

Medicaid Home and Community-Based Services Enrollment and Spending

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Executive Summary

Medicaid continues to be the primary payer for home and community-based services (HCBS) that help seniors and people with cognitive, physical, and mental health disabilities and chronic illnesses with self-care and household activities. Medicaid fills a gap by covering HCBS that are often otherwise unavailable and/or unaffordable through other payers or out-of-pocket and provides substantial federal funding to help states meet their Americans with Disabilities Act community integration obligations. This issue brief presents Medicaid HCBS enrollment and spending data from the Kaiser Family Foundation's 17th annual state survey. The Appendix Tables contain detailed state-level data. Key findings include the following:

- **About 4.6 million enrollees received Medicaid HCBS with joint federal and state HCBS spending totaling \$82.7 billion in 2017.**
- **Nearly all Medicaid HCBS enrollment (86%) and spending (93%) went to services that are provided at state option.** Home health state plan services are the only mandatory HCBS.
- **Services provided through waivers account for the majority of HCBS enrollment (52%) and spending (69%).** Unlike state plan authorities, waivers allow states to cap enrollment but also enable states to expand HCBS financial eligibility.
- **Medicaid HCBS spending per enrollee averaged just over \$17,800 nationally, with substantial variation among states.** State variation in per enrollee spending reflects different choices about optional HCBS authorities, benefit package contents, and scope of covered services. National per enrollee spending varied among the different HCBS state plan and waiver program authorities, reflecting differences in breadth, intensity, and longevity of service use.
- **Per enrollee spending by Section 1915 (c) waiver target population ranged from nearly \$5,000 for people with HIV/AIDS to nearly \$43,000 for people with traumatic brain or spinal cord injuries and over \$44,000 for people with intellectual or developmental disabilities.**

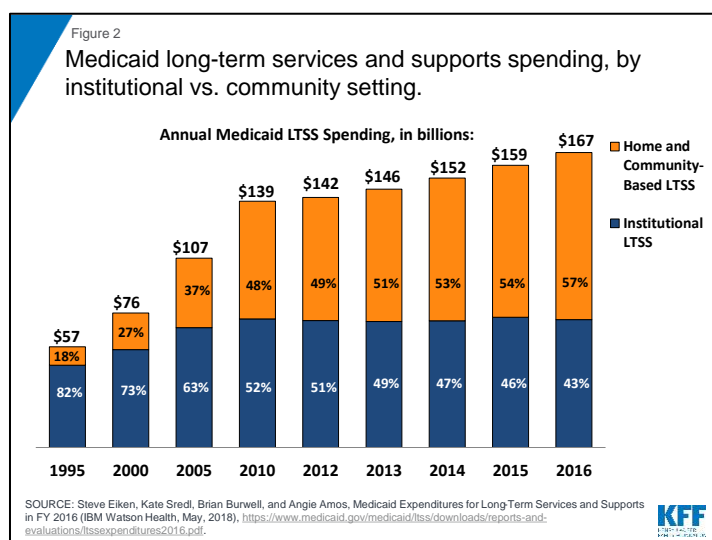
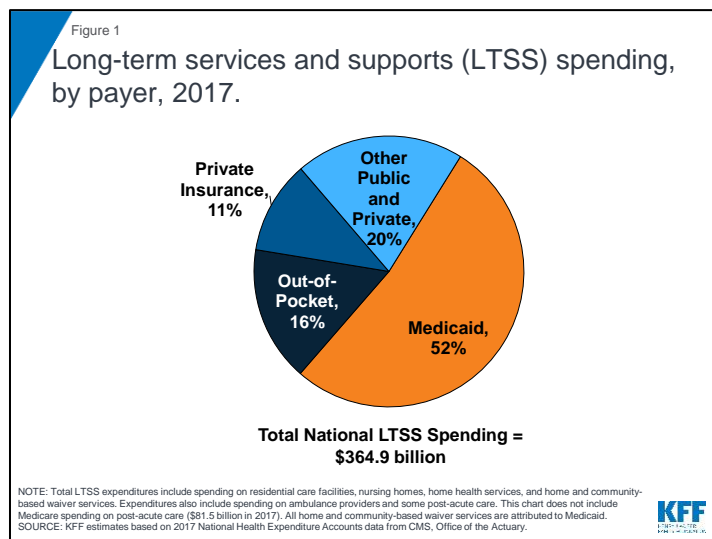
The optional nature of most HCBS covered populations and services puts them at risk if Medicaid financing were to change from the current structure of a federal guarantee to states with no pre-set limits to capped federal funding under a block grant or per capita cap, as recently proposed in President Trump's FY 2020 budget.

Introduction

Medicaid continues to be the primary source of coverage for long-term services and supports (LTSS), financing over half (52%) of these services in 2017 (Figure 1). LTSS help seniors and people with disabilities with self-care and household activities. A range of conditions may give rise to LTSS needs, such as cognitive disabilities, like dementia or Down syndrome; physical disabilities, like multiple sclerosis or spinal cord injuries; mental health disabilities, like depression or schizophrenia; and disabling chronic conditions, like cancer or HIV/AIDS.¹

State Medicaid programs must cover LTSS in nursing homes, while most home and community-based services (HCBS) are optional.² Spending on HCBS surpassed spending on institutional care for the first time in 2013, and comprises 57% of total Medicaid LTSS spending as of 2016 (Figure 2). Factors contributing to this trend include beneficiary preferences for HCBS, states' community integration obligations under the Americans with Disabilities Act and the Supreme Court's *Olmstead* decision,³ and the fact that HCBS typically cost less than comparable institutional care.

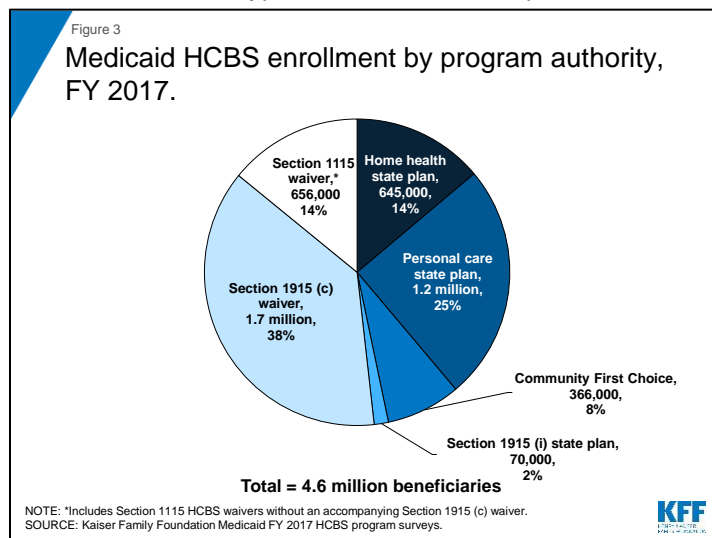
This issue brief presents the latest (2017) state-level Medicaid HCBS enrollment and spending data from the Kaiser Family Foundation's 17th annual survey of all 50 states and DC. It includes Medicaid HCBS provided by the home health, personal care, Community First Choice (CFC), and Section 1915 (i) state plan benefits and Section 1915 (c) and Section 1115 waivers. The Appendix Tables contain detailed state-level data. Related briefs present the latest data and answer key questions about [HCBS waiver waiting lists](#) and highlight [themes in state HCBS policies](#).



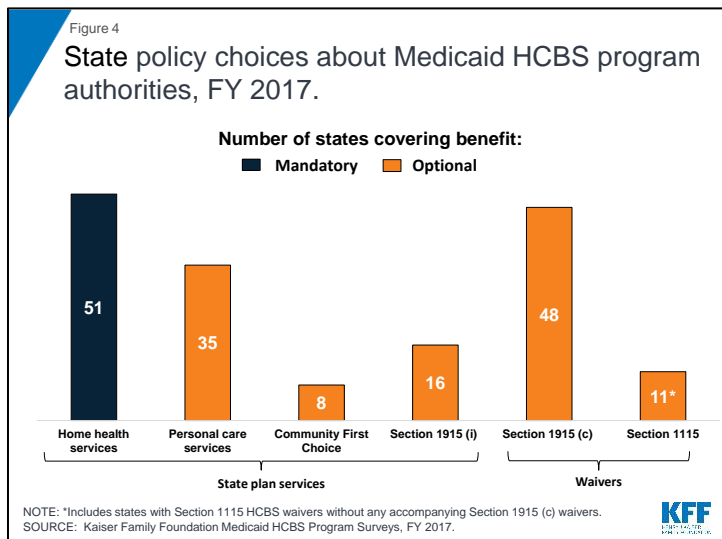
HCBS Enrollment

About 4.6 million Medicaid beneficiaries receive HCBS as of 2017 (Figure 3 and Appendix Table 1).

Medicaid HCBS include four types of state plan benefits and two types of waivers.⁴ State plan HCBS include home health; personal care; Section 1915 (i), which authorizes HCBS targeted to a particular population with functional needs that are less than an institutional level of care; and CFC attendant services and supports. HCBS waivers include Section 1915 (c) and Section 1115,⁵ both of which allow states to expand financial eligibility and offer HCBS to seniors and people with disabilities who would otherwise qualify for an institutional level of care, while limiting enrollment.



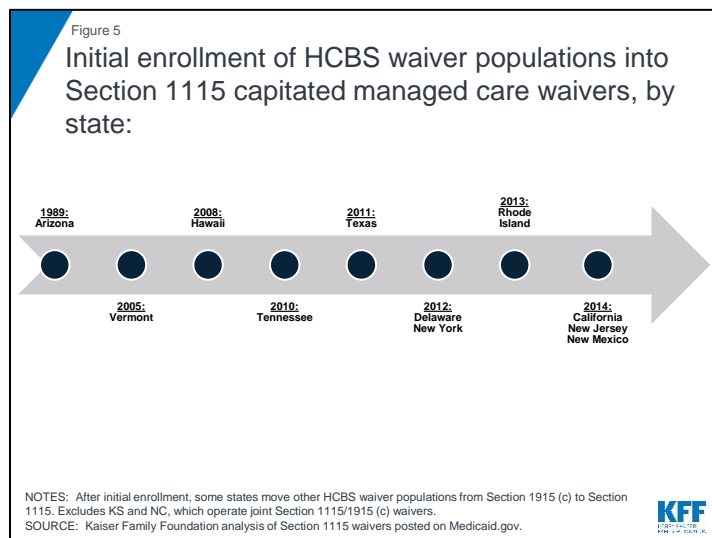
Nearly all (86%) Medicaid HCBS enrollees receive services that are provided at state option. Home health state plan services are the only HCBS that are required for states participating in Medicaid.⁶ Among the optional HCBS authorities, 48 states offer Section 1915 (c) waivers, 35 states offer personal care state plan services,⁷ 16 states offer Section 1915 (i) state plan services,⁸ 11 states offer Section 1115 waivers,⁹ and eight states offer CFC state plan services¹⁰ (Figure 4).



HCBS waivers account for over half (52%) of Medicaid HCBS enrollment (Figure 3). While some states have taken up Section 1915 (i) and/or CFC, these newer state plan authorities have not supplanted waivers as the primary authority through which HCBS are provided. Unlike state plan services, which must be provided to all beneficiaries for whom they are medically necessary, states can cap enrollment for waiver services.¹¹

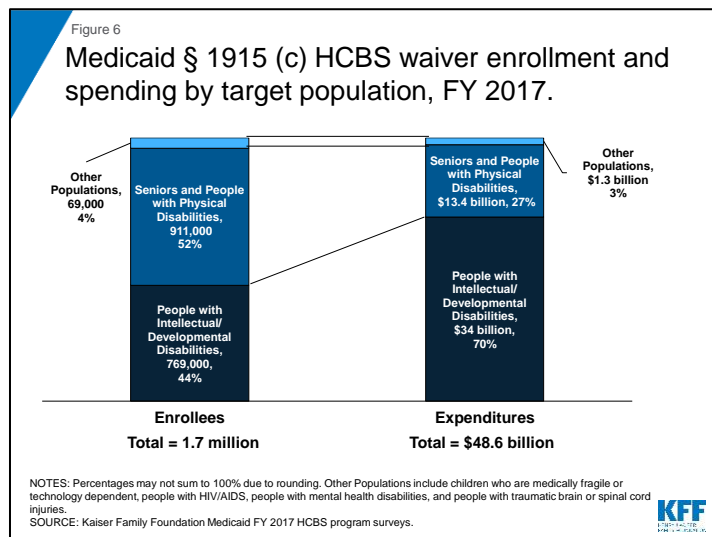
Some states have changed HCBS waiver authorities from Section 1915 (c) to Section 1115, a trend that accelerated from 2008 to 2014 (Figure 5). Section 1115 waivers can be used to allow states to require beneficiaries to enroll in capitated managed care to receive HCBS. Section 1115 waivers also

have been used to allow states to provide HCBS to multiple populations within a single waiver, eliminating the need for multiple Section 1915 (c) waivers, each for a different population.¹² All 11 states currently using Section 1115 HCBS waivers without an accompanying Section 1915 (c) waiver require beneficiaries to enroll in capitated managed care and serve multiple populations in a single waiver.¹³ However, the two states with the most recently approved Section 1115 waivers that require beneficiaries to enroll in capitated managed care (Kansas¹⁴ and North Carolina¹⁵) continue to operate concurrent Section 1915 (c) waivers that authorize HCBS, instead of moving the HCBS authority to Section 1115.



Over half (52%, 911,000 people in 42 states¹⁶) of Section 1915 (c) enrollment is in waivers targeted to seniors and/or nonelderly adults with physical disabilities (Figure 6 and Appendix Table 4).¹⁷

The next largest group of Section 1915 (c) waiver enrollees (44%, 769,000 people in 48 states¹⁸) is people with intellectual or developmental disabilities (I/DD). The Section 1915 (c) waiver populations with the smallest enrollment are people with mental health disabilities (nearly 27,000 people in 12 states¹⁹), people with traumatic brain or spinal cord injuries (TBI/SCI) (over 17,000 people in 22 states²⁰), children who are medically fragile or technology dependent (nearly 15,000 people in 16 states²¹), and people with HIV/AIDS (nearly 11,000 people in 7 states²²) (Appendix Table 4).



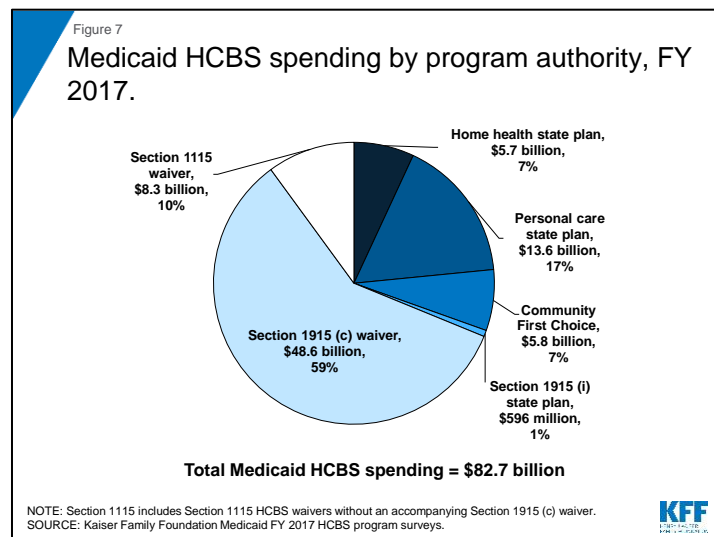
In contrast to Section 1915 (c) waiver enrollment by target population, people with I/DD account for the vast majority of Section 1915 (i) state plan HCBS enrollment (84%, 58,000 people in 4 states²³). Nearly all Section 1915 (i) state plan HCBS enrollment for people with I/DD is in California. Unlike waivers which require an institutional level of care, Section 1915 (i) state plan HCBS are provided to people with functional needs that are less than an institutional level of care. The next largest Section 1915 (i) enrollment group is people with mental health disabilities (13%, 9,000 people in 3 of 6 states

reporting this data²⁴). Three-quarters of Section 1915 (i) state plan HCBS enrollment for people with mental health disabilities is in Iowa. Seniors and adults with physical disabilities (3%, 2,000 people in 3 of 6 states reporting²⁵) make up the remainder of Section 1915 (i) state plan HCBS enrollment.

Nearly 800,000 people self-directed HCBS in states that were able to report this data. This includes over 200,000 people self-directing Section 1915 (c) waiver services in 44 of 48 states reporting for at least one waiver²⁶ and nearly 551,000 people self-directing personal care state plan services in 12 of 35 states reporting this data.²⁷ Self-direction enrollment varies considerably from state to state and within states among waivers. Among states reporting self-direction enrollment for Section 1915 (c) waiver services, Illinois' waiver targeted to seniors and adults with physical disabilities had the most beneficiaries (nearly 30,000) self-directing services. Among states reporting self-direction enrollment for personal care state plan services, California had the greatest number of beneficiaries (over 485,000) self-directing services.

HCBS Spending

Medicaid HCBS spending totaled \$82.7 billion in 2017, with over two-thirds (69%) going to HCBS provided through waivers (Figure 7 and Appendix Table 2).²⁸ Less than one-third (31%) went to HCBS provided through state plan authorities. As with enrollment, nearly all (93%) Medicaid HCBS spending was for services provided at state option (all but the 7% devoted to mandatory home health state plan benefits).



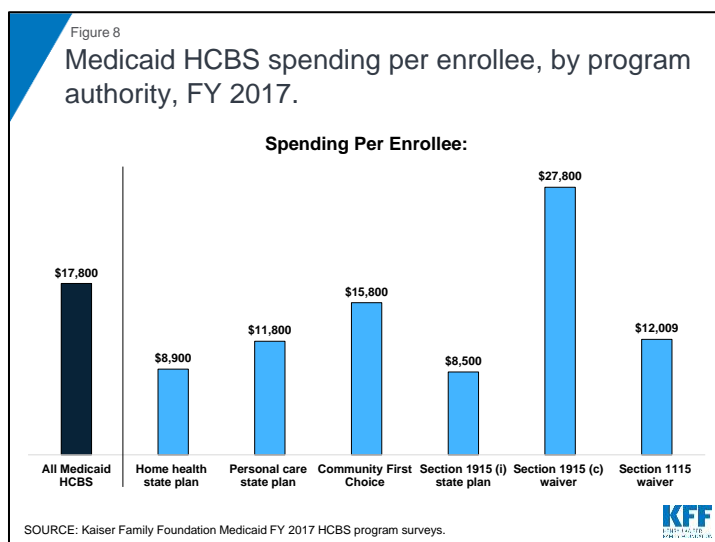
Most Section 1915 (c) waiver spending (70%, \$34 billion in 48 states²⁹) is for waivers targeted to people with I/DD (Figure 6 and Appendix Table 5). Although individuals with I/DD account for 44 percent of all Section 1915 (c) waiver enrollees, spending for this population is disproportionate to their enrollment as a result of their generally more intensive needs. Section 1915 (c) waivers targeted to seniors and/or people with physical disabilities, offered in 42 states,³⁰ account for just over half (52%) of enrollment but just over a quarter (27%, \$13.4 billion) of spending (Figure 6). The remaining Section 1915 (c) waiver spending goes to other target populations, including people with TBI/SCI (\$743 million in 22 states³¹), people with mental health disabilities (\$283 million in 12 states³²), children who are medically fragile or technology dependent (\$203 million in 16 states³³), and people with HIV/AIDS (\$54 million in 7 states³⁴).

People with I/DD also account for the vast majority (85%, \$500 million in 4 states³⁵) of Section 1915 (i) state plan HCBS spending. As with enrollment, nearly all Section 1915 (i) state plan HCBS

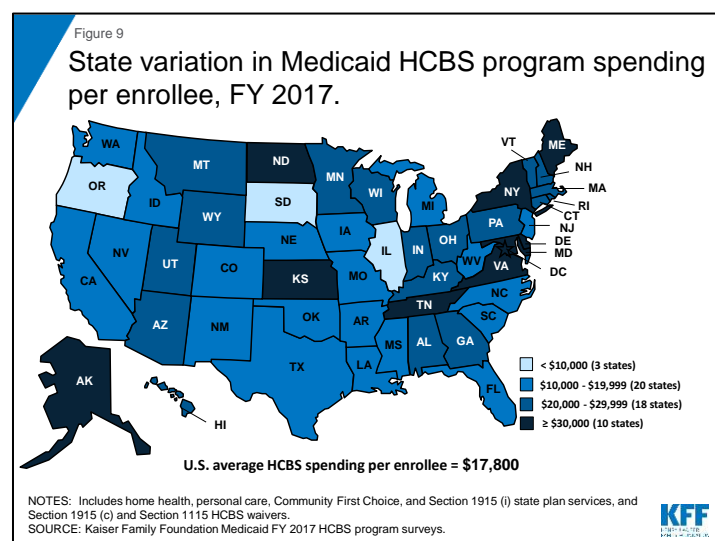
spending for people with I/DD is in California. People with mental health disabilities account for 12% of Section 1915 (i) state plan HCBS spending (\$74 million in 3 of 6 states reporting³⁶). As with enrollment, most Section 1915 (i) state plan HCBS spending for people with mental health disabilities is in Iowa. The smallest share of Section 1915 (i) state plan HCBS spending goes to seniors and adults with physical disabilities (\$15 million in 2 of 6 states reporting³⁷).

HCBS Spending Per Enrollee

Medicaid HCBS spending per enrollee across all program authorities averaged just over \$17,800 nationally in 2017 (Figure 8), with substantial state-level variation (Figure 9 and Appendix Table 3). Three states (IL, OR, SD) spent less than \$10,000 per enrollee, while 10 states (AK, DE, DC, KS, ME, MD, NY, ND, TN, VA) spent more than \$30,000 per enrollee. State variation in per enrollee spending reflects different choices about the optional HCBS authorities, benefit package contents, and scope of covered services.



National per enrollee spending also varied among the different HCBS program authorities, ranging from just under \$9,000 for home health and Section 1915 (i) state plan services to nearly \$28,000 for Section 1915 (c) waivers (Figure 8 and Appendix Table 3). These differences likely are due to the type and extent of services provided in the different HCBS program authorities. Lower per enrollee spending on home health state plan services likely reflects shorter periods of service utilization compared to other service types. Lower per enrollee spending for Section 1915 (i) may reflect that Section 1915 (i) requires enrollees to have functional needs at less than an institutional level of care, unlike waiver authorities which generally require enrollees to meet an institutional level of care and therefore likely have more extensive and intensive service needs. Lower per enrollee spending for Section 1115 waivers compared to Section 1915 (c) waivers may reflect

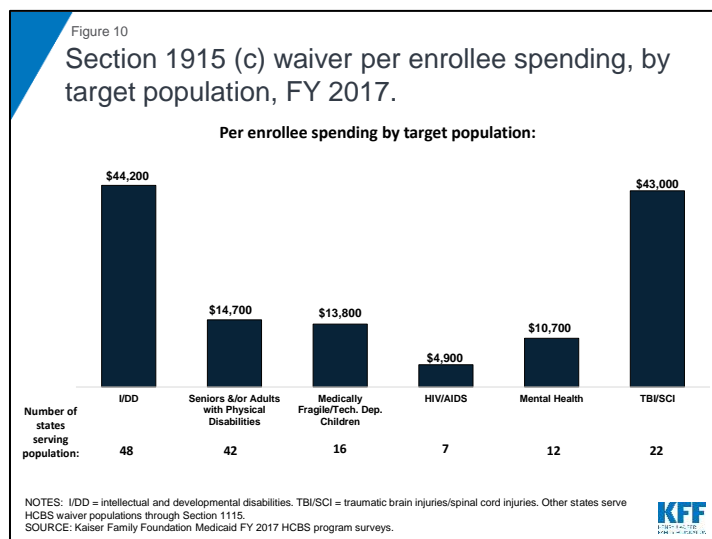


the fact that most Section 1115 waiver states use this authority for seniors and adults with physical disabilities but continue to serve people with I/DD, the costliest population, through Section 1915 (c).

There was substantial variation in per enrollee spending among Section 1915 (c) waiver target populations, ranging from nearly \$5,000 for people with HIV/AIDS to over \$44,000 for people with I/DD (Figure 10 and Appendix Table 6). Per enrollee spending for people with I/DD was closely followed by the TBI/SCI population (nearly \$43,000).

Per enrollee spending was similar across the Section 1915 (i) state plan HCBS target populations. Section 1915 (i) state plan HCBS per enrollee spending

was about \$8,000 for people with mental health disabilities (in 3 of 6 states reporting³⁸) and seniors and adults with physical disabilities (in 2 of 6 states reporting³⁹) and just under \$9,000 for people with I/DD (in 4 states⁴⁰). Lower per enrollee spending for Section 1915 (i) state plan HCBS compared to Section 1915 (c) waivers could reflect a more limited scope benefit package and/or the fact that Section 1915 (i) enrollees have fewer and/or less intensive needs (less than an institutional level of care) that Section 1915 (c) waiver enrollees (who must meet an institutional level of care).



Looking Ahead

Medicaid HCBS enabled about 4.6 million seniors and people with disabilities to live independently, outside of institutions, in 2017. These services, jointly financed by the federal government and states, totaled \$82.7 billion. Medicaid fills a gap by covering HCBS that are typically not available and/or affordable through private insurance, Medicare, or out-of-pocket and provides substantial federal funding to help states meet their community integration obligations under *Olmstead* and the ADA.

Federal Medicaid matching funds are guaranteed to states with no pre-set limit, though most HCBS are provided at state option. Nearly all Medicaid HCBS enrollment (86%) and spending (93%) went to HCBS that are optional for states. Additionally, services provided through waivers, which give states the option to expand HCBS financial eligibility to additional populations, account for the majority of HCBS enrollment (52%) and spending (69%), compared to services offered through state plan authorities. Although efforts to repeal and replace the Affordable Care Act and cap federal Medicaid funding through a block grant or per capita cap were narrowly defeated in Congress in 2017, capped federal financing is proposed in President Trump's FY 2020 budget.⁴¹ The optional nature of most HCBS covered populations and

services puts them at risk if Medicaid financing were to change from a federal guarantee to states with no pre-set limits to capped federal funding under a block grant or per capita cap.⁴²

Appendix Tables

Appendix Table 1: Medicaid HCBS Enrollment, by State and Program Authority, FY 2017

Appendix Table 2: Medicaid HCBS Spending, by State and Program Authority, FY 2017

Appendix Table 3: Medicaid HCBS Spending Per Enrollee, by State and Program Authority, FY 2017

Appendix Table 4: Medicaid Section 1915 (c) HCBS Waiver Enrollment, by Target Population and State, FY 2017

Appendix Table 5: Medicaid Section 1915 (c) HCBS Waiver Spending, by Target Population and State, FY 2017

Appendix Table 6: Medicaid Section 1915 (c) HCBS Waiver Spending Per Enrollee, by Target Population and State, FY 2017

Appendix Table 1: Medicaid HCBS Enrollment, By State and Program Authority, FY 2017

State	State Plan Services				Waivers		Total HCBS Enrollment
	Home health	Personal care	Community First Choice	Section 1915 (i)	Section 1915 (c)	Section 1115	
Alabama	5,700				14,700		20,400
Alaska	400	4,000			5,300		9,700
Arizona	included in 1115					19,400	19,400
Arkansas	5,000	19,800			14,300*		39,200
California	37,500*	272,700	225,400	54,400	146,200*	474,300*	1,210,600
Colorado	21,400	100		NR	45,900		67,300
Connecticut	32,500		2,700	600	28,200		64,100
Delaware	included in 1115	included in 1115		900	1,200	4,700	6,800
DC	8,600	6,000		200	6,900		21,700
Florida	18,700	3,000		NR	100,100*		121,800
Georgia	7,700				42,900*		50,700
Hawaii	included in 1115				2,800	4,700	7,500
Idaho	1,800	8,100		2,400	19,100		31,500
Illinois	13,300				161,600*		174,900
Indiana	14,300			2,200	41,900		58,400
Iowa	22,000*			6,900	30,300*		59,300
Kansas	3,400	included in 1115			27,600*		31,000
Kentucky	15,000				24,700		39,600
Louisiana	6,800	14,000			23,600		44,300
Maine	1,700	3,400			7,200		12,200
Maryland	4,400	700	11,600	NR	26,600		43,300
Massachusetts	71,300	51,900			30,300		153,500
Michigan	3,500	60,700			24,800		88,900
Minnesota	32,900	42,600			76,900		152,400
Mississippi	1,500			700	25,700		27,800
Missouri	4,700	66,300			32,800		103,800
Montana	300	600	3,400		5,800		10,100
Nebraska	1,900	2,500			10,800*		15,200
Nevada	3,600*	8,800*		1,100*	4,600*		18,100
New Hampshire	1,400*	100*			9,100		10,600
New Jersey	44,100	48,100			10,700*	21,000	123,900
New Mexico	700	included in 1115			5,100	29,300	35,100
New York	101,400	116,100	NR		95,300*	NR	362,900
North Carolina	22,300	44,900			25,000*		92,200
North Dakota	1,100	1,200			5,300*		7,600
Ohio	25,600			NR	110,200*		135,900
Oklahoma	3,600	3,000			26,600*		33,200
Oregon	400	3,100	34,300	NR	53,300		91,000
Pennsylvania	26,700				102,800*		129,400
Rhode Island	1,700	1,200				7,900	10,800
South Carolina	600				35,100		35,700
South Dakota	11,100	600			5,800		17,500
Tennessee	10,700				8,300	16,300	35,300
Texas	25,700	346,900	27,800	0	48,100	67,500	516,000
Utah	2,900	100			8,800		11,800
Vermont	3,700	1,500				10,300	15,600
Virginia	1,800				57,000*		58,800
Washington	5,000	1,400	61,000		59,100		126,500
West Virginia	8,200	7,700			10,900		26,800
Wisconsin	5,600	16,700		NR	84,800*		107,100
Wyoming	700				5,200*		5,900
U.S.TOTAL:	645,000	1,158,000	366,000	70,000	1,750,000	656,000	4,643,000

NOTES: Totals may not sum due to rounding. NR indicates state did not report data. Included in 1115 indicates that state was unable to report state plan services separately from Section 1115 waiver services. Blank cell indicates state does not elect option. *Data from 2017 unless otherwise noted in table endnotes.

SOURCE: KFF Medicaid HCBS Program Surveys, FY 2017.

Appendix Table 2: Medicaid HCBS Spending, By State and Program Authority, FY 2017 (\$, in thousands)

State	State Plan Services				Waivers		Total HCBS Spending
	Home health	Personal care	Community First Choice	Section 1915 (i)	Section 1915 (c)	Section 1115	
Alabama	30,300				428,200		458,400
Alaska	1,400	67,000			276,900		345,300
Arizona	included in 1115					392,600	392,600
Arkansas	11,800	148,300			323,700*		483,800
California	153,900*	1,700,500	3,168,700	481,200	3,630,200*	4,679,100*	13,813,600
Colorado	287,100	500		NR	900,800		1,188,500
Connecticut	213,800		58,500	6,700	1,343,600		1,622,500
Delaware	included in 1115	included in 1115		300	132,900	110,400	243,600
DC	229,500	254,000		NR	295,000		778,500
Florida	334,800	59,200		NR	1,329,000*		1,722,900
Georgia	5,300				1,090,200*		1,095,500
Hawaii	included in 1115				112,000	99,700	211,700
Idaho	5,700	180,800		17,900	324,800		529,100
Illinois	82,500				1,285,500*		1,368,000
Indiana	305,700			2,500	990,100		1,298,300
Iowa	72,100*			70,400	641,500		784,100
Kansas	7,200	Included in 1115			990,000*		997,100
Kentucky	14,700				792,100		806,800
Louisiana	31,900	155,800			599,900		787,600
Maine	2,700	26,000			400,300		429,000
Maryland	3,100	4,000	232,100	NR	1,194,500		1,433,700
Massachusetts	745,300	825,400			1,555,200		3,125,900
Michigan	3,900	307,700			894,600*		1,206,200
Minnesota	122,800	938,900			2,605,100		3,666,800
Mississippi	1,600			5,800	367,600		374,900
Missouri	5,100	767,600			989,400		1,762,000
Montana	400	7,600	41,600		161,500		211,100
Nebraska	9,700	16,700			250,500*		276,900
Nevada	18,400*	96,000*		8,218*	112,600*		235,300
New Hampshire	6,500*	4,300*			292,000		302,700
New Jersey	62,000	577,400			605,000*	175,500	1,419,800
New Mexico	5,300	included in 1115			361,400	332,300	699,100
New York	2,306,700	3,274,500	NR		6,226,300*	NR	11,954,100
North Carolina	34,400	415,400			887,900*		1,337,700
North Dakota	9,200	25,900			198,600*		233,800
Ohio	151,200			NR	2,718,300*		2,869,500
Oklahoma	13,000	8,900			503,700*		525,500
Oregon	400	5,700	599,400	NR	107,800		713,300
Pennsylvania	28,800				3,656,200*		3,685,000
Rhode Island	2,200	11,300				266,300	279,800
South Carolina	4,600				589,300		593,900
South Dakota	14,200	1,200			142,800		158,100
Tennessee	232,600				681,900	267,200	1,181,700
Texas	58,500	3,402,500	499,000	800	1,542,600	1,619,700	7,123,000
Utah	20,400	400			323,900		344,700
Vermont	7,200	13,500				383,500	404,200
Virginia	2,300				2,246,000*		2,248,400
Washington	5,900	5,500	1,186,100		649,200		1,846,700
West Virginia	9,800	74,800			411,500		496,100
Wisconsin	49,600	268,900		NR	2,261,300*		2,579,900
Wyoming	9,500				162,000*		171,400
U.S. TOTAL:	5,735,000	13,646,000	5,785,000	594,000	48,585,000	8,326,000	82,674,000

NOTES: Totals may not sum due to rounding. NR indicates state did not report data. Included in 1115 indicates that state was unable to report state plan services separately from Section 1115 waiver services. Blank cell indicates state did not elect option. *Data from 2017 unless otherwise noted in table endnotes.

SOURCE: KFF Medicaid HCBS Program Surveys, FY 2017.

Appendix Table 3: Medicaid HCBS Spending Per Enrollee, By State and Program Authority, FY 2017 (\$)

State	State Plan Services				Waivers		Total HCBS Spending Per Enrollee
	Home health	Personal care	Community First Choice	Section 1915 (i)	Section 1915 (c)	Section 1115	
Alabama	5,300				29,200		22,500
Alaska	3,100	16,900			52,500		35,700
Arizona	included in 1115					20,200	20,200
Arkansas	2,300	7,500			22,600*		12,300
California	4,100*	6,200	14,100	8,800	24,800*	9,900*	11,400
Colorado	13,400	7,000		NR	19,600		17,700
Connecticut	6,600		21,700	10,400	47,600		25,300
Delaware	included in 1115	included in 1115		300	110,800	23,500	35,800
DC	26,800	42,000		NR	42,500		35,800
Florida	18,000	19,700		NR	13,300*		14,100
Georgia	700				25,400*		21,600
Hawaii	included in 1115				40,600	21,100	28,300
Idaho	3,100	22,300		7,400	17,000		16,800
Illinois	6,200				8,000*		7,800
Indiana	21,300			1,100	23,600		22,200
Iowa	3,300*			10,200	21,200*		13,200
Kansas	2,100	included in 1115			35,900*		32,200
Kentucky	1000				32,100		20,400
Louisiana	4,700	11,200			25,400		17,800
Maine	1,600	7,700			55,400		35,000
Maryland	700	5,400	20,000	NR	44,900		33,100
Massachusetts	10,500	15,900			51,300		20,400
Michigan	1,100	5,100			36,100*		13,600
Minnesota	3,700	22,000			33,900		24,100
Mississippi	1,100			8,800	14,300		13,500
Missouri	1,200	11,600			30,200		17,000
Montana	1,200	12,700	12,300		27,900		20,900
Nebraska	5,100	6,700			23,200*		18,200
Nevada	5,200*	10,900*		7,200*	24,400*		13,000
New Hampshire	4,700*	35,200*			32,100		28,600
New Jersey	1,400	12,000			56,500*	8,300	11,500
New Mexico	8,000	included in 1115			70,300	11,300	19,900
New York	22,700	28,200	NR		65,300*	NR	32,900
North Carolina	1,500	9,200			35,500*		14,500
North Dakota	8,400	22,300			37,300*		30,800
Ohio	5,900			NR	24,700*		21,100
Oklahoma	3,600	3,000			18,900*		15,800
Oregon	1,100	1,900	17,500	NR	2,000		7,800
Pennsylvania	1,100				35,600*		28,500
Rhode Island	1,300	9,300				33,600	25,900
South Carolina	8,300				16,800		16,700
South Dakota	1,300	2,000			24,600		9,000
Tennessee	21,800				82,400	16,400	33,500
Texas	2,300	9,800	18,000	8,800	32,100	24,000	13,800
Utah	7,000	4,600			36,800		29,100
Vermont	1,900	9,100				37,100	26,000
Virginia	1,300				39,400*		38,300
Washington	1,200	4,000	19,400		11,000		14,600
West Virginia	1,200	9,700			37,900		18,500
Wisconsin	8,900	16,100		NR	26,700*		24,100
Wyoming	1,200				31,400*		29,200
U.S. TOTAL:	8,900	11,800	15,800	8,500	27,800	12,700	17,800

NOTES: Totals may not sum due to rounding. NR indicates state did not report data. Included in 1115 indicates that state was unable to report state plan services separately from Section 1115 waiver services. Blank cell indicates state did not elect option. *Data from 2017 unless otherwise noted in table endnotes. SOURCE: KFF Medicaid HCBS Program Surveys, FY 2017.

Appendix Table 4: Medicaid Section 1915 (c) HCBS Waiver Enrollment, by Target Population and by State, FY 2017

State	Total No. of § 1915 (c) Waivers	Enrollment by Target Population								Total
		I/DD	Seniors	Seniors & Adults with Physical Disabilities	Adults with Physical Disabilities	Med. Fragile/ Tech Dep. Children	HIV/ AIDS	Mental Health	TBI/ SCI	
Alabama	7	5,500		9,100	< 50		100			14,700
Alaska	4	2,300		2,700*		300				5,300
Arkansas	4	4,300*		10,100						14,300
California	8	125,800	10,100	5,000*	4,000	300	1,100			146,200
Colorado	11	12,500		27,300		1,800		4,000	200	45,900
Connecticut	10	10,200	15,200		1,100	300		700	600	28,200
Delaware	1	1,200								1,200
DC	2	3,300		3,700						6,900
Florida	7	29,400*		63,000		< 50*	7,300*		400*	100,100
Georgia	5	12,900		28,500	1,400			100*		42,900
Hawaii	1	2,800								2,800
Idaho	4	8,200		10,900						19,100
Illinois	9	22,800	84,700*	10,800	36,100	900*	1,500		4,900	161,600
Indiana	4	23,200		18,500					200	41,900
Iowa	7	12,700*	12,600*		2,800*		< 50*	800*	1,400*	30,300
Kansas	7	9,200*	6,700*		6,400*	500*		4,300*	600*	27,600
Kentucky	6	15,100		9,100		< 50			500	24,700
Louisiana	7	12,000		5,900				5,600		23,600
Maine	5	5,100		1,900					200	7,200
Maryland	6	15,900		10,400		200			100	26,600
Massachusetts	10	15,600	13,700	600					500	30,300
Michigan	4	8,500		15,600				600		24,800
Minnesota	5	18,600	29,400		27,500				1,400	76,900
Mississippi	5	2,600		19,400	2,700				900	25,700
Missouri	10	14,600		15,900	2200		100			32,800
Montana	4	2,800		2,700				300		5,800
Nebraska	5	4,800		6,000*					<50*	10,800
Nevada	3	2,000*	1,900		700					4,600
New Hampshire	4	5,000		3,900					300	9,100
New Jersey	1	10,700*								10,700
New Mexico	3	5,100								5,100
New York	10	83,200		2,500*		100*		6,600	2,900*	95,400
North Carolina	3	12,500*		10,000		2,500				25,000
North Dakota	6	5,000*		300	< 50	< 50				5,300
Ohio	8	41,200*		62,600	6,400					110,200
Oklahoma	6	5600*		20,900	100					26,600
Oregon	6	17,700		35,300		300				53,300
Pennsylvania	9	37,800*		36,200*	27,900*				900*	102,800
South Carolina	8	11,800		20,400	100	1,200	800		900	35,100
South Dakota	4	3800		1,800					100	5,800
Tennessee	3	8,300								8,300
Texas	6	40,300				5,600		2,200		48,100
Utah	8	5,200	800	2,100	100	500			100	8,800
Virginia	7	22,700*		33,900*	400*					57,000
Washington	8	16,700		42,400						59,100
West Virginia	3	4,600		6,200					100	10,900
Wisconsin	7	25,500		58,200				1,200*		84,800
Wyoming	5	2,400		2,500				100*	200	5,200
TOTAL:	276	769,000	175,000	616,000	120,000	15,000	11,000	27,000	17,000	1,749,400
No Section 1915 (c) Waivers (3 states)										
Arizona										
Rhode Island										
Vermont										
NOTES: I/DD = intellectual and developmental disabilities. TBI = traumatic brain injury. SCI = spinal cord injury. Totals may not sum due to rounding. States may offer more than one Section 1915 (c) waiver per target population category. Programs with enrollment under 50 individuals are noted as < 50. Blank cell indicates state does not offer Section 1915 (c) waiver for that population. *Data from 2017 unless otherwise noted in table endnotes. SOURCE: KFF Medicaid HCBS Program Surveys, FY 2017.										

Appendix Table 5: Medicaid Section 1915 (c) HCBS Waiver Spending, by Target Population and by State, FY 2017 (\$, in thousands)

State	Total No. of § 1915 (c) Waivers	Spending by Target Population								Total
		I/DD	Seniors	Seniors & Adults with Physical Disabilities	Adults with Physical Disabilities	Med. Fragile/ Tech Dep. Children	HIV/ AIDS	Mental Health	TBI/ SCI	
Alabama	7	348,900		77,100	1,900		300			428,200
Alaska	4	181,100		83,600		12,200				276,900
Arkansas	4	205,600*		118,100*						323,700
California	8	3,296,300	39,800	106,400*	177,300	1,800	8,600			3,630,200
Colorado	11	458,700		362,500		18,100		38,100	23,500	900,800
Connecticut	10	895,100	387,600		1,600	100		< 50	59,100	1,343,600
Delaware	1	132,900								132,900
DC	2	226,100		68,900						295,000
Florida	7	836,400*		466,600*		< 50*	10,800*		15,200*	1,329,000
Georgia	5	562,500		460,000	66,800			1000*		1,090,200
Hawaii	1	112,000								112,000
Idaho	4	240,600		84,100						324,800
Illinois	9	71,600	429,400*	127,800	558,200	1,900*	24,000		72,600	1,285,500
Indiana	4	757,200		228,000					4,900	990,100
Iowa	7	446,800	99,400		47,400		500	10,200	37,200	641,500
Kansas	7	413,000*	207,400*		255,600*	45,100*		49,300*	19,700*	990,000
Kentucky	6	659,900		85,600		2,900			43,700	792,100
Louisiana	7	472,200		115,000				12,800		599,900
Maine	5	350,900		33,600					15,700	400,300
Maryland	6	933,900		247,500		2,500			10,600	1,194,500
Massachusetts	10	1,282,400	184,600	36,100					52,200	1,555,200
Michigan	4	564,600*		323,700				6,400*		894,600
Minnesota	5	1,296,900	345,300		864,300				98,600	2,605,100
Mississippi	5	94,700		204,800	48,700				19,400	367,600
Missouri	10	887,200		64,100	35,700		2,400			989,400
Montana	4	112,800		43,400				5,300		161,500
Nebraska	5	168,400		81,400*					700*	250,500
Nevada	3	96,900*	10,900*		4,700*					112,600
New Hampshire	4	222,000		\$48,600					21,400	292,000
New Jersey	1	605,000*								605,000
New Mexico	3	361,400								361,400
New York	10	5,846,400		113,200*		3,400*		133,200	130,100*	6,226,300
North Carolina	3	652,100*		152,600		83,300				887,900
North Dakota	6	191,600*		6,800	200	< 50				198,600
Ohio	8	1,866,800*		722,800	128,700					2,718,300
Oklahoma	6	307,200*		191,900	4,600					503,700
Oregon	6	77,100		30,400		300				107,800
Pennsylvania	9	1,695,900*		920,500*	973,500*				66,300*	3,656,200
South Carolina	8	357,700		187,700	1,600	2,500	7,500		32,300	589,300
South Dakota	4	122,200		15,900					4,700	142,800
Tennessee	3	681,900								681,900
Texas	6	1,517,400				15,300		9,800		1,542,600
Utah	8	248,300	7,800	46,500	2,300	13,100			5,900	323,900
Virginia	7	1,521,000*		671,400*	53,600*					2,246,000
Washington	8	590,700		58,600						649,200
West Virginia	3	307,200		102,900					1,500	411,500
Wisconsin	7	555,900		1,688,600				16,800*		2,261,300
Wyoming	5	116,500		37,400				100*	7,900	162,000
TOTAL:	276 waivers	33,950,000	1,712,000	8,414,000	3,227,000	203,000	54,000	283,000	743,000	48,585,000
No Section 1915 (c) Waivers (3 states)										
Arizona										
Rhode Island										
Vermont										
NOTES: I/DD = intellectual and developmental disabilities. TBI = traumatic brain injury. SCI = spinal cord injury. Totals may not sum due to rounding. States may offer more than one Section 1915 (c) waiver per target population category. Programs with enrollment under 50 individuals are noted as < 50. Blank cell indicates state does not offer Section 1915 (c) waiver for that population. *Data from 2017 unless otherwise noted in table endnotes.										
SOURCE: KFF Medicaid HCBS Program Surveys, FY 2017.										

Appendix Table 6: Medicaid Section 1915 (c) HCBS Waiver Spending Per Enrollee, by Target Population and by State, FY 2017 (\$)

State	Total No. of Waivers	Per Enrollee Spending by Target Population								Total
		I/DD	Seniors	Seniors & Adults with Physical Disabilities	Adults with Physical Disabilities	Med. Fragile/ Tech Dep. Children	HIV/ AIDS	Mental Health	TBI/ SCI	
Alabama	7	63,600		8,500	61,800		5,400			29,200
Alaska	4	78,700		31,300		41,200				52,500
Arkansas	5	48,300*		11,700*						22,600
California	8	26,200	4,000	21,300*	44,200	6,900	7,600			24,800
Colorado	11	36,600		13,300		9,900		9,600	132,700	19,600
Connecticut	11	87,400	25,400		1,600	200		< 50	92,700	47,600
Delaware	1	110,800								110,800
DC	2	69,000		18,800						42,500
Florida	7	28,400*		7,400*		3,900*	1,500*		37,300*	13,300
Georgia	5	43,700		16,100	47,300			6,800*		25,400
Hawaii	1	40,600								40,600
Idaho	4	29,300		7,700						17,000
Illinois	9	3,100	5,100*	11,900	15,500	2,300*	15,800		14,800	8,000
Indiana	5	32,600		12,400					27,000	23,600
Iowa	7	35,300*	7,900*		16,700*		16,000*	13,000*	26,900*	21,200
Kansas	7	45,100*	31,100*		40,200*	83,900*		11,600*	31,300*	35,900
Kentucky	6	43,700		9,500		68,500			91,800	32,100
Louisiana	7	39,200		19,300				2,300		25,400
Maine	6	68,900		17,300					84,200	55,400
Maryland	6	58,800		23,700		11,600			105,700	44,900
Massachusetts	10	82,300	13,500	62,700					108,400	51,300
Michigan	4	66,500*		20,700				10,100*		36,100
Minnesota	5	69,600	11,700		31,400				73,000	33,900
Mississippi	5	35,800		10,500	17,900				21,500	14,300
Missouri	10	60,600		4,000	16,500		25,800			30,200
Montana	5	40,300		16,300				16,000		27,900
Nebraska	5	35,400		13,500*					34,100*	23,200
Nevada	3	47,700*	5,900*		6,600*					24,400
New Hampshire	4	44,400		12,600					82,900	32,100
New Jersey	1	56,500*								56,500
New Mexico	3	70,300								70,300
New York	10	70,300		45,400*		25,700*		20,100	44,700*	65,300
North Carolina	3	52,300*		15,200		33,200				35,500
North Dakota	6	38,200*		23,100	175,500	1,300				37,300
Ohio	9	45,300*		11,500	20,200					24,700
Oklahoma	6	55,200*		9,200	52,400					18,900
Oregon	6	4,400		900		1,200				2,000
Pennsylvania	10	44,900*		25,400*	34,800*				74,600*	35,600
South Carolina	8	30,400		9,200	29,100	2,000	9,400		34,900	16,800
South Dakota	4	31,800		8,700					39,000	24,600
Tennessee	3	82,400								82,400
Texas	6	37,700				2,700		4,500		32,100
Utah	7	47,500	10,100	22,500	20,700	26,100			45,600	36,800
Virginia	6	67,000*		19,800*	151,100*					39,400
Washington	7	35,400		1,400						11,000
West Virginia	3	66,400		16,700					21,100	37,900
Wisconsin	7	21,800		29,000				14,400*		26,700
Wyoming	8	47,600		15,200				1,500*	48,500	31,400
TOTAL:	276 waivers	44,200	9,800	13,700	26,900	13,800	4,900	10,700	43,000	27,800
No Section 1915 (c) Waivers (3 states)										
Arizona										
Rhode Island										
Vermont										
NOTES: I/DD = intellectual and developmental disabilities. TBI = traumatic brain injury. SCI = spinal cord injury. Totals may not sum due to rounding. States may offer more than one Section 1915 (c) waiver per target population category. Programs with enrollment under 50 individuals are noted as < 50. Blank cell indicates state does not offer Section 1915 (c) waiver for that population. *Data from 2017 unless otherwise noted in table endnotes.										
SOURCE: KFF Medicaid HCBS Program Surveys, FY 2017.										

Table Notes

Arkansas: Waiver data are from 2015 (#188 I/DD, #195 seniors/adults with physical disabilities, #936 I/DD) and 2014 (#400 seniors/adults with physical disabilities).

California: Home health data are from 2016. Waiver data are from 2016 (#855 seniors/adults with physical disabilities) and 2015 (Section 1115).

Florida: Waiver data are from 2015 (#194 HIV/AIDS, #342 TBI/SCI, #392 I/DD, #867 I/DD, #962 seniors/adults with physical disabilities, #40166 children, #40205 I/DD).

Georgia: Waiver data are from 2015 (#1 mental health).

Illinois: Waiver data are from 2015 (#143 seniors) and 2016 (#278 children).

Iowa: Home health data are from 2016. Waiver enrollment data are from 2016 (#213 HIV/AIDS, #242 I/DD, #299 TBI/SCI, #345 adults with physical disabilities, #819 mental health, #4111 adults with physical disabilities, #4155 seniors).

Kansas: Waiver data are from 2015 (#224 I/DD, #303 seniors, #304 adults with physical disabilities, #320 mental health, #476 I/DD, #4164 TBI/SCI, #4165 children).

Michigan: Waiver spending data are from 2016 (#167 I/DD, #438 mental health, #4119 I/DD).

Nebraska: Waiver data are from 2015 (#187 seniors/adults with physical disabilities, 40199 TBI/SCI).

Nevada: Home health, personal care, and Section 1915 (i) data are from 2016. Waiver data is from 2015 (#125 I/DD) and spending-only data from 2015 (#152 seniors, #4150 adults with physical disabilities).

New Hampshire: Home health and personal care data are from 2015.

New Jersey: Waiver data are from 2011 (#31 I/DD).

New York: Waiver data are from 2013 (#269 TBI/SCI), 2014 (#444 seniors/adults with physical disabilities), and 2016 (#40163 children, #40176 children, #40200 children).

North Carolina: Waiver data are from 2016 (#432 I/DD).

North Dakota: Waiver data are from 2015 (#842 spending-only I/DD) and 2016 (#37 I/DD).

Ohio: Waiver data are from 2015 (#383 I/DD).

Oklahoma: Waiver data are from 2016 (#179 I/DD, #343 I/DD, #351 I/DD, #399 I/DD).

Pennsylvania: Waiver data are from 2016 (#235 I/DD, #277 adults with physical disabilities, #279 seniors/adults with physical disabilities, #319 adults with physical disabilities, #386 TBI/SCI).

Virginia: Waiver data are from 2015 (#227 I/DD, #321 adults with physical disabilities) and 2016 (#4149 adults with physical disabilities, #40206 seniors/adults with physical disabilities).

Wisconsin: Waiver data are from 2015 (#415 mental health).

Wyoming: Waiver data are from 2016 (#451 mental health).

Endnotes

¹ See, e.g., Kaiser Family Foundation, *Medicaid Beneficiaries Who Need Home and Community-Based Services: Supporting Independent Living and Community Integration* (March 2014), <http://kff.org/medicaid/report/medicaid-beneficiaries-who-need-home-and-community-based-services-supporting-independent-living-and-community-integration/>.

² See generally Kaiser Family Foundation, *Streamlining Medicaid Home and Community-Based Services: Key Policy Questions* (March 2016), <https://www.kff.org/medicaid/issue-brief/streamlining-medicaid-home-and-community-based-services-key-policy-questions/>; Kaiser Family Foundation, *Medicaid Long-Term Services and Supports: An Overview of Funding Authorities* (Sept. 2013), <http://kff.org/medicaid/fact-sheet/medicaid-long-term-services-and-supports-an-overview-of-funding-authorities/>.

³ In *Olmstead*, the Supreme Court held that the unjustified institutionalization of people with disabilities violates the Americans with Disabilities Act. Kaiser Family Foundation, *Olmstead's Role in Community Integration for People with Disabilities Under Medicaid: 15 Years After the Supreme Court's Olmstead Decision* (June 2014), <http://kff.org/medicaid/issue-brief/olmsteads-role-in-community-integration-for-people-with-disabilities-under-medicaid-15-years-after-the-supreme-courts-olmstead-decision/>.

⁴ For additional background and current state policies relating to each of these authorities, see Kaiser Family Foundation, *Key State Policy Choices About Medicaid Home and Community-Based Services* (April 2019), <https://www.kff.org/medicaid/issue-brief/key-state-policy-choices-about-medicaid-home-and-community-based-services>.

⁵ Enrollment in Section 1115 HCBS waivers includes those for which the state does not have an accompanying Section 1915 (c) waiver.

⁶ Although 51 states provide home health state plan benefits, total home health state plan enrollment excludes three states (AZ, DE, and HI). These states deliver home health state plan services through Section 1115 capitated managed care waivers and were unable to separately report home health enrollment data. Instead, their state plan home health enrollment is included in their Section 1115 waiver enrollment.

⁷ Total personal care state plan enrollment includes 32 of 35 states with CMS approval to elect this option. The other three states (DE, KS, and NM) deliver personal care state plan services through Section 1115 capitated managed care waivers and were unable to separately report personal care enrollment data. Instead, their state plan personal care enrollment is included in their Section 1115 waiver enrollment.

⁸ Total Section 1915 (i) enrollment includes 11 of 16 states electing this option. The other six states (CO, FL, MD, OH, OR, and WI) were unable to report Section 1915 (i) enrollment data.

⁹ Total Section 1115 waiver enrollment includes 10 of 11 states using this authority. The other state (NY) is unable to report HCBS waiver enrollment separate from institutional waiver enrollment. In 2015 (the most recent year for which NY data are available), 49,930 people received long-term institutional or HCBS in NY's Section 1115 waiver.

¹⁰ Total CFC enrollment includes 7 of 8 states electing this option. One state (NY) was unable to report CFC enrollment data.

¹¹ States can manage enrollment for Section 1915 (i) state plan services by restricting functional eligibility criteria for future beneficiaries if enrollment will exceed the state's initial estimate.

¹² Forty-eight states offer a total of 276 Section 1915 (c) waivers targeted to different populations in 2017.

¹³ Additional Medicaid HCBS enrollees are subject to mandatory or optional enrollment in capitated managed care through other managed care authorities, which are not included in our survey. Our survey is limited to authorities that authorize HCBS (Section 1115 allows states to authorize both HCBS and managed care.) Other Medicaid managed care authorities include the Section 1932 state plan option and Section 1915 (a) and Section 1915 (b) waivers.

¹⁴ KS's Section 1115 waiver authorizing capitated managed care operates concurrently with its Section 1915 (c) waivers for people with I/DD (KS-0224), children with autism (KS-0476), people with physical disabilities (KS-0304), medically fragile/technology dependent children (KS-4165), people with TBI (KS-4164), children with serious emotional disturbance (KS-0320), and frail seniors (KS-0303). CMS Special Terms and Conditions for KanCare, #11-

¹⁵ The letter accompanying CMS's October 2018 approval of NC's Section 1115 waiver notes that "[t]he state requested to transition its 1915 (c) Home and community Based services (HCBS) waivers for Innovation Waiver Services [for children and adults with I/DD] (NC-0423.R02.00) and Traumatic Brain Injury services (NC-1326.R00.00) into the demonstration. CMS determined the state could effectively operate its HCBS waivers under the 1915 (c) authorities concurrently with 1115 authority requiring Medicaid beneficiaries, except those excluded or exempted, to enroll into a managed care plan to receive state plan and HCBS waiver services." Letter from CMS Administrator Seema Verma to NC Deputy Secretary for Medical Assistance Dave Richard, at 3 (Oct. 19, 2018), <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/nc/nc-medicaid-reform-ca.pdf>.

¹⁶ The other nine states (AZ, DE, HI, NJ, NM, RI, TN, TX, and VT) serve all senior and adult with physical disabilities waiver populations under Section 1115. In addition, two states (CA and NY) serve some seniors and adults with physical disabilities under Section 1115 and others under Section 1915 (c).

¹⁷ Section 1115 waiver enrollment is not presented by target population because, unlike Section 1915 (c) waivers, Section 1115 waivers can include multiple populations, and states only report total Section 1115 waiver enrollment in our survey.

¹⁸ The other three states (AZ, RI, VT) serve their entire I/DD waiver populations under Section 1115. In addition, two states (NY and TN) service some people with I/DD under Section 1115 and others under Section 1915 (c).

¹⁹ Another two states (DE and RI) serve people with mental health disabilities under Section 1115.

²⁰ Another three states (DE, RI, and VT) serve people with TBI/SCI under Section 1115.

²¹ Another two states (HI and RI) serve children who are medically fragile or technology dependent under Section 1115.

²² Another three states (DE, HI, and RI) serve people with HIV/AIDS under Section 1115.

²³ CA, DE, ID, and MS.

²⁴ Reporting states include IA, IN, and TX. Non-reporting states include FL, OR, and WI.

²⁵ Reporting states include CT, DC, NV. Non-reporting states include CO, MD, OH.

²⁶ Four states (KS, KY, ME, and VA) have waivers allowing self-direction but did not report enrollment. Among the 44 states reporting self-direction enrollment, not all did so for all waivers allowing self-direction.

²⁷ The 12 states reporting self-direction enrollment for state plan personal care services are AK, CA, ID, MA, MO, MT, NJ, NV, OR, UT, VT, and WI. The 23 states not reporting self-direction enrollment for state plan personal care services are AR, CO, DE, DC, FL, KS, LA, ME, MD, MI, MN, NE, NH, NM, NY, NC, ND, OK, RI, SD, TX, WA, and WV.

²⁸ As with enrollment, total home health state plan spending excludes three (of 51) states (AZ, DE, HI) and total personal care state plan spending excludes three (of 35) states (DE, KS, NM) that are unable to separately report this spending and instead include it in their Section 1115 waiver spending. Six (of 16) states were unable to report Section 1915 (i) spending (CO, FL, MD, OH, OR, WI). One (of 8) state (NY) was unable to report CFC spending. Total Section 1115 waiver spending excludes 1 (of 11) states (NY), which is unable report HCBS waiver enrollment separate from institutional waiver enrollment. In 2015 (the most recent year for which NY data is available), total institutional and HCBS Section 1115 waiver spending in NY was \$146,589,000.

²⁹ The other three states (AZ, RI, VT) serve people with I/DD, along with other populations, through Section 1115 waivers and do not report Section 1115 waiver enrollment by population. In addition, two states (NY and TN) serve some people with I/DD through Section 1115 and others through Section 1915 (c).

³⁰ The other nine states (AZ, DE, HI, NJ, NM, RI, TN, TX, and VT) serve all senior and adult with physical disabilities waiver populations under Section 1115. In addition, two states (CA and NY) serve some seniors and adults with physical disabilities under Section 1115 and others under Section 1915 (c).

³¹ Another three states (DE, RI, and VT) serve people with TBI/SCI under Section 1115.

³² Another two states (DE and RI) serve people with mental health disabilities under Section 1115.

³³ Another two states (HI and RI) serve children who are medically fragile or technology dependent under Section 1115.

³⁴ Another three states (DE, HI, and RI) serve people with HIV/AIDS under Section 1115.

³⁵ CA, DE, ID, and MS.

³⁶ Reporting states include IA, IN, and TX. Non-reporting states include FL, OR, and WI.

³⁷ Reporting states include CT and NV. Non-reporting states include CO, DC, MD, OH.

³⁸ Reporting states include IA, IN, and TX. Non-reporting states include FL, OR, and WI.

³⁹ Reporting states include CT and NV. Non-reporting states include CO, DC, MD, OH.

⁴⁰ CA, DE, ID, and MS.

⁴¹ Kaiser Family Foundation, *Medicaid Financing: The Basics* (March 2019), <https://www.kff.org/medicaid/issue-brief/medicaid-financing-the-basics/>.

⁴² Kaiser Family Foundation, *No Easy Choices: 5 Options to Respond to Per Capita Caps* (June 2017), <https://www.kff.org/medicaid/issue-brief/no-easy-choices-5-options-to-respond-to-per-capita-caps/>.