691	58,476,165	3%
AK	154,532	156,572	204,456	207,051	216,777	240,683	264,154	288,418	304,935	331,312	351,202	6%
AL	237,214	273,707	297,316	333,373	360,800	401,074	404,282	413,801	421,686	452,002	413,401	-9%
AR	177,834	203,467	236,124	242,661	262,769	313,836	344,180	369,189	397,407	405,225	452,222	12%
AZ	571,603	642,134	694,692	783,660	793,647	803,633	813,619	823,606	833,592	849,478	849,478	0%
CA	4,024,636	4,415,656	4,994,201	5,865,291	6,347,460	7,006,430	6,537,005	6,998,970	5,593,850	5,681,174	6,298,825	11%
CO	464,008	433,878	477,107	512,932	557,264	678,293	720,817	738,093	827,162	881,789	892,076	1%
CT	677,714	701,999	341,269	340,732	376,033	1,019,813	1,045,839	1,121,845	1,199,212	1,229,427	1,302,680	6%
DC	31,255	38,496	50,041	81,335	95,204	184,499	227,023	255,654	275,561	294,863	633,512	115%
DE	67,341	74,056	86,786	99,991	108,474	115,687	114,767	114,267	116,651	102,213	104,303	2%
FL	919,013	1,001,617	1,111,757	1,220,846	1,301,098	1,008,925	1,390,426	1,552,103	1,736,585	1,712,743	1,252,600	-27%
GA	377,603	397,916	449,990	427,570	517,181	655,220	819,154	800,488	914,391	978,729	1,017,295	4%
HI	108,280	120,842	128,630	133,649	138,909	110,894	104,185	105,620	107,473	119,901	110,038	-8%
IA	285,540	352,321	410,094	453,768	495,130	533,901	565,564	577,916	616,267	671,830	731,505	9%
ID	134,245	146,763	156,768	169,315	182,154	196,241	218,602	221,980	236,861	223,851	261,206	17%
IL	708,678	802,485	874,787	903,932	1,070,985	1,221,466	1,325,518	1,479,595	1,588,015	1,629,712	1,744,591	7%
IN	471,504	488,513	496,083	556,511	641,574	729,215	784,163	793,087	845,048	998,531	1,044,854	5%
KS	364,019	368,829	401,008	443,773	506,743	575,054	574,161	680,691	569,325	714,323	972,103	36%
KY	245,138	277,332	263,695	334,418	347,118	370,523	417,182	482,639	552,634	636,841	656,603	3%
LA	481,613	605,240	383,204	473,487	632,067	748,929	742,020	762,665	674,064	831,311	834,761	0%
MA	884,525	951,013	1,034,885	1,024,243	1,130,156	1,284,262	1,339,689	1,401,148	1,634,704	1,793,693	1,989,135	11%
MD	460,526	521,542	572,551	683,372	680,193	800,918	834,349	850,436	965,510	1,050,474	1,038,227	-1%
ME	240,961	242,990	265,977	283,299	342,198	354,103	359,843	381,136	378,806	373,225	383,965	3%
MI	656,393	663,682	667,403	713,414	749,468	786,316	820,079	853,013	899,103	991,141	1,037,287	5%
MN	1,222,684	1,374,386	1,623,184	1,795,676	2,002,357	2,208,230	2,296,604	2,389,306	2,455,891	2,517,987	2,894,885	15%
MO	580,071	616,843	653,403	729,314	806,630	895,232	844,619	1,000,729	1,080,007	1,192,728	1,331,213	12%
MS	132,325	141,184	124,416	142,763	156,100	179,224	207,517	208,309	270,288	273,255	309,926	13%
MT	97,642	105,414	112,248	117,504	137,808	151,663	165,514	168,920	174,068	176,851	161,227	-9%
NC	803,021	943,140	991,647	1,092,502	1,176,824	1,185,789	1,256,967	1,199,884	1,157,769	1,199,775	1,338,765	12%
ND	71,566	75,531	82,644	88,506	98,072	109,865	126,233	147,512	165,652	179,640	200,115	11%
NE	195,653	215,597	226,642	248,177	268,384	273,811	294,545	312,040	325,113	335,409	348,976	4%
NH	157,916	163,275	171,188	185,352	202,118	236,010	251,221	251,077	259,119	273,132	283,939	4%
NJ	743,903	804,134	809,575	840,544	866,594	1,012,815	1,082,551	1,132,610	1,256,614	1,324,450	1,056,281	-20%
NM	443,841	424,686	463,942	504,150	557,314	546,763	568,229	581,356	584,713	614,608	295,458	-52%
NV	87,594	95,280	126,347	142,596	152,703	155,126	158,699	164,673	168,259	166,613	193,187	16%
NY	6,383,266	7,008,325	7,761,946	8,454,236	9,041,475	9,441,876	9,713,233	9,684,139	9,712,552	9,451,904	8,906,095	-6%
OH	979,106	1,026,817	1,245,787	1,546,853	1,569,361	1,752,152	1,907,247	2,180,451	2,255,206	2,348,916	2,315,021	-1%
OK	298,367	337,313	390,549	438,951	486,746	508,450	505,779	497,495	495,812	483,842	513,297	6%
OR	561,006	586,983	600,838	640,195	726,316	869,422	926,182	1,059,030	968,092	807,320	142,962	-82%
PA	1,313,386	1,479,377	1,294,903	1,375,754	2,116,073	2,395,308	2,632,203	2,532,129	2,784,016	3,054,059	3,110,458	2%
RI	242,921	243,359	260,635	293,257	304,493	144,212	2,579	2,461	2,544	2,694	2,695	0%
SC	276,384	289,974	281,348	335,875	392,982	486,588	446,291	457,403	442,920	472,501	466,151	-1%
SD	85,156	79,489	89,901	97,242	104,222	109,714	115,070	119,357	120,566	126,374	135,309	7%
TN	344,406	520,247	634,819	782,847	926,555	909,931	839,807	802,345	803,423	808,145	877,696	9%
TX	1,725,338	1,957,450	2,066,581	2,036,889	2,278,729	2,638,822	2,879,440	3,074,590	2,426,576	2,099,185	2,244,497	7%
UT	125,793	130,506	134,753	147,776	190,113	214,327	214,589	217,419	220,326	238,949	266,910	12%
VA	361,373	431,049	529,166	620,997	710,241	838,222	950,681	1,042,903	1,124,032	1,220,259	1,320,850	8%
VT	142,778	141,610	24,210	22,501	23,152	25,853	27,838	29,063	35,070	35,006	27,618	-21%
WA	725,307	851,519	929,438	994,350	1,116,182	1,283,178	1,377,645	1,424,414	1,638,838	1,484,147	1,577,606	6%
WI	902,982	986,359	1,069,318	1,116,212	1,212,537	1,422,037	1,665,416	1,738,918	1,842,459	1,945,764	2,253,960	16%
WV	239,217	264,751	269,684	302,372	332,385	356,346	381,931	392,163	483,087	598,123	534,881	-11%
WY	82,799	89,724	95,313	99,314	100,436	118,588	115,003	117,709	93,227	125,268	119,556	-5%

NOTES: Data may not sum to total due to rounding. Total Medicaid HCBS comprises Medicaid home health state plan services, Medicaid personal care state plan services and Medicaid § 1915(c) HCBS waivers. Arizona did not operate any § 1915(c) waivers over the study period because all HCBS were provided through a § 1115 managed care waiver. Rhode Island terminated its § 1915(c) waivers in mid-2009 and provided services under a § 1115 waiver. Vermont terminated its § 1915(c) waivers in 2006 and provided services under a § 1115 waiver.

SOURCES: Kaiser Family Foundation analysis of Medicaid HCBS Program survey and CMS Form 372.

Table 2B: Medicaid Home Health State Plan Services Expenditures, by State, 2004-2014 (\$, in thousands)

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	13-14 % change
Total	4,043,432	4,285,354	4,607,332	4,953,786	5,132,589	5,374,357	5,725,628	5,771,653	5,800,108	5,933,047	6,571,051	11%
AK	745	1,221	1,165	1,155	957	302	335	375	319	1,041	956	-8%
AL	11,500	16,000	16,500	20,800	25,000	32,320	29,248	28,884	23,404	21,069	26,826	27%
AR	12,640	13,140	13,199	11,702	10,370	14,160	15,958	16,609	16,771	17,237	15,870	-8%
AZ	571,603	642,134	694,692	783,660	793,647	803,633	813,619	823,606	833,592	849,478	849,478	0%
CA	162,471	161,558	161,459	159,631	156,214	152,797	150,174	146,757	137,979	129,547	242,146	87%
CO	99,364	75,370	90,877	88,367	88,651	126,358	148,124	160,692	211,764	265,486	207,371	-22%
CT	173,256	178,419	194,780	144,862	148,520	231,265	223,456	250,615	251,585	255,585	261,255	2%
DC	12,478	12,900	13,316	15,321	17,632	19,944	22,255	22,852	23,466	24,301	231,044	851%
DE	3,578	3,699	4,270	5,085	5,070	5,055	5,040	5,154	5,270	5,364	DNR	-
FL	53,741	67,041	73,248	74,528	71,306	65,878	221,586	201,905	179,752	165,236	194,838	18%
GA	7,417	6,663	6,861	5,698	5,037	4,376	3,715	3,054	2,892	2,962	2,962	0%
HI	822	2,052	2,660	2,963	3,169	3,374	3,580	3,824	4,050	4,135	4,135	0%
IA	67,449	76,136	91,684	100,158	106,830	113,447	122,715	125,935	133,533	134,037	143,524	7%
ID	6,362	6,773	7,504	7,248	7,487	4,048	3,943	4,479	4,844	3,844	3,966	3%
IL	36,424	35,983	33,744	35,358	32,318	42,320	48,491	53,345	51,604	52,198	59,909	15%
IN	66,990	76,746	84,227	94,117	105,813	138,778	158,242	184,603	218,663	243,681	285,229	17%
KS	40,333	16,570	16,360	14,790	12,085	12,854	10,882	9,620	9,830	9,451	10,222	8%
KY	54,134	52,479	56,169	63,172	49,893	41,885	40,880	38,652	35,099	36,084	27,057	-25%
LA	293,605	292,748	27,154	28,688	36,526	38,670	42,891	44,699	44,803	43,946	34,552	-21%
MA	64,057	62,886	64,745	71,321	85,672	100,134	120,992	150,099	194,634	240,228	329,780	37%
MD	2,523	2,691	2,591	2,044	2,327	2,361	2,798	3,061	2,943	2,986	3,062	3%
ME	5,894	6,094	6,932	7,861	7,703	4,097	3,921	3,379	3,719	4,477	4,604	3%
MI	4,825	4,515	4,738	4,163	4,037	3,911	5,081	4,977	4,342	13,340	3,874	-71%
MN	7,594	7,419	28,587	26,329	25,160	24,020	22,364	23,347	22,456	17,083	59,991	251%
MO	5,339	7,113	6,388	6,746	5,955	6,493	6,923	7,263	6,887	6,607	6,220	-6%
MS	28,883	19,289	12,393	11,661	7,284	4,048	8,677	7,918	6,193	2,344	3,496	49%
MT	494	488	447	485	431	455	531	445	448	572	493	-14%
NC	97,659	111,310	116,214	119,785	131,309	144,747	149,348	141,831	55,269	56,355	45,841	-19%
ND	4,944	4,925	5,256	5,018	5,750	6,267	7,652	6,682	8,670	10,651	8,656	-19%
NE	19,721	32,005	32,985	34,753	38,132	24,832	25,838	19,199	17,425	12,100	12,879	6%
NH	3,205	3,884	3,205	3,884	2,980	3,490	4,001	4,511	5,022	5,133	5,563	8%
NJ	37,591	38,865	42,634	45,367	49,037	52,707	56,376	57,649	58,950	60,452	242,636	301%
NM	315	386	451	441	426	327	289	254	1,740	2,188	DNR	-
NV	2,218	4,325	2,180	3,394	3,347	3,155	5,113	7,513	11,034	13,015	13,398	3%
NY	1,342,916	1,424,463	1,682,697	1,836,285	1,842,757	1,849,228	1,855,700	1,862,171	1,868,643	1,889,655	1,889,655	0%
OH	132,313	83,193	98,579	151,244	149,864	182,308	214,740	250,636	294,259	365,252	257,610	-29%
OK	5,411	7,742	8,994	12,001	10,739	11,490	13,396	14,209	14,770	15,266	14,580	-4%
OR	1,033	1,068	544	475	1,055	544	663	490	607	552	520	-6%
PA	45,277	52,370	139,112	159,887	187,338	216,248	224,029	88,310	90,462	39,894	20,443	-49%
RI	3,632	3,755	3,427	3,266	3,037	2,808	2,579	2,461	2,544	2,694	2,695	0%
SC	18,901	19,541	22,660	26,357	29,632	25,588	19,577	15,068	10,687	7,418	5,409	-27%
SD	4,153	4,293	3,957	4,700	4,763	4,827	4,891	5,098	5,771	7,014	8,269	18%
TN	69,346	136,076	195,439	278,452	318,237	244,845	207,652	211,821	202,985	204,496	212,112	4%
TX	414,933	459,642	481,609	429,354	467,050	528,469	622,167	679,625	643,671	609,817	700,406	15%
UT	8,801	9,217	9,557	13,284	32,895	35,518	34,183	34,903	27,503	28,860	21,069	-27%
VA	3,053	4,556	5,019	4,787	5,842	6,228	7,166	7,935	7,920	6,533	5,182	-21%
VT	7,652	7,633	7,798	5,668	6,313	6,576	6,302	6,877	13,295	15,971	7,733	-52%
WA	3,236	4,489	4,615	4,337	4,282	4,201	4,365	3,980	3,021	3,570	3,535	-1%
WI	18,722	19,356	18,653	18,133	17,633	17,134	16,635	17,082	17,541	16,450	70,870	331%
WV	2,663	2,754	3,513	3,066	3,372	3,886	4,348	4,752	4,784	5,258	5,567	6%
WY	1,217	1,378	1,545	1,936	1,705	1,953	2,201	2,449	2,697	2,137	3,563	67%

NOTES: Data may not sum to total due to rounding.

SOURCES: Kaiser Family Foundation analysis of Medicaid HCBS Program survey.

Table 2C: Medicaid Personal Care State Plan Services Expenditures, by State, 2004-2014 (\$, in thousands)

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	13-14 % change
Total	7,124,121	7,672,918	8,708,956	9,546,110	10,130,555	10,935,233	10,219,773	10,523,897	8,390,654	9,133,062	10,061,781	10%
AK	40,384	41,752	78,154	73,174	72,474	77,336	82,197	87,059	91,921	93,145	104,396	12%
AL	-	-	-	-	-	-	-	-	-	-	-	-
AR	53,920	61,134	59,892	57,422	55,633	70,117	71,263	78,580	84,946	90,143	121,272	35%
AZ	-	-	-	-	-	-	-	-	-	-	-	-
CA	2,605,215	2,857,270	3,403,108	4,013,108	4,326,503	4,865,302	4,325,761	4,349,211	2,270,395	2,960,322	3,835,084	30%
CO	-	-	-	-	-	-	-	-	-	-	-	-
CT	-	-	-	-	-	-	-	-	-	-	-	-
DC	10,559	10,917	10,124	9,653	8,963	8,273	7,583	6,893	7,588	7,961	210,192	2540%
DE	0	0	0	0	0	0	0	0	0	0	-	-
FL	35,264	33,411	29,286	5,204	6,380	18,047	31,098	38,200	180,550	190,325	32,740	-83%
GA	-	-	-	-	-	-	-	-	-	-	-	-
HI	-	-	-	-	-	-	-	-	-	-	-	-
IA	-	-	-	-	-	-	-	-	-	-	-	-
ID	24,453	27,298	28,549	30,161	30,732	24,765	15,906	15,999	20,778	6,949	7,379	6%
IL	-	-	-	-	-	-	-	-	-	-	-	-
IN	-	-	-	-	-	-	-	-	-	-	-	-
KS	-	-	-	56	1,247	2,375	3,398	4,421	5,444	5,903	5,903	0%
KY	-	-	-	-	-	-	-	-	-	-	-	-
LA	1	33,519	72,267	121,164	194,116	242,683	237,587	190,140	185,443	227,137	235,416	4%
MA	221,845	243,905	268,960	283,566	314,501	355,674	394,358	436,194	465,197	504,651	538,224	7%
MD	20,490	20,595	21,475	22,904	23,899	25,201	26,535	29,990	31,062	40,474	35,590	-12%
ME	11,640	10,935	10,774	9,234	6,566	14,798	16,247	45,829	27,135	26,055	21,639	-17%
MI	254,155	237,292	218,775	253,962	254,320	256,432	259,320	281,640	289,709	290,638	301,747	4%
MN	121,767	180,596	281,732	304,956	346,854	396,486	400,763	422,260	438,478	444,657	696,151	57%
MO	211,889	239,481	242,195	265,736	303,599	351,852	234,779	398,945	420,764	466,007	535,253	15%
MS	-	-	-	-	-	-	-	-	-	-	-	-
MT	21,900	24,958	25,306	26,037	28,778	36,937	45,316	43,305	43,177	42,698	21,285	-50%
NC	221,039	286,653	311,069	301,391	316,782	346,151	320,902	249,918	229,763	330,717	474,218	43%
ND	4,556	5,314	10,949	11,367	12,369	15,964	17,433	19,041	19,830	20,989	22,837	9%
NE	8,463	9,784	10,539	11,269	13,653	13,359	13,401	12,474	12,351	14,233	15,904	12%
NH	499	511	472	495	430	557	684	811	798	804	4,005	398%
NJ	263,184	269,283	254,337	253,790	250,363	250,369	250,375	250,381	251,387	256,840	208,647	-19%
NM	180,888	150,526	167,269	190,766	203,666	223,786	243,906	264,026	267,982	276,023	-	-
NV	43,134	35,568	54,273	65,004	71,775	69,844	68,222	70,110	66,672	67,383	76,382	13%
NY	1,930,721	2,045,068	2,244,915	2,324,483	2,342,911	2,220,834	2,140,557	2,060,281	2,051,086	2,068,407	1,799,190	-13%
OH	-	-	-	-	-	-	-	-	-	-	-	-
OK	12,375	14,340	11,847	10,824	10,237	10,763	12,187	12,281	11,930	11,420	9,571	-16%
OR	4,497	5,645	5,323	5,178	4,960	4,426	3,995	3,754	3,866	1,700	9,059	433%
PA	-	-	-	-	-	-	-	-	-	-	-	-
RI	0	0	0	0	0	0	0	0	0	0	0	0%
SC	-	-	-	-	-	-	-	-	-	-	-	-
SD	1,337	1,337	1,570	1,694	1,763	1,501	1,201	1,173	822	619	639	3%
TN	-	-	-	-	-	-	-	-	-	-	-	-
TX	417,973	459,642	481,520	449,989	422,475	479,569	414,168	551,443	304,501	91,104	96,493	6%
UT	1,272	1,082	1,204	319	356	363	675	796	1,352	1,784	1,784	0%
VA	-	-	-	-	-	-	-	-	-	-	-	-
VT	10,616	13,131	16,411	16,832	16,839	19,277	21,536	22,186	21,775	19,035	19,885	4%
WA	238,677	195,430	222,686	249,212	304,218	344,090	361,707	372,795	368,742	349,207	254,199	-27%
WI	123,839	128,035	136,936	140,365	145,396	150,426	155,457	160,487	163,517	164,032	298,587	82%
WV	27,571	28,505	27,037	36,793	37,800	37,676	41,253	43,273	51,696	61,700	68,109	10%
WY	-	-	-	-	-	-	-	-	-	-	-	-

NOTES: Data may not sum to total due to rounding. Personal care services are an optional benefit. In 2014, 31 states reported personal care services participants. Delaware, New Mexico, & Rhode Island were approved by CMS to offer personal care services but did not report participants during the period. These states deliver PCS services through Section 1115 managed care waivers. Kansas did not report participants in 2014 and therefore 2013 numbers were used. A dash indicates that there was no operational personal care services program that year.

SOURCES: Kaiser Family Foundation analysis of Medicaid HCBS Program survey.

Table 2D: Medicaid § 1915(c) HCBS Waivers Expenditures, by State, 2004-2014 (\$, in thousands)

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	13-14 % change
Total	20,902,423	23,307,062	24,346,957	26,981,429	30,647,156	34,299,881	36,774,853	38,699,215	40,844,314	41,444,582	41,843,333	1%
AK	113,402	113,599	125,137	132,721	143,346	163,045	181,622	200,984	212,695	237,126	245,850	4%
AL	225,714	257,707	280,816	312,573	335,800	368,754	375,034	384,918	398,281	430,933	386,575	-10%
AR	111,273	129,193	163,033	173,537	196,766	229,559	256,959	274,000	295,690	297,845	315,080	6%
AZ	-	-	-	-	-	-	-	-	-	-	-	-
CA	1,256,950	1,396,828	1,429,634	1,692,552	1,864,743	1,988,332	2,061,069	2,503,002	3,185,476	2,591,306	3,096,357	19%
CO	364,644	358,508	386,230	424,565	468,613	551,935	572,693	577,400	615,398	616,303	684,705	11%
CT	504,458	523,580	146,489	195,870	227,512	788,548	822,383	871,230	947,627	973,843	1,041,425	7%
DC	8,218	14,678	26,601	56,360	68,608	156,282	197,185	225,909	244,508	262,601	192,276	-27%
DE	63,763	70,357	82,517	94,906	103,405	110,632	109,727	109,113	111,381	96,849	104,303	8%
FL	830,009	901,164	1,009,222	1,141,114	1,223,412	924,999	1,137,742	1,311,999	1,376,283	1,357,182	1,025,022	-24%
GA	370,186	391,253	443,129	421,872	512,144	650,844	815,439	797,435	911,498	975,767	1,014,333	4%
HI	107,459	118,789	125,971	130,686	135,740	107,520	100,605	101,796	103,423	115,766	105,903	-9%
IA	218,091	276,185	318,410	353,610	388,300	420,454	442,849	451,981	482,734	537,794	587,981	9%
ID	103,431	112,692	120,714	131,905	143,935	167,428	198,753	201,503	211,240	213,057	249,861	17%
IL	672,254	766,502	841,044	868,574	1,038,667	1,179,146	1,277,027	1,426,249	1,536,410	1,577,515	1,684,682	7%
IN	404,514	411,766	411,856	462,394	535,762	590,437	625,921	608,485	626,384	754,849	759,625	1%
KS	323,687	352,258	384,648	428,926	493,410	559,825	559,881	666,650	554,051	698,969	955,978	37%
KY	191,004	224,853	207,525	271,246	297,226	328,638	376,303	443,987	517,535	600,757	629,546	5%
LA	188,007	278,972	283,784	323,635	401,425	467,575	461,542	527,827	443,818	560,228	564,793	1%
MA	598,623	644,222	701,180	669,355	729,983	828,454	824,339	814,855	974,873	1,048,814	1,121,131	7%
MD	437,514	498,257	548,485	658,424	653,967	773,357	805,016	817,385	931,505	1,007,014	999,575	-1%
ME	223,427	225,961	248,270	266,204	327,929	335,208	339,675	331,928	347,952	342,693	357,722	4%
MI	397,413	421,876	443,889	455,289	491,111	525,973	555,677	566,396	605,052	687,163	731,666	6%
MN	1,093,323	1,186,371	1,312,866	1,464,391	1,630,342	1,787,725	1,873,476	1,943,699	1,994,956	2,056,247	2,138,743	4%
MO	362,843	370,250	404,820	456,831	497,076	536,887	602,917	594,521	652,357	720,114	789,740	10%
MS	103,442	121,895	112,023	131,102	148,815	175,176	198,840	200,391	264,095	270,911	306,430	13%
MT	75,248	79,969	86,495	90,983	108,599	114,271	119,668	125,171	130,443	133,580	139,449	4%
NC	484,323	545,177	564,364	671,325	728,732	694,891	786,717	808,134	872,737	812,703	818,706	1%
ND	62,066	65,292	66,439	72,121	79,953	87,634	101,147	121,788	137,152	148,000	168,622	14%
NE	167,469	173,808	183,117	202,155	216,599	235,620	255,306	280,367	295,337	309,075	320,193	4%
NH	154,211	158,880	167,511	180,973	198,708	231,962	246,536	245,754	253,299	267,196	274,371	3%
NJ	443,129	495,986	512,603	541,388	567,194	709,740	775,799	824,580	946,277	1,007,157	604,998	-40%
NM	262,637	273,775	296,222	312,943	353,222	322,651	324,034	317,075	314,992	336,397	295,458	-12%
NV	42,243	55,387	69,893	74,198	77,581	82,127	85,363	87,050	90,553	86,215	103,407	20%
NY	3,109,629	3,538,794	3,834,334	4,293,467	4,855,807	5,371,814	5,716,976	5,761,687	5,792,823	5,493,843	5,217,250	-5%
OH	846,793	943,624	1,147,208	1,395,609	1,419,497	1,569,844	1,692,507	1,929,815	1,960,947	1,983,664	2,057,411	4%
OK	280,582	315,231	369,707	416,125	465,770	486,196	480,197	471,006	469,112	457,156	489,146	7%
OR	555,476	580,270	594,972	634,543	720,301	864,453	921,524	1,054,787	963,620	805,068	133,383	-83%
PA	1,268,109	1,427,006	1,155,791	1,215,867	1,928,735	2,179,060	2,408,175	2,443,818	2,693,554	3,014,165	3,090,015	3%
RI	239,289	239,604	257,209	289,991	301,456	141,405	-	-	-	-	-	-
SC	257,484	270,433	258,689	309,519	363,350	461,000	426,715	442,335	432,233	465,083	460,742	-1%
SD	79,667	73,859	84,374	90,849	97,696	103,386	108,979	113,085	113,974	118,741	126,401	6%
TN	275,060	384,171	439,380	504,395	608,317	665,087	632,155	590,524	600,438	603,649	665,584	10%
TX	892,433	1,038,166	1,103,452	1,157,546	1,389,204	1,630,785	1,843,104	1,843,521	1,478,404	1,398,264	1,447,598	4%
UT	115,720	120,207	123,992	134,173	156,863	178,446	179,731	181,720	191,471	208,305	244,057	17%
VA	358,320	426,493	524,147	616,209	704,399	831,993	943,515	1,034,968	1,116,112	1,213,726	1,315,668	8%
VT	124,510	120,845	-	-	-	-	-	-	-	-	-	-
WA	483,394	651,600	702,137	740,802	807,682	934,887	1,011,573	1,047,640	1,267,075	1,131,370	1,319,872	17%
WI	760,421	838,968	913,729	957,714	1,049,507	1,254,477	1,493,325	1,561,349	1,661,401	1,765,281	1,884,503	7%
WV	208,982	233,456	239,133	262,513	291,214	314,784	336,330	344,138	426,607	531,165	461,205	-13%
WY	81,582	88,346	93,768	97,378	98,731	116,635	112,802	115,260	90,530	123,132	115,993	-6%

NOTES: Data may not sum to total due to rounding. Arizona did not operate a § 1915(c) waiver over the study period because all HCBS were provided through a § 1115 managed care waiver. Rhode Island terminated its § 1915(c) waivers in mid-2009 and provided services under a § 1115 waiver. Vermont terminated its § 1915(c) waivers in 2006 and provided services under a § 1115 waiver. California, New Jersey, and New Mexico terminated § 1915(c) waivers and provided HCBS through a § 1115 managed care waiver in 2014. New Jersey operated one 1915(c) waiver in 2014, however the most recent 372 report accepted by CMS is from 2011. A dash indicates that there was no operational § 1915(c) program that year.

SOURCES: Kaiser Family Foundation analysis of CMS Form 372.

Table 3A: Total Medicaid HCBS Expenditures Per Participant Served, By State, 2004-2014 (\$)

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	13-14 % change
Avg.	12,307	12,672	13,643	14,650	15,502	16,248	16,685	17,161	17,184	18,870	18,458	-2%
AK	18,747	17,563	25,455	26,169	27,583	29,582	31,309	32,545	33,947	35,659	33,204	-7%
AL	12,027	13,463	14,278	15,632	16,484	16,336	18,312	19,409	20,767	22,579	20,066	-11%
AR	5,235	5,954	6,832	7,315	7,928	8,995	9,911	10,323	10,882	11,083	11,441	3%
AZ	19,096	20,583	21,469	23,123	22,696	22,295	21,918	21,561	21,224	21,045	21,045	0%
CA	8,856	9,146	10,124	11,359	10,587	11,572	11,142	11,774	10,087	12,887	12,581	-2%
CO	13,540	13,878	12,993	13,276	13,775	15,801	16,314	16,018	17,318	17,723	16,147	-9%
CT	17,172	17,538	8,924	11,389	12,074	21,440	21,209	21,215	21,780	21,981	22,016	1%
DC	5,607	5,646	6,603	9,010	9,978	18,539	21,261	22,418	22,463	23,718	24,192	2%
DE	16,180	18,196	20,546	23,973	26,600	28,059	27,965	26,814	26,957	49,212	105,999	115%
FL	10,463	10,619	11,133	13,690	15,756	9,624	14,939	16,147	16,168	16,305	11,804	-28%
GA	9,239	9,163	10,821	10,226	11,095	12,965	15,620	15,427	16,500	17,263	21,865	27%
HI	23,321	21,339	21,226	20,555	19,599	26,422	24,201	23,715	23,449	25,560	24,717	-3%
IA	6,781	8,267	11,310	11,781	12,321	13,128	13,463	13,578	14,657	15,962	10,945	-31%
ID	8,482	8,867	9,219	9,419	9,697	11,196	12,677	13,191	11,087	12,143	12,478	3%
IL	9,154	9,821	10,180	10,590	11,481	12,212	12,660	13,228	13,460	12,998	13,306	2%
IN	21,037	22,916	22,275	22,737	24,373	24,346	23,405	22,489	22,154	22,534	21,925	-3%
KS	13,110	12,625	13,274	14,431	15,161	16,955	17,072	20,264	17,653	22,082	28,907	31%
KY	6,275	7,428	7,733	10,053	10,447	11,294	12,133	13,469	15,064	16,209	16,530	2%
LA	19,962	23,278	13,805	15,289	17,474	18,483	16,776	16,574	16,096	17,402	18,838	8%
MA	19,141	18,769	19,866	19,458	20,520	21,589	21,020	21,232	23,059	23,370	23,525	1%
MD	23,643	22,041	24,153	29,254	27,757	27,211	27,495	27,296	29,862	31,307	28,943	-8%
ME	26,747	27,156	28,413	31,579	34,517	33,571	34,079	21,162	18,516	32,322	31,743	-2%
MI	8,215	8,372	8,322	8,761	9,024	9,128	9,038	9,226	9,556	9,641	10,853	13%
MN	21,832	23,167	20,691	21,246	22,193	23,283	23,196	26,571	23,815	24,383	20,901	-14%
MO	6,550	6,910	7,704	8,780	9,592	10,242	9,787	10,966	11,785	12,333	13,750	11%
MS	5,540	5,986	5,613	6,338	6,809	7,321	8,070	7,702	8,847	7,754	10,697	38%
MT	13,370	13,933	14,673	14,893	17,003	18,213	19,210	19,152	18,313	19,047	18,778	-1%
NC	8,375	8,505	8,442	9,490	10,163	9,856	10,753	11,474	9,974	11,118	12,649	14%
ND	13,872	13,705	12,911	13,644	15,053	16,973	21,675	24,234	26,351	25,941	27,500	6%
NE	12,987	12,483	12,632	13,041	14,066	15,056	15,644	18,146	20,568	21,361	22,143	4%
NH	19,371	21,016	20,433	19,934	20,751	22,587	22,911	22,346	22,264	23,361	31,185	33%
NJ	15,453	15,259	14,537	14,675	14,969	15,291	17,702	18,269	19,636	20,369	12,645	-38%
NM	27,855	26,096	26,499	25,447	26,434	25,665	25,816	25,009	25,001	23,069	59,858	159%
NV	9,740	9,781	12,214	13,353	13,574	13,695	15,727	15,572	14,310	14,129	14,505	3%
NY	23,495	25,777	27,542	30,452	32,575	33,655	34,445	34,535	34,564	33,603	32,752	-3%
OH	6,800	12,330	14,019	15,001	16,190	16,584	17,259	17,677	16,986	16,836	16,812	0%
OK	10,828	10,792	11,645	12,048	12,254	13,021	13,348	13,461	13,415	13,704	15,057	10%
OR	13,204	13,589	13,778	14,407	16,253	18,387	18,798	20,721	18,592	17,476	2,701	-85%
PA	24,368	24,682	16,841	17,592	24,959	26,348	26,699	29,391	30,334	33,115	28,345	-14%
RI	35,109	33,678	33,862	34,436	33,392	18,736	1,874	1,741	1,943	1,996	1,498	-25%
SC	11,148	11,958	12,428	13,714	15,611	19,354	18,692	19,593	18,675	18,632	15,953	-14%
SD	8,717	8,241	9,116	9,738	10,409	11,902	14,603	16,213	16,596	17,091	7,071	-59%
TN	19,420	26,932	31,947	38,580	39,396	36,268	33,253	40,049	42,556	42,514	45,673	7%
TX	5,916	4,574	6,462	6,077	7,105	7,779	7,844	8,067	7,639	10,657	9,294	-13%
UT	14,068	14,659	15,330	9,528	14,576	13,276	15,831	17,684	19,296	20,001	16,655	-17%
VA	17,597	18,960	21,743	24,433	24,927	26,437	26,030	26,583	26,500	27,386	28,005	2%
VT	15,742	14,814	4,063	3,944	3,720	4,154	4,456	4,890	6,313	6,292	4,686	-26%
WA	11,274	12,584	13,466	14,244	15,544	17,562	17,792	17,777	18,512	17,944	20,054	12%
WI	16,740	17,288	18,421	18,426	17,847	20,232	20,783	20,788	20,885	21,369	21,974	3%
WV	15,546	17,747	16,321	18,511	18,822	18,579	19,723	19,851	24,164	28,220	25,165	-11%
WY	22,803	22,110	22,022	21,632	21,445	24,887	22,773	22,654	19,370	25,828	24,404	-6%

NOTES: Total Medicaid HCBS comprises Medicaid home health state plan services, Medicaid personal care state plan services, and Medicaid § 1915(c) waivers. Arizona did not operate a § 1915(c) waiver over the study period because all HCBS were provided through a § 1115 managed care waiver. Rhode Island terminated its § 1915(c) waivers in mid-2009 and provided services under a § 1115 waiver. Vermont terminated its § 1915(c) waivers in 2006 and provided services under a § 1115 waiver.

SOURCES: Kaiser Family Foundation analysis of Medicaid HCBS Program survey and CMS Form 372.

Table 3B: Medicaid Home Health State Plan Services Expenditures Per Participant Served, by State, 2004-2014 (\$)

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	13-14 % change
Avg.	4,855	5,361	5,603	5,917	6,369	6,433	7,117	7,283	7,653	8,827	7,570	-14%
AK	2,730	3,131	3,124	3,319	3,256	967	1,124	1,242	1,137	3,389	3,275	-3%
AL	1,812	2,368	2,583	3,194	3,708	3,354	4,171	4,362	4,235	4,028	4,354	8%
AR	1,903	1,936	2,029	1,929	1,799	2,265	2,588	2,610	2,640	2,699	2,669	-1%
AZ	19,096	20,583	21,469	23,123	22,696	22,295	21,918	21,561	21,224	21,045	21,045	0%
CA	1,867	1,822	1,842	1,845	1,823	1,801	4,903	4,946	5,790	6,159	3,681	-40%
CO	12,008	8,676	9,637	8,487	8,086	11,449	13,304	13,393	17,356	21,065	13,088	-38%
CT	8,079	8,202	8,767	10,064	9,799	8,721	8,133	8,334	7,991	8,069	7,768	-4%
DC	5,287	4,518	3,910	3,746	4,163	4,551	4,915	4,413	4,229	4,498	19,068	324%
DE	2,235	2,591	2,910	3,840	3,995	4,164	4,348	4,483	4,768	4,747	DNR	-
FL	2,692	3,163	3,463	3,904	4,189	4,165	15,104	16,514	16,279	15,644	16,687	7%
GA	566	475	786	889	835	774	704	623	640	640	640	0%
HI	1,404	1,579	1,811	1,934	1,946	1,957	1,967	2,010	2,033	2,035	2,035	0%
IA	2,889	3,100	7,143	7,681	8,075	8,934	8,814	9,148	10,259	10,163	3,760	-63%
ID	1,931	2,036	2,260	1,842	1,673	2,151	2,203	2,394	2,295	2,123	2,135	1%
IL	2,940	2,755	2,263	2,511	2,470	3,000	3,424	3,867	4,074	4,479	4,437	-1%
IN	7,494	9,797	10,139	11,267	12,762	15,003	14,840	14,055	15,359	18,671	18,195	-3%
KS	5,639	2,825	3,050	3,026	2,916	3,131	2,745	2,579	2,631	2,485	1,918	-23%
KY	2,284	2,341	2,916	3,410	2,750	2,527	2,559	2,436	2,342	2,400	1,843	-23%
LA	25,176	24,021	2,265	2,451	3,124	3,269	3,822	4,048	4,081	4,064	5,259	29%
MA	3,883	3,518	3,681	4,143	4,853	5,493	6,057	7,182	8,462	9,650	11,856	23%
MD	2,026	613	620	617	627	594	688	721	695	727	708	-3%
ME	2,050	2,041	1,876	2,543	2,688	1,555	1,502	432	320	1,765	1,708	-3%
MI	681	687	723	694	685	675	795	823	827	969	901	-7%
MN	1,420	1,419	2,186	2,076	1,993	1,954	1,855	10,076	1,751	1,699	1,741	3%
MO	737	919	918	969	969	997	1,058	1,047	1,001	1,010	999	-1%
MS	3,049	2,133	1,507	1,467	923	513	992	855	782	211	909	331%
MT	1,044	1,103	1,079	1,096	1,101	1,105	1,240	1,211	1,158	1,512	1,436	-5%
NC	2,723	2,878	2,883	2,956	3,251	3,522	3,842	3,548	1,649	1,720	1,597	-7%
ND	5,500	9,453	6,464	6,526	6,648	7,089	10,095	8,922	9,088	9,510	9,093	-4%
NE	3,565	4,245	4,284	4,246	4,966	4,275	4,098	4,458	5,579	4,530	5,164	14%
NH	1,342	1,367	1,190	1,440	1,173	1,247	1,309	1,361	1,406	1,447	13,536	835%
NJ	3,320	3,490	3,369	3,345	3,337	3,330	3,325	3,298	3,205	3,176	3,176	0%
NM	805	895	1,009	1,028	1,077	1,003	1,058	1,022	3,326	3,765	DNR	-
NV	2,263	4,971	2,732	4,519	4,748	5,189	7,771	11,400	15,808	18,835	8,809	-53%
NY	12,108	13,039	14,333	16,164	16,846	17,065	17,287	17,514	17,746	18,113	18,835	4%
OH	1,372	2,669	3,060	3,796	4,787	5,271	5,855	6,404	6,601	7,619	5,838	-23%
OK	1,409	1,509	1,719	2,028	2,147	2,232	2,330	2,682	2,672	3,018	3,085	2%
OR	1,023	1,304	163	103	350	163	223	160	190	1,332	1,365	2%
PA	4,937	5,596	5,866	6,520	7,268	7,875	7,805	6,026	6,566	5,186	907	-83%
RI	2,287	2,265	2,216	2,085	2,115	1,997	1,874	1,741	1,943	1,996	1,498	-25%
SC	4,039	5,000	7,451	9,931	14,547	15,168	15,574	14,269	11,202	8,307	6,695	-19%
SD	793	841	786	947	979	1,281	1,910	2,814	3,135	4,111	701	-83%
TN	5,480	10,852	16,458	25,518	29,667	22,566	17,554	17,463	18,565	18,316	18,316	0%
TX	2,428	2,457	2,503	2,048	2,349	2,516	2,698	2,886	3,225	4,566	3,965	-13%
UT	3,975	4,345	4,836	1,327	4,791	3,609	4,724	6,179	6,262	6,443	5,982	-7%
VA	1,056	1,381	1,238	1,395	1,565	1,574	1,296	1,663	1,756	1,748	1,459	-17%
VT	2,119	1,981	2,030	1,517	1,768	1,726	1,738	1,999	4,227	4,975	1,998	-60%
WA	1,132	1,248	1,246	1,307	1,305	1,297	1,301	1,272	1,099	973	890	-8%
WI	2,672	2,605	2,767	2,923	2,922	2,921	2,920	3,213	3,481	3,425	6,523	90%
WV	1,518	1,409	1,500	1,542	1,570	1,570	1,611	1,677	1,779	1,729	1,596	-8%
WY	2,270	2,438	2,725	3,173	3,072	3,432	3,775	4,102	4,414	3,549	6,049	70%

SOURCES: Kaiser Family Foundation analysis of Medicaid HCBS Program survey.

Table 3C: Medicaid Personal Care State Plan Services Expenditures Per Participant Served, by State, 2004-2014 (\$)

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	13-14 % change
Avg.	9,431	8,411	10,696	11,735	11,330	12,000	10,760	10,956	8,884	11,796	13,882	18%
AK	8,631	8,418	20,019	19,750	20,589	21,859	23,115	24,359	25,548	25,470	20,955	-18%
AL	-	-	-	-	-	-	-	-	-	-	-	-
AR	3,478	3,956	3,951	4,037	3,996	4,877	5,125	5,397	5,586	5,870	6,309	7%
AZ	-	-	-	-	-	-	-	-	-	-	-	-
CA	8,830	9,103	10,316	11,615	10,232	11,439	9,502	9,527	5,414	9,702	15,626	61%
CO	-	-	-	-	-	-	-	-	-	-	-	-
CT	-	-	-	-	-	-	-	-	-	-	-	-
DC	4,342	4,329	4,053	4,082	3,900	3,708	3,504	3,287	3,593	3,794	22,217	486%
DE	0	0	0	0	0	0	0	0	0	0	-	-
FL	2,396	2,390	2,390	14,578	15,830	19,118	25,180	21,904	16,244	15,393	16,444	7%
GA	-	-	-	-	-	-	-	-	-	-	-	-
HI	-	-	-	-	-	-	-	-	-	-	-	-
IA	-	-	-	-	-	-	-	-	-	-	-	-
ID	6,766	7,581	7,559	7,994	8,089	5,805	4,775	7,396	3,511	3,357	3,402	1%
IL	-	-	-	-	-	-	-	-	-	-	-	-
IN	-	-	-	-	-	-	-	-	-	-	-	-
KS	-	-	-	3,118	14,011	16,156	16,180	16,193	16,201	16,174	16,174	0%
KY	-	-	-	-	-	-	-	-	-	-	-	-
LA	666	7,618	11,003	14,048	16,833	17,131	13,551	10,258	10,082	11,689	11,756	1%
MA	18,935	17,717	18,941	18,768	18,610	19,543	19,889	20,226	20,356	20,774	18,471	-11%
MD	4,451	4,436	4,800	5,223	5,412	5,469	5,422	5,744	5,835	7,236	6,920	-4%
ME	5,969	5,752	6,602	5,381	3,853	6,954	7,237	10,243	8,997	8,437	6,664	-21%
MI	4,622	4,302	3,892	4,380	4,301	4,182	3,992	4,208	4,193	4,266	4,368	2%
MN	14,620	18,169	17,004	16,168	16,709	17,428	16,457	18,631	18,588	18,301	19,210	5%
MO	4,298	4,840	5,106	5,658	6,154	6,672	4,593	7,192	7,559	7,904	8,992	14%
MS	-	-	-	-	-	-	-	-	-	-	-	-
MT	7,324	7,981	8,119	8,413	9,304	11,748	13,637	13,032	12,020	12,001	7,304	-39%
NC	5,274	5,641	5,854	6,043	6,333	6,511	6,313	6,456	4,024	6,904	9,299	35%
ND	5,863	3,902	5,775	6,072	7,052	10,579	16,009	16,630	17,022	17,491	18,936	8%
NE	6,241	6,317	6,273	6,541	7,453	5,539	5,705	5,505	6,204	6,122	6,296	3%
NH	19,956	20,438	22,486	30,934	20,496	22,293	23,594	28,969	28,509	25,114	30,811	23%
NJ	13,861	12,894	11,998	11,759	12,140	12,182	12,224	12,266	12,237	12,379	8,279	-33%
NM	18,991	15,657	15,965	16,209	16,471	16,648	16,798	16,927	16,884	17,237	-	-
NV	9,785	7,126	10,082	11,479	11,567	10,734	13,291	13,039	10,305	10,376	11,038	6%
NY	22,552	24,268	27,112	29,020	29,848	29,549	29,857	30,197	30,984	32,303	28,884	-11%
OH	-	-	-	-	-	-	-	-	-	-	-	-
OK	2,850	2,605	2,906	2,925	3,077	3,097	3,137	3,201	2,984	2,960	3,140	6%
OR	1,000	1,110	1,421	1,435	1,463	1,438	1,237	1,199	1,198	2,429	2,121.09	-13%
PA	-	-	-	-	-	-	-	-	-	-	-	-
RI	0	0	0	0	0	0	0	0	0	0	0	0%
SC	-	-	-	-	-	-	-	-	-	-	-	-
SD	1,448	1,484	1,677	1,718	1,770	1,744	1,518	1,538	1,436	1,450	1,427	-2%
TN	-	-	-	-	-	-	-	-	-	-	-	-
TX	5,856	2,457	7,474	7,624	8,193	9,112	7,329	7,945	5,422	8,189	8,782	7%
UT	712	617	719	4,428	5,735	2,772	4,020	3,304	3,439	4,460	6,304	41%
VA	-	-	-	-	-	-	-	-	-	-	-	-
VT	6,880	6,926	7,756	8,553	6,347	7,985	8,214	8,864	9,035	8,086	9,825	22%
WA	10,660	8,595	9,283	9,908	11,236	13,394	13,248	13,319	13,668	13,596	13,364	-2%
WI	11,134	10,210	10,331	10,281	10,362	10,438	10,511	10,580	10,517	10,479	15,585	49%
WV	5,576	6,521	4,753	6,106	6,273	6,377	6,337	6,473	7,758	8,945	9,268	4%
WY	-	-	-	-	-	-	-	-	-	-	-	-

NOTES: Data may not sum to total due to rounding. Personal care services are an optional benefit. In 2014, 31 states reported personal care services participants. Delaware, New Mexico, & Rhode Island were approved by CMS to offer personal care services but did not report participants during the period. These states deliver PCS services through Section 1115 managed care waivers. Kansas did not report participants in 2014 and therefore 2013 numbers were used. A dash indicates that there was no operational personal care services program that year.

SOURCES: Kaiser Family Foundation analysis of Medicaid HCBS Program survey.

Table 3D: Medicaid § 1915(c) HCBS Waivers Expenditures Per Participant Served, by State, 2004-2014 (\$)

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	13-14 % change
Avg.	20,542	21,755	21,658	22,851	24,292	25,070	26,168	26,661	27,223	26,768	26,563	-0.8%
AK	34,458	31,865	33,325	34,393	35,438	38,041	39,629	40,310	41,674	44,514	46,361	4%
AL	16,872	18,987	19,455	21,100	22,172	24,720	24,894	26,188	26,950	29,141	26,771	-8%
AR	9,410	10,826	12,644	13,467	14,620	16,095	17,534	18,462	19,764	20,096	22,086	10%
AZ	-	-	-	-	-	-	-	-	-	-	-	-
CA	17,361	17,412	18,869	20,081	20,490	20,860	20,442	23,124	28,608	22,597	23,866	6%
CO	14,027	15,879	14,152	15,042	15,890	17,307	17,328	16,943	17,305	16,589	17,378	5%
CT	27,993	28,652	9,141	12,618	14,230	37,466	37,660	38,197	40,193	40,149	40,776	2%
DC	10,509	10,186	15,881	21,913	22,813	46,805	49,469	54,713	53,072	53,255	41,718	-22%
DE	24,898	26,630	29,930	33,335	36,812	38,031	37,259	35,062	34,569	102,270	105,999	4%
FL	15,615	15,235	15,187	16,365	18,778	10,503	14,744	15,970	16,144	16,528	11,087	-33%
GA	13,331	13,303	13,488	11,917	12,620	14,501	17,289	16,970	17,908	18,742	24,211	29%
HI	26,481	27,226	27,439	26,295	24,862	43,477	40,485	39,904	39,916	43,537	40,375	-7%
IA	11,623	15,293	13,593	13,879	14,405	15,032	15,766	15,695	16,629	18,609	20,514	10%
ID	11,598	11,708	12,186	12,848	13,695	14,712	16,395	15,750	15,841	14,639	14,779	1%
IL	10,338	11,165	11,842	12,186	12,951	13,725	14,105	14,545	14,589	13,871	14,324	3%
IN	30,022	30,537	29,494	28,679	29,712	28,521	27,403	27,495	26,201	24,146	23,753	-2%
KS	15,702	15,087	15,481	16,595	16,904	18,873	19,007	22,531	19,662	24,803	34,221	38%
KY	12,434	15,069	13,985	18,405	19,707	20,244	20,442	22,235	23,850	24,770	24,927	1%
LA	15,086	29,634	30,833	30,414	31,000	32,193	29,823	32,110	35,488	31,962	31,879	0%
MA	33,261	33,860	34,537	32,947	35,571	35,932	34,451	34,636	38,937	38,050	40,621	7%
MD	32,099	34,067	36,432	42,036	39,925	37,093	37,644	37,683	40,899	42,218	37,854	-10%
ME	53,400	55,642	61,544	63,930	61,364	57,934	59,561	58,182	59,622	57,868	58,138	0%
MI	22,283	24,047	25,454	26,091	27,237	27,645	28,662	29,073	30,646	32,858	32,951	0%
MN	25,830	26,868	26,902	27,644	28,682	29,896	29,926	29,931	29,903	29,837	31,537	6%
MO	11,330	11,552	13,310	15,680	17,371	19,066	21,048	20,612	22,417	23,072	25,426	10%
MS	7,177	8,383	8,034	8,995	9,897	10,557	11,721	11,266	11,670	11,224	12,195	9%
MT	19,596	20,007	20,999	20,901	23,506	23,951	24,598	24,400	23,605	24,973	26,168	5%
NC	26,761	25,472	23,502	27,147	28,703	26,669	28,933	31,218	34,266	29,836	31,321	5%
ND	17,820	17,997	17,995	18,752	20,522	21,479	25,433	29,046	32,911	32,139	32,940	2%
NE	20,480	21,240	21,387	22,156	22,631	23,642	25,094	26,392	27,620	28,869	29,813	3%
NH	26,874	32,405	29,579	27,485	27,678	30,417	31,286	31,132	31,511	32,930	32,038	-3%
NJ	24,852	23,985	23,472	24,461	25,124	23,771	32,715	34,211	37,761	39,900	56,457	41%
NM	43,642	43,952	44,991	41,101	42,444	42,820	44,893	42,854	45,044	33,479	59,858	79%
NV	11,718	14,275	16,789	17,397	17,876	19,498	19,852	19,178	19,728	18,714	21,194	13%
NY	41,374	45,154	46,978	51,159	54,149	55,363	55,530	54,424	52,900	48,650	49,542	2%
OH	17,797	18,108	20,250	22,059	21,631	22,089	22,924	22,917	22,234	21,660	21,988	2%
OK	14,483	15,287	15,259	15,518	14,837	15,980	16,994	16,929	17,100	17,323	18,587	7%
OR	15,020	15,561	16,292	17,520	18,813	21,153	21,395	23,483	21,107	17,858	2,763	-85%
PA	28,353	28,213	21,736	22,650	32,687	34,342	34,460	34,181	34,532	35,657	35,438	-1%
RI	44,886	43,032	41,816	41,726	39,238	22,477	-	-	-	-	-	-
SC	12,802	13,295	13,200	14,173	15,705	19,656	18,865	19,845	18,988	19,009	16,216	-15%
SD	22,069	20,283	21,689	22,504	23,530	22,524	24,068	23,623	23,492	22,570	23,813	6%
TN	54,146	56,679	54,951	53,775	47,554	46,709	47,084	74,712	75,574	76,957	82,272	7%
TX	18,079	19,329	17,532	17,415	19,755	21,306	23,045	24,177	23,871	26,733	26,879	1%
UT	23,420	23,912	24,123	24,732	25,652	28,917	29,220	28,372	28,866	29,472	19,970	-32%
VA	20,306	21,943	25,843	28,030	28,449	29,984	30,444	30,034	29,444	29,734	30,167	1%
VT	31,795	31,726	-	-	-	-	-	-	-	-	-	-
WA	12,367	15,765	16,988	17,919	19,485	21,181	21,628	21,377	21,549	21,203	23,706	12%
WI	21,234	22,623	24,013	23,519	21,922	25,086	25,036	24,718	24,566	25,005	25,975	4%
WV	24,051	27,175	28,157	31,552	30,699	29,157	33,116	33,617	40,100	47,190	44,270	-6%
WY	26,359	25,292	24,932	24,461	23,914	27,797	25,252	25,062	21,545	28,986	26,912	-7%

NOTES: Arizona did not operate a § 1915(c) waiver over the study period because all HCBS were provided through a § 1115 managed care waiver. Rhode Island terminated its § 1915(c) waivers in mid-2009 and provided services under a § 1115 waiver. Vermont terminated its § 1915(c) waivers in 2006 and provided services under a § 1115 waiver. New Jersey operated one 1915(c) waiver in 2014, however the most recent 372 report accepted by CMS is from 2011. A dash indicates that there was no operational § 1915(c) waiver program that year.

SOURCES: Kaiser Family Foundation analysis of CMS Form 372.

Table 4: Medicaid § 1915(c) HCBS Waiver Participants, by Type of Waiver and State, 2014

	No. of Waivers	I/DD	Seniors (≥ 65)	Seniors/ Phys. Dis.	Physical Disabilities	Children	HIV/AIDS	Mental Health	TBI/SCI	Total Participants
Total	287	655,429	159,005	587,376	96,392	34,647	12,065	19,199	11,114	1,575,227
AK	4	1,940	2,907		169	287				5,303
AL	7	5,490	-	8,361	497	-	92	-	-	14,440
AR	5	4,126	6,294	1,117	2,648	81	-	-	-	14,266
CA	8	110,079	10,866	3,571	3,290	119	1,812	-	-	129,737
CO	11	8,411	-	24,770	-	2,391	-	3,449	380	39,401
CT	10	9,676	13,688		1,033	290		401	452	25,540
DC	2	1,642	-	2,967	-	-	-	-	-	4,609
DE	1	984								984
FL	7	30,186	-	54,277	9	4	7,559	-	419	92,454
GA	5	12,344	-	28,103	1,310	-	-	139	-	41,896
HI	1	2,623	-	-	-	-	-	-	-	2,623
IA	7	12,721	10,441	-	3,206	-	37	961	1,296	28,662
ID	4	3,631		10,269		3,006				16,906
IL	9	20,400	61,909	9,699	18,743	2,394	1,308		3,160	117,613
IN	5	16,930	-	14,579	-	-	-	279	192	31,980
KS	7	9,044	6,857	-	6,146	621	-	4,517	750	27,935
KY	6	14,196	-	10,573	63	-	-	-	424	25,256
LA	7	10,252		5,664		1,189		612	-	17,717
MA	10	12,868	14,260	-	-	211	-	-	261	27,600
MD	7	13,757	-	10,345	1,035	1,206	-	-	63	26,406
ME	6	4,355	-	1,550	156	-	-	-	92	6,153
MI	4	8,121	-	13,107	-	462	-	515	-	22,205
MN	5	16,459	28,936	-	20,924	-	-	-	1,497	67,816
MO	10	12,706	-	16,343	1,826	128	57	-	-	31,060
MS	6	2,211		19,487	2,534			4	892	25,128
MT	6	2,617	-	2,427	-	64	-	221	-	5,329
NC	3	11,989	-	12,189	-	1,961	-	-	-	26,139
ND	6	4,342	-	372	365	40	-	-	-	5,119
NE	5	4,801	-	5,918	-	-	-	-	21	10,740
NH	4	4,892	-	3,426	-	-	-	-	246	8,564
NJ	1	10,716	-	-	-	-	-	-	-	10,716
NM	3	4,788	-	-	-	148	-	-	-	4,936
NV	3	1,883	2,294	-	702	-	-	-	-	4,879
NY	10	72,719	-	24,665	-	1,287	-	6,638	-	105,309
OH	9	34,138	-	49,931	9,500	-	-	-	-	93,569
OK	8	5,091	53	20,788	101	284	-	-	-	26,317
OR	6	16,319	-	31,508	-	442	-	-	-	48,269
PA	10	31,537	-	30,363	20,856	3,534	257	-	647	87,194
SC	8	8,837	-	16,234	778	1,620	943	-	-	28,412
SD	4	3,592	-	1,716	-	-	-	-	-	5,308
TN	3	8,090	-	-	-	-	-	-	-	8,090
TX	7	33,157	-	14,060	-	6,346	-	294	-	53,857
UT	7	4,609	500	6,402	128	469	-	-	113	12,221
VA	6	11,104	-	32,136	373	-	-	-	-	43,613
WA	6	13,295	-	42,277	-	104	-	-	-	55,676
WI	7	15,775	-	50,437	-	5,246	-	1,094	-	72,552
WV	3	4,526	-	5,862	-	-	-	-	30	10,418
WY	8	1,460	-	1,883	-	713	-	75	179	4,310

NOTES: Data may not sum to total due to rounding. I/DD – Intellectual/Developmental Disability; TBI/SCI – Traumatic Brain Injury/Spinal Cord Injury. A dash indicates no § 1915(c) waiver was offered for that target enrollment group. Arizona, Rhode Island, and Vermont do not have § 1915(c) waivers.

SOURCES: Kaiser Family Foundation analysis of CMS Form 372.

Table 5: National § 1915(c) HCBS Waivers Participants, Expenditures, and Expenditures Per Participant, by Waiver Type, 2013 and 2014

Waiver Type	Participants			Expenditures (\$, in thousands)			Expenditures Per Participant (\$)		
	2013	2014	% Change	2013	2014	% Change	2013	2014	% Change
Total	1,548,305	1,575,227	2%	\$41,444,582	41,843,333	1%	\$26,768	\$26,563	-0.8%
I/DD	625,976	655,429	5%	\$29,198,146	29,251,268	0.2%	\$46,644	\$44,629	-4%
Seniors (≥ 65)	210,421	159,005	-24%	\$2,505,382	\$1,620,045	-35%	\$11,907	\$10,189	-14%
Srs./Phys. Dis.	540,362	587,376	9%	\$6,316,263	\$7,540,211	19%	\$11,689	\$12,837	10%
Physical Disabilities	88,949	96,392	8%	\$1,897,906	\$2,138,770	13%	\$21,337	\$22,188	4%
Children	48,933	34,647	-29%	\$753,277	\$474,217	-37%	\$15,394	\$13,754	-11%
HIV/AIDS	12,287	12,065	-2%	\$50,029	\$42,628	-15%	\$4,072	\$3,533	-13%
Mental Health	4,243	19,199	352%	\$38,230	\$317,062	729%	\$9,010	\$16,393	82%
TBI/SCI	17,134	11,114	-35%	\$685,349	\$459,132	-33%	\$39,999	\$41,311	3%

NOTES: Data may not sum to total due to rounding. I/DD – Intellectual/Developmental Disability; TBI/SCI – Traumatic Brain Injury/Spinal Cord Injury. Mental health waivers target children and adults with serious mental illness (SMI) or serious emotional disturbance (SED). In previous years, SED children were grouped under "Children" which explains the significant percent changes from 2013.

SOURCES: Kaiser Family Foundation analysis of CMS Form 372.

Table 6: Medicaid § 1915(c) HCBS Waiver Participants, by Service and State, 2014

	Case Management	Home-Based Services	Day Services	Nursing/Therapy/Other Health and Therapeutic	Round-the-clock Services	Supported Employment	Other Mental Health and Behavioral Services	Equipment, Technology, and Modifications	Other Services
Total	588,701	1,095,719	707,173	267,413	345,872	145,337	159,740	429,338	528,045
AK	5,152	4,972	2,494	325	1,277	444	89	1,027	1,447
AL	8,929	25,622	7,972	298	-	254	1,343	1,910	3
AR	6,721	15,786	291	785	5,147	107	-	4,969	3
CA	18,127	56,827	95,218	15,352	3,329	3,315	23,482	5,808	77,543
CO	1,234	27,904	18,717	9,832	4,970	2,190	4,697	20,714	15,449
CT	13,840	30,604	6,274	10	4,770	4,682	2,021	9,452	1,417
DC	4,603	1,904	940	1,621	1,317	627	748	1,496	1
DE	-	-	931	622	959	140	427	-	-
FL	65,319	71,373	22,128	13,809	23,763	30	7,135	36,744	16,699
GA	30,609	45,113	16,985	2,684	9,449	3,406	104	19,864	5,443
HI	-	2,775	1,411	128	-	80	-	2	49
IA	11,256	20,381	14,752	238	11,792	148	1,162	10,423	30,658
ID	-	10,800	6,208	9,870	4,488	2,063	217	1,734	4,933
IL	7,782	92,348	22,557	770	20,738	1,333	10,017	29,390	949
IN	31,740	27,257	173,614	7,041	10,491	1,305	15,090	9,222	7,993
KS	-	3,395	6,310	1,051	5,207	36	-	152	39,845
KY	14,411	16,984	11,423	8,800	6,298	764	9,948	1,278	27,375
LA	8,379	5,438	3,474	131	2,364	12,440	-	3,304	488
MA	-	27,526	8,469	1,350	9,604	3,925	198	2,107	8,239
MD	5,832	8,148	15,341	1,246	13,717	7,297	2,412	3,947	596
ME	1,405	3,404	3,567	88	3,076	1,310	249	1,017	5,704
MI	-	575	-	259	595	886	420	214	21,228
MN	43,185	18,201	15,298	496	26,714	10,912	478	8,540	48,164
MO	102	25,513	9,591	2,373	7,362	892	1,479	3,374	5,526
MS	24,294	40,502	3,992	65	1,283	243	87	1,474	18
MT	2,945	4,056	1,069	1,032	2,949	334	40	2,855	6,172
NC	12,365	30,085	13,041	1,739	3,596	3,244	5,891	18,546	5,518
ND	488	1,090	1,396	-	1,828	5,548	127	348	501
NE	-	5,185	7,322	52	6,567	151	168	1,836	1,080
NH	3,238	2,467	2,011	195	742	-	-	546	2,967
NJ	11,235	10,542	7,059	-	-	609	-	75	466
NM	6,597	2,610	1,697	11,664	5,103	1,635	4,680	212	5,976
NV	2,230	1,696	1,820	524	2,278	-	598	2,041	1,256
NY	12,403	25,540	68,450	3,764	34,391	21,842	21,984	18,664	781
OH	-	115,656	27,705	4,320	6,702	5,227	2,119	67,840	56,707
OK	20,920	34,148	5,582	27,218	3,223	1,778	3,490	24,894	4,562
OR	47,824	85	78	28	-	5,625	42	343	8,342
PA	82,878	51,004	34,377	4,078	18,394	4,007	6,316	35,722	31,888
SC	18,650	28,206	8,331	2,839	3,809	5,011	2,537	19,447	172
SD	3,697	1,538	2,828	5,124	3,451	502	-	3,308	-
TN	6,863	2,393	7,013	9,570	5,463	1,187	2,091	230	1,275
TX	5,056	35,562	20,105	75,371	30,016	7,217	9,716	20,788	905
UT	5,582	6,887	5,856	10,382	3,918	5,258	6,180	923	3,557
VA	15,449	32,526	7,806	711	7,728	1,036	1,125	3,912	33,764
WA	-	38,681	1,441	13,066	20,407	10,368	2,192	19,064	16,046
WI	13,213	68,806	7,081	230	3,161	4,603	4,036	8,109	10,198
WV	9,597	9,493	5,936	14,951	1,344	459	4,600	153	15,431
WY	4,551	4,111	1,212	1,311	2,092	867	5	1,320	711

NOTES: Data may not sum to total due to rounding. "Other Services" include transportation, housing assistance, goods and services, pest control, etc. A dash indicates that the service was not offered in a § 1915(c) waiver. Arizona, Rhode Island, and Vermont do not have § 1915(c) waivers.

SOURCES: Kaiser Family Foundation analysis of CMS Form 372.

Table 7: Medicaid § 1915(c) HCBS Waiver Expenditures, by Type of Waiver and State, 2014
(\$, in thousands)

	No. of Waivers	I/DD	Seniors (≥ 65)	Seniors/ Phys. Dis.	Physical Disabilities	Children	HIV/ AIDS	Mental Health	TBI/SCI	Total Expenditures
Total	287	29,251,268	1,620,045	7,540,211	2,138,770	474,217	42,628	317,062	459,132	41,843,333
AK	4	147,681	77,949	-	8,617	11,602	-	-	-	245,850
AL	7	318,708	-	60,739	6,620	-	508	-	-	386,575
AR	5	195,954	52,963	17,677	47,611	874	-	-	-	315,080
CA	8	2,848,303	38,897	58,917	141,216	610	8,413	-	-	3,096,357
CO	11	346,151	-	269,179	-	21,855	-	31,477	16,042	684,705
CT	10	747,141	213,769	-	28,467	65	-	8,044	43,939	1,041,425
DC	2	167,818	-	24,459	-	-	-	-	-	192,276
DE	1	104,303	-	-	-	-	-	-	-	104,303
FL	7	736,467	-	264,494	59	17	10,732	-	13,252	1,025,022
GA	5	515,623	-	448,452	49,308	-	-	950	-	1,014,333
HI	1	105,903	-	-	-	-	-	-	-	105,903
IA	7	441,226	80,972	-	24,651	-	333	9,150	31,649	587,981
ID	4	145,834	-	78,186	-	25,841	-	-	-	249,861
IL	9	703,671	468,701	142,517	258,954	43,577	13,931	-	53,332	1,684,682
IN	5	587,473	-	160,763	-	-	-	6,246	5,143	759,625
KS	7	399,433	195,463	-	229,537	1,108	-	100,599	29,838	955,978
KY	6	497,251	-	87,241	4,473	-	-	-	40,581	629,546
LA	7	432,945	-	118,370	-	12,646	-	833	-	564,793
MA	10	958,026	142,151	-	-	2,298	-	-	18,656	1,121,131
MD	7	765,926	-	170,388	23,284	33,562	-	-	6,415	999,575
ME	6	320,252	-	30,152	5,159	-	-	-	2,158	357,722
MI	4	442,627	-	274,222	-	11,534	-	3,283	-	731,666
MN	5	1,082,169	334,498	-	624,482	-	-	-	97,594	2,138,743
MO	10	661,619	-	95,539	29,420	1,449	1,712	-	-	789,740
MS	6	69,964	-	168,981	46,997	-	-	43	20,447	306,430
MT	6	96,799	-	36,407	-	1,582	-	4,661	-	139,449
NC	3	504,437	-	234,651	-	79,618	-	-	-	818,706
ND	6	162,199	-	5,200	167	1,056	-	-	-	168,622
NE	5	246,809	-	72,694	-	-	-	-	690	320,193
NH	4	207,746	-	45,646	-	-	-	-	20,978	274,371
NJ	1	604,998	-	-	-	-	-	-	-	604,998
NM	3	293,861	-	-	-	1,597	-	-	-	295,458
NV	3	89,325	10,305	-	3,777	-	-	-	-	103,407
NY	10	4,919,513	-	140,132	-	23,835	-	133,771	-	5,217,250
OH	9	1,361,955	-	509,130	186,326	-	-	-	-	2,057,411
OK	8	289,725	401	195,611	1,140	2,269	-	-	-	489,146
OR	6	107,830	-	24,932	-	622	-	-	-	133,383
PA	10	2,077,389	-	591,624	361,426	8,519	2,762	-	48,295	3,090,015
SC	8	282,839	-	137,700	23,564	12,403	4,236	-	-	460,742
SD	4	111,207	-	15,194	-	-	-	-	-	126,401
TN	3	665,584	-	-	-	-	-	-	-	665,584
TX	7	1,172,008	-	180,096	-	93,994	-	1,500	-	1,447,598
UT	7	172,690	3,976	52,980	2,183	8,593	-	-	3,634	244,057
VA	6	687,338	-	597,000	31,330	-	-	-	-	1,315,668
WA	6	659,697	-	655,172	-	5,004	-	-	-	1,319,872
WI	7	357,005	-	1,454,911	-	56,779	-	15,808	-	1,884,503
WV	3	355,331	-	105,367	-	-	-	-	506	461,205
WY	8	82,515	-	15,489	-	11,307	-	698	5,983	115,993

NOTES: Data may not sum to total due to rounding. I/DD – Intellectual/Developmental Disability; TBI/SCI – Traumatic Brain Injury/Spinal Cord Injury. A dash indicates no § 1915(c) waiver was offered for that target enrollment group. Arizona, Rhode Island, and Vermont do not have § 1915(c) waivers.

SOURCES: Kaiser Family Foundation analysis of CMS Form 372.

Table 8: Medicaid § 1915(c) HCBS Waiver Expenditures, by Service and State, 2014

(\$, in thousands)

	Case Management	Home-Based Services	Day Services	Nursing/Therapy/Other Health and Therapeutic	Round-the-clock Services	Supported Employment	Other Mental Health and Behavioral Services	Equipment, Technology, and Modifications	Other Services
Total	1,033,521	10,598,223	8,286,256	726,061	15,498,848	1,226,045	545,929	287,825	3,866,928
AK	12,703	117,115	51,619	1,924	50,541	6,482	670	1,220	3,577
AL	17,609	57,757	299,563	4,610	-	3,099	1,625	2,191	10
AR	7,210	94,514	2,277	489	199,140	674	-	2,908	10
CA	33,738	284,438	2,182,029	110,343	52,828	33,519	190,487	7,068	201,888
CO	862	168,365	318,821	6,555	60,935	11,895	8,325	11,975	105,128
CT	18,300	309,225	125,286	14	481,584	91,172	9,343	4,048	2,413
DC	2,943	39,328	14,715	2,073	120,553	5,284	7,041	335	5
DE	-	-	17,430	697	84,546	1,272	358	-	-
FL	63,530	314,317	163,953	40,650	370,694	207	22,852	23,550	25,269
GA	55,708	390,230	146,087	9,578	339,578	5,489	166	9,792	176,183
HI	-	81,244	21,495	2,344	-	354	-	40	426
IA	15,090	50,329	68,910	2,055	339,770	445	2,427	2,957	105,997
ID	-	30,167	124,840	14,598	45,890	2,499	23	790	31,054
IL	11,391	876,240	171,190	3,195	593,068	7,771	13,159	8,368	143
IN	37,712	135,659	83,617	8,427	434,094	3,049	36,816	8,902	11,552
KS	-	24,310	54,206	1,338	112,367	17	-	387	763,353
KY	23,527	195,997	92,721	21,032	184,613	2,827	35,992	580	73,425
LA	12,389	102,100	24,151	10,626	12,805	399,483	-	2,916	323
MA	-	132,975	93,444	736	833,702	27,622	1,906	971	29,774
MD	5,786	65,031	252,150	5,110	559,798	103,382	5,081	1,528	1,708
ME	941	23,964	54,684	72	251,480	4,346	288	674	16,113
MI	-	3,641	-	494	8,179	552	1,844	108	716,849
MN	69,003	67,070	206,456	2,945	1,232,426	105,468	4,084	14,282	436,856
MO	73	112,029	74,256	16,268	539,290	6,576	11,413	5,471	24,364
MS	37,545	206,896	34,055	152	23,985	2,212	319	1,259	8
MT	8,389	16,488	11,749	2,637	77,735	1,574	4	4,114	16,760
NC	21,452	346,910	263,109	50,578	90,778	26,831	3,057	11,218	4,772
ND	469	17,323	43,227	-	95,529	9,815	715	752	791
NE	-	60,292	80,401	14	162,815	665	6,535	2,240	7,231
NH	9,082	24,557	48,535	2,523	9,779	-	-	1,180	63,519
NJ	20,221	454,000	125,409	-	-	4,952	-	147	269
NM	19,795	28,854	11,025	15,664	172,377	6,126	8,002	543	33,074
NV	897	3,920	20,788	319	75,239	-	554	597	1,094
NY	125,320	226,065	1,549,261	1,938	3,224,387	64,086	16,961	7,108	2,123
OH	-	1,450,390	243,960	26,994	108,177	15,259	1,833	41,990	168,805
OK	54,004	118,134	99,929	20,900	125,344	17,435	22,019	22,459	8,922
OR	67,585	70	604	18	-	59,224	25	217	5,640
PA	146,389	785,784	368,462	111,778	1,443,130	28,463	19,771	30,107	383,119
SC	14,819	133,267	51,014	8,008	195,498	34,729	9,351	10,718	3,339
SD	9,672	6,546	26,950	9,855	66,642	4,608	-	2,127	-
TN	18,548	45,895	91,715	29,071	456,117	11,226	11,223	446	1,343
TX	9,716	275,109	103,397	86,175	893,502	14,389	28,968	16,880	19,463
UT	13,546	37,108	41,630	6,739	97,541	22,704	15,042	504	9,239
VA	7,245	349,550	105,912	44,925	476,341	11,914	2,063	2,798	314,920
WA	-	595,977	9,807	8,742	623,963	57,150	7,722	9,411	7,100
WI	32,884	1,600,694	47,395	341	94,438	4,560	25,093	9,298	69,799
WV	16,366	123,797	243,547	29,240	16,054	2,504	12,736	126	16,835
WY	11,060	14,549	20,475	3,273	61,595	2,137	35	524	2,344

NOTES: Data may not sum to total due to rounding. "Other Services" include transportation, housing assistance, goods and services, pest control, etc. A dash indicates that the service was not offered in a § 1915(c) waiver. Arizona, Rhode Island, and Vermont do not have § 1915(c) waivers.

SOURCES: Kaiser Family Foundation analysis of CMS Form 372.

Table 9: Medicaid § 1915(c) HCBS Waiver Expenditures Per Participant Served, by Type of Waiver and State, 2014 (\$)

	Total No. of Waivers	I/DD	Seniors (≥ 65)	Seniors/ Phys. Dis.	Physical Disabilities	Children	HIV/AIDS	Mental Health	TBI/SCI	Total Expenditures Per Person
Avg.	287	44,629	10,189	12,837	22,188	13,687	3,533	16,515	41,311	26,563
AK	4	76,124	26,814	-	50,990	40,426	-	-	-	46,361
AL	7	58,052	-	7,265	13,319	-	5,525	-	-	26,771
AR	5	47,493	8,415	15,825	17,980	10,795	-	-	-	22,086
CA	8	25,875	3,580	16,499	42,923	5,123	4,643	-	-	23,866
CO	11	41,155	-	10,867	-	9,141	-	9,126	42,217	17,378
CT	10	77,216	15,617	-	27,557	224	-	20,060	97,211	40,776
DC	2	102,203	-	8,244	-	-	-	-	-	41,718
DE	1	105,999	-	-	-	-	-	-	-	105,999
FL	7	24,398	-	4,873	6,582	4,259	1,420	-	31,627	11,087
GA	5	41,771	-	15,957	37,640	-	-	6,835	-	24,211
HI	1	40,375	-	-	-	-	-	-	-	40,375
IA	7	34,685	7,755	-	7,689	-	9,010	9,521	24,421	20,514
ID	4	40,164	-	7,614	-	8,596	-	-	-	14,779
IL	9	34,494	7,571	14,694	13,816	18,202	10,650	-	16,877	14,324
IN	5	34,700	-	11,027	-	-	-	22,388	26,787	23,753
KS	7	44,165	28,506	-	37,347	1,784	-	22,271	39,784	34,221
KY	6	35,028	-	8,251	71,000	-	-	-	95,710	24,927
LA	7	74,450	9,969	-	-	10,891	-	-	71,478	31,879
MA	10	76,564	8,064	-	-	15,434	-	-	68,546	40,621
MD	7	55,675	-	16,471	22,496	27,829	-	-	101,826	37,854
ME	6	73,537	-	19,453	33,073	-	-	-	23,458	58,138
MI	4	54,504	-	20,922	-	24,966	-	6,375	-	32,951
MN	5	65,749	11,560	-	29,845	-	-	-	65,193	31,537
MO	10	52,071	-	5,846	16,112	11,323	30,044	-	-	25,426
MS	6	31,643	-	8,671	18,547	-	-	10,633	22,922	12,195
MT	6	36,988	-	15,001	-	24,723	-	21,092	-	26,168
NC	3	42,075	-	19,251	-	40,601	-	-	-	31,321
ND	6	37,356	-	13,978	457	26,403	-	-	-	32,940
NE	5	51,408	-	12,284	-	-	-	-	32,843	29,813
NH	4	42,466	-	13,323	-	-	-	-	85,278	32,038
NJ	1	56,457	-	-	-	-	-	-	-	56,457
NM	3	61,375	-	-	-	10,790	-	-	-	59,858
NV	3	47,438	4,492	-	5,381	-	-	-	-	21,194
NY	10	67,651	-	5,681	-	18,520	-	20,152	-	49,542
OH	9	39,896	-	10,197	19,613	-	-	-	-	21,988
OK	8	56,909	7,557	9,410	11,291	7,990	-	-	-	18,587
OR	6	6,608	-	791	-	1,407	-	-	-	2,763
PA	10	65,871	-	19,485	17,330	2,411	10,747	-	74,644	35,438
SC	8	32,006	-	8,482	30,288	7,656	4,492	-	-	16,216
SD	4	30,960	-	8,854	-	-	-	-	-	23,813
TN	3	82,272	-	-	-	-	-	-	-	82,272
TX	7	35,347	-	12,809	-	15,048	-	5,103	-	26,879
UT	7	37,468	7,951	8,275	17,055	18,323	-	-	32,164	19,970
VA	6	61,900	-	18,577	83,996	-	-	-	-	30,167
WA	6	49,620	-	15,497	-	48,115	-	-	-	23,706
WI	7	22,631	-	28,846	-	10,823	-	14,449	-	25,975
WV	3	78,509	-	17,975	-	-	-	-	16,869	44,270
WY	8	56,517	-	8,226	-	15,859	-	9,302	33,423	26,912

NOTES: I/DD – Intellectual/Developmental Disability; TBI/SCI – Traumatic Brain Injury/Spinal Cord Injury. A dash indicates no § 1915(c) waiver was offered for that target enrollment group. Arizona, Rhode Island, and Vermont do not have § 1915(c) waivers.

SOURCES: Kaiser Family Foundation analysis of CMS Form 372.

**Table 10: Medicaid § 1915(c) HCBS Waiver Expenditures Per Participant Served,
by Service and State, 2014 (\$)**

	Case Management	Home-Based Services	Day Services	Nursing/ Therapy/ Other Health and Therapeutic	Round-the-clock Services	Supported Employment	Other Mental Health and Behavioral Services	Equipment, Technology, and Modifications	Other Services
Avg.	1,756	9,672	11,717	2,715	44,811	8,436	3,418	670	7,323
AK	2,466	23,555	20,697	5,919	39,578	14,600	7,525	1,187	2,472
AL	1,972	2,254	37,577	15,470	-	12,200	1,210	1,147	3,424
AR	1,073	5,987	7,823	623	38,691	6,296	-	585	3,254
CA	1,861	5,005	22,916	7,188	15,869	10,111	8,112	1,217	2,604
CO	698	6,034	17,034	667	12,261	5,431	1,772	578	6,805
CT	1,322	10,104	19,969	1,369	100,961	19,473	4,623	428	1,703
DC	639	20,655	15,654	1,279	91,536	8,427	9,413	224	5,000
DE	-	-	18,722	1,121	88,160	9,086	839	-	-
FL	973	4,404	7,409	2,944	15,600	6,886	3,203	641	1,513
GA	1,820	8,650	8,601	3,569	35,938	1,612	1,593	493	32,369
HI	-	29,277	15,234	18,313	-	4,425	-	19,750	8,698
IA	1,341	2,469	4,671	8,635	28,814	3,006	2,089	284	3,457
ID	-	2,793	20,110	1,479	10,225	1,211	105	455	6,295
IL	1,464	9,488	7,589	4,149	28,598	5,830	1,314	285	151
IN	1,188	4,977	482	1,197	41,378	2,336	2,440	965	1,445
KS	-	7,160	8,590	1,273	21,580	464	-	2,548	19,158
KY	1,633	11,540	8,117	2,390	29,313	3,701	3,618	454	2,682
LA	1,479	18,775	6,952	81,118	5,416	32,113	-	883	661
MA	-	4,831	11,034	545	86,808	7,037	9,626	461	3,614
MD	992	7,981	16,436	4,101	40,811	14,168	2,106	387	2,865
ME	670	7,040	15,330	820	81,755	3,318	1,155	663	2,825
MI	-	6,332	-	1,908	13,746	623	4,390	502	33,769
MN	1,598	3,685	13,496	5,938	46,134	9,665	8,545	1,672	9,070
MO	719	4,391	7,742	6,855	73,253	7,372	7,717	1,621	4,409
MS	1,545	5,108	8,531	2,344	18,695	9,104	3,662	854	433
MT	2,849	4,065	10,990	2,555	26,360	4,711	101	1,441	2,715
NC	1,735	11,531	20,176	29,085	25,244	8,271	519	605	865
ND	962	15,893	30,965	-	52,259	1,769	5,633	2,160	1,579
NE	-	11,628	10,981	276	24,793	4,403	38,899	1,220	6,695
NH	2,805	9,954	24,135	12,940	13,179	-	-	2,161	21,409
NJ	1,800	43,066	17,766	-	-	8,131	-	1,961	578
NM	3,001	11,055	6,496	1,343	33,780	3,747	1,710	2,561	5,534
NV	402	2,311	11,422	608	33,029	-	927	292	871
NY	10,104	8,851	22,633	515	93,757	2,934	772	381	2,719
OH	-	12,541	8,806	6,249	16,141	2,919	865	619	2,977
OK	2,581	3,459	17,902	768	38,890	9,806	6,309	902	1,956
OR	1,413	826	7,746	655	-	10,529	593	634	676
PA	1,766	15,406	10,718	27,410	78,457	7,103	3,130	843	12,015
SC	795	4,725	6,123	2,821	51,325	6,931	3,686	551	19,413
SD	2,616	4,256	9,530	1,923	19,311	9,178	-	643	-
TN	2,703	19,179	13,078	3,038	83,492	9,458	5,367	1,937	1,053
TX	1,922	7,736	5,143	1,143	29,768	1,994	2,981	812	21,506
UT	2,427	5,388	7,109	649	24,896	4,318	2,434	547	2,597
VA	469	10,747	13,568	63,186	61,638	11,500	1,834	715	9,327
WA	-	15,407	6,806	669	30,576	5,512	3,523	494	442
WI	2,489	23,264	6,693	1,483	29,876	991	6,217	1,147	6,844
WV	1,705	13,041	41,029	1,956	11,945	5,455	2,769	825	1,091
WY	2,430	3,539	16,894	2,497	29,443	2,465	7,013	397	3,296

NOTES: "Other Services" include transportation, housing assistance, goods and services, pest control, etc. A dash indicates that the service was not offered in a § 1915(c) waiver. Arizona, Rhode Island, and Vermont do not have § 1915(c) waivers.

SOURCES: Kaiser Family Foundation analysis of CMS Form 372.

**Table 11: Waiting Lists for Medicaid § 1915(c)/§ 1115 HCBS Waivers,
by Target Enrollment Group, 2016**

	I/DD	Seniors (≥ 65)	Seniors/ Phys. Dis.	Physical Disabilities	Children	HIV/ AIDS	Mental Health	TBI/ SCI	Total
No. of Waiting Lists	55	3	17	11	19	1	3	9	118
No. of Persons on Waiting Lists	423,735	25,347	147,693	9,389	47,145	70	1,319	1,497	656,195
(% of row total)	65%	4%	23%	1%	7%	(<1%)	(<1%)	(<1%)	100%
No. of Waiting Lists that Screen for Eligibility	30	3	9	4	9	1	2	5	63
(% of waiting lists for group)	55%	100%	53%	36%	47%	100%	67%	56%	53%
No. of Waiting Lists that Prioritize Certain Clients	42	3	13	5	11	1	2	6	83
(% of waiting lists for group)	76%	100%	76%	45%	58%	100%	67%	67%	70%
No. of Waiting Lists With Enrollees Receiving Non-Waiver Services	50	3	16	10	14	0	3	7	103
(% of waiting lists for group)	91%	100%	94%	91%	74%	0%	100%	78%	87%

NOTES: I/DD – Intellectual/Developmental Disability; TBI/SCI – Traumatic Brain Injury/Spinal Cord Injury.

SOURCES: Kaiser Family Foundation analysis of Medicaid HCBS Program survey.

**Table 12: Waiting List Enrollment for Medicaid § 1915(c) and § 1115 HCBS Waivers,
by Target Enrollment Group and State, 2016**

	I/DD	Seniors (≥ 65)	Seniors/ Phys. Dis.	Physical Disabilities	Children	HIV/ AIDS	Mental Health	TBI/ SCI	Total
Total No. of Waiting Lists	55	3	17	11	19	1	3	9	118
AK	535	-	-	-	-	-	-	-	535
AL	Unknown	-	5,080	204	-	-	-	-	5,284
AR	3,221	-	-	-	57	-	-	-	3,278
AZ	-	-	-	-	-	-	-	-	0
CA	-	1,898	-	2,100	20	70	-	-	4,088
CO	2,869	-	-	-	325	-	-	-	3,194
CT	1,649	-	-	1,000	204	-	-	50	2,903
DC	-	-	-	-	-	-	-	-	0
DE	-	-	-	-	-	-	-	-	0
FL	20,751	-	46,412	-	-	-	-	316	67,479
GA	8,698	-	1,468	104	-	-	-	-	10,270
HI	-	-	-	-	-	-	-	-	0
IA	2,427	-	-	4,352	-	-	1,257	892	8,928
ID	-	-	-	-	-	-	-	-	0
IL	8,470	-	-	-	10,693	-	-	-	19,163
IN	1,584	-	-	-	-	-	-	43	1,627
KS	3,452	-	-	438	-	-	-	-	3,890
KY	8,181	-	-	-	-	-	-	9	8,190
LA	17,590	-	47,876	-	8,463	-	-	-	73,929
MA	-	-	-	-	-	-	-	-	0
MD	7,864	23,000	-	-	5,292	-	-	-	36,156
ME	1,000	-	-	-	-	-	-	-	1,000
MI	-	-	3,311	-	-	-	-	-	3,311
MN	121	-	-	7	-	-	-	-	128
MO	-	-	-	-	-	-	-	-	0
MS	1,441	-	6,958	1,013	-	-	-	69	9,481
MT	1,130	-	-	-	117	-	62	-	1,309
NC	10,000	-	2,068	-	-	-	-	-	12,068
ND	-	-	-	-	3	-	-	-	3
NE	2,062	-	-	-	-	-	-	-	2,062
NH	151	-	11	-	78	-	-	20	260
NJ	-	-	-	-	-	-	-	-	0
NM*	3,700	-	16,370	-	-	-	-	-	20,070
NV	752	449	-	171	-	-	-	-	1,372
NY	-	-	-	-	Unknown	-	Unknown	-	0
OH	64,546	-	-	-	-	-	-	-	64,546
OK	7,538	-	31	-	-	-	-	-	7,569
OR	-	-	-	-	134	-	-	-	134
PA	9,728	-	-	-	-	-	-	-	9,728
RI	-	-	-	-	-	-	-	-	0
SC	11,275	-	-	-	-	-	-	-	11,275
SD	-	-	-	-	-	-	-	-	0
TN	5,813	-	-	-	-	-	-	-	5,813
TX*	196,248	-	16,599	-	19,221	-	-	-	232,068
UT	2,387	-	-	-	64	-	-	92	2,543
VA	16,583	-	-	-	-	-	-	-	16,583
VT	-	-	-	-	-	-	-	-	0
WA	-	-	-	-	-	-	-	-	0
WI	507	-	1,235	-	2,474	-	-	-	4,216
WV	1,260	-	274	-	-	-	-	6	1,540
WY	202	-	-	-	-	-	-	-	202
Total No. of Enrollees	423,735	25,347	147,693	9,389	47,145	70	1,319	1,497	656,195
Avg. Waiting Period (in months)	48	31	21	18	27	5	15	17	23

NOTES: Data may not sum to total due to rounding. I/DD – Intellectual/Developmental Disability; TBI/SCI – Traumatic Brain Injury/Spinal Cord Injury. “Unknown” indicates that there was a waiting list but the number of persons on list is unknown. A dash indicates that there was no operational § 1915(c) waiver for the target enrollment group or waiting list. Arizona, Rhode Island, and Vermont do not have § 1915(c) waivers; they provide similar HCBS in §1115 demonstration waivers. *New Mexico and Texas reported waiting lists for their §1115 waivers, listed under the aged/disabled target populations.

SOURCES: Kaiser Family Foundation analysis of Medicaid HCBS Program survey.

Table 13: Financial Eligibility Criteria for Medicaid § 1915(c)/§ 1115 HCBS Waivers, by Type of Waiver and State, 2016

	I/DD	Seniors (≥ 65)	Seniors/ Phys. Dis.	Physical Disabilities	Children	HIV/AIDS	Mental Health	TBI/SCI
(as a percent of the maximum monthly Supplemental Security Income (SSI))								
AK	300%	300%	-	300%	300%	-	-	-
AL	300%	-	300%	300%	-	300%	-	-
AR	300%	300%	300%		300%	-	-	-
AZ	300%		300%	300%				
CA	100% FPL	100% FPL	100% FPL	100% FPL	100% FPL	100% FPL	-	-
CO	300%	-	300%	-	300%	300%	300%	300%
CT	300%	300%	300%	300%	300%	-	300%	300%
DC	300%	-	300%	-	-	-	-	-
DE	250%	-	250%	250%	-	-	250%	-
FL	300%	-	300%	300%	300%	300%	-	300%
GA	300%	-	300%	300%		-	300%	
HI	100% FPL	-	100% FPL	-	-	-	100% FPL	-
IA	300%	300%	-	300%		300%	300%	300%
ID	300%	-	300%	-	300%	-	-	-
IL	100% FPL	100% FPL	100% FPL	100% FPL	100% FPL	100% FPL	-	100% FPL
IN	300%	-	300%	-	-	-	150%	300%
KS	300%	300%	-	300%	300%	-	300%	300%
KY	300%	-	300%	300%	-	-	-	300%
LA	300%	-	300%	-	300%		300%	-
MA	300%	300%	300%	-		150-200% FPL	-	300%
MD	300%	300%	100%	300%	300%	-	-	300%
ME	300%	-	300%	-	-	-	-	300%
MI	100% FPL	-	300%	-	300%	-	300%	-
MN	95% FPL	300%	-	95% FPL	-	-	-	95% FPL
MO	100%	-	170%	100%	100%	100%	-	-
MS	300%	-	300%	300%	-	-	300%	300%
MT	100% FPL	-	100%	-	100%	-	100%	-
NC	100%	-	100%	-	100%	-	-	-
ND	100%	-	100%	100%	100%	-	-	-
NE	100%	-	100%	-	-	-	-	100%
NH	300%		300%	-	300%	-	-	300%
NJ	300%	-	300%	-	-	300%	-	-
NM	300%	-	300%	-	300%	300%	-	-
NV	300%	300%	-	300%	-	-	-	-
NY	100% FPL	-	84% FPL	-	100% FPL	-	100% FPL	100% FPL
OH	300%	-	300%	300%	-	-	-	-
OK	300%		300%	-	300%	-	-	-
OR	300%	-	300%	-	300%	-	-	-
PA	300%	300%	-	300%	300%		-	300%
SC	100% FPL	-	300%	300%	300%	300%	-	300%
SD	300%		300%	-	-	-	-	-
RI	300%		300%				300%	
TN	300%	-		-	-	-	-	-
TX	300%	-	-	-	300%	-	300% FPL	-
UT	300%	300%	300%	300%	300%	-	-	300%
VA	300%	-	300%	300%	-	-	-	-
VT	300%		300%				300%	
WA	300%	-	300%	-	300%	-	-	-
WI	300%	-	300%	-	300%	-	-	
WV	300%	-	300%	-	-	-	-	300%
WY	300%	-	300%	-	300%	-	300% FPL	300%

NOTES: I/DD – Intellectual/Developmental Disability; TBI/SCI – Traumatic Brain Injury/Spinal Cord Injury. In 2016, 300 percent of the SSI was \$2,199 per month. A dash indicates that there was no operational § 1915(c) and/or § 1115 waiver for the target enrollment group.

SOURCES: Kaiser Family Foundation analysis of Medicaid HCBS Program survey.

**Table 14: Use of Cost Controls and Self-Direction in Medicaid HCBS Programs,
by State, 2016**

Home Health State Plan Services				Personal Care State Plan Services			§ 1915(c) or §1115 Waivers	
Financial Eligibility	Limits	Self- Direction		Financial Eligibility	Limits	Self- Direction	Limits	Self- Direction
AK	CN, MN	-	Y	CN, MN	-	Y	S	Y
AL	CN, MN	S	-	N/A	N/A	N/A	C	Y
AR	CN, MN	-	-	CN	-	-	-	-
AZ	CN	C	-	N/A	N/A	N/A	C	Y
CA	CN, MN	S	Y	CN, MN	S	Y	C, G	Y
CO	CN	C	-	N/A	N/A	N/A	C, G	Y
CT	CN, MN, MB	C, S	Y	N/A	N/A	N/A	C	Y
DC	CN, MN	S	-	CN	S	-	S	Y
DE	CN	-	-	CN, MN	-	-	C	Y
FL	CN, MN	S	-	CN, MN	C, S	-	C	Y
GA	CN, MN	S	-	N/A	N/A	N/A	C	Y
HI	CN, MN	-	-	N/A	N/A	N/A	-	Y
IA	CN, MN	S	-	N/A	N/A	N/A	C, S	Y
ID	CN	S	-	CN, MN, I, MB	S	Y	C, S	Y
IL	CN	-	-	N/A	N/A	N/A	C	Y
IN	CN, MN	S	-	N/A	N/A	N/A	C	Y
KS	CN, MN	-	-	CN, MN	-	Y	C	Y
KY	CN, MN	S	-	N/A	N/A	N/A	C, S	Y
LA	CN, MN	S	Y	CN, MN	S	Y	C, S	Y
MA	CN, MN	S	-	CN, MN	S	Y	C, S	Y
MD	CN, MN	-	-	CN, MN, MB	-	-	C, S	Y
ME	CN, MN, MB	S	-	CN, MN	-	-	C, S	Y
MI	CN, MN, MB	C, S	-	CN, MN	-	Y	-	Y
MN	CN, MN, MB	-	-	CN, MN, I, MB	S	Y	C, S, G	Y
MO	CN	S	-	CN	C	Y	C	Y
MS	CN, MN	S	-	N/A	N/A	N/A	-	Y
MT	CN	S	-	CN, MN, MB	S	Y	G	Y
NC	CN, MN	-	-	CN, MN, I	S	-	C, S	Y
ND	CN, MN	-	-	CN, MN	S	-	C	Y
NE	CN, MN	C	Y	CN, MN, MB	S	-	S	Y
NH	CN, MN	-	-	CN, MN	-	Y	C	Y
NJ	CN, MN	S	Y	CN, MN, I	S	Y	C	Y
NM	CN	-	-	CN	-	-	C, S	Y
NV	CN	-	-	CN	S	Y	-	-
NY	CN, MN	S	-	CN, MN, I	-	Y	C, G	Y
OH	CN, MB	S	-	N/A	N/A	N/A	C	Y
OK	CN	S	-	CN	-	-	C, S	Y
OR	CN	C, S	-	CN	S	Y	-	Y
PA	CN, MN, MB	S	-	N/A	N/A	N/A	C, S	Y
RI	CN, MN	S	-	CN, MN	-	-	C	Y
SC	CN	S	-	N/A	N/A	N/A	C	Y
SD	CN	-	-	CN	S	-	C	Y
TN	CN, MN	S	-	N/A	N/A	N/A	C	Y
TX	CN, MN, MB	-	-	CN, MN	-	Y	C, S	Y
UT	CN, MN	-	-	CN, MN, I, MB	-	Y	-	Y
VA	CN, MN	S	-	N/A	N/A	N/A	S	Y
VT	CN, MN	-	-	CN, MN	S	Y	-	Y
WA	CN, MN	S	-	CN	S	Y	C, G	Y
WI	CN, MN, MB	-	-	CN, MN, I	-	Y	-	Y
WV	CN, MN	-	-	CN, MN	S	-	C, S	Y
WY	CN	S	-	N/A	N/A	N/A	C, S	Y

NOTES: CN – Categorically Needy; MN – Medically Needy; I – Special Income Rules; MB–Medicaid Buy-In; C – Cost Limits; S – Service/Hourly Limits; G – Geographical Limits; Y – Yes, self-direction is allowed. Financial eligibility criteria for § 1915(c) waivers are presented in Table 11. N/A indicates that there was no personal care services option in 2016.

SOURCES: Kaiser Family Foundation analysis of Medicaid HCBS Program survey and CMS Form 372.

Table 15: Medicaid § 1915(c) & § 1115 Self-Direction Policies, 2016

			Agency Employed					Independent Providers				
	Self-Direction (Y)	Available statewide (Y)	Number of persons enrolled	Can select & dismiss workers	Can set worker's schedule	Can determine worker's pay	Self-controlled budget to purchase services	Number of persons enrolled	Can select & dismiss workers	Can set worker's schedule	Can determine worker's pay	Self-controlled budget to purchase services
Total	49	45	43,446	32	33	16	20	82,101	40	40	29	29
AK	Y	Y	4,483	Y	Y	-	-	-	-	-	-	-
AL	Y	Y	554	Y	Y	Y	-	Y	Y	Y	Y	Y
AR	-	-	-	-	-	-	-	-	-	-	-	-
AZ	Y	Y	3,395	Y	Y	-	-	360	Y	Y	-	-
CA	Y	Y	7,950	Y	Y	-	-	DNR	Y	Y	-	-
CO	Y	Y	285	Y	Y	-	-	4,315	Y	Y	Y	Y
CT	Y	Y	DNR	Y	Y	Y	Y	157	Y	Y	Y	Y
DC	Y	Y	290	Y	Y	Y	Y	-	-	-	-	-
DE	Y	-	DNR	Y	Y	-	-	DNR	Y	Y	-	-
FL	Y	Y	DNR	Y	Y	-	Y	DNR	Y	Y	-	Y
GA	Y	Y	-	-	-	-	-	417	Y	Y	Y	-
HI	Y	Y	-	-	-	-	-	3,750	Y	Y	Y	-
IA	Y	Y	-	-	-	-	-	2,800	Y	Y	Y	Y
ID	Y	Y	DNR	Y	Y	-	-	1,563	Y	Y	Y	Y
IL	Y	Y	DNR	Y	Y	-	Y	DNR	Y	Y	-	-
IN	Y	Y	-	-	-	-	-	340	Y	Y	-	-
KS	Y	Y	DNR	Y	Y	-	-	DNR	Y	Y	-	-
KY	Y	Y	DNR	-	-	-	Y	DNR	Y	Y	Y	Y
LA	Y	Y	119	Y	Y	Y	Y	692	Y	Y	Y	Y
MA	Y	Y	388	Y	Y	Y	Y	698	Y	Y	Y	Y
MD	Y	Y	535	Y	Y	Y	Y	-	-	-	-	-
ME	Y	-	DNR	-	-	-	-	-	-	-	-	-
MI	Y	Y	DNR	Y	Y	Y	Y	2,671	Y	Y	Y	Y
MN	Y	Y	5,024	Y	Y	Y	Y	DNR	Y	Y	Y	Y
MO	Y	Y	1,458	Y	Y	-	-	-	-	-	-	-
MS	Y	-	-	-	-	-	-	3,482	Y	Y	-	-
MT	Y	Y	44	Y	Y	-	Y	310	Y	Y	Y	Y
NC	Y	Y	40	-	Y	-	-	2,199	Y	Y	Y	Y
ND	Y	Y	40	Y	Y	Y	-	15	Y	Y	Y	Y
NE	Y	Y	DNR	Y	Y	-	-	4,813	Y	Y	Y	Y
NH	Y	Y	DNR	Y	Y	Y	Y	-	-	-	-	-
NJ	Y	Y	*10,000	Y	-	-	Y	See note	Y	Y	Y	Y
NM	Y	Y	1,281	Y	Y	Y	Y	1,500	Y	Y	Y	Y
NV	-	-	-	-	-	-	-	-	-	-	-	-
NY	Y	Y	6,000	-	Y	-	Y	DNR	Y	Y	Y	Y
OH	Y	Y	DNR	Y	Y	Y	Y	116	Y	Y	Y	Y
OK	Y	Y	-	-	-	-	-	1,245	Y	Y	Y	Y
OR	Y	Y	-	-	-	-	-	7,235	Y	Y	-	Y
PA	Y	Y	3,188	Y	Y	Y	-	18,244	Y	Y	Y	Y
RI	Y	Y	DNR	-	-	-	-	83	Y	Y	Y	Y
SC	Y	Y	2,647	Y	Y	-	-	DNR	Y	Y	-	-
SD	Y	Y	1,090	Y	Y	Y	Y	-	-	-	-	-
TN	Y	Y	-	-	-	-	-	2,483	Y	Y	Y	Y
TX	Y	Y	DNR	Y	Y	-	-	6,877	Y	Y	Y	Y
UT	Y	Y	-	-	-	-	-	2,085	Y	Y	Y	-
VA	Y	DNR	DNR	-	-	-	-	DNR	-	-	-	-
VT	Y	Y	-	-	-	-	-	1,075	Y	Y	Y	Y
WA	Y	Y	*15,031	Y	Y	-	Y	See note	Y	Y	-	Y
WI	Y	Y	2,500	Y	Y	Y	Y	11,443	Y	Y	Y	Y
WV	Y	Y	2,135	Y	Y	Y	Y	-	-	-	-	-
WY	Y	Y	-	-	-	-	-	1,133	Y	Y	Y	Y

NOTES: Y = Yes; DNR = Did Not Report. New Jersey and Washington data represent the total number of individuals who self-direct services; data are not broken out by agency or independent provider type.

SOURCES: Kaiser Family Foundation analysis of Medicaid HCBS Program survey.

**Table 16: Medicaid Home Health and Personal Care State Plan Services
Provider Reimbursement Rates, by Service and State, 2016 (\$)**

Home Health ¹				Personal Care Services ²	
	Agency	Registered Nurse	Home Health Aide	Agency	Provider
AK	169.36	-	-	24.4	-
AL	27.00/hour	-	-	Not offered	Not offered
AR	-	145.02	66.63	-	14.00
AZ	-	-	10.00/hour	Not offered	Not offered
CA	-	74.86	45.75	20.85	12.87
CO	-	103.63	36.85/hour	Not offered	Not offered
CT	95.20/hour	-	24.64/hour	Not offered	Not offered
DC	60.00	60.00	20.08/hour	20.08	-
DE	-	-	-	N/A	N/A
FL	-	31.04	17.46	15.00	15.00
GA	61.32	61.32	61.32	Not offered	Not offered
HI	-	-	-	Not offered	Not offered
IA	136.7	112.53	46.8	Not offered	Not offered
ID	15.76/hour	40.76/hour	143.51/day	15.76	-
IL	72.00	-	-	Not offered	Not offered
IN	29.62	42.04/hour	18.31/hour	Not offered	Not offered
KS	-	50	40.5	13.25	13.25
KY	-	88.16	34.13	Not offered	Not offered
LA	-	62.8	22.32	11.40	-
MA	86.99	58.96/hour	24.40/hour	-	16.00
MD	-	120.76	59.99	16.48	-
ME	16.55/hour	-	-	18.48	-
MI	80.98	80.98	51.72	14.25	9.95
MN	-	34.96/hour	57.59	16.32	16.00
MO	77.16	77.16	77.16	16.88	-
MS	75.85	-	-	Not offered	Not offered
MT	76.41	76.41	34.12	19.44	-
NC	103.33	109.6	47.28	13.88	-
ND	118.63	53.00/hour	-	37.10	29.52
NE	487.83/day	37.90/hour	21.36/hour	9.78	9.78
NH	-	87.36/hour	23.56/hour	17.84	-
NJ	-	-	-	18.00	-
NM	-	-	-	N/A	N/A
NV	64.08/hour	-	-	17.00	-
NY	-	113.12/hour	29.76/hour	20.19	-
OH	15.68/hour	-	-	Not offered	Not offered
OK	46.07	63.41	28.72	15.68	-
OR	-	191.06	54.94	22.32	14.00
PA	88.00	-	-	Not offered	Not offered
RI	67.18	67.18	20.8	N/A	N/A
SC	-	93.9	-	Not offered	Not offered
SD	-	76.10/hour	32.24/hour	25.24	-
TN	-	-	-	Not offered	Not offered
TX	193.10	98.92	46.09	11.47	10.43
UT	-	-	65.03	19.08	11.64
VA	-	185.94	73.28	Not offered	Not offered
VT	-	106.71	12.27	-	13.74
WA	59.99	63.51	55.32	24.16	-
WI	85.54	32.69/hour	40.31	42.00	-
WV	-	-	-	16.00	-
WY	87.75	130	45.5	Not offered	Not offered
Avg. pay rate	92.52	83.29	42.56	19.01	14.32

NOTES: ¹The reimbursement rate for home health services is per visit unless otherwise noted. ²The reimbursement rate for personal care services is per hour unless otherwise noted.

SOURCES: Kaiser Family Foundation analysis of Medicaid HCBS Program survey.

Endnotes

¹ Kaiser Family Foundation, *Medicaid and Long-Term Services and Supports: A Primer* (Dec. 2015), <https://www.kff.org/medicaid/report/medicaid-and-long-term-services-and-supports-a-primer/>.

² See, e.g., Kaiser Family Foundation, *Medicaid Beneficiaries Who Need Home and Community-Based Services: Supporting Independent Living and Community Integration* (March 2014), <http://kff.org/medicaid/report/medicaid-beneficiaries-who-need-home-and-community-based-services-supporting-independent-living-and-community-integration/>.

³ Kaiser Family Foundation, *Streamlining Medicaid Home and Community-Based Services: Key Policy Questions* (March 2016), <https://www.kff.org/medicaid/issue-brief/streamlining-medicaid-home-and-community-based-services-key-policy-questions/>; Kaiser Family Foundation, *Medicaid Long-Term Services and Supports: An Overview of Funding Authorities* (Sept. 2013), <http://kff.org/medicaid/fact-sheet/medicaid-long-term-services-and-supports-an-overview-of-funding-authorities/>.

⁴ Steve Eiken et al., *Medicaid Expenditures for Long-Term Services and Supports LTSS in FY 2015* (April 14, 2017), <https://www.medicaid.gov/medicaid/ltss/downloads/reports-and-evaluations/ltssexpendituresfy2015final.pdf>.

⁵ In *Olmstead*, the Supreme Court held that the unjustified institutionalization of people with disabilities violates the Americans with Disabilities Act. Kaiser Family Foundation, *Olmstead's Role in Community Integration for People with Disabilities Under Medicaid: 15 Years After the Supreme Court's Olmstead Decision* (June 2014), <http://kff.org/medicaid/issue-brief/olmsteads-role-in-community-integration-for-people-with-disabilities-under-medicaid-15-years-after-the-supreme-courts-olmstead-decision/>.

⁶ Among the 34 states (including DC) that offer personal care state plan services, three states (Delaware, Rhode Island, and New Mexico) have CMS approval to offer these services but report no enrollment in our survey. These states deliver personal care services through Section 1115 MLTSS waivers.

⁷ As noted above, three states (Arizona, Rhode Island, and Vermont) do not offer any Section 1915 (c) waivers and instead provide HCBS through Section 1115 MLTSS waivers.

⁸ This year's report groups together all waivers serving people with mental health disabilities in one category. Prior years' reports grouped waivers serving children with mental health disabilities together with those serving children who are medically fragile or technology dependent and separately grouped waivers serving adults with mental health disabilities.

⁹ Kansas is excluded from this list because it has joint Section 1115/1915 (c) HCBS waivers.

¹⁰ See Victoria Peebles and Alex Bohl, CMS/Mathematica Policy Research, *The HCBS Taxonomy: A New Language for Classifying Home and Community-Based Services* (Aug. 2013), http://www.mathematica-mpr.com/~media/publications/PDFs/health/max_ib19.pdf.

¹¹ The Supreme Court's decision on the constitutionality of the ACA's Medicaid expansion effectively made expansion a state option. Kaiser Family Foundation, *A Guide to the Supreme Court's Decision on the ACA's Medicaid Expansion* (Aug. 2012), <https://www.kff.org/health-reform/issue-brief/a-guide-to-the-supreme-courts-decision/>. As of November, 2017, 32 states and DC had adopted the expansion. Kaiser Family Foundation, *Status of State Action on the Medicaid Expansion Decision* (Nov. 8, 2017), <https://www.kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>. Medicaid expansion coverage became effective on January 1, 2014 in 25 states. Michigan implemented expansion coverage on April 1, 2014, and New Hampshire implemented expansion coverage on August 15, 2014. Coverage in five other states (Alaska, Indiana, Louisiana, Montana, and Pennsylvania) was effective after 2014, and the expansion has not yet been implemented in Maine. *Id.*

¹² Kaiser Family Foundation, *CMS's Final Rule on Medicaid Managed Care: A Summary of Major Provisions* (June 2016), <https://www.kff.org/medicaid/issue-brief/cmss-final-rule-on-medicaid-managed-care-a-summary-of-major-provisions/>. The revised regulations build on and incorporate elements from CMS's May 2013 best practices for MLTSS waivers. CMS, *Guidance to States Using 1115 Demonstrations or 1915(b) Waivers for Managed Long-Term Services and Supports Programs* (May 2013), <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Delivery-Systems/Downloads/1115-and-1915b-MLTSS-guidance.pdf>.

¹³ The informational bulletin indicates that the "use of enforcement discretion will be applied based on state-specific facts and circumstances and focused on states' specific needs." CMS Informational Bulletin, *Medicaid Managed Care Regulations with July 1, 2017 Compliance Dates* (June 30, 2017), <https://www.medicaid.gov/federal-policy-guidance/downloads/cib063017.pdf>.

¹⁴ Along with personalized choice counseling, the beneficiary support system must include assistance to beneficiaries with understanding managed care and assistance for enrollees who use or wish to use LTSS. Kaiser Family Foundation, *CMS's Final Rule on Medicaid Managed Care: A Summary of Major Provisions* (June 2016), <https://www.kff.org/medicaid/issue-brief/cmss-final-rule-on-medicaid-managed-care-a-summary-of-major-provisions/>.

¹⁵ *Id.*

¹⁶ *Id.*

¹⁷ *Id.*

¹⁸ Section 1115 MLTSS waiver waiting list data for 2015 is reported in Kaiser Family Foundation, *Medicaid Section 1115 Managed Long-Term Services and Supports Waivers: A Survey of Enrollment, Spending, and Program Policies* (Jan. 2017), <https://www.kff.org/medicaid/report/medicaid-section-1115-managed-long-term-services-and-supports-waivers-a-survey-of-enrollment-spending-and-program-policies/>.

¹⁹ Kaiser Family Foundation, *Data Do Not Support Relationship Between States' Medicaid Expansion Status and Home and Community-Based Services Waiver Waiting Lists* (Feb. 2017), <https://www.kff.org/medicaid/issue-brief/data-note-data-do-not-support-relationship-medicaid-expansion-hcbs-waiver-waiting-lists/>.

²⁰ Kaiser Family Foundation, *Status of State Action on the Medicaid Expansion Decision* (Nov. 8, 2017), <https://www.kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>.

²¹ For purposes of this analysis, Maine is considered a non-expansion state because it has not yet implemented the expansion.

²² New York is categorized as “no change” because it reports a waiver waiting list but did not report the number of individuals on the waiting list in both 2015 and 2016.

²³ For purposes of this analysis, Maine is considered a non-expansion state because it has not yet implemented the expansion.

²⁴ Section 1115 MLTSS waiver financial eligibility criteria for 2015 is reported in Kaiser Family Foundation, *Medicaid Section 1115 Managed Long-Term Services and Supports Waivers: A Survey of Enrollment, Spending, and Program Policies* (Jan. 2017), <https://www.kff.org/medicaid/report/medicaid-section-1115-managed-long-term-services-and-supports-waivers-a-survey-of-enrollment-spending-and-program-policies/>.

²⁵ Federal cost neutrality refers to the statutory requirement that the state's estimated average per capita expenditures for home and community-based waiver services must not exceed the state's reasonable estimate of the cost of average per capita expenditures that would have been incurred without waiver services. 42 U.S.C. § 1396n (c)(2)(D). In addition, under long-standing federal policy, all Section 1115 waivers also are subject to federal budget neutrality, which requires that federal costs under the waiver cannot exceed estimated costs without the waiver.

²⁶ U.S. Dep't of Labor, Home Care, *Minimum Wage and Overtime Pay for Direct Care Workers* (accessed Dec. 13, 2017), <https://www.dol.gov/whd/homecare/>; 29 C.F.R. §§ 552.3, 552.6, 552.101, 552.102, 552.106, 552.109, 552.110.

²⁷ Specifically, CMS anticipated that “many states will determine that, for purposes of the FLSA, home care workers in self-direction programs have joint third party employer(s) [such as the state or another entity] in addition to being employed by the beneficiary,” requiring the state or other entity to comply with minimum wage and overtime requirements. CMS Informational Bulletin, *Self-Direction Program Options for Medicaid Payments in the Implementation of the Fair Labor Standards Act Regulation Changes* (July 3, 2014), <https://www.medicare.gov/Federal-Policy-Guidance/Downloads/CIB-07-03-2014.pdf>.

²⁸ Thirteen states (Colorado, Delaware, Georgia, Indiana, Kansas, Maine, Minnesota, Mississippi, North Carolina, New Jersey, Ohio, Tennessee, and Texas) participated in the first year of NCI-AD survey data collection from 2015-2016. Measures related to quality of life include: proportion of people who are able to participate in preferred activities outside of home when and with whom they want; proportion of people who are involved in making decisions about their everyday lives (where they live, what they do during the day, staff that supports them, with whom they spend time); proportion of people who are able to see or talk to friends and families when they want; proportion of people who are not lonely; proportion of people who are satisfied with where they live; proportion of people who are satisfied with what they do during the day; proportion of people who are satisfied with staff who work with them; proportion of people who feel in control of their lives. Nat'l Assoc. of State United for Aging and Disabilities and Human Servs. Research Institute, *National Core Indicators – Aging and Disability Adult Consumer Survey 2015-2016 National Results*, https://nci-ad.org/upload/reports/NCI-AD_2015-2016_National_Report_FINAL.pdf.

²⁹ Examples of community integration measures include how often in the last three months you could get together with family who live nearby when you wanted to; how often in the last three months you could get together with friends who live nearby when you wanted to; how often in the last three months you could do things in the community that you like; did you need more help than you get from personal assistance or behavioral health staff to do things in your community in the last three months; did you take part in deciding what you do with your time each day in the last three months; did you take part in deciding when you do things each day (get up, eat, go to bed) in the last three months. Medicaid.gov, *CAHPS Home and Community-Based Services Survey* (accessed Dec. 14, 2017), <https://www.medicare.gov/medicaid/quality-of-care/performance-measurement/cahps-hcbs-survey/index.html>.

³⁰ Kaiser Family Foundation, *Medicaid Section 1115 Managed Long-Term Services and Supports Waivers: A Survey of Enrollment, Spending, and Program Policies*, Table 3 (Jan. 2017), <https://www.kff.org/medicaid/report/medicaid-section-1115-managed-long-term-services-and-supports-waivers-a-survey-of-enrollment-spending-and-program-policies/>.

³¹ Kaiser Family Foundation, *CMS's Final Rule on Medicaid Managed Care: A Summary of Major Provisions* (June 2016), <https://www.kff.org/medicaid/issue-brief/cmss-final-rule-on-medicaid-managed-care-a-summary-of-major-provisions/>.

³² *Id.*

³³ Michigan has a Section 1115 capitated MLTSS waiver application pending with CMS seeking to consolidate 3 Section 1915 (c) waivers that serve children and adults with I/DD and children with serious emotional disturbance. Michigan also has a new Section 1115 waiver application pending with CMS that would authorize HCBS on a fee-for-service basis for people with brain injuries.

³⁴ New York has two Section 1115 capitated MLTSS waiver amendments pending with CMS: one would consolidate six Section 1915 (c) waivers targeted to children who are medically fragile or have behavioral health needs or developmental disabilities, and the other would move a Section 1915 (c) waiver for people with I/DD to Section 1115 MLTSS authority.

³⁵ Virginia has a Section 1115 capitated MLTSS waiver application pending with CMS that would consolidate two Section 1915 (c) waivers targeted to seniors and people with physical disabilities using self-direction and those who need technology assistance.

³⁶ North Carolina has a Section 1115 MLTSS waiver application pending with CMS but would continue to operate its Section 1915 (c) waivers concurrently with the Section 1115 waiver.

³⁷ Washington has a Section 1115 waiver that authorizes a limited HCBS fee-for-service benefit package for seniors with unpaid family caregivers.

³⁸ 42 C.F.R. § 441.301 (c)(4)-(6). In addition to Section 1915 (c) waiver HCBS, the settings rule also applies to Section 1915 (i) and Community First Choice services. CMS also has indicated that it will include the setting rule requirements in the special terms and conditions of Section 1115 waivers that include HCBS. CMS, *Questions and Answers – 1915 (i) State Plan Home and Community-Based Services, 5-Year Period for Waivers, Provider Payment Reassignment, Setting Requirements for Community First Choice, and 1915 (c) Home and Community-Based Services Waivers – CMS 2249-F and 2296-F*, <https://www.medicaid.gov/medicaid/hcbs/downloads/final-q-and-a.pdf>.

³⁹ CMCS Informational Bulletin, *Extension of Transition Period for Compliance with Home and Community-Based Settings Criteria* (May 9, 2017), <https://www.medicaid.gov/federal-policy-guidance/downloads/cib050917.pdf>.

⁴⁰ Medicaid.gov, *Statewide Transition Plans* (accessed Jan. 3, 2018), <https://www.medicaid.gov/medicaid/hcbs/transition-plan/index.html>.

⁴¹ Indiana offers Section 1915 (i) services targeted to three different populations and uses Section 1915 (i) as an independent pathway to Medicaid eligibility for one of those populations.

⁴² NY did not respond to the CFC portion of the survey. Data supplemented from NY State Plan Amendment #13-0035, approved by CMS Oct. 23, 2015, <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/NY/NY-13-0035.pdf>.



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