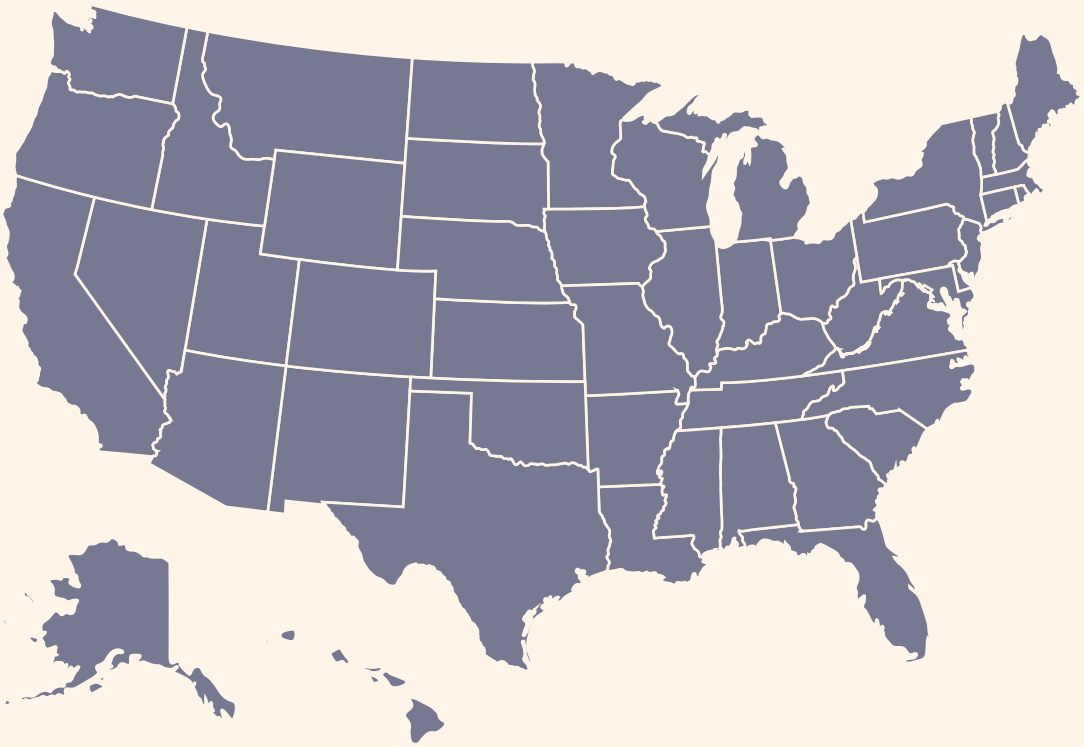
Long-Term Services and Supports State Scorecard
2020 Edition

ADVANCING ACTION

A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers



AARP Public Policy Institute

longtermscorecard.org

Susan Reinhard, Ari Houser, Kathleen Ujvari, Claudio Gualtieri, Rodney Harrell, Paul Lingamfelter, Julia Alexis

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Preface

From the Authors: The *Scorecard's* Release in a 2020 Context

Advancing Action: A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers is the fourth edition in a series that began in 2011.

This report is a compilation of state data and analysis that is based on a vision of a high-performing system of long-term services and supports (LTSS). By using reliable, consistent, available data, it is designed to spark conversations that can result in actionable solutions at the local, state, and national levels—solutions that help older adults, people with physical disabilities, and their family caregivers live their best lives possible. Making that happen is the responsibility of both the public and private sectors, with advocates playing crucial roles. And consumers' choices and actions ultimately affect a state's LTSS system as well.

The *2020 Scorecard* in Context of a Pandemic

Clearly, context matters. As we release this *Scorecard*, the nation is in the midst of a coronavirus pandemic (COVID-19) that is highly contagious and has particular severity for older people, those with multiple health conditions, and the direct care workers and family caregivers who support them. At the time of this writing, COVID-19 is perhaps the single greatest global concern, affecting every sector of life, including the economy, social interaction, health care, and—directly related to this *Scorecard*—LTSS system performance. Yet as a result of the sudden arrival and ongoing impact of the virus, it is outside the scope of this edition of the *Scorecard.* The most current available data, collected for this *Scorecard*, generally cover the period 2016–2019. These data were collected and analyzed in 2019, and so the *Scorecard* paints a picture of comprehensive LTSS system performance before the outbreak began. LTSS system performance in the areas of affordability and access, choice of setting and provider, quality of life and quality of care, support for family caregivers, and effective transitions remain both highly variable between states and critically important.

Scorecard Findings and COVID-19: Setting Expectations

It is important to consider certain elements of the *Scorecard* as it relates to the current pandemic.

First, the *Scorecard* does not contain any measures that are directly relevant to COVID-19 preparedness, impact, or response. This is not merely because the *Scorecard* data predate the emergence of the virus. Currently available COVID-19 measures are not complete or consistently comparable across states, LTSS settings, and source of payment. If it were possible to include COVID-19 preparedness or response measures in the *Scorecard*, they would be included in the Quality of Life and Quality of Care dimension. We have long called for better and more comparable data on LTSS users, services, outcomes, and especially quality—even considering the quality dimension to be incomplete in the last two *Scorecards*. The recent outbreak shines a stronger light on why more and better data are needed.

Second, the prevalence of COVID-19 cases, deaths, and other adverse outcomes in LTSS settings depends not only on LTSS system performance but also on a number of public health and societal factors, and the rate of community spread. Where there is significant community spread of COVID-19, there will be a significant impact on the LTSS system. That does not mean, however, that LTSS providers, policy makers, and other stakeholders are helpless in affecting the spread and lethality of COVID-19. Their role is crucial, even if the impact cannot be adequately measured at this time.

Third, the COVID-19 pandemic has put a national spotlight on one particular LTSS setting: nursing homes. With good reason, both the public and policy makers are concerned about the disproportionate impact on vulnerable individuals with underlying health conditions living in congregate care settings. However, most people receiving LTSS are not in nursing homes. LTSS users and providers in other settings are also highly vulnerable, and should similarly get special attention and public scrutiny. As states begin to rethink congregate care settings after COVID-19, other sources of LTSS, including home- and community-based services (HCBS) and family caregiving, may increase in importance.

The *Scorecard's* Appeal: Reimagining Policy Solutions

The pandemic has drawn attention to LTSS challenges, especially in residential settings. We will need to learn from COVID-19 experiences, but it is the data in the *Scorecard* that will provide the foundation for understanding LTSS system reform today and tomorrow. State LTSS systems may look very different in a post-pandemic world, in ways that we cannot yet know. The *Scorecard* offers policy ideas and best practices that can help states achieve high performance as they rebuild and reimagine their LTSS systems going forward.

Some of the policies tracked in the *Scorecard* are particularly critical as the nation moves to relief and recovery post-COVID. For example, having paid sick leave and being able to use it for family caregiving becomes even more important, so that individuals can tend to their own health and the health of their family members without the risk of losing a paycheck. Similarly, states with policies enabling them to fully utilize their health care workforce offer consumers greater access to health care services and preventative screenings that can help individuals live healthy independent lives. Policies that promote direct patient access to nurse practitioners, working to the full extent of their education and training, also expands the health care workforce capacity to manage a future health crisis.

Lessons Learned and Policy Efforts Linked to *Scorecard* Findings

A fundamental shift to more consumer options for HCBS will be both essential to keep consumers safe and a financial necessity for states struggling with post-COVID budget deficits. Once the public health emergency is over, states will likely face enormous budget shortfalls and an arduous economic recovery. This will put new pressure on policy makers to offer consumers choices that keep them safe at home and, from the budget-conscious policy-maker perspective, at a fraction of the cost of institutional care.

Independent living options also require a robust health care and LTSS workforce. Several states took emergency action to expand health care access by enabling nurse practitioners to work to the full extent of their education and training during the pandemic. States that temporarily provided direct patient access to nurse practitioners will need to consider permanent policy solutions that ensure patients receive care when and where they need it. Additional emergency actions, such as creating centralized referral and information services or toll-free hotlines, can become the basis of a robust "No Wrong Door" system that helps individuals and family caregivers navigate LTSS options, including nursing home alternatives, regardless of where they first seek help.

Information Informs Improvement

Emergencies can illuminate the vulnerabilities in local, state, and national systems, for people of all ages. They can also present a renewed interest in data, trends, and best practices that can inform evidence-based decisions. This in turn can spark reflection and reassessment of long-standing policies and create the opportunity for an intentional redesign of a high-performing LTSS system.

Good data and accurate measurements are the foundation for meaningful improvement. The deadly consequences of COVID-19 in nursing homes add new urgency and demand for relevant and reliable data on infection, quality, and preparedness. These and other data are essential to inform evidence-based solutions and raise the level of LTSS system performance. The *Scorecard* remains committed to capturing the best available, reliable data on LTSS quality, including relevant and appropriate infection measures arising from the COVID-19 pandemic.

Historically we have envisioned the *LTSS Scorecards*, including this latest edition, as a tool to identify opportunities and catalyze improvement of state LTSS systems to meet growing future demand for long-term services and supports. Now more than ever, the *2020 Scorecard* calls for advancing action to improve the lives of older adults, people with disabilities, and family caregivers.

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A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers

Purpose

The *2020 Long-Term Services and Supports (LTSS) State Scorecard* aims to empower state and federal policy makers, the private sector, and consumers with information they need to do the following:

- Effectively assess their state's performance across multiple dimensions and indicators.
- Learn from other states.
- Improve the lives of older adults, people with disabilities, and their families.

The *Scorecard* is guided by the belief that, in order to meaningfully manage and improve performance, one must measure it. Unlike many other rankings that focus on a particular aspect of LTSS system performance, the *Scorecard* compares state LTSS systems across multiple dimensions of performance, reflecting the importance and interconnectedness each has on the overall LTSS system. The goal is to spark conversations, galvanize broad-based coalitions, and focus stakeholders' attention on the factors that most directly impact consumers and their families.

About the *Scorecard*

LTSS affects everyone. LTSS includes a continuum of services provided in the home and community or an institutional setting. These supports help older people and adults with physical disabilities manage tasks that would be difficult or impossible to perform on their own, such as personal care (e.g., bathing, dressing, and toileting); complex care (e.g., medication administration, wound care); home care (e.g., help with housekeeping and meal preparation), and transportation. Although older people are more likely to need LTSS, people of all ages rely on the LTSS system. In 2018, more than half (56 percent) of American adults who needed LTSS were ages 65 or older, while 44 percent were ages 18 to 64.[1] The LTSS system can also be a source of support for approximately 41 million family caregivers who help family and close friends with daily tasks.[2] In 2017, collectively about $235 million was spent on formal (paid) LTSS across all settings.[3]

As the country ages and adults with physical disabilities seek more options to remain independent, the need for LTSS will continue to grow. States have the opportunity to act now in strengthening LTSS systems and identifying new ways to maximize the use of limited resources to account for these demographic shifts.

The *Scorecard* offers accurate, reliable, and comparable data that can serve as the basis for evidence-based solutions so that older people and adults with disabilities in all states can exercise choice and control over their lives, thereby maximizing their independence and well-being. High-performing LTSS systems also ensure that family caregivers have the support they need when caring for close relatives and friends.

1 Edem Hado and Harriet Komisar, "Long-Term Services and Supports," Fact Sheet, AARP Public Policy Institute, Washington, DC, August 2019, https://www.aarp.org/content/dam/aarp/ppi/2019/08/long-term-services-and-supports.doi.10.26419-2Fppi.00079.001.pdf.

2 Susan C. Reinhard et al., *Valuing the Invaluable: 2019 Update: Charting a Path Forward* (Washington, DC: AARP Public Policy Institute, November 2019), https://www.aarp.org/content/dam/aarp/ppi/2019/11/valuing-the-invaluable-2019-update-charting-a-path-forward.doi.10.26419-2Fppi.00082.001.pdf.

3 Hado and Komisar (2019).

Furthermore, the *Scorecard* strives to present a complete and comprehensive assessment of LTSS system performance across five key characteristics; but the *Scorecard* can only be as complete and comprehensive as the data that are available to measure performance, and data availability continues to fall short of where it ought to be. From the beginning of the *Scorecard* project, a key finding has been that better data are needed to assess state LTSS system performance. In the first *Scorecard*, released in September 2011, six specific data gaps were identified, and others have subsequently been noted.

In the decade since that initial assessment, there have been some successes in addressing these gaps, particularly in the area of effective transitions, and measures of subsidized housing and transportation policies. However, there have been some retreats in data quality and availability as well: quality of life in the community, staffing turnover, and basic Medicaid LTSS participant and spending data. In the last *Scorecard*, continued erosion of data availability to measure quality of life and quality of care resulted in the dimension being considered "incomplete." That continues to be the case in this *Scorecard*, and better data are still needed, such as prevention of infection in all LTSS settings (e.g., nursing homes, assisted living, adult day care, and home care).

EXHIBIT 1 Framework for Assessing LTSS System Performance

HIGH-PERFORMING LTSS SYSTEM

Five dimensions of LTSS performance, constructed from 26 individual indicators.

AFFORDABILITY AND ACCESS

1. Nursing Home Cost
2. Home Care Cost
3. Long-Term Care Insurance
4. Low-Income PWD with Medicaid
5. PWD with Medicaid LTSS
6. ADRC/NWD Functions

CHOICE OF SETTING AND PROVIDER

1. Medicaid LTSS Balance: Spending
2. Medicaid LTSS Balance: Users
3. Self-Direction
4. Home Health Aide Supply
5. Assisted Living Supply
6. Adult Day Services Supply
7. Subsidized Housing Opportunities

QUALITY OF LIFE AND QUALITY OF CARE

1. PWD Rate of Employment
2. Nursing Home Residents with Pressure Sores
3. Nursing Home Antipsychotic Use
4. HCBS Quality Benchmarking

SUPPORT FOR FAMILY CAREGIVERS*

1. Supporting Working Family Caregivers
2. Person- and Family-Centered Care
3. Nurse Delegation and Scope of Practice
4. Transportation Policies

EFFECTIVE TRANSITIONS

1. Nursing Home Residents with Low Care Needs
2. Home Health Hospital Admissions
3. Nursing Home Hospital Admissions
4. Burdensome Transitions
5. Successful Discharge to Community

ADRC/NWD - Aging and Disability Resource Center/No Wrong Door
HCBS - Home- and Community-Based Services
LTSS - Long-Term Services and Supports
PWD - People with Disabilities
*Support for Family Caregivers Dimension evaluated across 12 individual policies, which are grouped into four broad categories.

Source: Long-Term Services and Supports State Scorecard, 2020.

The Vision

By definition, a vision is aspirational. Guided by the *Scorecard* National Advisory Panel, our vision of LTSS system performance is composed of five characteristics that are approximated in the *Scorecard* by dimensions for which LTSS performance can be measured where data are available. Each dimension is constructed from individual indicators that are interpretable and show variation across states (see Exhibit 1). Achieving this vision takes concerted action, as well as data to measure the extent to which states reach the vision.

1. **Affordability and Access**
   Consumers are able to easily find, pay for, and receive the services they need in the setting they choose. Medicaid public safety nets are sufficient to provide peace of mind and security to those who cannot afford services.
2. **Choice of Setting and Provider**
   Consumers are at the center of care and have the choice of setting and control over their services and who provides them.
3. **Quality of Life and Quality of Care**
   Consumers are treated with dignity and respect. Their personal preferences and aspirations are honored whenever possible. The services they receive are effective and quality is measured and compared both within and across states for continuous improvement.
4. **Support for Family Caregivers**
   Family caregivers are recognized as the backbone of the LTSS system. Caregivers' own needs are identified and supported.
5. **Effective Transitions**
   Consumers experience seamless coordination across LTSS and health care systems with minimal disruption and unnecessary hospitalizations.

How Different Stakeholders Can Use the *Scorecard*

State Agencies/Policy Makers

The *Scorecard* is a useful tool to benchmark and compare LTSS performance across states and identify innovative and promising practices. Here are some ways state agencies and policy makers can use the *Scorecard* to advance action:

- **Ensure effective implementation.** State agencies play a critical role in implementing policy decisions in their state. Areas of weakness identified by the *Scorecard* may signal the need for additional quality oversight or monitoring. In the absence of sufficient data to guide decisions, policy makers should seek more data as part of any plan of action.
- **Influence policy debates.** Agency officials and program managers can look within their own state data to understand what the *Scorecard* is measuring and how those measurements reflect performance against other states. State agency officials can refer to *Scorecard* findings to inform policy decisions, evaluate funding proposals, and shape public debate.
- **Discover promising practices.** The *Scorecard* highlights a handful of states that stand out in performance. Examples of innovative solutions are documented in Promising Practices and Emerging Innovations reports available at http://www.longtermscorecard.org. Policy makers may choose to adopt successful strategies from other states to improve their LTSS system.
- **Engage the public and private sectors**. Consider sharing the information about state rankings with community partners, advocates, the private sector, and other stakeholders to assess what is or is not working. The *Scorecard* measurements can help guide those conversations and drive consensus on action steps.

Advocates

The *Scorecard* can serve as a road map to improve the lives of individuals who use LTSS and increase efficiencies in state LTSS systems. Here are some ways that advocates can use the *Scorecard* to advance action:

- **Seek robust quality data and public reporting.** In order to ensure consumers are well-informed and prepared to advocate for themselves and their family members, they must have access to reliable and current LTSS data for both institutional and community settings. Where public reporting and data collection is inconsistent, advocates should seek more data and transparency.
- **Identify opportunities**. Advocates can consider how recent initiatives and strategies have impacted state performance across various indicators over time. If there are links between recent policy or budget decisions and improvements in performance, advocates may choose to celebrate that progress. Advocates can apply the information available in the *Scorecard* to tackle needs and leverage opportunities locally.
- **Evaluate legislative and budget proposals against *Scorecard* measurements.** *Scorecard* data, charts, state fact sheets, and state comparisons can provide advocates with an evidence-based rationale to support policy changes and enactment of model legislation. Advocates may wish to refer to *Scorecard* findings when delivering public testimony before legislative committees or making presentations to relevant stakeholders.
- **Draw comparisons to similar states**. Advocates may wish to adopt successful strategies from high-performing states and seed those ideas with key policy makers and legislators. When looking for other state examples, it may be useful to start with neighboring states or those with similar population size or demographics.
- **Spark conversation**. The *Scorecard* can be a useful resource to build bridges with other organizations and spark conversation with the public so that those and other stakeholders can understand state results, assess common priorities, and identify opportunities for action.
- **Capture the attention of key influencers**. Advocates may wish to leverage the *Scorecard* to draw attention to the findings and implications for local residents. Advocates can help identify points of intersection between state policy priorities and the *Scorecard* findings. Additionally, advocates can help contextualize the data by sharing personal stories and experiences with policy makers.

Family Caregivers

The *Scorecard* provides family caregivers with a high-level scan of policies in place to assist and support them. Availability of these supports varies considerably across states.

- **Find available resources.** The *Scorecard* may alert family caregivers about a new resource or an underutilized benefit in their own state. For example, a family caregiver may learn that their state or locality guarantees family caregivers workplace protections against discrimination or flexible leave to help balance work and family responsibilities.

Tools to Use

Find full results and more on the *LTSS State Scorecard* website. Go to http://www.longtermscorecard.org for the following:

1. **State Data and Fact Sheets**
   Get state-specific data, compare state performance and/or rankings, and download fact sheets for each state.
2. **Maps, Graphics, and Tools**
   Explore the data with easy-to-use maps and tools. Visualize the findings in each dimension.
3. **Videos**
   See the impact of the *Scorecard* and programs for people with LTSS needs.
4. **Promising Practices and Other Resources**
   Download, read, and share papers that provide concrete examples of programs and policies from states that have performed well in a specific area. Learn which LTSS innovations states are developing, piloting, or testing.

Fourth Edition of the *Scorecard*

This *2020 Long-Term Services and Supports State Scorecard* is the fourth edition in an ongoing series. The previous *Scorecards* were published in 2011, 2014, and 2017. The *2020 Scorecard* ranks all 50 states and the District of Columbia on a set of 26 indicators across 5 dimensions. Ten indicators in the *2020 Scorecard* differ from the previous edition: 2 indicators are entirely new; 2 indicators are replaced with similar constructs; and 6 have revised definitions, owing to changes in data sources or data availability.

New Indicators (2):

- Adult day services total licensed capacity per 10,000 population ages 65 and older
- Home- and community-based services (HCBS) quality cross-state benchmarking capability

Replaced Indicators (2):

- Estimated percentage of Medicaid aged/disabled LTSS users receiving HCBS
- Percentage of short-stay residents who were successfully discharged to the community

Revised Indicators (6):

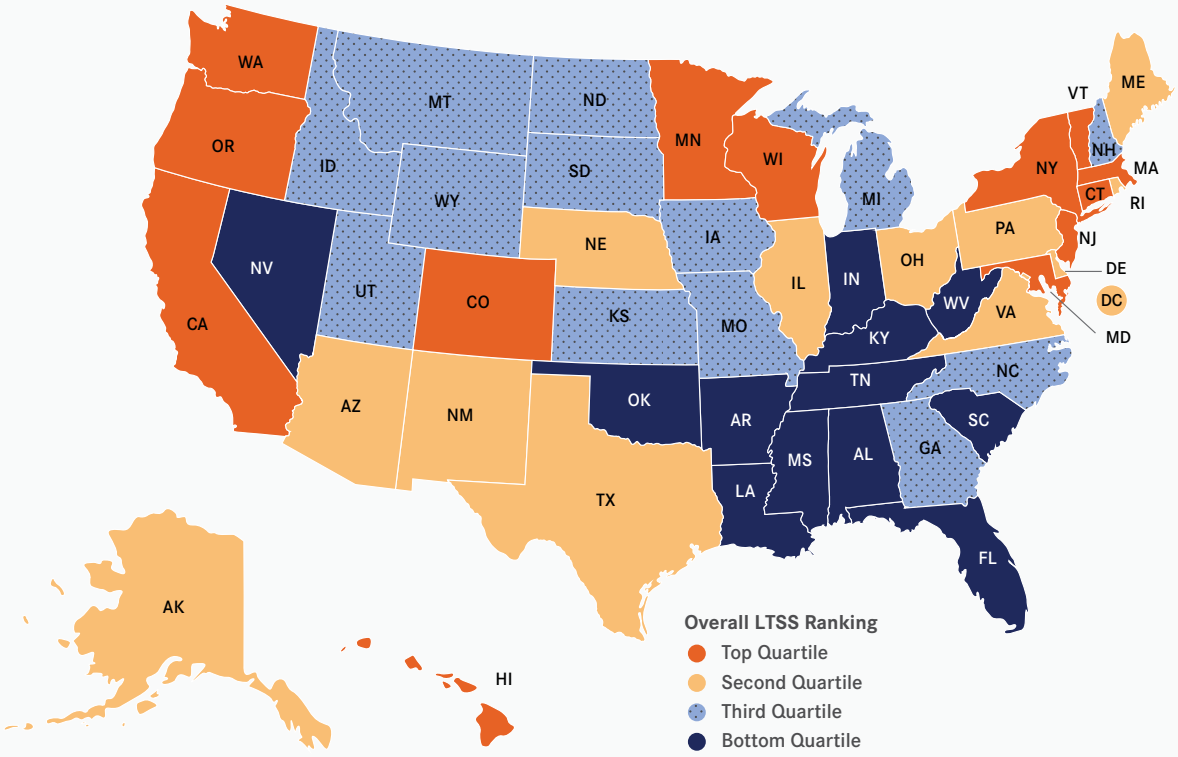
- Private long-term care insurance policies in effect per 1,000 population ages 40+
- Estimated Medicaid LTSS users per 100 population with ADL disability
- Percentage of high-risk nursing home residents with pressure sores
- Percentage of nursing home residents with low care needs
- Percentage of home health patients with a hospital admission
- Percentage of nursing home residents with one or more potentially burdensome transitions at end of life

State Rankings

How Does Your State Rank?

Exhibit 2 shows overall state LTSS system performance by quartile across all 50 states and the District of Columbia.[4] Exhibit 3 presents all states in order of overall LTSS system performance and shows performance across all five key dimensions. High-performing state LTSS systems tend to perform well across all dimensions, while low-performing states have room for improvement in many areas. Complete results for every dimension and indicator are available in the Appendices.

EXHIBIT 2 *2020 State Scorecard* Summary of LTSS System Performance Across Dimensions—National Heat Map of All States and the District of Columbia

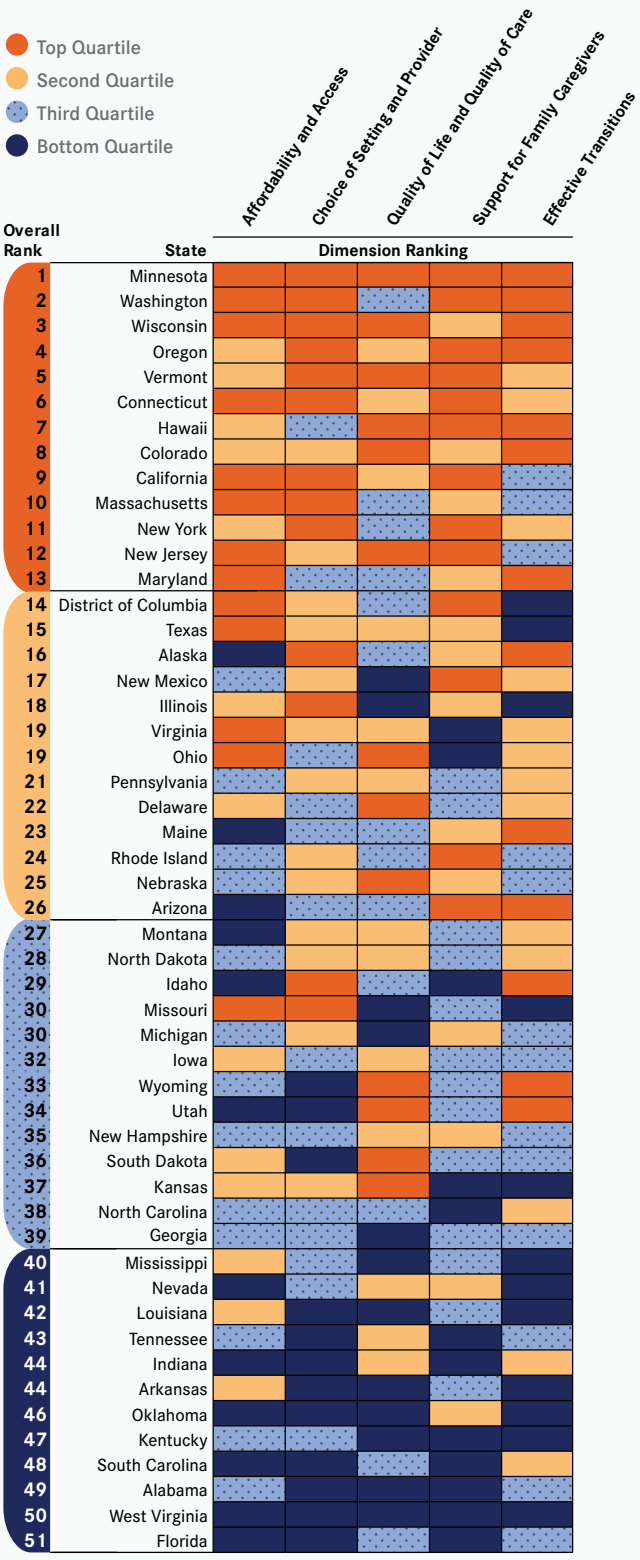


Note: Rankings are not entirely comparable to previous *Scorecard* rankings. Changes in rank may not reflect changes in performance. Measures may be different and improved performance can result in a lower rank if other states experienced greater improvement.

Source: Long-Term Services and Supports State Scorecard, 2020.

EXHIBIT 3

2020 State Scorecard Summary of LTSS System Performance Across Dimensions—Matrix Heat Map of All States and the District of Columbia



Source: Long-Term Services and Supports State Scorecard, 2020.

A Note On Methodology

The scoring and ranking methodology in this *Scorecard* is based on the same methodology used in previous *LTSS State Scorecards.* As in the *2017 Scorecard*, the Quality of Life and Quality of Care dimension is given half the weight of the other dimensions in determining the overall rank, and the Support for Family Caregivers dimension is calculated as a single composite.

Dimensions and Indicators: The *Scorecard* measures LTSS system performance using 26 indicators (or policy categories) across 5 dimensions:

- Affordability and Access (6 indicators)
- Choice of Setting and Provider (7 indicators)
- Quality of Life and Quality of Care (4 indicators)
- Support for Family Caregivers (12 policy areas, grouped into 4 broad categories)
- Effective Transitions (5 indicators)

Indicators had to be clear, important, and meaningful, and have comparable data available at the state level. These 26 indicators were selected because they represent the best available measures at the state level. While no single indicator can fully capture LTSS system performance, taken together they provide a useful measure of how state LTSS systems compare across a range of important dimensions.

Ranking Methodology: The *Scorecard* ranks the states from highest to lowest performance on each indicator in the Affordability and Access, Choice of Setting and Provider, Quality of Life and Quality of Care, and Effective Transitions dimensions. Within each of these four dimensions, individual indicator ranks are averaged and those averages are then re-ranked for dimension-level ranks. The Support for Family Caregivers dimension is a single composite across all 12 policy areas, and dimension rank is based on the total composite score. The dimension ranks are then averaged (with the Quality dimension given half weight) and re-ranked to compute the overall ranking of LTSS system performance. In the case of missing data or ties in rank, minor adjustments are made to values used in calculating the average. See Exhibit B2 in Appendix B for more detail.

Measuring Change In Performance Over Time

One of the main goals of this report is to assess how state LTSS systems improved or declined between the *2017 Scorecard* and the *2020 Scorecard*. However, state ranks at the dimension and overall levels should not be compared directly between the current *Scorecard* and prior *Scorecards*. There are significant changes in the methodology and indicator sets, so changes in rank may not reflect actual changes in relative performance.

Change in performance can be measured directly at the indicator level. Baseline year data (typically three years prior to the most current data) are available for 21 of the 26 indicators in the *Scorecard*. For these 21 indicators, the *Scorecard* reports both current and baseline data, and identifies meaningful change (either positive or negative). Note that the period of time covered by the data varies by indicator. Some measures have a significant data lag, so the change measured in the *2020 Scorecard* may have occurred prior to the publication of the *2017 Scorecard*.

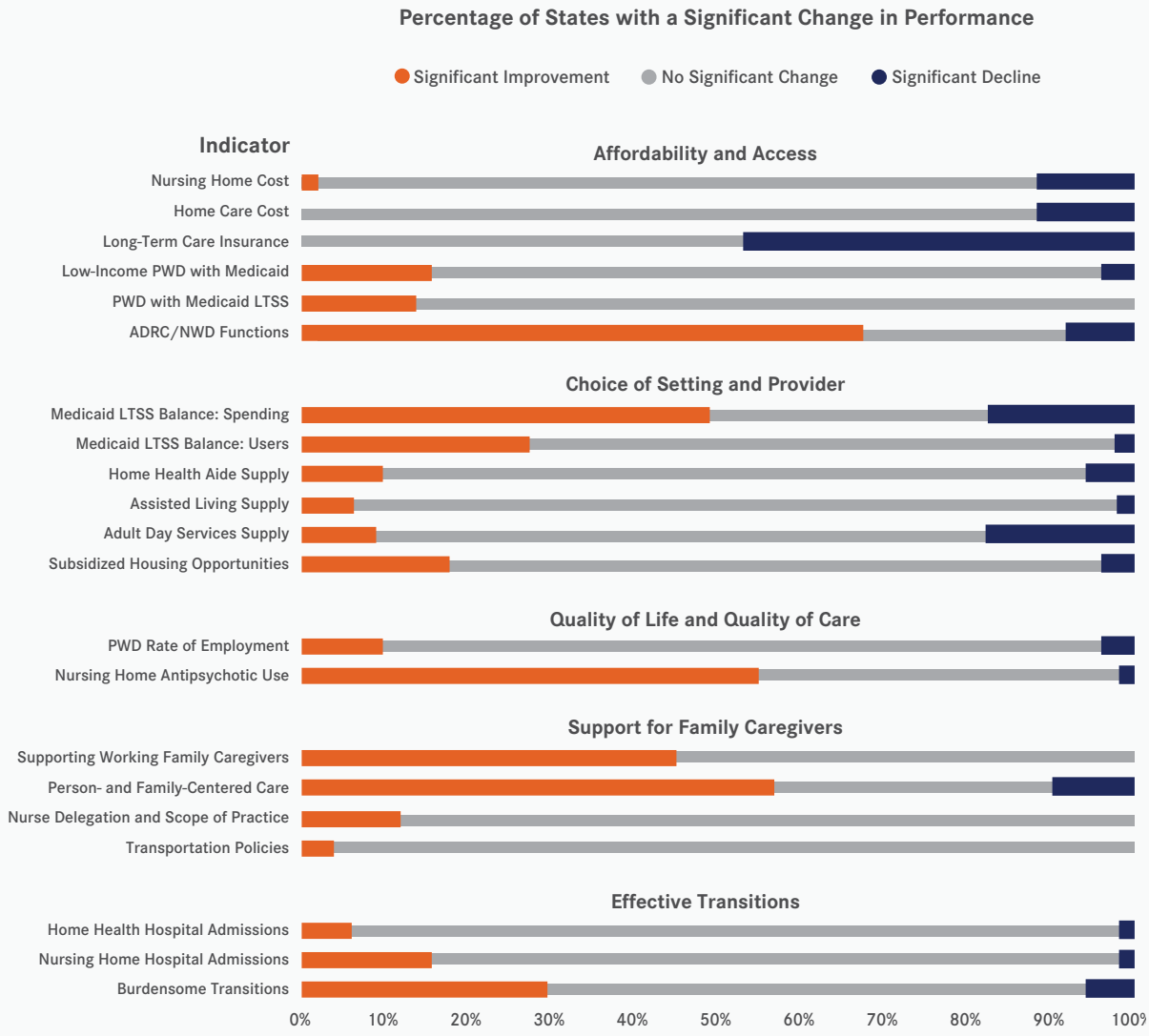
To aid in the interpretation of indicator-level change, appendix data tables show current and baseline values for each trended indicator, and also indicate the magnitude of changes with a green check mark for a substantial improvement, a red X for a substantial decline, and a black, two-headed arrow for little or no change. For most measures, a threshold of 10 or 20 percent or more was used. More detail about how change over time is measured, including thresholds for each trended indicator, may be found in Exhibit B3 in Appendix B.

Major Findings

States Made Modest Progress, but the Status Quo Dominates

State performance remained largely flat across most of the indicators. As demonstrated by the gray bars in Exhibit 4, among the 21 indicators for which performance could be measured over time, at least 60 percent of states (more than 30 states) showed little or no change for 15 indicators. With only incremental improvement across indicators at a time when demographic trends portend a rapid increase in LTSS demand, the *Scorecard* results suggest that many states may not be well prepared to offer affordable, accessible LTSS choices for individuals in the future.

EXHIBIT 4 Change in State Performance by Indicator: Percentage of States



Improvement or decline means a significant change (usually +/- 10% or equivalent) since a reference data year (usually three years prior). For some measures, a revised baseline is used, as the indicator definition or data source may have changed since the last *Scorecard*.
ADRC/NWD = Aging and Disability Resource Center/No Wrong Door.
PWD = People with Disabilities.

Source: Long-Term Services and Supports State Scorecard, 2020.

On some elements of LTSS system performance, however, some states did pick up the pace of change. Specifically, at least 40 percent of states (more than 20 states) showed significant improvement in performance in five indicators:

- Aging and Disability Resource Center (ADRC)/No Wrong Door (NWD) Functions
- Medicaid LTSS Balance: Spending
- Nursing Home Antipsychotic Use
- Supporting Working Family Caregivers
- Person- and Family-Centered Care

The Long-Term Care Insurance indicator was the only measure with 20 or more states showing a significant decline in performance.

"State performance remained largely flat across most of the indicators."

Even the Highest-Performing States Have Room for Improvement

Minnesota and Washington have been ranked either 1 or 2 in every edition of the *Scorecard*. In this fourth edition, Minnesota ranked 1, followed by Washington, Wisconsin, Oregon, and Vermont.

The four editions of the *Scorecard* each used slightly different methodologies and indicator sets, based primarily on data availability. Therefore, ranks are not directly comparable between years, but the results across all four *Scorecard* editions nevertheless indicate that Minnesota and Washington are consistently on top.

The leading states tend to do well across multiple dimensions; however, all states can improve on one or more of the five dimensions of performance. Only Minnesota scored in the top quartile across all five dimensions. In no case did a state score in the top 10 across all dimensions.

Exhibit 5 highlights that the top-performing states still have an opportunity to improve in specific indicators.

EXHIBIT 5 Top Five States and Improvements Needed

Rank	State	Improvement Needed
1	Minnesota	#11 in Effective Transitions
2	Washington	#27 in Quality of Life and Quality of Care
3	Wisconsin	#17 in Support for Family Caregivers
4	Oregon	#24 in Affordability and Access #23 in Quality of Life and Quality of Care
5	Vermont	#23 in Affordability and Access #16 in Effective Transitions

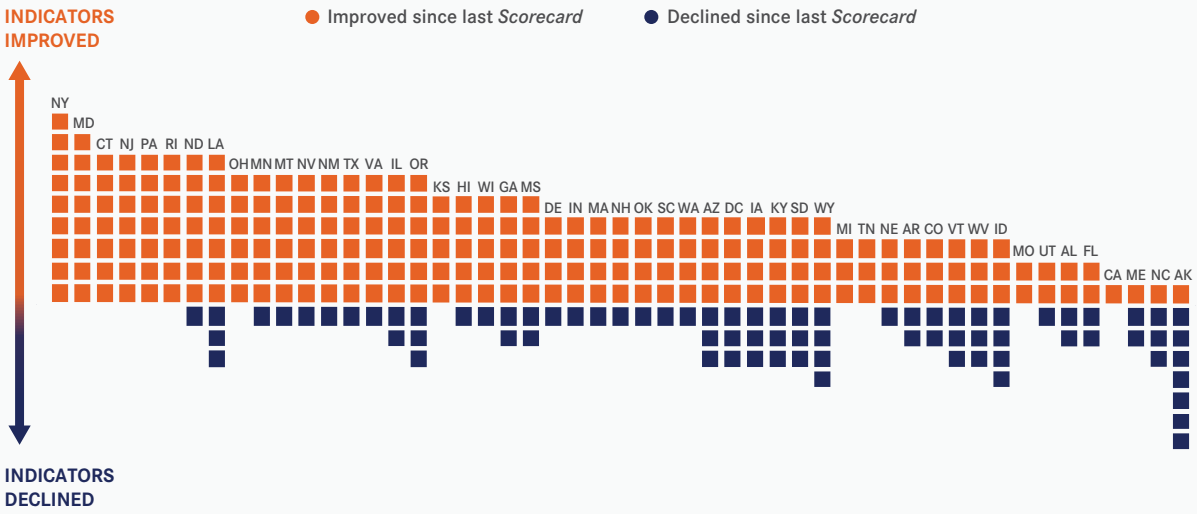
Source: Long-Term Services and Supports State Scorecard, 2020.

States with the Greatest Number of Improved Indicators

As shown in Exhibit 6, one-third of states (17) improved significantly in six or more of the 21 indicators for which trend data are available in this *Scorecard*. These states ranged from six in the top quartile of performance to two states that ranked in the bottom quartile, demonstrating that states at all levels of LTSS system performance can show significant improvement based on the specific elements of this *Scorecard*.

Among the 17 states having the greatest number of indicators with significant improvement, seven states showed significant improvement in six or more indicators and a decline in none. The other 10 states declined significantly in one or more indicators.

EXHIBIT 6 Number of Indicators Improved and Declined by State



Notes: Each block represents one significantly changed indicator.
States are arranged in order of greatest to least number of indicators showing improvement. Improvement or decline means a significant change (usually +/- 10% or equivalent) since a reference data year (usually three years prior). For some measures, a revised baseline is used, as the indicator definition or data source may have changed since the last *Scorecard*.

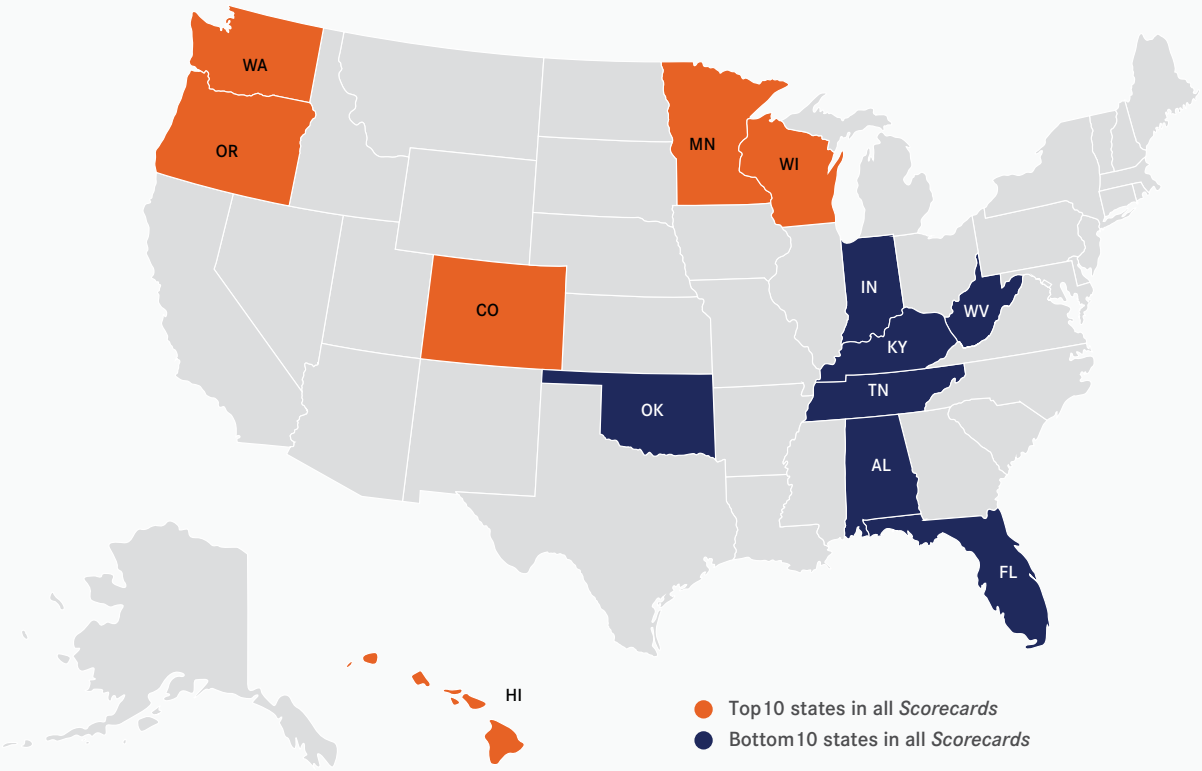
Source: Long-Term Services and Supports State Scorecard, 2020.

"The leading states tend to do well across multiple dimensions; however, all states can improve on one or more of the five dimensions of performance."

Top- and Bottom-Ranked States Have Remained Consistent

Although the indicator set has been different for each *Scorecard*, and ranks are not directly comparable, the same states have generally ranked near the top and near the bottom over the past decade. As shown in Exhibit 7, six states have consistently ranked in the top 10 and seven states have consistently ranked in the bottom 10 across all four editions of the *Scorecard*.

EXHIBIT 7 Top- and Bottom-Ranked States in Overall System Performance Across All Four *LTSS State Scorecards*



Source: Long-Term Services and Supports State Scorecard, 2020.

States Showed the Most Progress in Five Areas

ADRC/NWD Functions. In many states and communities, LTSS is fragmented and administered across multiple agencies and providers. The process of navigating a complex LTSS system can put unnecessary strain on those who need services and their families. To help address this, all states have created ADRCs that function as a single point of access or an NWD system to help streamline access to LTSS for older adults and people with disabilities.

ADRCs can serve as the gateway for helping individuals of all ages, abilities, and income levels and their families find and access LTSS, including light housekeeping, transportation, and respite care. An NWD system can provide counseling on options for individuals and families to help them make informed decisions based on individual circumstances.

However, the function and capabilities of ADRCs differ significantly among states, and so do their level of support for consumers and family caregivers. High-performing ADRCs can help individuals determine their LTSS needs, understand the full range of options available to them,

and connect individuals to the services that are right for them. Nine of the top 10 states have fully operational NWD systems that conduct nursing facility preadmission screenings. The prescreening function helps expedite HCBS eligibility and avoid nursing home placement for those who wish to receive services in the community.

Of the 21 indicators for which performance could be measured over time, the ADRC/NWD indicator had the greatest number of states showing improvement. Thirty-three states demonstrated meaningful improvement, 13 of which improved by 11 percent or more (Alabama, Arizona, District of Columbia, Georgia, Hawaii, Indiana, Kentucky, Mississippi, New York, Oregon, South Dakota, Tennessee, and Wisconsin). The states with the most improvement focused on expanding training for person-centered counseling, implementing Lifespan respite grants,[5] and strengthening their public outreach.

Medicaid LTSS Balance: Spending. Most adults ages 50 and older prefer to remain in their homes and communities for as long as possible.[6] Appropriate Medicaid balance between nursing homes and HCBS helps ensure this. Half the states improved their spending to reflect consumer demand for more care support in their homes, and communities and nearly a quarter spend a majority on HCBS.

However, improvement was uneven across states. The spread between high- and low-performing states is widening as a result of both stronger performance among high-performing states and regression in some of the lowest-performing states.

Of the 13 states in the top quartile, eight saw significant improvement and only one saw a significant decline. By comparison, of the 12 states in the bottom quartile, four saw significant improvement but five saw significant decline.

Inappropriate Use of Antipsychotic Medication in Nursing Homes. For the second *Scorecard* in a row, most of the states experienced a significant decrease in the inappropriate use of antipsychotic medications in nursing homes. While this is a potentially promising trend, more research is needed to understand how improved performance was accomplished. Stakeholders should consider whether the change coincides with a higher rate of diagnosis for schizophrenia among the population ages 65 and older, the impact of staff training and staffing ratios, and how occupancy rates and resident population mix may impact this measure.

Supporting Working Family Caregivers. The *Scorecard* also found significant progress in the enactment of public policies that support working family caregivers. More states and localities are recognizing the competing pressures on family caregivers and offering flexibility to use accrued sick time for family caregiving responsibilities. States are also enacting paid family leave programs to ensure that family caregivers do not risk losing their paycheck when close family members need help. Since the last *Scorecard*, the number of states with paid family leave programs tripled from three states to nine states.

Person- and Family-Centered Care. Most states (29) improved significantly on this indicator, which measures performance on three types of policies: (a) state policies on financial protection for spouses of Medicaid beneficiaries who receive HCBS; (b) assessment of family caregivers' own needs; and (c) enactment of the Caregiver Advise, Record, Enable (CARE) Act. The biggest factor driving improvement was the number of states conducting assessments of family caregivers for

5 Lifespan respite care programs are coordinated systems of accessible, community-based respite care services for family caregivers of children and adults of all ages with special needs. In 2006, Congress passed the Lifespan Respite Care Act, which authorized competitive grants to ADRCs in collaboration with public or private nonprofit state respite coalition organizations to make quality respite available and accessible to family caregivers regardless of age or disability. Lifespan respite care programs reduce duplication of effort and assist in the development of respite care infrastructures at the state and local levels. As of 2017, competitive grants of up to $200,000 each were awarded to eligible agencies in 37 states and the District of Columbia.

6 Joanne Binette and Kerri Vasold, "2018 Home and Community Preferences: A National Survey of Adults Ages 18-Plus," AARP Research, Washington, DC, July 2019, https://www.aarp.org/research/topics/community/info-2018/2018-home-community-preference.html.

their own health needs and well-being. Twenty-four states saw significant improvement in this area, bringing the total number of states conducting family caregiver assessments to 41.

States also continue to make strong progress in enacting the CARE Act. Nine additional states have enacted the CARE Act since 2016, bringing the total to 41 states.[7]

Specific provisions of the CARE Act vary by state, but generally require hospitals to do the following:*

ADVISE all patients of their opportunity to identify a family caregiver.

RECORD the family caregiver's name and contact information in the health record with the patient's permission.

ENABLE family caregivers by providing as much notice as possible about the discharge timing, consult with them on the discharge plan, discuss with them the family caregiver's role in carrying out the discharge plan, and instruct them on any medical or nursing tasks family caregivers will handle at home.

*Susan C. Reinhard and Elaine Ryan, "The CARE Act Implementation: Progress and Promise," AARP Public Policy Institute, Washington, DC, March 2019.

States Showed a Significant Decline in Long-Term Care Insurance Policies

Everyone faces a risk, but not a certainty, of needing LTSS. A 2015 study using microsimulation modeling estimated that about 52 percent of people turning age 65 would develop needs that require LTSS.[8] Long-term care insurance (LTCI) can provide a valuable benefit for those who have it. Most LTCI covers nursing home, assisted living, and in-home care services. Having LTCI also gives people more control over the care they receive and in the setting of their choice, as well as services to maintain independence. In 2018, LTCI carriers paid $10.3 billion in claims benefits, up from $6.6 billion in 2012 (a 56 percent increase).[9]

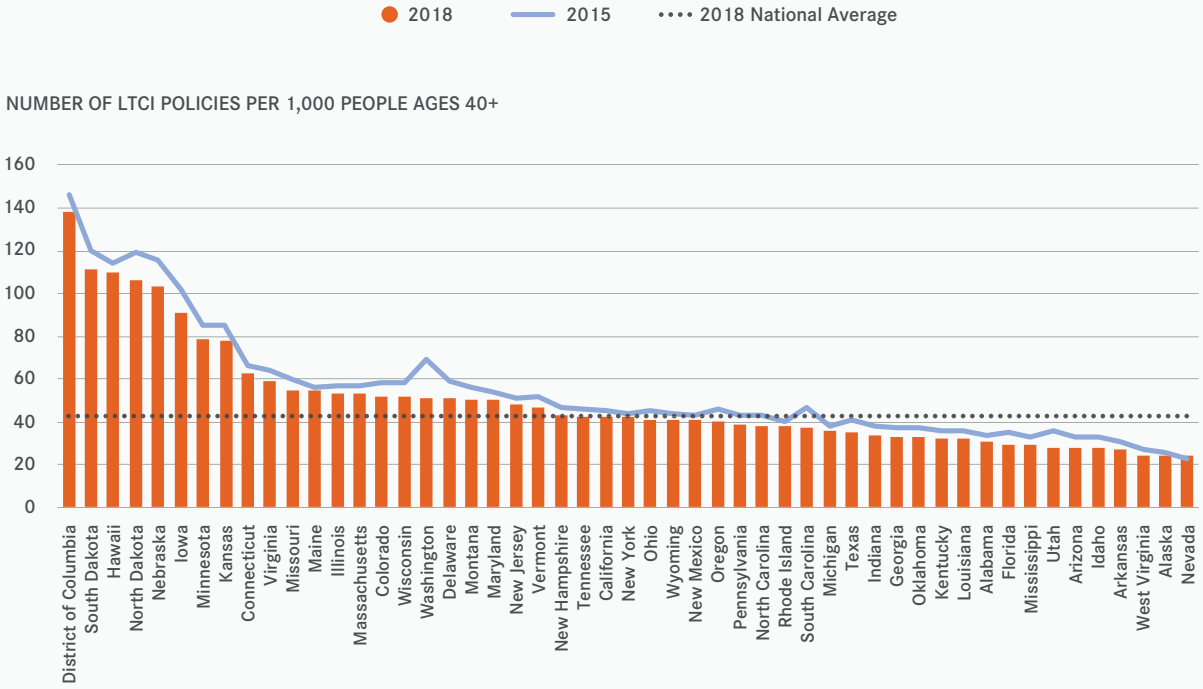
Despite the benefits and likelihood that more than half of Americans will need LTSS at some point in their lives, relatively few adults ages 40 and older purchase LTCI, and that number is steadily declining. The *Scorecard* found a decrease of 430,448 policies (6 percent) between 2015 and 2018.

Exhibit 8 shows a comparison by state of the number of active, private LTCI policies in effect in 2015 versus 2018 for people ages 40 and older. The average coverage rate in 2018 for the top five states (District of Columbia, Hawaii, Nebraska, North Dakota, and South Dakota) is 114 LTCI policies per 1,000, compared with 123 policies in 2015—a 7.3 percent decline. In contrast, the average coverage rate in 2018 for the bottom five performing states (Alaska, Arkansas, Idaho, Nevada, and West Virginia) is 25 policies per 1,000 people, compared with 28 policies in 2015—a 10.7 percent decline. The national average in 2018 is just 43 policies per 1,000 people ages 40 and older, compared with 47 policies in 2015—an 8.5 percent decline.

8 Melissa Favreault and Judith Dey, "Long-Term Services and Supports for Older Americans: Risks and Financing Research Brief," US Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, Washington, DC, 2015, https://aspe.hhs.gov/basic-report/long-term-services-and-supports-older-americans-risks-and-financing-research-brief.

9 "Long Term Care Insurance Industry Paid $10.3 Billion in Claims in 2018," Facts, Statistics and Relevant Information, January 14, 2019, https://www.aaltci.org/news/long-term-care-insurance-associationnews/long-term-care-insurance-industry-paid-10-3-billion-in-claims-in-2018.

EXHIBIT 8 Number of Private Long-Term Care Insurance (LTCI) Policies in Effect, 2015 and 2018



Source: Long-Term Services and Supports State Scorecard, 2020.

This downward trend is consistent across nearly all states. As a result, LTCI plays a limited role in LTSS financing, accounting for just 4 percent of LTSS national spending in 2017.[10] Several factors contribute to the low rate of LTCI, including the complexity of LTCI policies, high costs and spikes in premiums, and a common misunderstanding that Medicare or Medigap will cover LTSS needs.

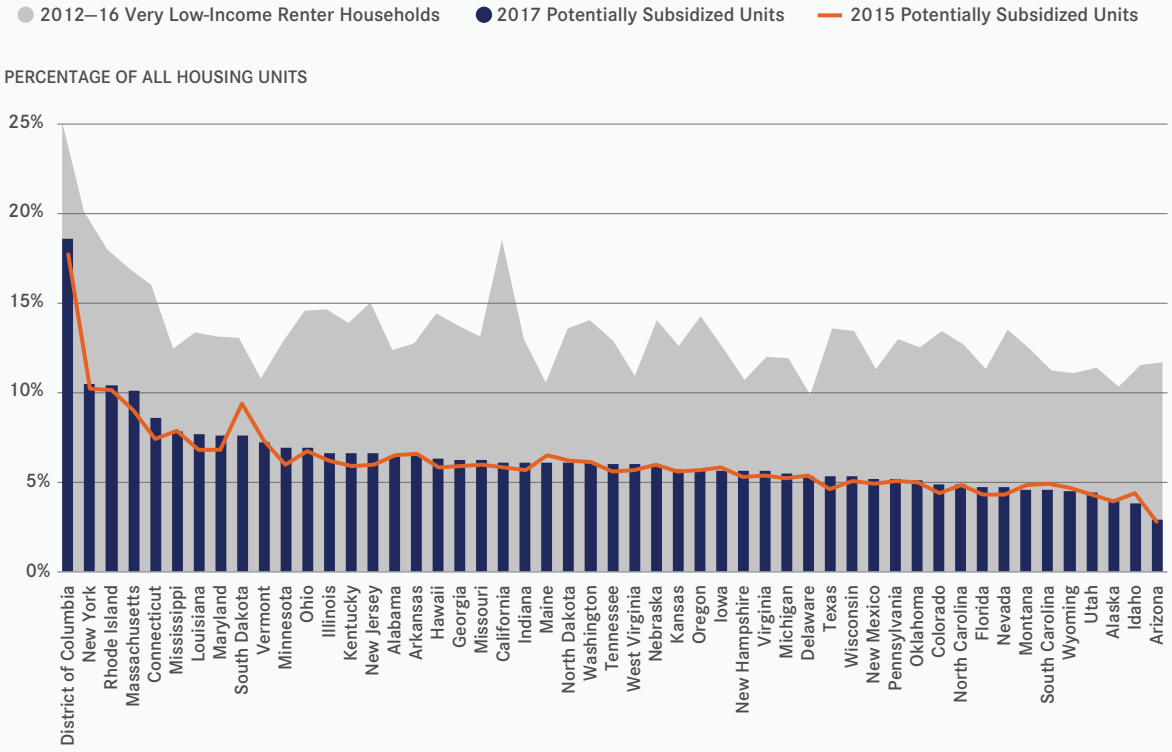
Recently, states have taken steps to improve this product. One promising example is Washington state, which established a public long-term benefit in 2019 with the enactment of the Long-Term Care Trust Act. The law's public long-term care benefit provides $36,500 coverage for all workers older than age 18. Financed through payroll deductions for all workers, the benefit could be used to pay for a variety of LTSS, including in-home care, nursing home care, and respite.[11]

Affordable and Accessible Housing Remains a Significant Unmet Need

Housing is a major factor in overall health and well-being. Individuals who are overburdened with housing costs have less disposable income to pay for their health care needs or other services, like transportation, which could help them stay connected to the community or maintain employment. The lack of safe, suitable, affordable housing can prevent individuals from being able to remain in their communities as their needs for LTSS grow.

As shown in Exhibit 9, although there has been a small increase in subsidized housing units nationwide, need continues to outpace supply. There are 18.9 million very low-income renter households across the country and only 8.6 million potentially available subsidized housing units. Very low-income is defined as family income that is less than or equal to 50 percent of the median family income in a metropolitan area. Moreover, the supply of affordable housing is not the only factor impacting individuals with substantial LTSS needs. Housing must also be accessible and coupled with supportive community services to meet the needs of people with physical disabilities.

EXHIBIT 9 Demand Outpaces Supply for Subsidized Housing Opportunities in All States



Notes: Potentially subsidized units are place based units plus authorized housing choice vouchers. HUD defines very low-income as less than or equal to 50% HUD Area Median Family Income (HAMFI). Exhibit data arranged in descending order of 2017 potentially subsidized units percentage. Nationally, there were about 18.9 million renter households qualifying as very low-income and only 8.6 million subsidized housing opportunities, or less than 1 for every 2 low-moderate income renter households.

Source: Long-Term Services and Supports State Scorecard, 2020.

Two New Indicators

Adult Day Services Supply (Choice of Setting and Provider Dimension). This indicator is one of several indicators that measure the capacity of various types of HCBS. In order for people with LTSS needs to have a choice of setting or provider, options must be available. This indicator measures the total licensed capacity of adult day service providers compared with the population ages 65 and older (about two-thirds of adult day services users are 65 and older[12]). The National Center for Health Statistics defines an adult day service center as "a community-based center, generally open on weekdays, that provides long-term care services, including structured activities, health monitoring, socialization, and assistance with ADLs (activities of daily living) to adults with disabilities."[13]

HCBS Quality Benchmarking (Quality of Life and Quality of Care Dimension). High-performing LTSS systems should include the ability to benchmark results against other states; however, comparable cross-state measurement of HCBS quality is a long-standing gap in the *Scorecard*. This edition of the *Scorecard* begins to address this gap by introducing an HCBS Quality Cross-State Benchmarking Capability composite to assess states on their utilization of nationally available tools that enable state-to-state comparisons. Evidence suggests that robust and accurate quality reporting is a precursor to improving quality outcomes.[14] Unlike state-specific quality monitoring tools, the standardized tools enable direct comparison across states. Quality monitoring programs that include the ability to benchmark and make cross-state comparisons offer the best opportunity to identify promising practices, detect deficiencies, and effectively monitor HCBS quality across the country.

Four quality monitoring tools were identified for inclusion in the composite measure:

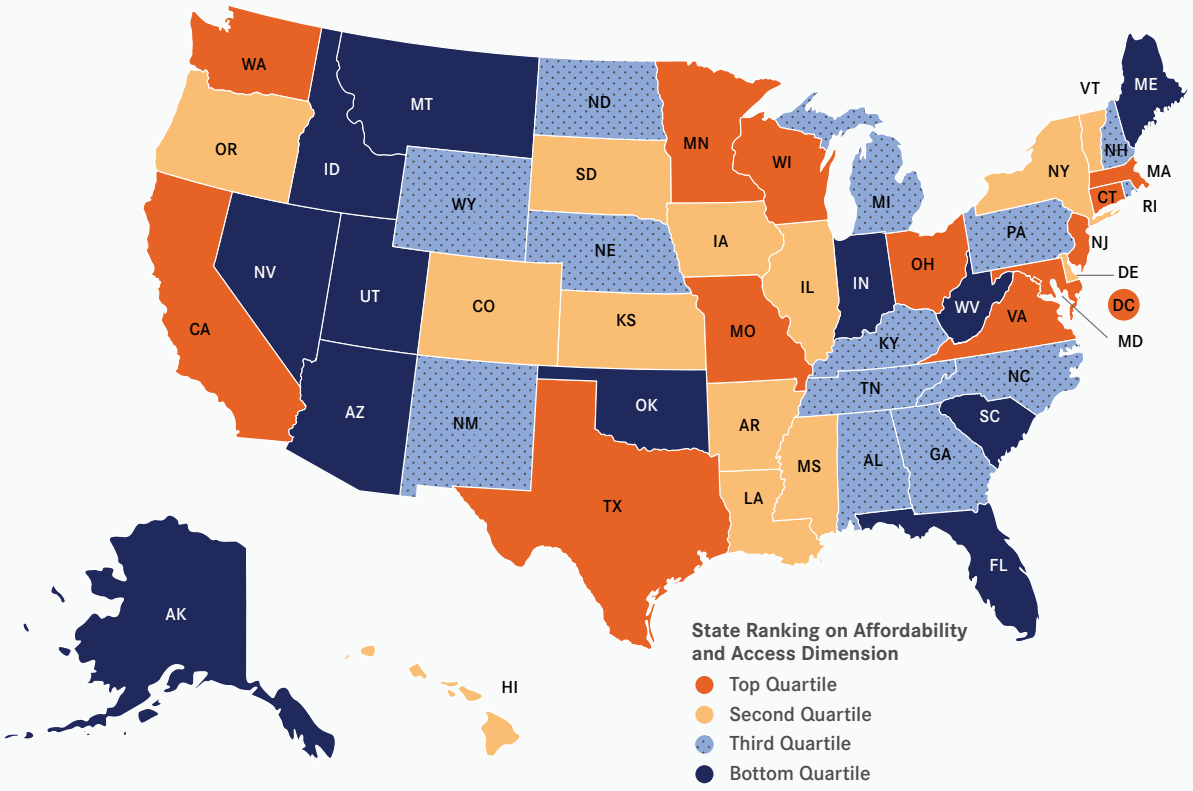
1. National Core Indicators—Aging and Disabilities (NCI-AD)
2. Consumer Assessment of Healthcare Providers and Systems—Home and Community-Based Services Survey (HCBS-CAHPS)
3. National Committee for Quality Assurance (NCQA) Statewide Accreditation
4. Behavioral Risk Factor Surveillance System—Emotional Support and Quality of Life Support Module (BRFSS-ES-QOL)

Key Findings by Dimension

DIMENSION 1 Affordability and Access

This dimension includes six indicators. These indicators for measuring affordability and access and the key findings are listed below. Exhibit 10 illustrates states' rankings by quartile in this dimension.

EXHIBIT 10 State Ranking on Affordability and Access Dimension



Source: Long-Term Services and Supports State Scorecard, 2020.

INDICATOR 1: Nursing Home Cost

- KEY FINDING. The cost of nursing home care is unaffordable for middle-income Americans in every state. The average annual per person cost of nursing home care is more than $100,000 a year in a private room, about 2.5 times the typical income for an older family. Even in the five most affordable states (Kansas, Missouri, Oklahoma, Texas, and Utah), nursing home costs would consume 176 percent of the income of the typical older family. When the cost of care exceeds median income by that much, many people with LTSS needs will ultimately exhaust their life savings and eventually turn to the Medicaid public safety net for assistance.

INDICATOR 2: Home Care Cost

- KEY FINDING. Home care services continue to be much more cost-effective than nursing home care for individuals and families. On average, the annual per person cost of home care is roughly $35,000 a year (for 30 hours of weekly care at $23 per hour), compared with

an average cost of $102,000 for nursing home care. Despite being relatively more affordable, home care still exceeds what many older households can afford to pay. Nationally, home care costs would consume more than three-quarters (80 percent) of the entire income of the typical, older middle-income family.

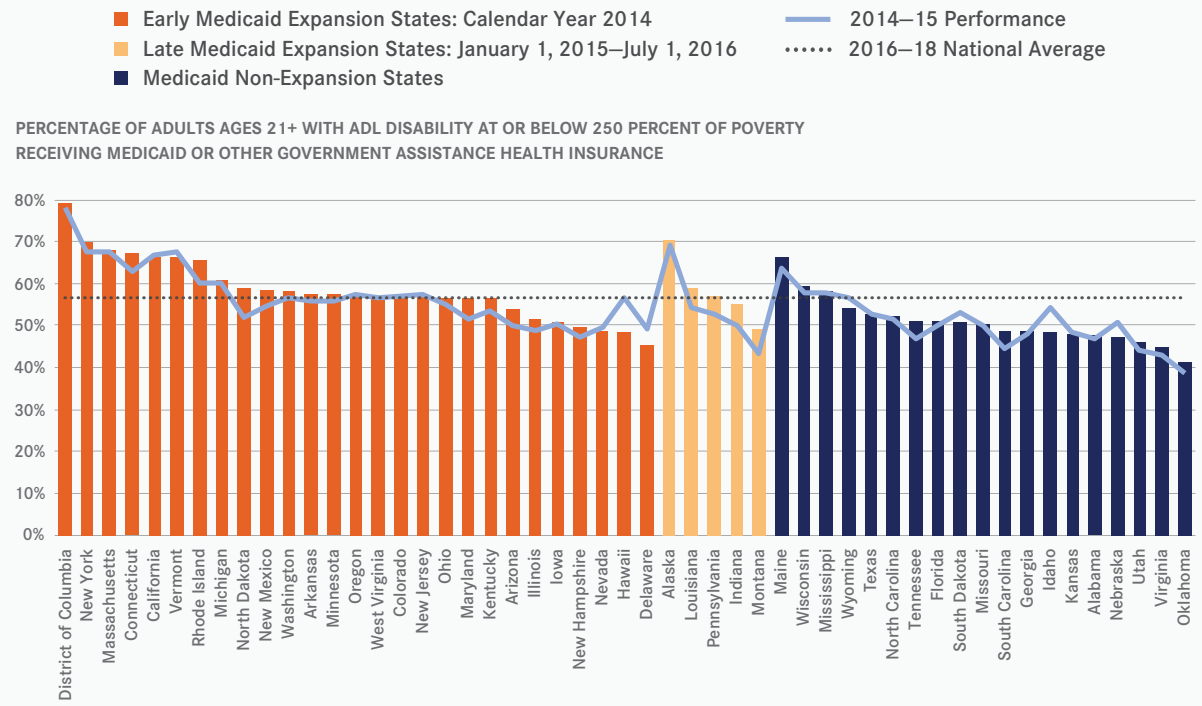
INDICATOR 3: Long-Term Care Insurance

- KEY FINDING. Despite the high cost and growing demand for LTSS, relatively few adults ages 40 and older purchase LTCI, and that number is declining. There was a decrease of 430,448 policies (6 percent) between 2015 and 2018. This downward trend is consistent across nearly all states.

INDICATOR 4: Low-Income People with Disabilities with Medicaid

- KEY FINDING. Eight states (Connecticut, Indiana, Louisiana, Maryland, Montana, North Dakota, Pennsylvania, and Rhode Island) significantly expanded their Medicaid safety net to cover more low-income adults with disabilities. As shown in Exhibit 11, Medicaid expansion appears to be a driving force in these results. For most states that expanded Medicaid benefits, expansion went into effect in calendar year 2014. Another group of five states expanded in 2015–16. These five "late expansion" states accounted for four of the eight states that showed significant improvement. Of the 19 states that had not expanded Medicaid by the end of 2018, none saw significant improvement and only 1 state (Maine) was in the top quartile. Sixteen of the 19 (84 percent) non-expansion states are below the national average.[15]

EXHIBIT 11 State Performance: Low-Income PWD with Medicaid, 2014—15 and 2016—18



Note: Medicaid Expansion dates from https://www.kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/.

Source: Long-Term Services and Supports State Scorecard, 2020.

INDICATOR 5: People with Disabilities with Medicaid LTSS

- KEY FINDING. Across the country, there is overall improvement in the percentage of Medicaid consumers with self-care needs (defined as having difficulty bathing, dressing, or getting around inside the home) who receive Medicaid LTSS. Seven states significantly improved. However, the gap between the highest-performing states and lowest-performing states widened. There was roughly a fourfold difference between the average performance of the top five states and the bottom five states. The top five states had an average of 86 Medicaid LTSS participants for every 100 people with self-care disabilities. The average in the bottom five was just 22 participants.

INDICATOR 6: ADRC/NWD Functions

- KEY FINDING. Two-thirds of states improved their ADRC or NWD access points to help consumers and family caregivers navigate LTSS options. Overall, the greatest improvement occurred with addressing target populations, streamlined eligibility for public programs, and person-centered counseling. High-performing states are also building strong collaborative partnerships between state aging and disability and state Medicaid agencies.

Advancing Action in Affordability and Access

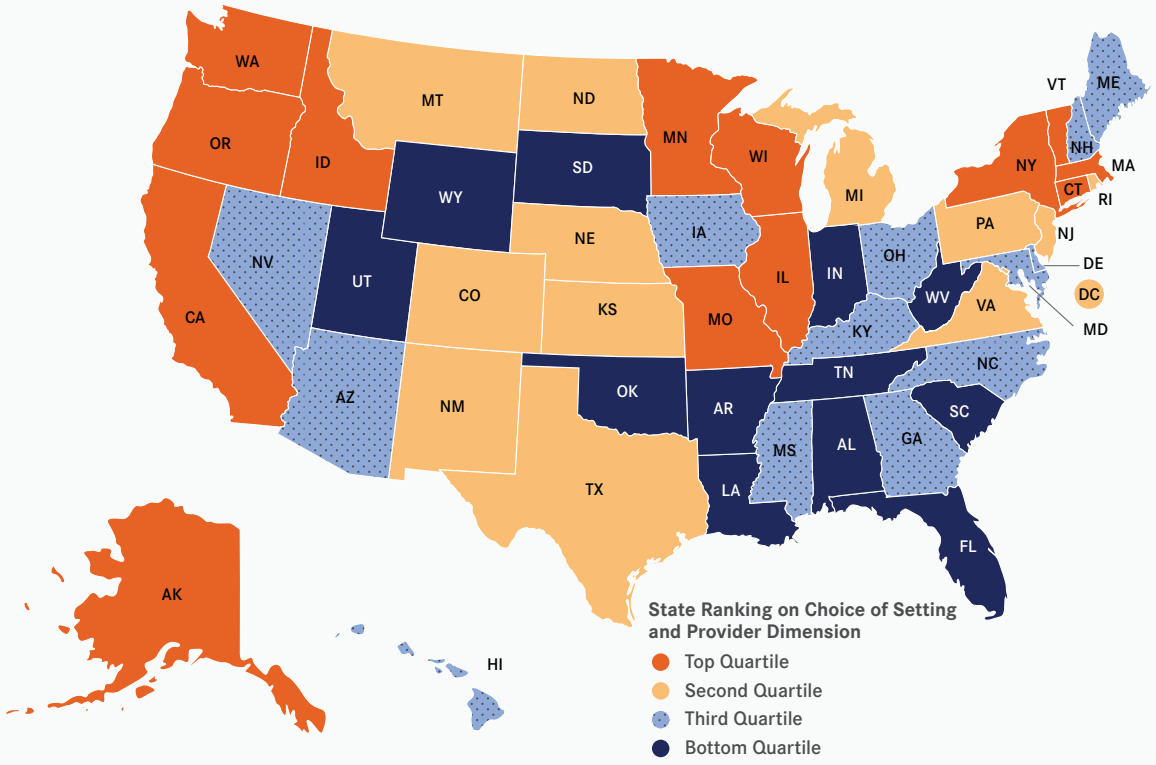
In light of these findings, stakeholders can advance action through the following:

- **Explore LTSS financing options.** The cost of LTSS exceeds the income for most middle-income Americans. Private LTCI is an option to help pay for LTSS; however, market forces determine the reach of these policies, and currently the private market leaves too many without coverage. The cost of LTSS must be more affordable and equitably shared among individuals, the government, and the private sector. States may benefit from conducting a study on a range of financing options and considering such options that make sense for their residents.
- **Enhance ADRC/NWD** programs to ensure that consumers of all incomes can understand and navigate private and public services without delay. States can strengthen their ADRC functions by improving person-centered counseling training, public outreach, and better coordination across the LTSS systems. For examples of promising practices that states have implemented, please refer to *No Wrong Door: Person- and Family-Centered Practices in Long-Term Services and Supports,* http://longtermscorecard.org/promising-practices/no-wrong-door.
- **Establish a robust safety net** so that Medicaid and state-funded programs cover services for older people and adults with disabilities when they exhaust their personal resources.

DIMENSION 2 Choice of Setting and Provider

This dimension includes seven indicators, including a new Adult Day Services Supply indicator that measures total licensed capacity of adult day services in each state. These indicators for measuring choice of setting and provider and the key findings are listed below. Exhibit 12 illustrates states' rankings by quartile in this dimension.

EXHIBIT 12 State Ranking on Choice of Setting and Provider Dimension



Source: Long-Term Services and Supports State Scorecard, 2020.

INDICATOR 1: Percentage of Medicaid- and State-Funded LTSS Spending Going to HCBS for Older People and Adults with Physical Disabilities (Medicaid LTSS Balance: Spending)

- KEY FINDING. Given the strong preference of consumers to receive care in their own homes and communities as long as possible, it is encouraging that half of states improved the balance of Medicaid and state LTSS spending for older adults and people with physical disabilities toward more HCBS. Thirteen of those states had a significant shift of over 20 percent. Now, almost a quarter (12) of states spend the majority of Medicaid and state LTSS funding for older people and adults with physical disabilities on HCBS (up from seven states in 2009). The range of performance among states, however, varies dramatically—from a high of 73.5 percent in New Mexico to a low of 13.5 percent in Kentucky.

"Almost one-quarter of states (12) spend the majority of Medicaid funding on HCBS (up from 7 states in 2009). "

INDICATOR 2: Estimated Percentage of Medicaid Aged/Disabled LTSS Users Receiving HCBS (Medicaid LTSS Balance: Users)

- KEY FINDING. Since most people prefer to receive HCBS rather than nursing home care, this measure is also a reflection of whether a state offers the care people want in the setting they prefer. Twelve states made significant improvement in the percentage of Medicaid beneficiaries who receive services in home- and community-based settings compared with nursing homes. The percentage between high- and low-performing states varied dramatically on this indicator. Among the top five states, 81 percent of Medicaid beneficiaries receive services in their homes and communities. However, only 34 percent of Medicaid beneficiaries in the bottom five states are receiving services in their home or community. Unlike the indicator on Medicaid LTSS balanced spending, this measure compares the percentage of people, not money, going toward HCBS.

INDICATOR 3: Self-Direction

- KEY FINDING. In 2019, there were more than 1.2 million participants in public programs who were self-directing their own LTSS. California, the leading state in this area in the previous *Scorecard*, is the top-ranking state again, accounting for nearly half (49 percent) of the national total, but other states are catching up. The number of people enrolled in "self-directed" LTSS programs has grown by almost 500,000 (67 percent increase) since the first edition of the *Scorecard*. Minnesota and New York are two states to recently improve on this measure. In Minnesota, the proportion of people self-directing their LTSS services has doubled since 2016. In New York, the rate of self-direction has more than tripled since 2016, catapulting New York from a mid-tier state to the top 10.

INDICATOR 4: Home Health Aide Supply

- KEY FINDING. The supply of direct care workers remains uneven among states. Home health aides can provide a range of services, from administering medication to helping with bathing and dressing, that support independent living and can provide family caregivers a break. The

majority of states (43) had no significant change in home health aide or personal care worker supply. In five states, the supply of direct care workers increased by 20 percent or more, while three states reported a significant decline.

INDICATOR 5: Assisted Living Supply

- KEY FINDING. The supply of assisted living and residential care units varies drastically, from a high of 102 units per 1,000 people ages 75 and older (North Dakota) to a low of 20 units (Louisiana). The bottom five states averaged just 24 units per 1,000 people ages 75 and older, while the top five states averaged 93 units, a fourfold difference. While some Medicaid or state-funded programs cover assisted living and residential care, most residents pay out of pocket. Costs differ between location and individual communities, but the median cost is nearly $50,000 a year.

INDICATOR 6: Adult Day Services Supply (NEW)

- KEY FINDING. Access to adult day services ranges widely and may be an issue depending on where an individual lives. The total licensed capacity of adult day service providers (compared to the population ages 65 and older) ranges from a high of 171 in California to just six in Oregon and Utah.

INDICATOR 7: Subsidized Housing Opportunities

- KEY FINDING. Nationally, there are 18.9 million very low-income renter households and only 8.6 million potentially available subsidized housing opportunities (including vouchers and place-based housing units). Only nine states have significantly increased the percentage of subsidized housing opportunities since 2015. Nationally, the small increase of 650,000 subsidized housing units since 2015 continues to fall short of current and future needs.

Advancing Action in Choice of Setting and Provider

In light of these findings, stakeholders can advance action through the following:

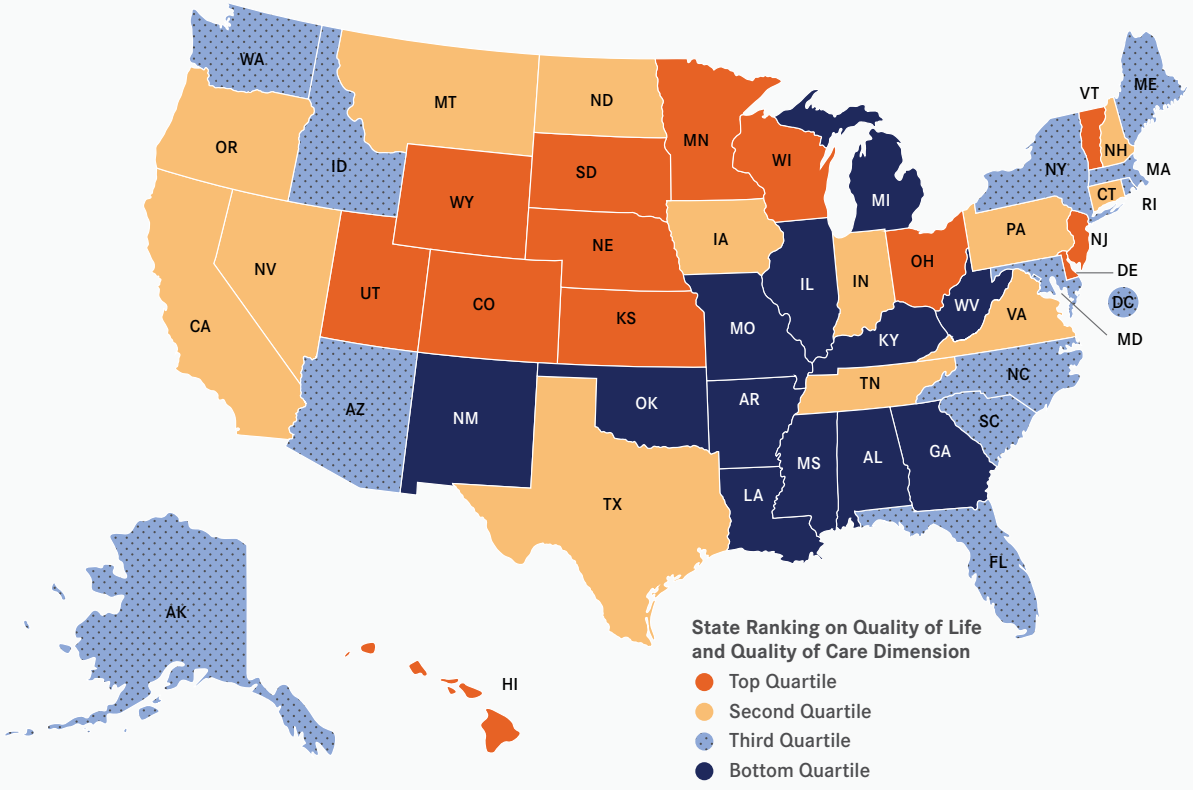
- **Address housing needs** through interventions that make housing affordable for low-income people and those with high LTSS and health care needs. States and localities can invest in affordable housing units, fund housing vouchers, and use zoning laws to leverage private-sector investment. States should explore alternative sources for funding housing with supports to benefit LTSS users, and health insurance companies should explore options to help meet those housing needs.
- **Support nursing home diversion initiatives** so more new Medicaid LTSS beneficiaries first receive care in the community. Transitioning someone back into the community after a nursing home stay can be difficult and stressful.
- **Dedicate a greater proportion of Medicaid and state funding to cost-effective home- and community-based services** that consumers overwhelmingly prefer.
- **Provide consumers and their families with more opportunities to self-direct and manage their own care needs.** States have the flexibility to design programs that give people the option to manage their own care budget, hire their own care providers (including family members) if they choose, and decide when and how they receive services.
- **Offer an array of home- and community-based options** to suit personal preferences and family needs. Policy makers should consider "unbundling" LTSS services so that consumers have additional choice in how they receive care. Consider incentives and initiatives for nursing home redesign (e.g., private rooms or green house models that offer consumers a home-like setting).

DIMENSION 3 Quality of Life and Quality of Care

This dimension includes four indicators. A new HCBS Quality Benchmarking indicator scores states on their level of adoption of standardized tools that can be used to provide cross-state comparison to monitor HCBS quality. The indicators for measuring quality of life and quality of care and the key findings are listed below. Exhibit 13 illustrates states' rankings by quartile in this dimension.

Due to persistent data gaps including in HCBS quality outcomes, quality of life other than employment, and staffing, this dimension is considered to be an incomplete measurement of the quality of life and quality of care construct. It therefore receives only one-half of the weight of the other four dimensions in determining states' overall ranks on LTSS system performance. Going forward there is a need for robust, standardized, and comparable data on quality of life, quality of care, and safety across all institutional and community settings.

EXHIBIT 13 State Ranking on Quality of Life and Quality of Care Dimension



Source: Long-Term Services and Supports State Scorecard, 2020.

INDICATOR 1: People with Disabilities' Rate of Employment

- KEY FINDING. For adults with disabilities, the ability to work is an important factor in quality of life. Not only does employment provide income, but working often gives adults a sense of purpose, self-worth, and the ability to connect with others. Nationally, the rate of employment for working-age adults with disabilities who need assistance with personal care was just 21 percent of the rate of working-age adults without disabilities. Two states (Minnesota and Nevada) have consistently maintained relative employment rates (ratio of employment rate of working-age adults with ADL disability to those without) of 30 percent or more in recent years. Since the last reporting period, five states (Idaho, Mississippi, North Dakota, Vermont, and Virginia) increased their relative employment rates among working-age adults with disabilities by 20 percent or more, and two states (Alaska and Wyoming) declined by 20 percent or more.

INDICATOR 2: Nursing Home Residents with Pressure Sores

- KEY FINDING. For the first time, the *Scorecard* measure of nursing home pressure sores includes three levels of "unstageable" pressure sores, in addition to stage 2–4 pressure sores. Unstageable pressure sores may be open or closed wounds that are completely covered with eschar (hard, black, dead tissue) or a non-removable dressing or device, making them difficult to diagnose. The revised measure provides a more complete picture of the incidence of pressure sores, which were previously undercounted in the publicly reported measure on Nursing Home Compare. North Dakota has the lowest percentage (4.8 percent) of high-risk nursing home residents with pressure sores. At the other end of the spectrum, the percentage in the District of Columbia was nearly triple (13 percent). The average across all states was 7.3 percent.

INDICATOR 3: Inappropriate Use of Antipsychotic Medications for Nursing Home Residents (Nursing Home Antipsychotic Use)

- KEY FINDING. As many as one in seven long-stay nursing home residents without a psychiatric diagnosis are sedated with antipsychotic medications. Fortunately, states continue to make progress on this measure; a majority of states (28) have significantly reduced inappropriate use of antipsychotic medications since 2015. The 5 states (Arizona, Louisiana, New York, Ohio, and Texas) with the sharpest decline reported decreases ranging from 31 percent to 44 percent. Nationally, inappropriate use of antipsychotic medications has steadily declined by over 30 percent since 2013—from 21.3 percent to 14.6 percent.

"Nationally, inappropriate use of antipsychotic medications has steadily declined by over 30 percent since 2013—from 21.3 percent to 14.6 percent."

INDICATOR 4: HCBS Quality Benchmarking (NEW)

- KEY FINDING. All states measure quality in their HCBS programs, yet each state uses a unique HCBS quality monitoring system. Despite these variations, a state's HCBS quality monitoring system should include the ability to benchmark results against other states. This new composite indicator scores states on their utilization of four standardized quality monitoring tools (NCI-AD, HCBS-CAHPS, NCQA, and BRFSS-ES-QOL) that can be used to benchmark HCBS quality and make cross-state comparisons. Three-quarters of states use at least one tool for cross-state benchmarking. Eleven states use multiple monitoring tools. The most commonly used of the four tools was NCI-AD,[16] used by 26 states (as of December 2019). Eleven states that used more than one tool used NCI-AD as one of their four monitoring tools.

Advancing Action in Quality of Life and Quality of Care

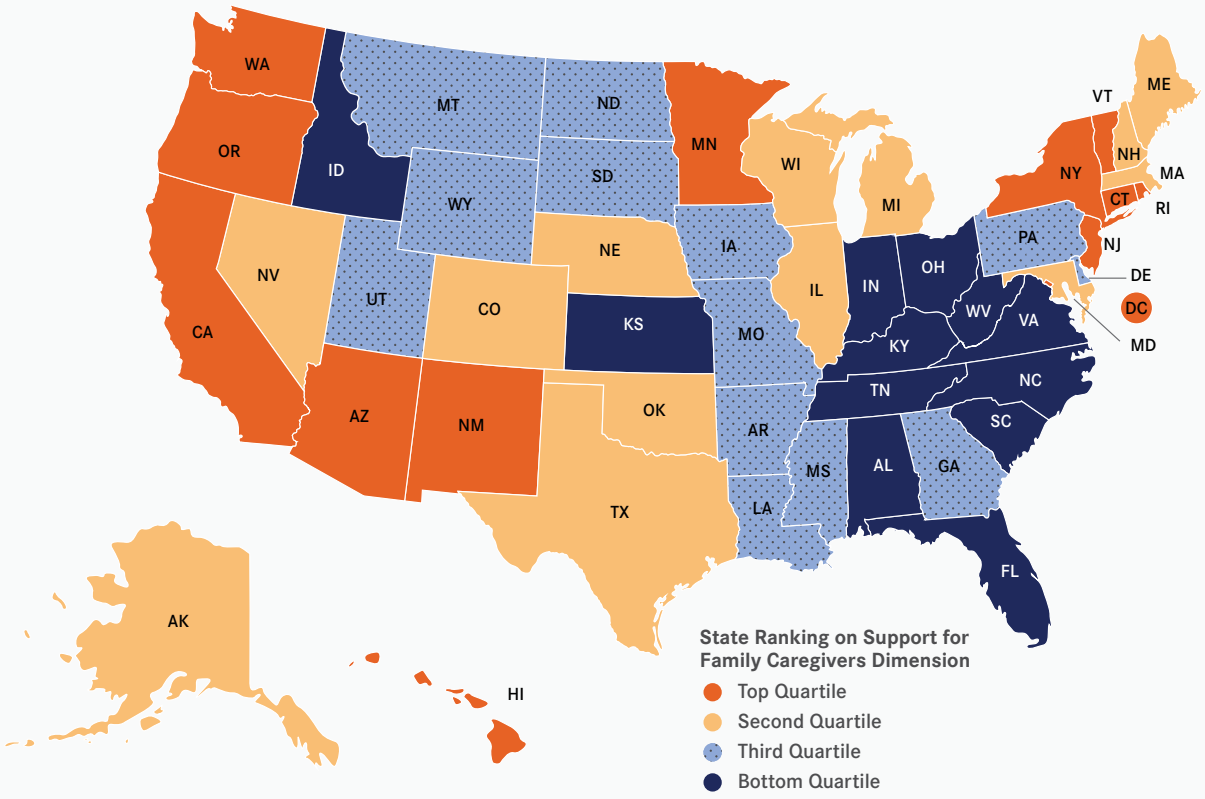
In light of these findings, stakeholders can advance action through the following:

- **Seek consistent, state-level data** on LTSS quality, the availability of affordable and accessible housing, family caregiver respite funding, and other measures of key concern to the public.
- **Utilize HCBS quality outcome measures with cross-state benchmarking capabilities.** With more consumers choosing to receive care in the community, policy makers should consider strategies to effectively measure HCBS quality across states.
- **Consider employment initiatives** to train, recruit, and help connect working-age adults with disabilities to job opportunities. These job opportunities should also provide a living wage and benefits that allow individuals to be self-sufficient.
- **Enforce quality standards in nursing homes, with particular attention to the following:**
  - **Preventing pressure sores**, which are painful injuries to the skin that can make basic movements such as turning or lifting extremely painful.
  - **Ending inappropriate prescribing of antipsychotic medication**, which should never be used to sedate nursing home residents with dementia. Nursing home staff should consider non-pharmacological approaches to dementia care, such as cultural arts, dance, and expressive movements to promote social and behavioral changes.
  - **Increasing focus on preventing the spread of infections** and other quality concerns that can have serious harmful effects on the quality of life and quality of care of vulnerable nursing home residents.
  - **Strengthen ombudsman programs.** Although all states operate ombudsman programs, states decide how frequently ombudsmen visit each facility, how they respond to complaints, and what methods are used to monitor quality. States should evaluate their state ombudsman programs and determine if design changes are needed to adequately protect consumers. States may also consider expanding the reach of these programs to cover HCBS.

DIMENSION 4 Support for Family Caregivers

This dimension includes policies that support family caregivers in four main indicators: Supporting Working Family Caregivers, Person- and Family-Centered Care, Nurse Delegation and Scope of Practice, and Transportation Policies. Key findings in each of the four areas are listed below. Exhibit 14 illustrates states' rankings by quartile in this dimension.

EXHIBIT 14 State Ranking on Support for Family Caregivers Dimension



Source: Long-Term Services and Supports State Scorecard, 2020.

INDICATOR 1: Supporting Working Family Caregivers

This indicator measures performance on six types of policies: (a) protection of family caregivers from employment discrimination, (b) family medical leave, (c) paid family leave, (d) mandatory paid sick days, (e) flexible use of sick time, and (f) unemployment insurance for family caregivers. States and localities have made significant progress passing legislation for paid family leave, paid sick days, and greater flexibility to use sick time for family caregiving responsibilities.

- KEY FINDING. **Protecting Caregivers from Employment Discrimination** – Only two states (Delaware and the District of Columbia) have statewide laws that specifically protect family caregivers from workplace discrimination as a protected classification under law. Connecticut has a statewide law, but the provisions do not specifically define family responsibility or family status, and therefore it is not clear whether the protections extend to all family relationships. Localities across 21 states now have provisions addressing family responsibility; About half specifically define family responsibility as a protected classification: for the others, family responsibility and family status are undefined. In addition to providing help for family

caregivers who live in these localities, local protections offer the opportunity to test and build momentum for statewide changes. See Exhibit B5 in Appendices for a list of states and localities that have laws protecting caregivers from employment discrimination.

- KEY FINDING. **Federal FMLA** – Ten states go beyond the federal minimum Family and Medical Leave Act (FMLA) by covering family members outside the scope of federal protections (e.g., grandparents and siblings), extending the length of leave, or covering smaller employers. The District of Columbia continues to have the most robust protections for family and medical leave. Two states that have paid family leave benefits (California and Washington) no longer have unpaid leave protections that exceed the federal FMLA requirements. However, New Jersey, which passed paid family medical leave legislation in 2008, has also recently expanded its state FMLA provisions to include smaller employers and cover extended family members.
- KEY FINDING. **Paid Family Leave** – Since 2016, the number of states with paid family leave legislation has tripled. Six additional states (Connecticut, District of Columbia, Massachusetts, New York, Oregon, and Washington) enacted paid family leave legislation, bringing the total number to nine. Of the six new states, paid family leave benefits are currently available in the District of Columbia, Massachusetts, New York, and Washington. Benefits in Connecticut and Oregon will become available after 2021. Among states with existing programs, New Jersey expanded its paid leave benefits to include smaller employers and permit employees longer lengths of leave.
- KEY FINDING. **Paid Sick Days** – More than one-third of states (20) have statewide or local laws mandating paid sick days to employees. Of those 20 states with either statewide or local paid sick leave laws, 13 enacted or expanded (e.g., covering additional employees or permitting longer lengths of leave) their policies in the past three years. See Exhibit B5 in Appendices for a list of states and localities that mandate paid sick days to employees.
- KEY FINDING. **Flexible Use of Sick Time** – More states and localities are allowing employees to use a portion of accrued sick time for purposes beyond their own illness. Workplace benefits that allow employees to use sick time for family caregiving responsibilities help employees manage work and family responsibilities. Nineteen states have statewide legislation and one state (New York) has locality legislation in New York City and Westchester County that now allows flexible use of sick time. See Exhibit B5 in Appendices for a list of states and localities that have provisions for flexible use of sick time.
- KEY FINDING. **Unemployment Insurance for Family Caregivers** – Family caregivers in half of states (25) can receive temporary financial assistance when returning to the workforce through state unemployment insurance programs if there is "good cause" for job loss due to an illness or disability of an immediate family member.

For more information on policies and practices in state unemployment insurance programs that provide potential temporary financial assistance to family caregivers, see the 2015 *Scorecard* research report, *Access to Unemployment Insurance Benefits for Family Caregivers: An Analysis of State Rules and Practices.*

Source: Liz Ben-Ishai, Rick McHugh, and Kathleen Ujvari, "Access to Unemployment Insurance Benefits for Family Caregivers: An Analysis of State Rules and Practices," AARP Public Policy Institute, Washington, DC, April 2015, http://www.longtermscorecard.org/publications/access-to-unemployment-insurance-benefits-for-family-caregivers.

INDICATOR 2: Person- and Family-Centered Care

This indicator measures performance on three types of policies: (a) state policies on financial protection for spouses of Medicaid beneficiaries who receive HCBS, (b) assessment of family caregivers' own needs, and (c) enactment of the CARE Act.

- KEY FINDING. **Spousal Impoverishment Protections** – There continues to be only a handful of states (7) that permit a spouse to keep the maximum amount of income and assets allowed under federal guidelines. This policy helps prevent married couples from falling into poverty or forcing a healthy spouse into Medicaid prematurely. By retaining more of the couples' own resources, the spouse who is not on Medicaid has a better chance to remain independent, pay for basic necessities without additional state assistance, and manage his or her own health care needs.
- KEY FINDING. **Family Caregiver Assessments** – In a high-performing LTSS system, caregivers' needs—including health, well-being, and work—are assessed and addressed with appropriate information, training, respite, and other services tailored to their individual preferences. The majority of states (41) conduct assessments of family caregivers for their own needs; however, most of these family caregiver assessments happen in smaller family caregiver support programs rather than in the broader Medicaid programs.
- KEY FINDING. **CARE Act Legislation** – States continue to make rapid progress on enactment of the CARE Act—model legislation that supports family caregivers when family members enter a hospital and transition back home. As of December 31, 2019, nine additional states have enacted the CARE Act, bringing the total to 41 states.

INDICATOR 3: Nurse Delegation and Scope of Practice

This indicator measures performance on two types of policies: (a) number of health maintenance tasks that can be delegated to direct care workers, and (b) nurse practitioner scope of practice.

- KEY FINDING. **Nurse Delegation** – Family caregivers benefit from decision makers expanding the types of health maintenance tasks (e.g., giving medications, tube feedings, providing routine respiratory care) that registered nurses can delegate to home care aides. Nurse delegation helps family caregivers who may have to leave work during the day or hire a nurse to perform these routine tasks. Eighteen states (up from 16) allow registered nurses to delegate a full range of a sample set of 16 tasks to home care aides. In 2011, when the *Scorecard* first measured nurse delegation, only 12 states allowed delegation of 14 or more sample tasks. That number has more than doubled, and half of states (26) allow delegation of at least 14 sample tasks. Still, the bottom-performing states lag significantly on this measure. Four states (Florida,[17] Indiana, Pennsylvania, and Rhode Island) do not permit delegation of any of the sample set of health maintenance tasks. Roughly a quarter of states (12) permit nurses to delegate only three or fewer tasks.
- KEY FINDING. **Scope of Practice** – Giving nurse practitioners authority to practice to the full extent of their education and training can ease the shortage of primary care providers. This can also help family caregivers by expanding options for care recipients to receive primary care services in the setting of their choice (e.g., medical offices, community health centers, adult day centers, at home). Twenty-three states allow patients to benefit from the full range of care nurse practitioners are educated and trained to provide.

17 On March 11, 2020, Florida enacted H.B. 607 (Direct Care Workers), which expands consumer access to nurse practitioners and certified nurse midwives and authorizes registered nurses to delegate certain clinical tasks to direct care workers (certified nursing assistants and home health aides). The law becomes effective July 1, 2020. These results are not reflected in the *2020 Scorecard* because enactment occurred after December 31, 2019, the cut-off date for this measure. However, these results will be reported in future reporting.

INDICATOR 4: Transportation Policies

- KEY FINDING. **Transportation Policies** – Many older people and adults with disabilities depend on volunteer drivers who provide transportation to medical appointments or to get around town. In most states, however, these volunteer drivers face liability exposure, spikes in car insurance premiums, or other regulatory barriers.[18] Although states can use policy options to protect volunteer drivers, relatively few states have done this. Only seven states (up from five in the last *Scorecard*) protect drivers from insurance cancelation or rate increases for volunteer driving activities. These policies make it easier to recruit volunteer drivers to help older adults and people with disabilities get around.

Advancing Action in Support for Family Caregivers

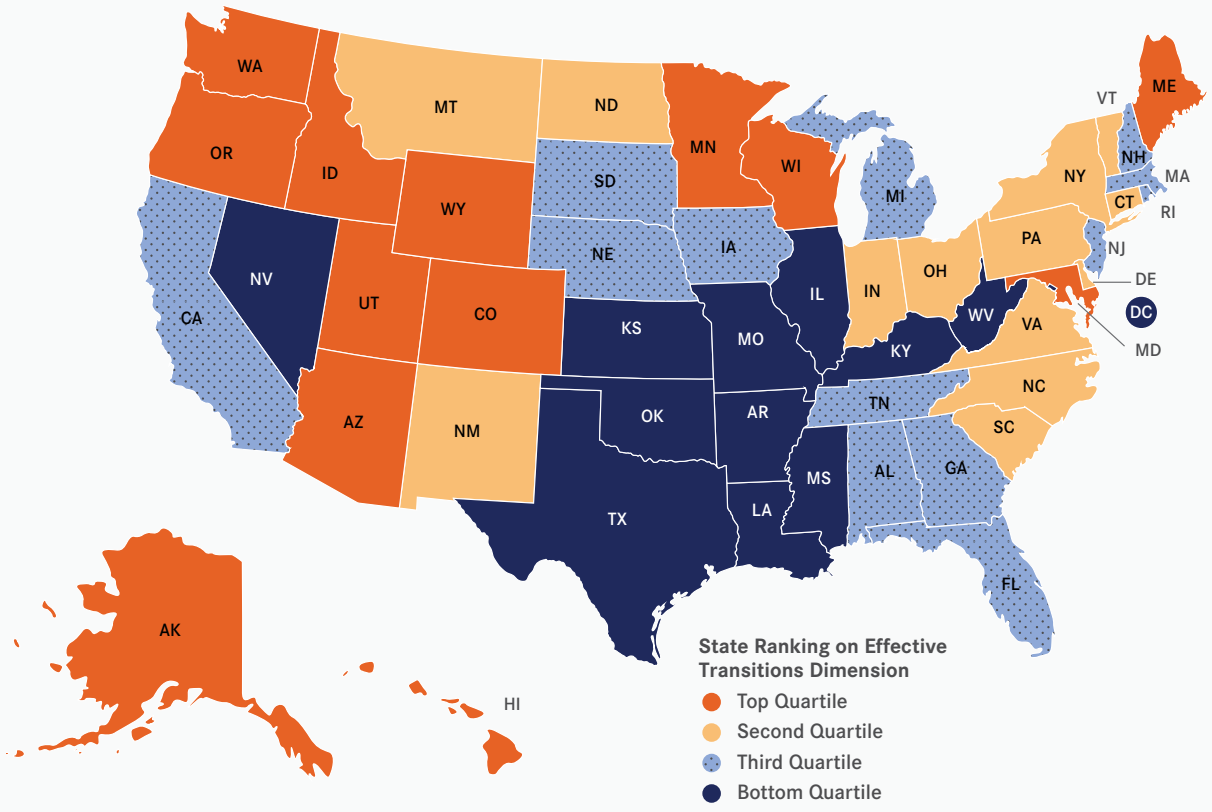
In light of these findings, stakeholders can advance action through the following:

- **Streamline and conduct universal family caregiver assessments** to determine which supports family caregivers need for their own health and well-being. Family caregivers often experience physical and emotional strain; therefore, it is appropriate to consider their own needs as part of the care planning process.
- **Strengthen flexible workplace policies and employment supports** that help family caregivers balance competing demands from their job and family responsibilities. For example:
  - Federal, state, and local governments can increase baseline protections available under the Family and Medical Leave Act (FLMA) by covering more employees, expanding the definition of family, and protecting family caregivers against job discrimination.
  - States may want to establish paid family and medical leave or earned sick days, so family caregivers do not have to miss a paycheck when they provide care. Additionally, states may consider offering family caregivers access to short periods of leave to attend to caregiving duties, such as bringing a family member or close friend to a doctor's appointment.
  - Employers may wish to offer flexible workplace policies that provide employees the option to use their earned sick time for their own illness or the care of a family member. Additionally, employers may wish to offer family caregiving leave, a vacation donation program in which other employees donate unused vacation time to help colleagues in need, or add a subsidized caregiver backup benefit for employees.
- **Enact and effectively implement the CARE Act to prepare family caregivers with the training and instruction** they need to provide complex medical and nursing tasks upon a relative or close friend's discharge from a hospital.
- **Ensure community groups and nonprofits can inform and engage family caregivers** so they fully understand the benefits and protections available in their state, community, and workplace. This is particularly important when a state, locality, or employer offers more generous protections than FMLA. Depending on where someone lives, he or she may be able to collect unemployment insurance if there is good cause for job loss due to an illness or disability of a family member, receive paid family medical leave benefits, or assert other legal protections.
- **Expand access to health care by allowing nurse practitioners to care for people to the full extent of their education and training.** Primary care shortages can delay care, hurting patients and adding pressure on family caregivers, who may have to wait longer or travel farther to bring a family member to medical appointments.
- **Remove workforce barriers so nurses can delegate routine tasks,** such as medication administration, to an aide. This saves family caregivers from having to leave work to perform basic health maintenance tasks.

DIMENSION 5 Effective Transitions

This dimension includes five indicators. These indicators for measuring effective transitions and the key findings are listed below. Exhibit 15 illustrates states' rankings by quartile in this dimension.

EXHIBIT 15 State Ranking on Effective Transitions Dimension



Source: Long-Term Services and Supports State Scorecard, 2020.

INDICATOR 1: Nursing Home Residents with Low Care Needs

- KEY FINDING. The high-performing states significantly outpace the low-performing states on this measure. On average, the bottom five states reported one out of five nursing home residents with low care needs, four times the average percentage of the top five states. In Missouri, which has the highest percentage of residents with low care needs, nearly one in four could potentially transition to a home- and community-based setting.

INDICATOR 2: Home Health Hospital Admissions

- KEY FINDING. Hospital admissions for patients receiving home health care remained steady in 47 states. On average, almost one out of every six (15.8 percent) home health patients were hospitalized. Three states (District of Columbia, North Dakota, and Wyoming) made significant improvements. Alaska was the only state with a significant decline but remained the top-performing state on this measure.

INDICATOR 3: Nursing Home Hospital Admissions

- KEY FINDING. Nationally, one in six (16.8 percent) long-stay nursing home residents were admitted to the hospital within six months of baseline assessment. Eight states (Arizona, Illinois, Michigan, New Mexico, New York, Ohio, Texas, and Virginia) significantly reduced hospital readmissions since the last edition of the *Scorecard*. On average, long-stay nursing home residents in the bottom 10 states are twice as likely to be admitted or readmitted to the hospital as residents in the top 10 states.

INDICATOR 4: Burdensome Transitions

- KEY FINDING. Fifteen states achieved significant progress in reducing excessive hospitalizations or other transitions for vulnerable nursing home residents at the end of life. Despite these improvements, more than a quarter of nursing home residents still experience a burdensome transition, and performance differs greatly among states. Roughly twice as many nursing home residents experience burdensome transitions in the bottom five performing states (35.2 percent) compared with the top five performing states (18.4 percent).

INDICATOR 5: Percentage of Short-Stay Residents Who Were Successfully Discharged to the Community (Successful Discharge to Community)

- KEY FINDING. Nationally, just over half (54 percent) of Medicare skilled nursing home residents were successfully discharged back to the community. The top five states for this indicator (Alaska, Arizona, Hawaii, Oregon, and Utah) successfully transitioned more than 60 percent of nursing home residents back to the community. Only Louisiana transitioned substantially fewer than 50 percent.

Advancing Action in Effective Transitions

In light of these findings, stakeholders can advance action through the following:

- **Reduce overreliance on nursing homes by doing the following:**
  - **Offering families options for counseling and diversion programs** to direct first-time Medicaid LTSS participants toward HCBS options. States can also consider implementing presumptive eligibility programs to fast-track eligibility for public HCBS programs that avoid unnecessary nursing home placement.
  - **Sustaining or creating transition programs** like Money Follows the Person, so nursing home residents who wish to return to the community can do so.
- **Eliminate barriers to home care services.** The federal government should allow nurse practitioners, clinical nurse specialists, and physician assistants to order home health services under Medicare. The change would improve access and potentially prevent the need for hospital or nursing home care.
- **Expand home- and facility-based palliative care** to provide dignity and comfort to individuals who want to avoid overly aggressive treatment or burdensome transitions across different care providers at the end of life.

Reflections

Better Data Are Needed to Assess State LTSS System Performance

Data gaps and data quality issues make it difficult to completely and comprehensively measure LTSS system performance. Improving consistent state-level data collection is a critical need, particularly in the domains of quality of life and quality of care. The main idea of a *Scorecard* is that measurement, tracking, transparency, and accountability are essential to sustained performance. Gaps in data are not just gaps in measurement: they will eventually manifest as gaps in system performance as well.

LTSS quality remains the most significant and persistent data gap in the *Scorecard*. This gap and others in the Quality of Life and Quality of Care dimension are so significant that they are reflected in the *Scorecard*'s core structure. The entire quality dimension is given only half weight in terms of assessing overall LTSS system performance, not because it is any less important, but because we consider it to be incomplete due to a lack of available data to measure multiple important aspects of quality of life and quality of care in institutional and community based settings.

The United States spent $235 billion in 2017 on LTSS services, and increasingly those services are delivered in home and community-based settings. This positive development aligns with people's stated values and preferences for remaining in the community. However, the lack of comparable sources of data limits cross-state comparisons and national progress.

Absent an accepted nationwide standard to measure HCBS quality, this *Scorecard* has included—for the first time—a measurement on cross-state benchmarking capacity. This measurement is not a substitute for HCBS quality outcome measures. Instead, it measures a state's potential capacity to learn from cross-state comparisons and emerging practices—a first step in advancing quality outcomes.

Major Progress on HCBS Spending Proves Progress Is Achievable

Nearly a quarter of states achieved a major milestone on LTSS balanced spending and now devote half or more of their Medicaid LTSS spending to HCBS (for older adults and people with physical disabilities). This achievement was unimaginable just nine years ago, when the *2011 Scorecard* reported that the average proportion of spending nationwide was just 37 percent for HCBS.

The dramatic shift, especially among higher-performing states, shows that progress is achievable when states collect data, measure and compare progress, and galvanize support among the public and private sectors.

High Performance Does Not Mean High Cost

High-performing LTSS systems that efficiently leverage the private and public sectors can be affordable and effective. For example, when family caregivers, who provide the largest share of help, are well supported with resources, care options, and workplace flexibility, they are better positioned to care for close family and friends and keep those individuals out of costly nursing homes. This in turn helps individuals preserve their resources and delay the need for public assistance and Medicaid.

Supporting family caregivers also has economic benefits. Most of the 41 million family caregivers in the United States are employed in the workforce.[19] A strong LTSS system is critical to making sure those caregivers can continue to fully participate in the workforce and contribute to the local economy.

Implementation Matters

Effective implementation requires coordination across different sectors. This is particularly true when public policy solutions are designed to influence private-sector action.

The CARE Act, for example—which sets standards and training requirements during a hospital stay—is most effective when hospitals commit to preparing their staff for working with family caregivers as members of their care team as well as helping inform the public of the related benefits and building trust with patients and families during a hospitalization.

Similarly, flexible workplace policies depend on employers for effective implementation. While states and localities can enact various policies, the ultimate test of performance is not just passing a law but ensuring that working caregivers are aware of those benefits and can easily access them.

Transportation Is a Major Need

This year, the *Scorecard* features just one transportation policy because of the lack of reliable data to evaluate transportation needs and opportunities across all states. Having only one transportation policy in this *Scorecard* does not minimize the important role transportation plays in LTSS systems. On the contrary, stakeholders at all levels should learn from, scale, and replicate emerging practices so communities can more systemically meet the transportation needs of older people and adults with disabilities in the community.

Adequate transportation services make it possible for individuals to fully engage in the community and stay healthy. The lack of transportation in some communities makes it more difficult for individuals to get to doctor appointments, shop for groceries and other basic necessities, attend religious services, and participate in social events. Individuals who are cut off from communities and interactions can feel socially isolated, impacting their health and well-being.

"About 40 percent of caregivers spend at least five hours a week providing or arranging transport."

Source: AARP, "Transportation: What Caregivers Need to Know," AARP, Washington, DC, January 17, 2020, https://www.aarp.org/caregiving/home-care/info-2020/transportation-services.html.

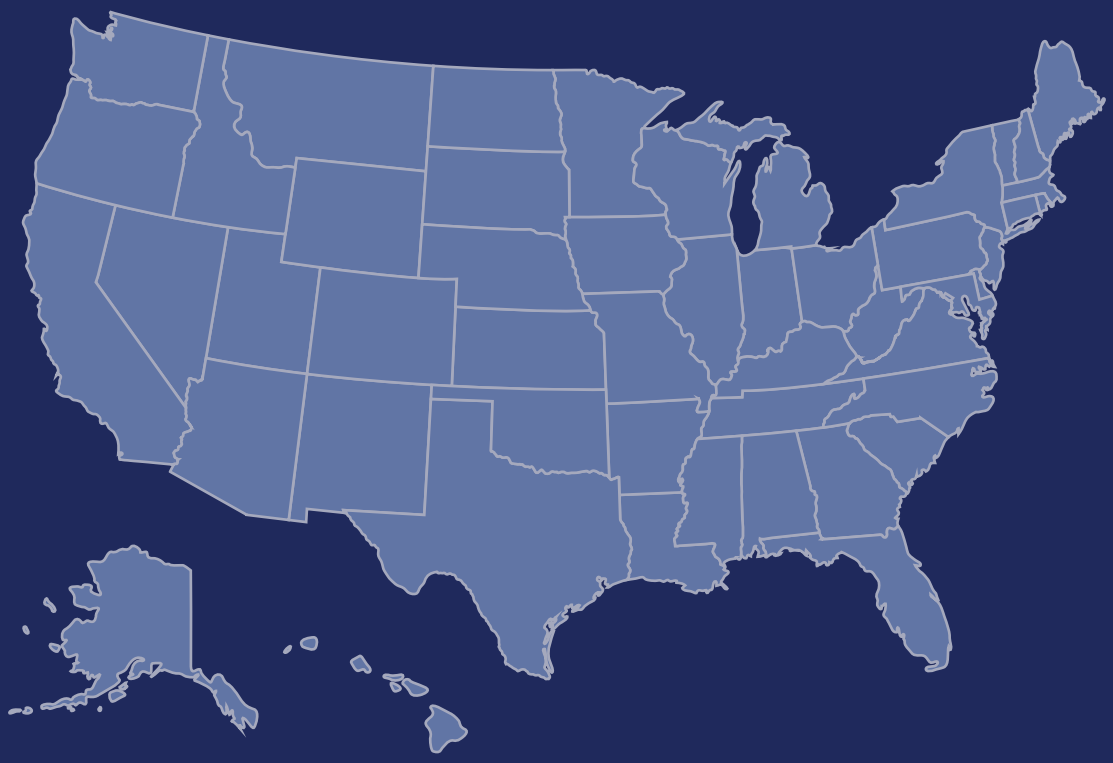
Significant and Widespread Performance Improvement across Two Dimensions—Choice of Setting and Provider, and Effective Transitions—Is Needed to Advance Person-Centered Care

The Effective Transitions dimension considers whether consumers within a system can meaningfully exercise their preferences on how and where to receive care. It is not uncommon for people who need LTSS to transition between care settings. While an individual may require periods of hospitalization or a short-term nursing home stay, disruptive transitions may make it difficult or impossible for those who wish to return home to do so.

Person-centered care also requires an adequate supply of HCBS. Consumer choices are only as good as the options available in their community. When a community does not have adequate HCBS, people must choose among the options that are available, not necessarily those they prefer. This impacts people of all incomes. Inadequate HCBS supply also adds pressure on family caregivers to fill in the gaps when services are not available.

Long-Term Services and Supports State Scorecard
2020 Edition

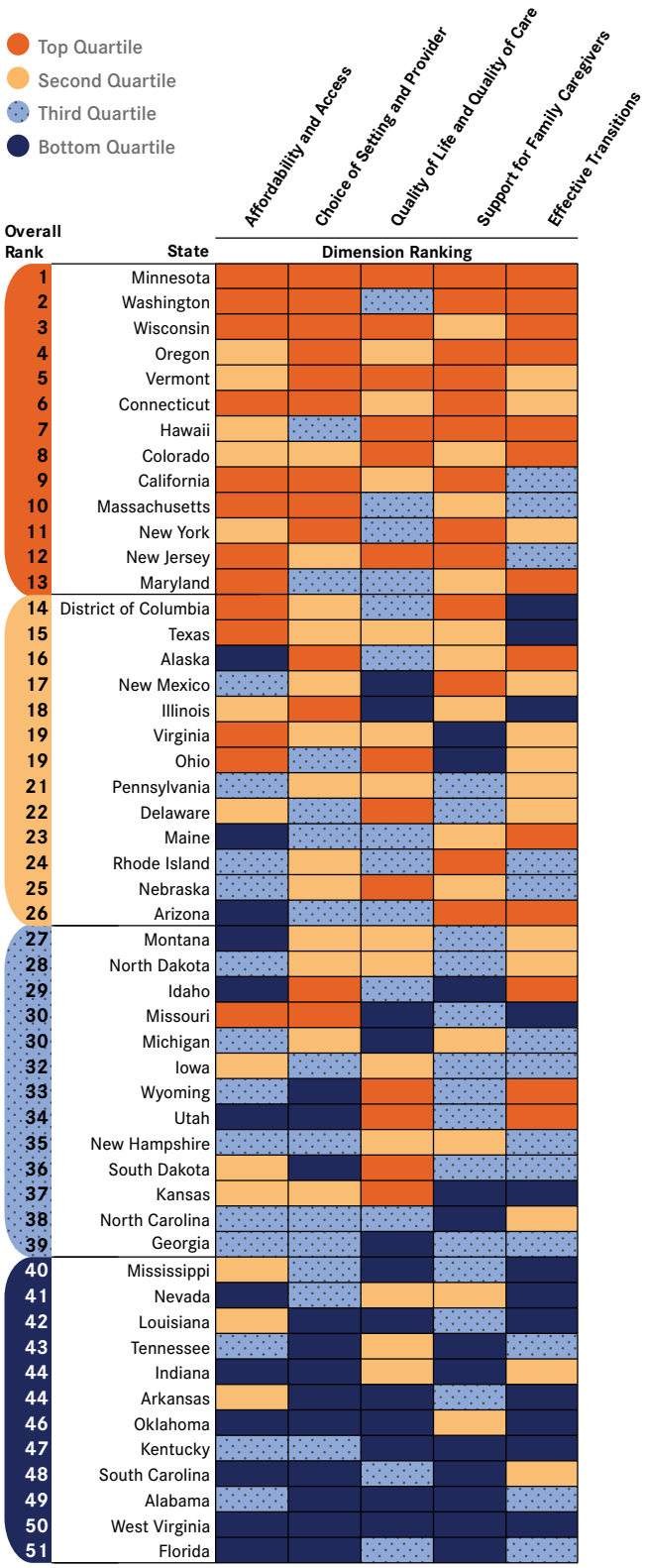
APPENDICES



Appendices

*These exhibits are not included in this document. The full set of appendices listed here is included in the Reference Edition of the *Scorecard* and is available online at www.longtermscorecard.org.

EXHIBIT A1 Matrix Heat Map: Overall Ranking



How to Read the Heat Maps

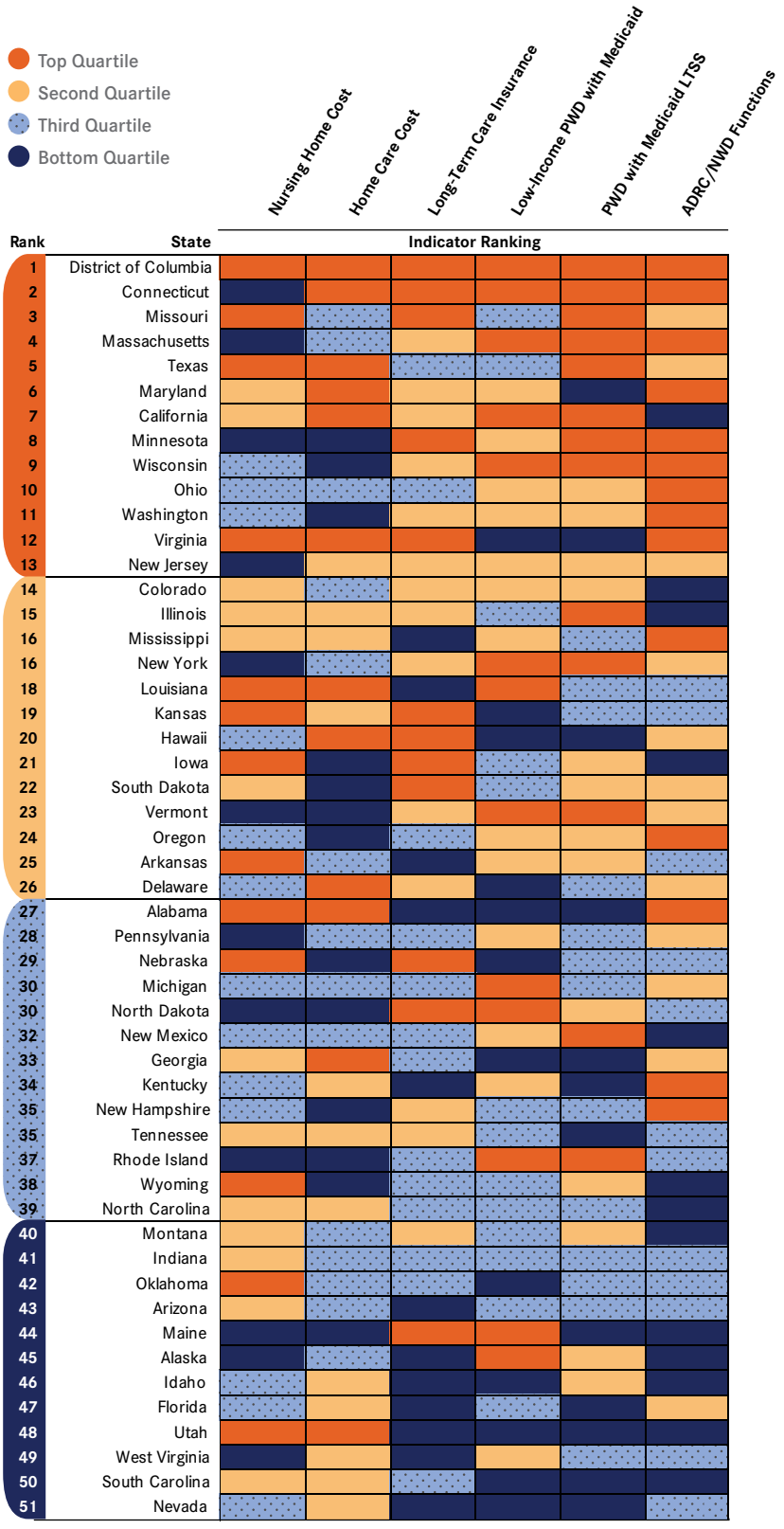
Matrix heat maps are our preferred method to visualize LTSS system performance multiple indicators or multiple dimensions in one image.

Like the geographic heat maps used within the report, the data are broken down into color-coded tiers of performance (usually quartiles, except for the Support for Family Caregivers dimension matrix heat map in Exhibit A5). Multiple columns show performance across indicators or dimension, and states are ordered from highest to lowest overall performance.

These heat maps use a divergent color scheme with two colors. This calls attention to both high and low performance. Dark shades identify the extremes of the performance spectrum (orange for high performance, and blue for poor), while light shades indicate an intermediate level of performance.

Source: Long-Term Services and Supports State Scorecard, 2020.

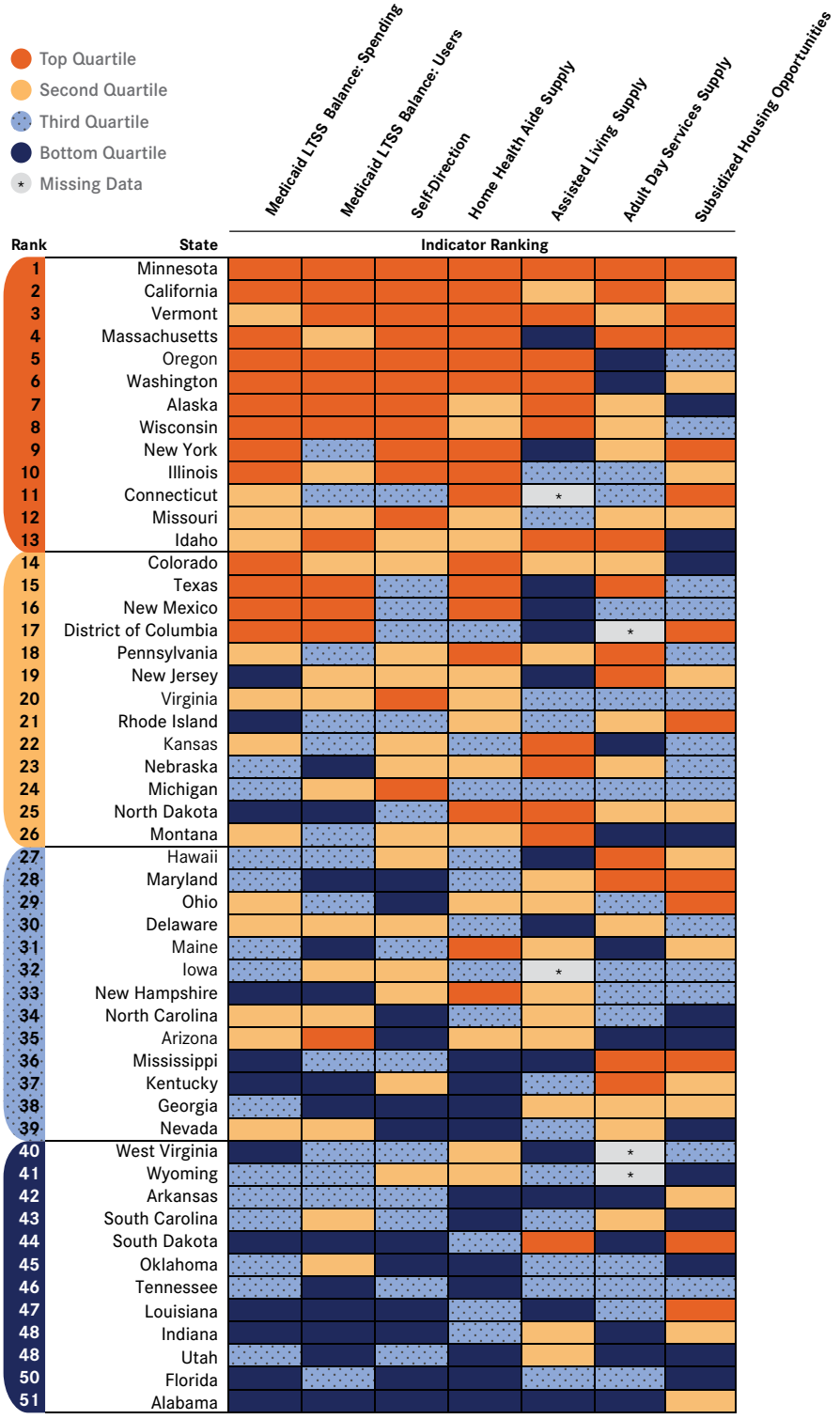
EXHIBIT A2 Matrix Heat Map: Affordability and Access



PWD = People with Disabilities.
ADRC/NWD = Aging and Disability Resource Center/No Wrong Door.

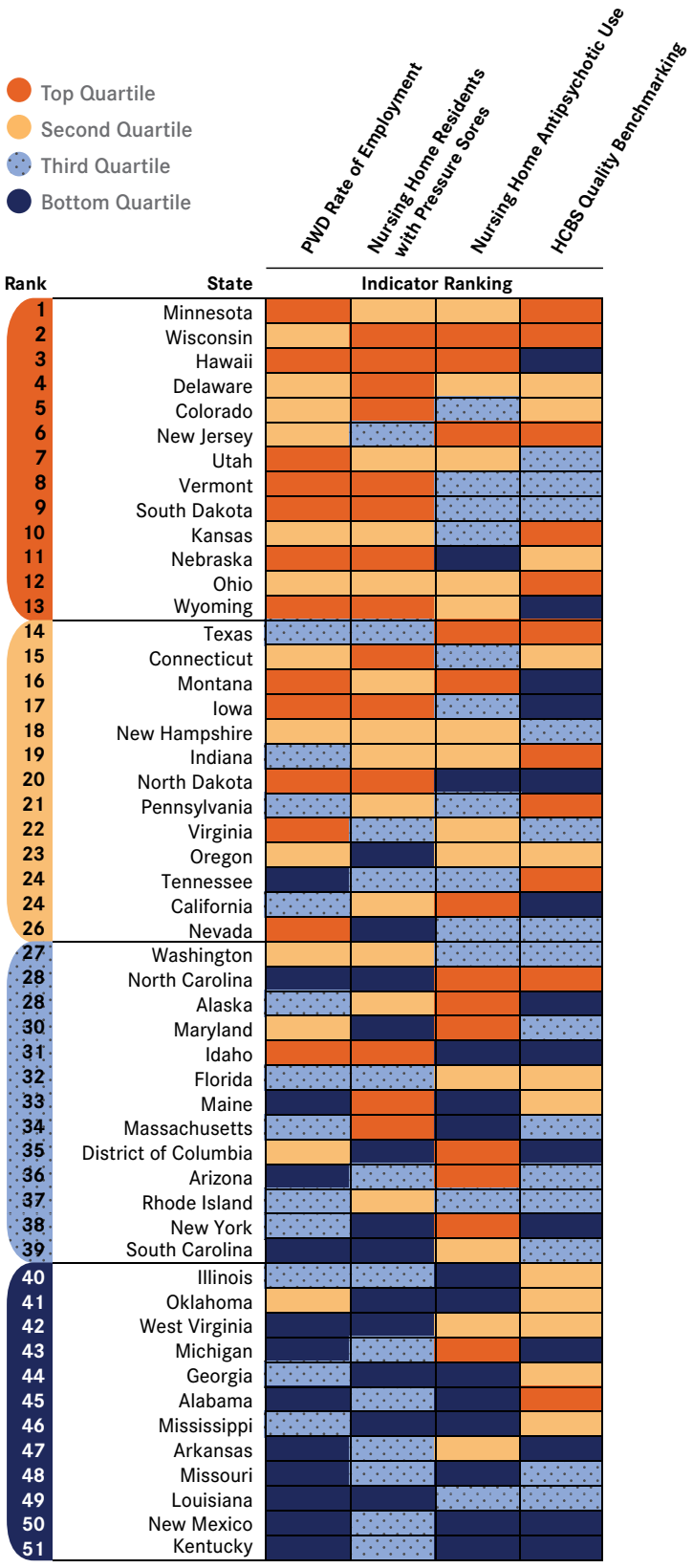
Source: Long-Term Services and Supports State Scorecard, 2020.

EXHIBIT A3 Matrix Heat Map: Choice of Setting and Provider



Source: Long-Term Services and Supports State Scorecard, 2020.

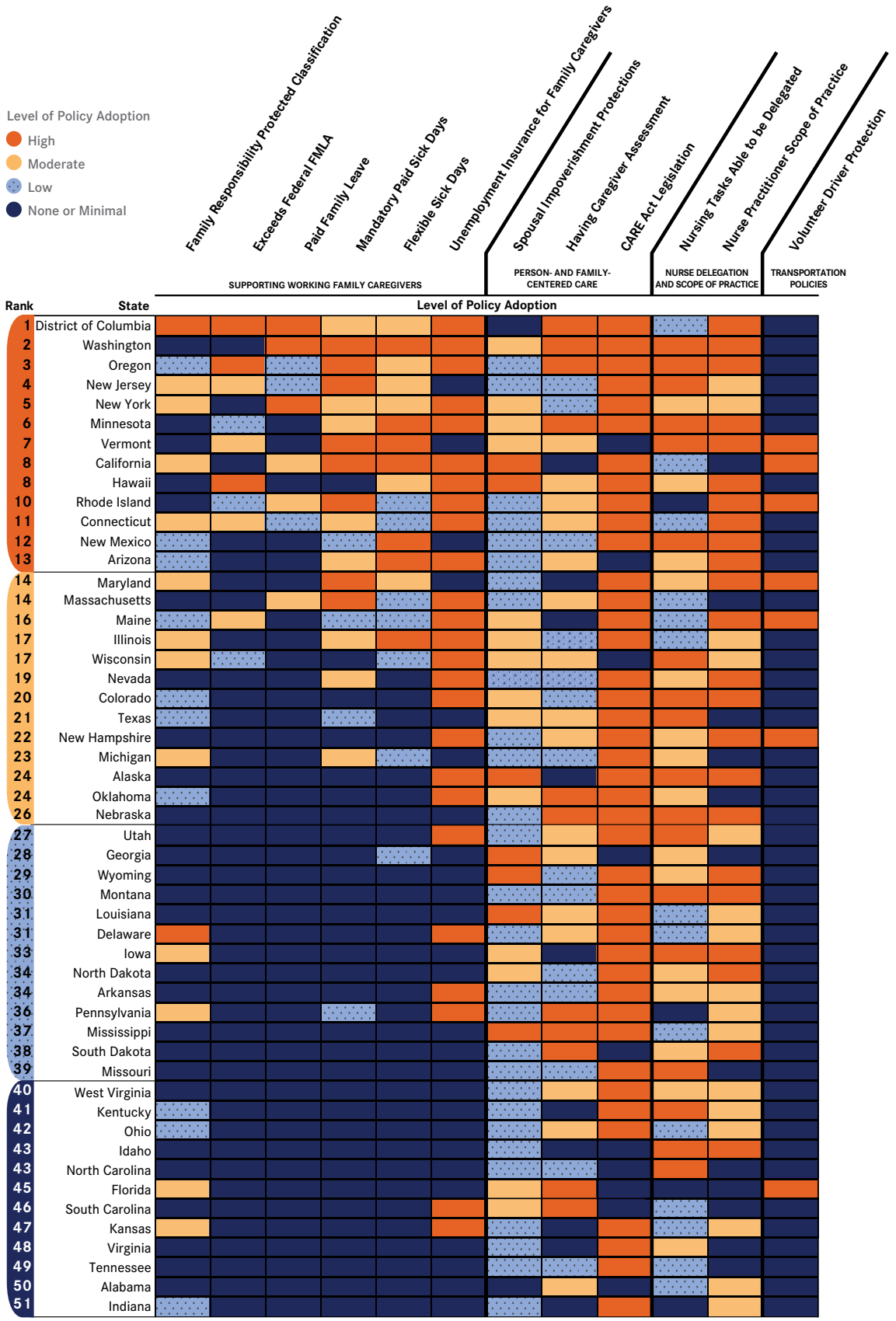
EXHIBIT A4 Matrix Heat Map: Quality of Life and Quality of Care



PWD = People with Disabilities

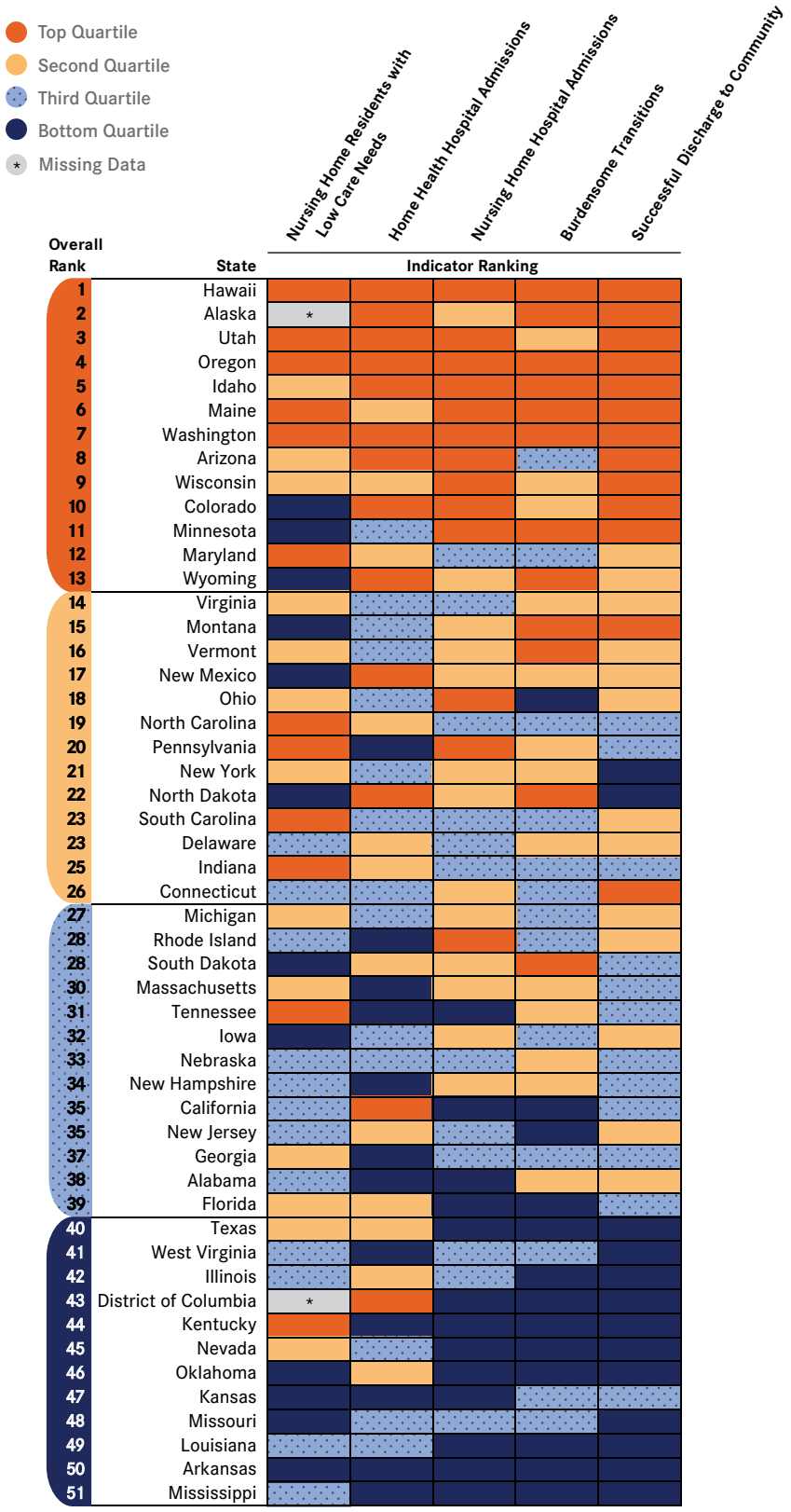
Source: Long-Term Services and Supports State Scorecard, 2020.

EXHIBIT A5 Matrix Heat Map: Support for Family Caregivers



Source: Long-Term Services and Supports State Scorecard, 2020.

EXHIBIT A6 Matrix Heat Map: Effective Transitions



Source: Long-Term Services and Supports State Scorecard, 2020.

EXHIBIT A7 Change in State Performance: Number of States

Indicator	Performance Improvement	Performance Decline	No Significant Change	Missing Data
Affordability and Access				
Nursing Home Cost	1	6	44	0
Home Care Cost	0	6	45	0
Long-Term Care Insurance	0	24	27	0
Low-Income PWD with Medicaid	8	2	41	0
PWD with Medicaid LTSS	7	0	44	0
ADRC/NWD Functions	33	4	12	2
Choice of Setting and Provider				
Medicaid LTSS Balance: Spending	25	9	17	0
Medicaid LTSS Balance: Users	12	1	31	7
Home Health Aide Supply	5	3	43	0
Assisted Living Supply	3	1	43	4
Adult Day Services Supply	4	8	33	6
Subsidized Housing Opportunities	9	2	40	0
Quality of Life and Quality of Care				
PWD Rate of Employment	5	2	44	0
Nursing Home Antipsychotic Use	28	1	22	0
Support for Family Caregivers				
Supporting Working Family Caregivers	23	0	28	0
Person- and Family-Centered Care	29	5	17	0
Nurse Delegation and Scope of Practice	6	0	45	0
Transportation Policies	2	0	49	0
Effective Transitions				
Home Health Hospital Admissions	3	1	47	0
Nursing Home Hospital Admissions	8	1	42	0
Burdensome Transitions	15	3	33	0

Improvement or decline means a significant change (usually +/- 10% or equivalent) since a reference data year (usually three years prior). For some measures, a revised baseline is used, as the indicator definition or data source may have changed since the last *Scorecard*.

Source: Long-Term Services and Supports State Scorecard, 2020.

EXHIBIT A8 Indicator Data: Affordability and Access

	Median Annual Nursing Home Private Pay Cost as a Percentage of Median Household Income Ages 65+				Median Annual Home Care Private Pay Cost as a Percentage of Median Household Income Ages 65+				Private Long-Term Care Insurance Policies in Effect per 1,000 Population Ages 40+			
State	**2015–16**	**2018–19**	**Rank**	**Change**	**2015–16**	**2018–19**	**Rank**	**Change**	**2015**	**2018**	**Rank**	**Change**
United States	**243%**	**245%**		↔	**79%**	**80%**		↔	**47**	**43**		↔
Alabama	205%	208%	11	↔	72%	72%	9	↔	34	31	42	↔
Alaska	475%	638%	51	X	71%	82%	25	X	26	24	49	↔
Arizona	220%	224%	20	↔	76%	85%	32	X	33	28	45	X
Arkansas	204%	202%	9	↔	83%	82%	25	↔	31	27	48	X
California	249%	232%	25	↔	77%	71%	7	↔	45	42	24	↔
Colorado	206%	216%	14	↔	78%	82%	25	↔	58	52	15	X
Connecticut	334%	324%	45	↔	71%	70%	6	↔	66	63	9	↔
Delaware	265%	254%	32	↔	76%	76%	11	↔	59	51	17	X
District of Columbia	199%	196%	8	↔	46%	51%	1	X	146	138	1	↔
Florida	273%	281%	39	↔	78%	79%	18	↔	35	29	43	X
Georgia	202%	222%	18	↔	72%	76%	11	↔	37	33	38	X
Hawaii	225%	241%	30	↔	64%	67%	3	↔	114	110	3	↔
Idaho	233%	248%	31	↔	83%	78%	16	↔	33	28	45	X
Illinois	209%	218%	15	↔	84%	81%	22	↔	57	53	13	↔
Indiana	237%	232%	25	↔	83%	85%	32	↔	38	34	37	X
Iowa	171%	194%	7	X	88%	91%	39	↔	102	91	6	X
Kansas	174%	172%	2	↔	77%	81%	22	↔	85	78	8	↔
Kentucky	231%	239%	29	↔	85%	81%	22	↔	36	32	40	X
Louisiana	191%	187%	6	↔	75%	71%	7	↔	36	32	40	X
Maine	312%	325%	47	↔	102%	105%	50	↔	56	55	11	↔
Maryland	230%	222%	18	↔	59%	64%	2	↔	54	50	19	↔
Massachusetts	319%	311%	43	↔	89%	87%	35	↔	57	53	13	↔
Michigan	243%	267%	34	↔	81%	87%	35	↔	38	36	35	↔
Minnesota	224%	287%	40	X	97%	103%	47	↔	85	79	7	↔
Mississippi	238%	229%	24	↔	84%	77%	13	↔	33	29	43	X
Missouri	170%	168%	1	↔	80%	84%	30	↔	60	55	11	↔
Montana	222%	226%	21	↔	93%	89%	38	↔	56	50	19	X
Nebraska	199%	209%	12	↔	93%	93%	41	↔	116	103	5	X
Nevada	257%	236%	28	↔	74%	77%	13	↔	23	24	49	↔
New Hampshire	268%	280%	38	↔	83%	91%	39	↔	47	43	23	↔
New Jersey	290%	310%	42	↔	72%	78%	16	↔	51	48	21	↔
New Mexico	243%	270%	36	X	85%	87%	35	↔	43	41	27	↔
New York	374%	324%	45	✓	89%	84%	30	↔	44	42	24	↔
North Carolina	233%	226%	21	↔	76%	77%	13	↔	43	38	32	X
North Dakota	333%	328%	48	↔	97%	99%	46	↔	119	106	4	X
Ohio	237%	234%	27	↔	83%	82%	25	↔	45	41	27	↔
Oklahoma	164%	177%	3	↔	85%	82%	25	↔	37	33	38	X
Oregon	254%	269%	35	↔	84%	93%	41	X	46	40	30	X
Pennsylvania	305%	301%	41	↔	88%	86%	34	↔	43	39	31	↔
Rhode Island	303%	321%	44	↔	102%	104%	48	↔	40	38	32	↔
South Carolina	212%	226%	21	↔	77%	79%	18	↔	47	37	34	X
South Dakota	205%	220%	16	↔	95%	116%	51	X	120	111	2	↔
Tennessee	201%	220%	16	↔	76%	79%	18	↔	46	42	24	↔
Texas	184%	182%	5	↔	71%	73%	10	↔	41	35	36	X
Utah	174%	181%	4	↔	69%	69%	4	↔	36	28	45	X
Vermont	300%	338%	49	X	99%	104%	48	↔	52	47	22	↔
Virginia	208%	211%	13	↔	61%	69%	4	X	64	59	10	↔
Washington	252%	258%	33	↔	86%	94%	43	↔	69	51	17	X
West Virginia	275%	354%	50	X	73%	80%	21	↔	27	24	49	X
Wisconsin	258%	277%	37	↔	89%	97%	45	↔	58	52	15	X
Wyoming	197%	205%	10	↔	92%	96%	44	↔	44	41	27	↔

Key for Change: ✓ Performance improvement ↔ Little or no change in performance X Performance decline * No trend available

Source: Long-Term Services and Supports State Scorecard, 2020.

EXHIBIT A8 Indicator Data: Affordability and Access (continued)

	Percentage of Adults Ages 21+ with ADL Disability at or Below 250% of Poverty Receiving Medicaid or Other Government Assistance Health Insurance				Estimated Medicaid LTSS Users per 100 Population with ADL Disability				ADRC/No Wrong Door Functions (Composite Indicator, scale 0-100%)			
State	**2014—15**	**2016—18**	**Rank**	**Change**	**2014**	**2017**	**Rank**	**Change**	**2016**	**2019**	**Rank**	**Change**
United States	**55.2%**	**56.7%**		↔	**44**	**46**		↔	**60%**	**66%**		✓
Alabama	46.9%	47.7%	46	↔	21	21	49	↔	78%	89%	8	✓
Alaska	69.1%	70.4%	2	↔	49	42	21	↔	46%	41%	46	X
Arizona	49.9%	53.8%	29	↔	30	34	34	↔	51%	64%	28	✓
Arkansas	55.8%	57.5%	17	↔	45	42	21	↔	56%	57%	34	↔
California	66.8%	66.5%	6	↔	57	60	8	↔	0%	37%	47	*
Colorado	57.2%	56.9%	22	↔	45	49	16	↔	45%	52%	39	✓
Connecticut	62.8%	67.1%	5	✓	71	80	4	↔	87%	90%	7	✓
Delaware	49.2%	45.2%	49	↔	36	36	32	↔	73%	77%	22	✓
District of Columbia	78.1%	79.2%	1	↔	97	88	2	↔	74%	86%	10	✓
Florida	50.1%	51.1%	34	↔	24	24	47	↔	82%	82%	15	↔
Georgia	47.9%	48.7%	41	↔	24	27	45	↔	70%	81%	19	✓
Hawaii	56.6%	48.4%	43	X	16	28	43	✓	68%	79%	20	✓
Idaho	54.1%	48.4%	43	X	44	46	17	↔	38%	43%	44	✓
Illinois	48.7%	51.5%	32	↔	46	58	10	✓	47%	46%	41	↔
Indiana	49.8%	55.2%	27	✓	32	36	32	↔	41%	57%	34	✓
Iowa	50.5%	50.8%	35	↔	48	51	14	↔	0%	43%	44	*
Kansas	48.6%	48.2%	45	↔	36	34	34	↔	60%	63%	29	✓
Kentucky	53.4%	56.5%	25	↔	29	28	43	↔	72%	83%	12	✓
Louisiana	54.4%	59.0%	13	✓	32	33	38	↔	52%	56%	36	✓
Maine	63.6%	66.2%	7	↔	33	31	40	↔	51%	52%	39	↔
Maryland	51.4%	56.5%	25	✓	29	30	41	↔	80%	84%	11	✓
Massachusetts	67.7%	67.8%	4	↔	70	77	5	↔	88%	93%	3	✓
Michigan	60.0%	60.9%	10	↔	37	37	30	↔	70%	70%	26	↔
Minnesota	55.9%	57.5%	17	↔	81	83	3	↔	88%	92%	5	✓
Mississippi	57.9%	58.0%	16	↔	40	38	29	↔	72%	83%	12	✓
Missouri	50.0%	50.2%	37	↔	57	61	7	↔	81%	82%	15	↔
Montana	43.4%	49.4%	39	✓	33	40	26	✓	41%	44%	43	✓
Nebraska	50.9%	47.3%	47	↔	41	39	27	↔	48%	53%	38	✓
Nevada	49.6%	48.7%	41	↔	19	25	46	✓	56%	66%	27	✓
New Hampshire	47.4%	49.6%	38	↔	32	34	34	↔	88%	95%	2	✓
New Jersey	57.4%	56.9%	22	↔	46	51	14	↔	82%	82%	15	↔
New Mexico	54.7%	58.6%	14	↔	53	55	11	↔	29%	33%	48	✓
New York	67.4%	70.1%	3	↔	57	54	12	↔	50%	75%	23	✓
North Carolina	51.4%	52.4%	31	↔	34	34	34	↔	30%	24%	50	X
North Dakota	51.8%	59.1%	12	✓	43	41	24	↔	52%	54%	37	↔
Ohio	55.0%	56.6%	24	↔	45	45	18	↔	86%	96%	1	✓
Oklahoma	38.8%	41.4%	51	↔	36	33	38	↔	59%	60%	32	↔
Oregon	57.3%	57.2%	19	↔	37	42	21	↔	77%	88%	9	✓
Pennsylvania	52.6%	57.2%	19	✓	37	39	27	↔	79%	82%	15	✓
Rhode Island	60.1%	65.7%	9	✓	54	54	12	↔	56%	62%	30	✓
South Carolina	44.7%	49.0%	40	↔	19	24	47	✓	44%	46%	41	↔
South Dakota	53.2%	50.8%	35	↔	38	41	24	↔	51%	78%	21	✓
Tennessee	47.0%	51.2%	33	↔	22	21	49	↔	33%	58%	33	✓
Texas	52.9%	52.9%	30	↔	73	71	6	↔	72%	74%	24	✓
Utah	44.3%	46.0%	48	↔	21	19	51	↔	30%	28%	49	↔
Vermont	67.4%	66.2%	7	↔	93	100	1	↔	79%	73%	25	X
Virginia	43.1%	45.1%	50	↔	29	29	42	↔	73%	83%	12	✓
Washington	56.8%	58.2%	15	↔	39	44	19	↔	92%	93%	3	✓
West Virginia	56.7%	57.0%	21	↔	30	37	30	✓	61%	62%	30	↔
Wisconsin	57.7%	59.2%	11	↔	59	60	8	↔	79%	92%	5	✓
Wyoming	56.7%	54.4%	28	↔	35	43	20	✓	21%	13%	51	X

Key for Change: ✓ Performance improvement ↔ Little or no change in performance X Performance decline * No trend available

Source: Long-Term Services and Supports State Scorecard, 2020.

EXHIBIT A9 Indicator Data: Choice of Setting and Provider

	Percentage of Medicaid- and State-Funded LTSS Spending Going to HCBS for Older People and Adults with Physical Disabilities				Estimated Percentage of Medicaid Aged/Disabled LTSS Users Receiving HCBS				Number of People Self-Directing Services per 1,000 Population with Disabilities		
State	**2013**	**2016**	**Rank**	**Change**	**2014**	**2017**	**Rank**	**Change**	**2019**	**Rank**	**Change**
United States	**41.3%**	**45.1%**		✓	**61.7%**	**64.2%**		↔	**30.4**		*
Alabama	15.2%	14.8%	49	↔	31.2%	31.9%	50	↔	2.6	44	*
Alaska	63.2%	63.4%	6	↔	86.3%	83.9%	1	↔	35.2	12	*
Arizona	44.9%	44.7%	16	↔	76.6%	78.2%	10	↔	3.5	40	*
Arkansas	33.0%	33.9%	28	↔	52.4%	53.2%	31	↔	5.7	34	*
California	57.4%	57.0%	8	↔	78.7%	80.2%	7	↔	149.1	1	*
Colorado	47.8%	58.7%	7	✓	65.2%	68.5%	16	↔	15.0	19	*
Connecticut	29.8%	41.1%	20	✓	53.0%	54.6%	26	↔	8.0	30	*
Delaware	24.7%	35.6%	26	✓	*	55.5%	24	*	12.9	23	*
District of Columbia	57.7%	49.7%	13	X	77.9%	80.4%	5	↔	8.0	30	*
Florida	25.6%	23.6%	44	X	42.6%	47.0%	38	↔	1.7	47	*
Georgia	26.2%	29.6%	32	✓	49.7%	46.8%	39	↔	2.7	41	*
Hawaii	23.6%	27.8%	36	✓	*	54.3%	28	*	23.1	16	*
Idaho	44.1%	44.6%	17	↔	71.4%	80.0%	8	✓	11.6	26	*
Illinois	42.9%	54.6%	10	✓	58.9%	69.8%	13	✓	46.5	8	*
Indiana	20.0%	18.4%	47	↔	34.9%	38.1%	47	↔	0.4	51	*
Iowa	30.7%	26.4%	39	X	51.8%	59.5%	21	✓	26.5	14	*
Kansas	40.8%	39.5%	21	↔	50.6%	54.2%	29	↔	24.4	15	*
Kentucky	15.6%	13.5%	51	X	41.5%	41.1%	44	↔	13.7	21	*
Louisiana	30.2%	24.1%	43	X	46.7%	40.0%	46	X	1.9	46	*
Maine	34.2%	28.5%	34	X	37.7%	36.8%	49	↔	5.5	36	*
Maryland	24.6%	28.5%	34	✓	38.5%	42.4%	43	↔	1.6	48	*
Massachusetts	52.0%	64.2%	5	✓	65.4%	68.6%	15	↔	49.2	6	*
Michigan	24.8%	31.5%	29	✓	63.2%	61.6%	19	↔	36.1	11	*
Minnesota	66.8%	69.9%	3	✓	77.4%	80.5%	4	✓	60.6	3	*
Mississippi	23.1%	25.5%	41	✓	51.0%	50.7%	34	↔	6.8	33	*
Missouri	39.3%	42.7%	18	✓	63.8%	65.2%	18	↔	47.2	7	*
Montana	36.8%	38.2%	24	↔	47.5%	54.4%	27	✓	16.2	18	*
Nebraska	27.7%	29.6%	32	↔	44.9%	45.5%	42	↔	12.8	24	*
Nevada	37.8%	38.4%	22	↔	67.0%	69.2%	14	↔	2.7	41	*
New Hampshire	19.0%	14.0%	50	X	33.8%	41.0%	45	✓	12.6	25	*
New Jersey	18.2%	21.0%	46	✓	55.8%	65.3%	17	✓	20.6	17	*
New Mexico	64.4%	73.5%	1	✓	*	81.3%	2	*	10.9	27	*
New York	47.6%	53.3%	11	✓	43.9%	51.0%	33	✓	38.0	10	*
North Carolina	46.2%	41.9%	19	X	64.8%	61.5%	20	↔	2.6	44	*
North Dakota	17.1%	17.3%	48	↔	29.1%	27.7%	51	↔	5.6	35	*
Ohio	33.3%	37.1%	25	✓	48.3%	49.3%	36	↔	1.5	50	*
Oklahoma	28.1%	30.4%	31	✓	54.2%	55.1%	25	↔	2.7	41	*
Oregon	62.1%	64.7%	4	✓	79.7%	80.3%	6	↔	49.6	5	*
Pennsylvania	28.9%	38.3%	23	✓	42.6%	47.7%	37	✓	13.3	22	*
Rhode Island	21.8%	24.4%	42	✓	*	50.6%	35	*	10.8	28	*
South Carolina	27.8%	31.2%	30	✓	55.5%	56.3%	23	↔	4.0	38	*
South Dakota	19.5%	21.9%	45	✓	35.2%	37.4%	48	↔	1.6	48	*
Tennessee	33.3%	35.0%	27	↔	*	46.2%	40	*	4.0	38	*
Texas	55.5%	55.8%	9	↔	*	79.4%	9	*	4.4	37	*
Utah	25.6%	26.6%	38	↔	46.1%	45.6%	41	↔	8.9	29	*
Vermont	44.5%	45.7%	15	↔	*	81.1%	3	*	51.3	4	*
Virginia	45.6%	48.6%	14	✓	55.3%	57.0%	22	↔	27.0	13	*
Washington	62.6%	71.5%	2	✓	73.5%	77.0%	11	✓	43.2	9	*
West Virginia	30.1%	26.3%	40	X	49.8%	54.2%	29	↔	8.0	30	*
Wisconsin	51.9%	52.5%	12	↔	71.4%	75.5%	12	✓	64.0	2	*
Wyoming	21.8%	27.5%	37	✓	45.8%	51.3%	32	✓	14.5	20	*

Key for Change: ✓ Performance improvement ↔ Little or no change in performance X Performance decline * No trend available

Source: Long-Term Services and Supports State Scorecard, 2020.

EXHIBIT A9 Indicator Data: Choice of Setting and Provider (continued)

	Home Health and Personal Care Aides per 100 Population Ages 18+ with an ADL Disability				Assisted Living and Residential Care Units per 1,000 Population Ages 75+				Adult Day Services Total Licensed Capacity per 10,000 Population Ages 65+				Subsidized Housing Opportunities as a Percentage of All Housing Units			
State	2013–15	2016–18	Rank	Change	2014	2016	Rank	Change	2014	2016	Rank	Change	2015	2017–18	Rank	Change
United States	**22**	**22**		↔	**51**	**49**		↔	**64**	**61**		↔	**5.9%**	**6.2%**		↔
Alabama	10	8	51	X	31	26	45	↔	10	9	43	↔	6.5%	6.5%	16	↔
Alaska	24	22	21	↔	80	89	4	↔	62	52	16	↔	3.9%	4.0%	49	↔
Arizona	20	20	23	↔	56	51	24	↔	11	8	44	X	2.8%	2.9%	51	↔
Arkansas	13	14	41	↔	29	35	37	✓	24	14	41	X	6.6%	6.5%	16	↔
California	28	29	5	↔	59	60	14	↔	178	171	1	↔	5.8%	6.1%	21	↔
Colorado	21	24	14	↔	54	52	22	↔	71	53	15	X	4.4%	4.9%	41	✓
Connecticut	30	33	2	↔	*	*	*	*	42	34	25	↔	7.4%	8.6%	5	✓
Delaware	14	19	30	✓	33	30	43	↔	39	39	21	↔	5.4%	5.3%	35	↔
District of Columbia	17	16	37	↔	21	23	48	↔	*	*	*	*	17.7%	18.6%	1	↔
Florida	13	13	43	↔	44	47	27	↔	30	31	29	↔	4.3%	4.7%	43	↔
Georgia	11	11	47	↔	52	55	20	↔	38	38	22	↔	5.9%	6.2%	19	↔
Hawaii	13	15	39	↔	*	26	45	*	78	98	6	✓	5.8%	6.3%	18	↔
Idaho	31	23	17	X	88	82	8	↔	*	71	8	*	4.4%	3.8%	50	X
Illinois	23	24	14	↔	39	41	30	↔	28	21	34	X	6.2%	6.6%	13	↔
Indiana	15	15	39	↔	50	52	22	↔	15	17	39	↔	5.7%	6.1%	21	↔
Iowa	19	16	37	↔	*	*	*	*	23	21	34	↔	5.8%	5.6%	31	↔
Kansas	21	19	30	↔	64	87	5	✓	*	8	44	*	5.6%	5.7%	29	↔
Kentucky	10	9	50	↔	47	39	32	↔	94	72	7	X	5.9%	6.6%	13	✓
Louisiana	21	19	30	↔	20	20	49	↔	35	34	25	↔	6.8%	7.7%	7	✓
Maine	23	26	10	↔	63	61	13	↔	27	16	40	X	6.5%	6.1%	21	↔
Maryland	14	18	33	✓	51	58	17	↔	128	122	4	↔	6.8%	7.6%	8	✓
Massachusetts	25	28	6	↔	30	34	39	↔	90	99	5	↔	9.0%	10.1%	4	✓
Michigan	17	18	33	↔	56	48	26	↔	20	23	32	↔	5.2%	5.5%	34	↔
Minnesota	34	33	2	↔	88	90	3	↔	79	66	10	↔	6.0%	6.9%	11	✓
Mississippi	10	10	49	↔	36	33	41	↔	120	67	9	X	7.9%	7.8%	6	↔
Missouri	22	23	17	↔	49	43	29	↔	44	44	20	↔	6.0%	6.2%	19	↔
Montana	20	23	17	↔	83	80	9	↔	6	7	46	↔	4.8%	4.6%	45	↔
Nebraska	16	20	23	✓	90	73	10	↔	72	59	14	↔	6.0%	5.9%	28	↔
Nevada	13	12	45	↔	28	38	34	✓	40	36	24	↔	4.3%	4.7%	43	↔
New Hampshire	29	26	10	↔	55	59	15	↔	24	23	32	↔	5.3%	5.6%	31	↔
New Jersey	19	20	23	↔	36	35	37	↔	123	134	2	↔	6.0%	6.6%	13	✓
New Mexico	34	32	4	↔	32	34	39	↔	13	20	36	✓	4.9%	5.2%	38	↔
New York	42	47	1	↔	28	27	44	↔	40	45	19	↔	10.2%	10.5%	2	↔
North Carolina	16	17	35	↔	65	53	21	↔	33	31	29	↔	4.8%	4.9%	41	↔
North Dakota	16	25	12	✓	105	102	1	↔	10	48	17	✓	6.2%	6.1%	21	↔
Ohio	21	20	23	↔	54	59	15	↔	30	26	31	↔	6.7%	6.9%	11	↔
Oklahoma	14	12	45	↔	44	39	32	↔	33	34	25	↔	5.0%	5.1%	40	↔
Oregon	23	25	12	↔	121	95	2	X	5	6	47	✓	5.7%	5.7%	29	↔
Pennsylvania	22	27	7	✓	64	58	17	↔	71	66	10	↔	5.1%	5.2%	38	↔
Rhode Island	17	20	23	↔	51	49	25	↔	57	61	12	↔	10.1%	10.4%	3	↔
South Carolina	13	14	41	↔	42	37	35	↔	47	46	18	↔	4.9%	4.6%	45	↔
South Dakota	15	17	35	↔	76	72	11	↔	29	18	38	X	9.4%	7.6%	8	X
Tennessee	13	13	43	↔	44	41	30	↔	17	20	36	↔	5.6%	6.0%	26	↔
Texas	27	27	7	↔	39	33	41	↔	130	125	3	↔	4.6%	5.3%	35	✓
Utah	12	11	47	↔	58	58	17	↔	*	6	47	*	4.3%	4.4%	48	↔
Vermont	31	27	7	↔	54	62	12	↔	63	61	12	↔	7.3%	7.2%	10	↔
Virginia	21	20	23	↔	56	45	28	↔	33	32	28	↔	5.4%	5.6%	31	↔
Washington	25	24	14	↔	103	85	6	↔	13	12	42	↔	6.1%	6.1%	21	↔
West Virginia	19	21	22	↔	26	24	47	↔	*	*	*	*	5.7%	6.0%	26	↔
Wisconsin	22	23	17	↔	92	84	7	↔	41	38	22	↔	5.1%	5.3%	35	↔
Wyoming	27	20	23	X	*	37	35	*	*	*	*	*	4.7%	4.5%	47	↔

Key for Change: ✓ Performance improvement ↔ Little or no change in performance X Performance decline * No trend available

Source: Long-Term Services and Supports State Scorecard, 2020.

EXHIBIT A10 Indicator Data: Quality of Life and Quality of Care

	Rate of Employment for Adults with ADL Disability Ages 18-64 Relative to Rate of Employment for Adults without ADL Disability Ages 18-64				Percentage of High-Risk Nursing Home Residents with Pressure Sores		
State	**2013—15**	**2016—18**	**Rank**	**Change**	**2018**	**Rank**	**Change**
United States	**21.4%**	**21.4%**		↔	**7.3%**		*
Alabama	18.4%	15.5%	51	↔	7.5%	27	*
Alaska	29.0%	19.6%	38	X	5.9%	15	*
Arizona	21.1%	17.8%	46	↔	7.7%	32	*
Arkansas	17.9%	16.5%	49	↔	7.7%	32	*
California	21.4%	21.5%	27	↔	7.0%	25	*
Colorado	22.9%	24.9%	15	↔	5.6%	10	*
Connecticut	25.2%	23.5%	21	↔	5.3%	3	*
Delaware	20.8%	22.8%	24	↔	5.4%	6	*
District of Columbia	20.4%	23.5%	21	↔	13.0%	51	*
Florida	19.8%	20.6%	33	↔	7.9%	35	*
Georgia	20.0%	21.3%	28	↔	9.0%	47	*
Hawaii	26.0%	26.9%	11	↔	5.2%	2	*
Idaho	18.6%	28.4%	8	✓	5.8%	13	*
Illinois	22.4%	21.1%	32	↔	7.5%	27	*
Indiana	20.3%	21.3%	28	↔	7.1%	26	*
Iowa	30.0%	26.6%	12	↔	5.3%	3	*
Kansas	28.1%	25.5%	14	↔	6.1%	17	*
Kentucky	15.7%	16.9%	48	↔	8.3%	37	*
Louisiana	17.4%	19.2%	39	↔	8.8%	44	*
Maine	18.9%	17.6%	47	↔	5.4%	6	*
Maryland	28.3%	24.3%	18	↔	8.9%	46	*
Massachusetts	21.3%	21.3%	28	↔	5.7%	12	*
Michigan	18.1%	18.6%	44	↔	7.7%	32	*
Minnesota	33.3%	31.1%	4	↔	5.9%	15	*
Mississippi	16.5%	19.8%	37	✓	9.3%	48	*
Missouri	18.8%	18.9%	41	↔	7.9%	35	*
Montana	30.4%	27.1%	10	↔	6.3%	19	*
Nebraska	28.4%	27.7%	9	↔	5.6%	10	*
Nevada	36.5%	34.9%	2	↔	8.6%	41	*
New Hampshire	24.7%	24.7%	16	↔	6.1%	17	*
New Jersey	24.2%	23.6%	19	↔	8.3%	37	*
New Mexico	22.1%	19.2%	39	↔	8.3%	37	*
New York	22.4%	20.3%	36	↔	8.6%	41	*
North Carolina	19.5%	18.8%	42	↔	9.8%	50	*
North Dakota	25.3%	38.1%	1	✓	4.8%	1	*
Ohio	23.0%	21.9%	26	↔	6.7%	23	*
Oklahoma	24.3%	24.7%	16	↔	9.6%	49	*
Oregon	23.8%	23.6%	19	↔	8.5%	40	*
Pennsylvania	20.5%	20.6%	33	↔	6.9%	24	*
Rhode Island	20.6%	20.4%	35	↔	6.4%	20	*
South Carolina	19.6%	18.1%	45	↔	8.6%	41	*
South Dakota	29.6%	32.6%	3	↔	5.5%	9	*
Tennessee	16.1%	18.7%	43	↔	7.5%	27	*
Texas	21.4%	21.3%	28	↔	7.6%	31	*
Utah	27.7%	30.2%	6	↔	6.4%	20	*
Vermont	19.3%	30.8%	5	✓	5.4%	6	*
Virginia	22.2%	26.3%	13	✓	7.5%	27	*
Washington	22.6%	23.4%	23	↔	6.6%	22	*
West Virginia	18.6%	16.4%	50	↔	8.8%	44	*
Wisconsin	22.7%	22.1%	25	↔	5.8%	13	*
Wyoming	34.1%	29.2%	7	X	5.3%	3	*

Key for Change: ✓ Performance improvement ↔ Little or no change in performance X Performance decline * No trend available

Source: Long-Term Services and Supports State Scorecard, 2020.

EXHIBIT A10 Indicator Data: Quality of Life and Quality of Care (continued)

	Percentage of Long-Stay Nursing Home Residents Who Inappropriately Receive Antipsychotic Medication				HCBS Quality Cross-State Benchmarking Capability		
State	**2015**	**2018**	**Rank**	**Change**	**2015–19**	**Rank**	**Change**
United States	**17.3%**	**14.6%**		✓	**1.3**		*
Alabama	19.9%	20.2%	51	↔	2.2	11	*
Alaska	14.5%	11.6%	6	✓	0	38	*
Arizona	17.4%	12.5%	10	✓	1.0	31	*
Arkansas	16.9%	14.0%	19	✓	0	38	*
California	13.2%	10.8%	4	✓	0	38	*
Colorado	15.4%	15.0%	29	↔	2.0	12	*
Connecticut	17.3%	16.5%	37	↔	1.5	20	*
Delaware	13.3%	13.6%	15	↔	1.6	16	*
District of Columbia	13.3%	10.0%	3	✓	0	38	*
Florida	17.5%	14.0%	19	✓	1.5	20	*
Georgia	19.8%	18.1%	46	✓	2.0	12	*
Hawaii	8.0%	7.8%	1	↔	0	38	*
Idaho	16.8%	17.7%	43	↔	0	38	*
Illinois	20.3%	18.7%	48	↔	1.5	20	*
Indiana	16.4%	14.4%	24	✓	2.5	8	*
Iowa	16.5%	14.6%	27	✓	0	38	*
Kansas	19.9%	16.5%	37	✓	2.7	6	*
Kentucky	20.2%	17.3%	39	✓	0	38	*
Louisiana	21.5%	15.8%	34	✓	0.6	37	*
Maine	17.8%	17.4%	42	↔	1.6	16	*
Maryland	14.1%	12.2%	8	✓	1.0	31	*
Massachusetts	18.9%	17.8%	44	↔	1.0	31	*
Michigan	13.4%	13.0%	13	↔	0	38	*
Minnesota	13.5%	13.3%	14	↔	3.5	2	*
Mississippi	21.1%	18.2%	47	✓	2.0	12	*
Missouri	19.4%	18.8%	49	↔	1.2	24	*
Montana	15.0%	12.8%	11	✓	0	38	*
Nebraska	19.4%	17.3%	39	✓	1.6	16	*
Nevada	16.6%	15.1%	30	✓	1.2	24	*
New Hampshire	17.2%	14.1%	21	✓	1.0	31	*
New Jersey	12.9%	9.6%	2	✓	2.5	8	*
New Mexico	16.6%	17.3%	39	↔	0	38	*
New York	15.6%	11.2%	5	✓	0	38	*
North Carolina	14.4%	12.0%	7	✓	3.0	5	*
North Dakota	18.5%	17.8%	44	↔	0	38	*
Ohio	19.6%	14.4%	24	✓	3.1	3	*
Oklahoma	19.8%	18.9%	50	↔	1.8	15	*
Oregon	17.4%	14.3%	23	✓	1.6	16	*
Pennsylvania	16.4%	15.5%	32	↔	2.7	6	*
Rhode Island	17.2%	16.1%	35	↔	0.8	36	*
South Carolina	14.2%	13.6%	15	↔	1.2	24	*
South Dakota	16.7%	16.3%	36	↔	1.2	24	*
Tennessee	20.0%	14.9%	28	✓	3.6	1	*
Texas	20.8%	12.8%	11	✓	2.5	8	*
Utah	17.9%	13.7%	17	✓	1.2	24	*
Vermont	16.8%	15.7%	33	↔	1.2	24	*
Virginia	17.1%	14.2%	22	✓	1.0	31	*
Washington	16.1%	15.1%	30	↔	1.2	24	*
West Virginia	16.1%	13.9%	18	✓	1.5	20	*
Wisconsin	12.9%	12.2%	8	↔	3.1	3	*
Wyoming	12.4%	14.4%	24	X	0	38	*

Key for Change: ✓ Performance improvement ↔ Little or no change in performance X Performance decline * No trend available

Source: Long-Term Services and Supports State Scorecard, 2020.

EXHIBIT A11 Indicator Data: Support for Family Caregivers (Policy-Level Scores)

	Supporting Working Family Caregivers											
	Family Responsibility Protected Classification (out of 2.0)		Exceeds Federal FMLA (out of 4.0)		Paid Family Leave (out of 4.0)		Mandatory Paid Sick Days (out of 3.0)		Flexible Sick Days (out of 3.0)		Unemployment Insurance for Family Caregivers (out of 1.0)	
State	2014	2019	2016	2019	2016	2019	2016	2019	2016	2019	2016	2019
United States	**0.23**	**0.29**	**0.29**	**0.29**	**0.25**	**0.50**	**0.51**	**0.85**	**0.58**	**0.75**	**0.49**	**0.49**
Alabama	0	0	0	0	0	0	0	0	0	0	0	0
Alaska	0	0	0	0	0	0	0	0	0	0	1.00	1.00
Arizona	0	0.30	0	0	0	0	1.00	2.00	1.13	2.25	1.00	1.00
Arkansas	0	0	0	0	0	0	0	0	0	0	1.00	1.00
California	0	0.60	0.75	0	3.25	3.25	2.50	2.50	2.25	2.25	1.00	1.00
Colorado	0.30	0.30	0	0	0	0	0	0	0	0	1.00	1.00
Connecticut	1.00	1.00	1.75	1.75	0	2.00	2.00	2.00	1.00	1.00	1.00	1.00
Delaware	2.00	2.00	0	0	0	0	0	0	0	0	1.00	1.00
District of Columbia	2.00	2.00	3.00	3.00	1.75	3.50	2.00	2.00	2.00	2.00	1.00	1.00
Florida	0.60	0.60	0	0	0	0	0	0	0	0	0	0
Georgia	0	0	0	0	0	0	0	0	0.63	1.25	0	0
Hawaii	0	0	2.00	2.00	0	0	0	0	2.00	2.00	1.00	1.00
Idaho	0	0	0	0	0	0	0	0	0	0	0	0
Illinois	0.60	0.60	0	0	0	0	1.00	2.00	2.25	2.25	1.00	1.00
Indiana	0	0.30	0	0	0	0	0	0	0	0	0	0
Iowa	0	0.60	0	0	0	0	0	0	0	0	0	0
Kansas	0.60	0.60	0	0	0	0	0	0	0	0	1.00	1.00
Kentucky	0.30	0.30	0	0	0	0	0	0	0	0	0	0
Louisiana	0	0	0	0	0	0	0	0	0	0	0	0
Maine	0.30	0.30	1.25	1.25	0	0	0	1.50	1.00	1.00	1.00	1.00
Maryland	0.60	0.60	0	0	0	0	1.50	2.50	2.00	2.00	0	0
Massachusetts	0	0	0	0	0	3.25	2.50	2.50	1.75	1.75	1.00	1.00
Michigan	0.60	0.60	0	0	0	0	0	2.00	0	1.00	0	0
Minnesota	0	0	0.50	0.50	0	0	1.00	2.00	2.25	2.25	1.00	1.00
Mississippi	0	0	0	0	0	0	0	0	0	0	0	0
Missouri	0	0	0	0	0	0	0	0	0	0	0	0
Montana	0	0	0	0	0	0	0	0	0	0	0	0
Nebraska	0	0	0	0	0	0	0	0	0	0	0	0
Nevada	0	0	0	0	0	0	0	2.00	0	0	1.00	1.00
New Hampshire	0	0	0	0	0	0	0	0	0	0	1.00	1.00
New Jersey	0.60	0.60	0.50	1.75	1.50	2.50	2.00	3.00	2.00	2.00	0	0
New Mexico	0	0.30	0	0	0	0	0	1.50	0	3.00	0	0
New York	0.60	0.60	0	0	1.50	3.50	2.00	2.00	1.00	2.00	1.00	1.00
North Carolina	0	0	0	0	0	0	0	0	0	0	0	0
North Dakota	0	0	0	0	0	0	0	0	0	0	0	0
Ohio	0.30	0.30	0	0	0	0	0	0	0	0	0	0
Oklahoma	0	0.30	0	0	0	0	0	0	0	0	1.00	1.00
Oregon	0.30	0.30	2.00	2.00	0	1.50	2.50	2.50	2.00	2.00	1.00	1.00
Pennsylvania	0.60	0.60	0	0	0	0	1.50	1.50	0	0	1.00	1.00
Rhode Island	0	0	0.50	0.50	2.75	2.75	0	2.50	0	1.75	1.00	1.00
South Carolina	0	0	0	0	0	0	0	0	0	0	1.00	1.00
South Dakota	0	0	0	0	0	0	0	0	0	0	0	0
Tennessee	0	0	0	0	0	0	0	0	0	0	0	0
Texas	0.30	0.30	0	0	0	0	0	1.50	0	0	0	0
Utah	0	0	0	0	0	0	0	0	0	0	1.00	1.00
Vermont	0	0	1.25	1.25	0	0	2.50	3.00	2.25	2.25	0	0
Virginia	0	0	0	0	0	0	0	0	0	0	0	0
Washington	0	0	0.75	0	1.75	3.50	2.00	3.00	2.75	2.75	1.00	1.00
West Virginia	0	0	0	0	0	0	0	0	0	0	0	0
Wisconsin	0	0.60	0.75	0.75	0	0	0	0	1.25	1.25	1.00	1.00
Wyoming	0	0	0	0	0	0	0	0	0	0	0	0

Source: Long-Term Services and Supports State Scorecard, 2020.

EXHIBIT A11 Indicator Data: Support for Family Caregivers (Policy-Level Scores) (continued)

	Person- and Family-Centered Care						Nurse Delegation and Scope of Practice				Transportation Policies	
	Spousal Impoverishment Protections (out of 2.0)		Having Caregiver Assessment (out of 2.5)		CARE Act Legislation (out of 1.0)		Nursing Tasks Able to be Delegated (out of 4.0)		Nurse Practitioner Scope of Practice (out of 1.0)		Volunteer Driver Protection (out of 1.0)	
State	2016	2019	2016	2019	2016	2019	2016	2019	2016	2019	2015-16	2019
United States	**0.92**	**0.90**	**0.97**	**1.34**	**0.63**	**0.80**	**2.66**	**2.69**	**0.59**	**0.61**	**0.10**	**0.14**
Alabama	0.51	0	1.60	1.60	0	0	0.50	0.50	0.50	0.50	0	0
Alaska	2.00	2.00	0	0	1.00	1.00	4.00	4.00	1.00	1.00	0	0
Arizona	0.50	0.50	1.60	1.60	0	0	3.50	3.50	1.00	1.00	0	0
Arkansas	0.50	0.50	0	1.00	1.00	1.00	3.50	3.50	0.50	0.50	0	0
California	2.00	2.00	0	0	1.00	1.00	0.50	0.50	0	0	1.00	1.00
Colorado	1.50	1.50	1.00	1.00	1.00	1.00	4.00	4.00	1.00	1.00	0	0
Connecticut	0.50	0.50	0	1.60	1.00	1.00	0.50	0.50	1.00	1.00	0	0
Delaware	0.51	0.50	1.90	1.90	1.00	1.00	0.75	0.75	0.50	0.50	0	0
District of Columbia	1.00	0	1.60	2.20	1.00	1.00	2.50	2.50	1.00	1.00	0	0
Florida	1.50	1.50	1.60	2.20	0	0	0	0	0	0	1.00	1.00
Georgia	2.00	2.00	1.90	1.60	0	0	3.50	3.50	0	0	0	0
Hawaii	1.65	2.00	1.60	1.60	1.00	1.00	3.50	3.50	1.00	1.00	0	0
Idaho	0.50	0.50	0	0	0	0	4.00	4.00	1.00	1.00	0	0
Illinois	2.00	1.63	1.30	1.30	1.00	1.00	0.50	0.50	0.50	0.50	0	0
Indiana	0.50	0.50	0	0	1.00	1.00	0	0	0.50	0.50	0	0
Iowa	1.00	1.00	0	0	0	1.00	4.00	4.00	1.00	1.00	0	0
Kansas	0.50	0.50	0	0	0	1.00	1.50	1.50	0.50	0.50	0	0
Kentucky	0.50	0.50	0	0	0	1.00	4.00	4.00	0.50	0.50	0	0
Louisiana	2.00	2.00	1.60	1.90	1.00	1.00	2.00	2.25	0.50	0.50	0	0
Maine	1.50	1.50	0	0	1.00	1.00	2.25	2.25	1.00	1.00	1.00	1.00
Maryland	0.50	0.50	0	0	1.00	1.00	3.50	3.50	1.00	1.00	0	1.00
Massachusetts	1.50	0.50	1.60	1.60	1.00	1.00	0.50	0.50	0	0	0	0
Michigan	0.50	0.50	1.00	1.00	1.00	1.00	3.25	3.25	0	0	0	0
Minnesota	0.60	1.50	2.20	2.50	1.00	1.00	4.00	4.00	1.00	1.00	0	0
Mississippi	2.00	2.00	1.00	2.50	1.00	1.00	1.25	1.25	0.50	0.50	0	0
Missouri	0.50	0.50	0	1.30	0	1.00	4.00	4.00	0	0	0	0
Montana	0.50	0.50	1.00	1.30	0	1.00	4.00	4.00	1.00	1.00	0	0
Nebraska	0.50	0.50	2.20	2.20	1.00	1.00	4.00	4.00	1.00	1.00	0	0
Nevada	0.50	0.50	1.00	1.30	1.00	1.00	3.75	3.75	1.00	1.00	0	0
New Hampshire	0.50	0.50	1.60	1.90	1.00	1.00	3.25	3.25	1.00	1.00	1.00	1.00
New Jersey	0.50	0.50	0	1.30	1.00	1.00	3.50	4.00	0.50	0.50	0	0
New Mexico	0.58	0.53	0	1.00	1.00	1.00	4.00	4.00	1.00	1.00	0	0
New York	1.53	1.49	0	1.00	1.00	1.00	2.75	2.75	0.50	0.50	0	0
North Carolina	0.50	0.50	1.00	1.00	0	0	4.00	4.00	0	0	0	0
North Dakota	0.28	1.00	1.00	1.00	0	1.00	3.50	3.50	0.50	1.00	0	0
Ohio	0.50	0.50	1.00	1.60	0	1.00	1.75	1.75	0.50	0.50	0	0
Oklahoma	1.01	1.00	1.30	2.20	1.00	1.00	3.50	3.50	0	0	0	0
Oregon	0.50	0.50	1.00	2.50	1.00	1.00	4.00	4.00	1.00	1.00	0	0
Pennsylvania	0.50	0.50	1.90	2.20	1.00	1.00	0	0	0.50	0.50	0	0
Rhode Island	0.50	0.50	1.00	1.60	1.00	1.00	0	0	1.00	1.00	0	1.00
South Carolina	1.45	1.41	1.90	2.20	0	0	0.25	0.50	0	0	0	0
South Dakota	0.50	0.50	2.20	2.20	0	0	3.25	3.25	0.50	1.00	0	0
Tennessee	0.50	0.50	1.00	1.30	0	1.00	0.50	0.50	0	0	0	0
Texas	1.00	1.00	2.20	1.90	0	1.00	4.00	4.00	0	0	0	0
Utah	0.50	0.50	1.60	1.60	1.00	1.00	4.00	4.00	0.50	0.50	0	0
Vermont	1.50	1.47	0	1.60	0	0	4.00	4.00	1.00	1.00	1.00	1.00
Virginia	0.50	0.50	0	0	1.00	1.00	3.00	3.00	0	0	0	0
Washington	0.82	0.80	2.50	2.50	1.00	1.00	4.00	4.00	1.00	1.00	0	0
West Virginia	0.50	0.50	0	1.60	1.00	1.00	3.00	3.00	0.50	0.50	0	0
Wisconsin	1.11	1.08	1.30	1.60	0	0	3.50	4.00	0.50	0.50	0	0
Wyoming	2.00	2.00	1.30	1.30	1.00	1.00	2.75	2.75	1.00	1.00	0	0

Source: Long-Term Services and Supports State Scorecard, 2020.

EXHIBIT A12 Indicator Data: Support for Family Caregivers (Category Totals)

	Supporting Working Family Caregivers			Person- and Family-Centered Care			Nurse Delegation and Scope of Practice		
State	**2014–16**	**2019**	**Change**	**2016**	**2019**	**Change**	**2016**	**2019**	**Change**
United States	**2.35**	**3.17**	✓	**2.52**	**3.04**	✓	**3.25**	**3.30**	↔
Alabama	0	0	↔	2.11	1.60	X	1.00	1.00	↔
Alaska	1.00	1.00	↔	3.00	3.00	↔	5.00	5.00	↔
Arizona	3.13	5.55	✓	2.10	2.10	↔	4.50	4.50	↔
Arkansas	1.00	1.00	↔	1.50	2.50	✓	4.00	4.00	↔
California	9.75	9.60	↔	3.00	3.00	↔	0.50	0.50	↔
Colorado	1.30	1.30	↔	3.50	3.50	↔	5.00	5.00	↔
Connecticut	6.75	8.75	✓	1.50	3.10	✓	1.50	1.50	↔
Delaware	3.00	3.00	↔	3.41	3.40	↔	1.25	1.25	↔
District of Columbia	11.75	13.50	✓	3.60	3.20	X	3.50	3.50	↔
Florida	0.60	0.60	↔	3.10	3.70	✓	0	0	↔
Georgia	0.63	1.25	✓	3.90	3.60	X	3.50	3.50	↔
Hawaii	5.00	5.00	↔	4.25	4.60	✓	4.50	4.50	↔
Idaho	0	0	↔	0.50	0.50	↔	5.00	5.00	↔
Illinois	4.85	5.85	✓	4.30	3.93	X	1.00	1.00	↔
Indiana	0	0.30	✓	1.50	1.50	↔	0.50	0.50	↔
Iowa	0	0.60	✓	1.00	2.00	✓	5.00	5.00	↔
Kansas	1.60	1.60	↔	0.50	1.50	✓	2.00	2.00	↔
Kentucky	0.30	0.30	↔	0.50	1.50	✓	4.50	4.50	↔
Louisiana	0	0	↔	4.60	4.90	✓	2.50	2.75	✓
Maine	3.55	5.05	✓	2.50	2.50	↔	3.25	3.25	↔
Maryland	4.10	5.10	✓	1.50	1.50	↔	4.50	4.50	↔
Massachusetts	5.25	8.50	✓	4.10	3.10	X	0.50	0.50	↔
Michigan	0.60	3.60	✓	2.50	2.50	↔	3.25	3.25	↔
Minnesota	4.75	5.75	✓	3.80	5.00	✓	5.00	5.00	↔
Mississippi	0	0	↔	4.00	5.50	✓	1.75	1.75	↔
Missouri	0	0	↔	0.50	2.80	✓	4.00	4.00	↔
Montana	0	0	↔	1.50	2.80	✓	5.00	5.00	↔
Nebraska	0	0	↔	3.70	3.70	↔	5.00	5.00	↔
Nevada	1.00	3.00	✓	2.50	2.80	✓	4.75	4.75	↔
New Hampshire	1.00	1.00	↔	3.10	3.40	✓	4.25	4.25	↔
New Jersey	6.60	9.85	✓	1.50	2.80	✓	4.00	4.50	✓
New Mexico	0	4.80	✓	1.58	2.53	✓	5.00	5.00	↔
New York	6.10	9.10	✓	2.53	3.49	✓	3.25	3.25	↔
North Carolina	0	0	↔	1.50	1.50	↔	4.00	4.00	↔
North Dakota	0	0	↔	1.28	3.00	✓	4.00	4.50	✓
Ohio	0.30	0.30	↔	1.50	3.10	✓	2.25	2.25	↔
Oklahoma	1.00	1.30	✓	3.31	4.20	✓	3.50	3.50	↔
Oregon	7.80	9.30	✓	2.50	4.00	✓	5.00	5.00	↔
Pennsylvania	3.10	3.10	↔	3.40	3.70	✓	0.50	0.50	↔
Rhode Island	4.25	8.50	✓	2.50	3.10	✓	1.00	1.00	↔
South Carolina	1.00	1.00	↔	3.35	3.61	✓	0.25	0.50	✓
South Dakota	0	0	↔	2.70	2.70	↔	3.75	4.25	✓
Tennessee	0	0	↔	1.50	2.80	✓	0.50	0.50	↔
Texas	0.30	1.80	✓	3.20	3.90	✓	4.00	4.00	↔
Utah	1.00	1.00	↔	3.10	3.10	↔	4.50	4.50	↔
Vermont	6.00	6.50	✓	1.50	3.07	✓	5.00	5.00	↔
Virginia	0	0	↔	1.50	1.50	↔	3.00	3.00	↔
Washington	8.25	10.25	✓	4.32	4.30	↔	5.00	5.00	↔
West Virginia	0	0	↔	1.50	3.10	✓	3.50	3.50	↔
Wisconsin	3.00	3.60	✓	2.41	2.68	✓	4.00	4.50	✓
Wyoming	0	0	↔	4.30	4.30	↔	3.75	3.75	↔

Key for Change: ✓ Performance improvement ↔ Little or no change in performance X Performance decline

Source: Long-Term Services and Supports State Scorecard, 2020.

EXHIBIT A12 Indicator Data: Support for Family Caregivers (Category Totals) (continued)

	Transportation Policies			Support for Family Caregivers Dimension Total Composite Score			
State	2015–16	2019	Change	2017	2020	Rank	Change
United States	**0.10**	**0.14**	↔	**8.22**	**9.65**		✓
Alabama	0	0	↔	3.11	2.60	50	X
Alaska	0	0	↔	9.00	9.00	24	↔
Arizona	0	0	↔	9.73	12.15	13	✓
Arkansas	0	0	↔	6.50	7.50	34	✓
California	1.00	1.00	↔	14.25	14.10	8	↔
Colorado	0	0	↔	9.80	9.80	20	↔
Connecticut	0	0	↔	9.75	13.35	11	✓
Delaware	0	0	↔	7.66	7.65	31	↔
District of Columbia	0	0	↔	18.85	20.20	1	✓
Florida	1.00	1.00	↔	4.70	5.30	45	✓
Georgia	0	0	↔	8.03	8.35	28	✓
Hawaii	0	0	↔	13.75	14.10	8	✓
Idaho	0	0	↔	5.50	5.50	43	↔
Illinois	0	0	↔	10.15	10.78	17	✓
Indiana	0	0	↔	2.00	2.30	51	✓
Iowa	0	0	↔	6.00	7.60	33	✓
Kansas	0	0	↔	4.10	5.10	47	✓
Kentucky	0	0	↔	5.30	6.30	41	✓
Louisiana	0	0	↔	7.10	7.65	31	✓
Maine	1.00	1.00	↔	10.30	11.80	16	✓
Maryland	0	1.00	✓	10.10	12.10	14	✓
Massachusetts	0	0	↔	9.85	12.10	14	✓
Michigan	0	0	↔	6.35	9.35	23	✓
Minnesota	0	0	↔	13.55	15.75	6	✓
Mississippi	0	0	↔	5.75	7.25	37	✓
Missouri	0	0	↔	4.50	6.80	39	✓
Montana	0	0	↔	6.50	7.80	30	✓
Nebraska	0	0	↔	8.70	8.70	26	↔
Nevada	0	0	↔	8.25	10.55	19	✓
New Hampshire	1.00	1.00	↔	9.35	9.65	22	✓
New Jersey	0	0	↔	12.10	17.15	4	✓
New Mexico	0	0	↔	6.58	12.33	12	✓
New York	0	0	↔	11.88	15.84	5	✓
North Carolina	0	0	↔	5.50	5.50	43	↔
North Dakota	0	0	↔	5.28	7.50	34	✓
Ohio	0	0	↔	4.05	5.65	42	✓
Oklahoma	0	0	↔	7.81	9.00	24	✓
Oregon	0	0	↔	15.30	18.30	3	✓
Pennsylvania	0	0	↔	7.00	7.30	36	✓
Rhode Island	0	1.00	✓	7.75	13.60	10	✓
South Carolina	0	0	↔	4.60	5.11	46	✓
South Dakota	0	0	↔	6.45	6.95	38	✓
Tennessee	0	0	↔	2.00	3.30	49	✓
Texas	0	0	↔	7.50	9.70	21	✓
Utah	0	0	↔	8.60	8.60	27	↔
Vermont	1.00	1.00	↔	13.50	15.57	7	✓
Virginia	0	0	↔	4.50	4.50	48	↔
Washington	0	0	↔	17.57	19.55	2	✓
West Virginia	0	0	↔	5.00	6.60	40	✓
Wisconsin	0	0	↔	9.41	10.78	17	✓
Wyoming	0	0	↔	8.05	8.05	29	↔

Key for Change: ✓ Performance improvement ↔ Little or no change in performance X Performance decline

Source: Long-Term Services and Supports State Scorecard, 2020.

EXHIBIT A13 Indicator Data: Effective Transitions

	Percentage of Nursing Home Residents with Low Care Needs			Percentage of Home Health Patients with a Hospital Admission				Percentage of Long-Stay Nursing Home Residents Hospitalized within a Six-Month Period			
State	**2017**	**Rank**	**Change**	**2014**	**2017**	**Rank**	**Change**	**2014**	**2016**	**Rank**	**Change**
United States	**8.9%**		*	**15.9%**	**15.8%**		↔	**17.6%**	**16.8%**		↔
Alabama	11.1%	32	*	17.1%	17.4%	50	↔	19.0%	18.7%	40	↔
Alaska	*	*	*	12.3%	13.8%	1	X	11.1%	13.0%	18	X
Arizona	7.1%	14	*	14.9%	14.8%	10	↔	8.2%	7.2%	2	✓
Arkansas	14.5%	43	*	17.4%	17.0%	47	↔	24.3%	23.4%	49	↔
California	9.3%	26	*	14.5%	14.4%	3	↔	18.5%	18.8%	41	↔
Colorado	13.1%	41	*	14.5%	14.5%	5	↔	8.5%	8.8%	5	↔
Connecticut	12.3%	37	*	16.8%	16.4%	38	↔	13.9%	12.7%	16	↔
Delaware	10.0%	28	*	17.1%	15.8%	22	↔	15.6%	16.0%	30	↔
District of Columbia	*	*	*	16.7%	15.1%	12	✓	19.4%	19.4%	43	↔
Florida	7.2%	15	*	15.3%	15.4%	18	↔	21.7%	21.4%	47	↔
Georgia	8.4%	23	*	16.4%	16.7%	41	↔	17.4%	16.2%	32	↔
Hawaii	3.0%	3	*	14.6%	14.5%	5	↔	5.1%	4.7%	1	↔
Idaho	8.0%	18	*	14.4%	14.4%	3	↔	12.1%	11.2%	9	↔
Illinois	10.0%	28	*	15.7%	15.7%	21	↔	19.9%	17.3%	35	✓
Indiana	5.2%	7	*	16.4%	15.8%	22	↔	17.0%	17.2%	34	↔
Iowa	15.9%	45	*	16.7%	16.0%	29	↔	15.2%	14.2%	21	↔
Kansas	18.2%	47	*	17.3%	16.7%	41	↔	19.3%	18.6%	39	↔
Kentucky	5.6%	10	*	17.2%	16.8%	44	↔	21.0%	20.7%	46	↔
Louisiana	12.2%	35	*	15.9%	16.1%	31	↔	26.8%	26.3%	50	↔
Maine	2.1%	1	*	16.4%	15.5%	19	↔	11.9%	12.2%	12	↔
Maryland	5.1%	6	*	16.4%	15.3%	16	↔	15.9%	15.5%	28	↔
Massachusetts	9.1%	24	*	16.9%	16.9%	46	↔	12.6%	12.9%	17	↔
Michigan	8.3%	20	*	15.9%	15.9%	26	↔	16.9%	15.3%	25	✓
Minnesota	12.8%	38	*	16.5%	16.2%	36	↔	7.0%	7.2%	2	↔
Mississippi	11.8%	34	*	17.2%	16.8%	44	↔	28.2%	28.0%	51	↔
Missouri	24.0%	49	*	16.5%	16.1%	31	↔	18.8%	17.5%	36	↔
Montana	14.8%	44	*	14.8%	16.0%	29	↔	12.0%	12.6%	14	↔
Nebraska	12.2%	35	*	16.6%	16.1%	31	↔	15.7%	15.8%	29	↔
Nevada	9.1%	24	*	15.4%	16.1%	31	↔	19.4%	19.9%	45	↔
New Hampshire	11.5%	33	*	16.5%	17.5%	51	↔	13.7%	13.4%	20	↔
New Jersey	10.6%	31	*	16.0%	15.8%	22	↔	19.7%	18.2%	38	↔
New Mexico	13.0%	40	*	15.1%	14.7%	7	↔	15.0%	13.1%	19	✓
New York	6.8%	13	*	16.4%	16.4%	38	↔	14.1%	12.6%	14	✓
North Carolina	4.7%	4	*	16.1%	15.6%	20	↔	16.4%	16.1%	31	↔
North Dakota	13.1%	41	*	17.6%	14.7%	7	✓	13.8%	14.4%	22	↔
Ohio	7.3%	16	*	16.0%	15.9%	26	↔	13.4%	11.9%	11	✓
Oklahoma	20.7%	48	*	15.5%	15.2%	14	↔	22.8%	23.3%	48	↔
Oregon	5.5%	9	*	14.7%	14.7%	7	↔	8.8%	9.4%	6	↔
Pennsylvania	5.9%	11	*	16.7%	16.7%	41	↔	13.6%	12.5%	13	↔
Rhode Island	10.5%	30	*	15.9%	17.0%	47	↔	8.6%	8.2%	4	↔
South Carolina	5.2%	7	*	16.1%	16.3%	37	↔	19.0%	18.0%	37	↔
South Dakota	16.2%	46	*	14.9%	15.8%	22	↔	15.5%	15.3%	25	↔
Tennessee	4.7%	4	*	16.9%	17.0%	47	↔	19.4%	18.8%	41	↔
Texas	8.3%	20	*	14.8%	15.2%	14	↔	21.4%	19.6%	44	✓
Utah	2.9%	2	*	13.7%	14.1%	2	↔	11.3%	10.3%	7	↔
Vermont	8.2%	19	*	16.1%	16.1%	31	↔	13.7%	14.8%	23	↔
Virginia	7.6%	17	*	16.7%	15.9%	26	↔	17.6%	15.4%	27	✓
Washington	6.2%	12	*	14.9%	14.8%	10	↔	11.1%	11.6%	10	↔
West Virginia	9.3%	26	*	17.6%	16.5%	40	↔	16.8%	16.5%	33	↔
Wisconsin	8.3%	20	*	16.6%	15.3%	16	↔	11.7%	11.1%	8	↔
Wyoming	12.8%	38	*	16.8%	15.1%	12	✓	16.4%	15.1%	24	↔

Key for Change: ✓ Performance improvement ↔ Little or no change in performance X Performance decline * No trend available

Source: Long-Term Services and Supports State Scorecard, 2020.

EXHIBIT A13 Indicator Data: Effective Transitions (continued)

	Percentage of Nursing Home Residents with One or More Potentially Burdensome Transitions at End of Life				Percentage of Short-Stay Residents Who were Successfully Discharged to the Community		
State	**2013**	**2016**	**Rank**	**Change**	**2017–18**	**Rank**	**Change**
United States	**29.8%**	**28.6%**		↔	**53.9%**		*
Alabama	28.9%	24.7%	18	✓	55.2%	26	*
Alaska	14.0%	18.6%	3	X	62.6%	3	*
Arizona	26.5%	26.8%	32	↔	60.9%	5	*
Arkansas	33.6%	31.6%	44	↔	50.7%	45	*
California	33.9%	33.4%	47	↔	52.0%	37	*
Colorado	23.7%	23.8%	13	↔	58.6%	9	*
Connecticut	28.4%	26.0%	26	✓	57.8%	12	*
Delaware	28.7%	25.8%	24	✓	55.7%	20	*
District of Columbia	33.0%	33.3%	46	↔	51.7%	39	*
Florida	40.6%	39.2%	51	↔	51.9%	38	*
Georgia	29.5%	26.9%	33	✓	54.3%	30	*
Hawaii	15.5%	16.2%	1	↔	68.5%	1	*
Idaho	17.3%	17.9%	2	↔	59.8%	7	*
Illinois	33.4%	30.2%	41	✓	49.9%	48	*
Indiana	26.0%	26.5%	28	↔	52.7%	36	*
Iowa	27.7%	27.3%	34	↔	55.7%	20	*
Kansas	30.6%	28.2%	38	✓	53.9%	31	*
Kentucky	28.4%	29.6%	40	↔	51.0%	44	*
Louisiana	36.7%	33.6%	48	✓	43.8%	51	*
Maine	21.9%	21.8%	9	↔	58.6%	9	*
Maryland	27.2%	26.7%	31	↔	57.0%	15	*
Massachusetts	25.3%	25.7%	23	↔	55.0%	27	*
Michigan	27.6%	27.8%	36	↔	55.3%	23	*
Minnesota	21.8%	23.2%	12	↔	59.9%	6	*
Mississippi	36.9%	35.7%	50	↔	49.7%	50	*
Missouri	27.6%	27.7%	35	↔	50.0%	47	*
Montana	20.2%	20.7%	6	↔	59.2%	8	*
Nebraska	25.0%	25.1%	22	↔	53.7%	32	*
Nevada	28.2%	31.0%	43	X	51.7%	39	*
New Hampshire	24.2%	24.3%	16	↔	53.4%	33	*
New Jersey	29.8%	29.4%	39	↔	55.3%	23	*
New Mexico	23.9%	24.8%	19	↔	55.8%	19	*
New York	26.5%	24.2%	15	✓	51.3%	43	*
North Carolina	28.7%	27.8%	36	↔	55.0%	27	*
North Dakota	19.2%	20.1%	5	↔	49.9%	48	*
Ohio	34.3%	31.8%	45	✓	56.8%	16	*
Oklahoma	32.7%	30.4%	42	✓	51.4%	41	*
Oregon	22.5%	21.0%	8	↔	61.4%	4	*
Pennsylvania	27.3%	24.8%	19	✓	53.1%	34	*
Rhode Island	34.5%	26.6%	30	✓	55.3%	23	*
South Carolina	28.3%	26.5%	28	↔	56.0%	17	*
South Dakota	23.1%	20.7%	6	✓	53.1%	34	*
Tennessee	26.8%	25.8%	24	↔	54.4%	29	*
Texas	35.4%	34.0%	49	↔	51.4%	41	*
Utah	28.3%	25.0%	21	✓	63.1%	2	*
Vermont	15.4%	21.9%	10	X	55.9%	18	*
Virginia	26.6%	24.4%	17	✓	57.5%	14	*
Washington	21.3%	22.8%	11	↔	57.8%	12	*
West Virginia	28.0%	26.2%	27	↔	50.6%	46	*
Wisconsin	22.9%	23.8%	13	↔	58.2%	11	*
Wyoming	20.9%	19.3%	4	↔	55.5%	22	*

Key for Change: ✓ Performance improvement ↔ Little or no change in performance X Performance decline * No trend available

Source: Long-Term Services and Supports State Scorecard, 2020.

Exhibit B1

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