



STATE OF THE STATES IN AGING AND DISABILITY

2015 Survey of State Agencies

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By: Damon Terzaghi

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DEAR STATE DIRECTOR,

In the spring of 2015, NASUAD surveyed state aging and disability agencies regarding the significant policy, fiscal, and operational issues occurring within each state. We also surveyed Medicaid agencies and other partners on issues relating to home and community based services (HCBS) and long-term services and supports (LTSS) systems. We appreciate the time, effort, and expertise provided by you and your staff in order to complete the survey and to answer follow-up questions.

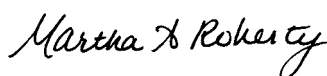
During the survey, we collected detailed information about the structure of agencies, the supports provided, and the populations served by aging and disability agencies. We also collected updated information about the broader LTSS systems, which includes Older Americans Act funded supports as well as Medicaid services, state funded programs, and other relevant supports available to seniors and people with disabilities. We believe that the summary of services provided in Medicaid waivers and state-funded LTSS in each state will be supremely valuable to policymakers as you assess different options available across the country and evaluate the status of your individual state. All of this information is presented in the charts accompanying this document.

The results of the 2015 survey represent a snapshot of the current status of state government employees, the agencies that administer the programs, and the services that are provided. The 2015 survey revealed that states are continuing to address the same underlying challenges discussed in the previous state of the state reports. Responses to the 2015 survey demonstrate that underlying policy, fiscal, and operational challenges remain similar to prior years and that programmatic developments continue to occur on a gradual basis. In each of our surveys since 2008, states have discussed their struggles with staff reductions, furlough days, and increasing pressure to make programs function with fewer resources, and redesign service delivery, while simultaneously continuing to ensure that individuals receive necessary supports.

This survey represents a yearlong research project based on the essential contributions of state aging and disability agencies whose staff completed a lengthy survey and participated in follow up interviews. We would like to thank the agency staff for their valuable time invested in the data collection for this document, especially in an era of increasing demands and limited staff. We also would like to thank both the central and regional office staffs of the U.S. Administration for Community Living and the Centers for Medicare & Medicaid Services for their valuable insights and suggestions on our reports. Additionally, our partners in the aging and disability communities provided important suggestions on how to improve upon earlier versions of this *State of the States* report.

Finally, the NASUAD Board of Directors, under the leadership of President Jay Bulot, Director of the Georgia Division of Aging Services, provided essential direction and support throughout the survey development and information collection. Internal project leadership was provided by Damon Terzaghi, Senior Director of Medicaid Policy and Planning. We would also like to thank our former NASUAD employee, Erin White, for her tireless work regarding development of the survey tool as well as the overall data collection and aggregation.

Sincerely,



Martha A. Roherty

Executive Director

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EXECUTIVE SUMMARY

State aging and disabilities agencies are operating in an unprecedented era of state agency reorganization, reconceptualization of state government, and restructuring of long-term services and supports delivery systems and financing. Each State of the States report since 2009 has demonstrated the challenges faced by aging and disability agencies during a period of growing demand for services and constrained financial resources. The 2015 report demonstrates a continuation of these trends, as Managed Long-term Services and Supports (MLTSS) continues to expand; states continue to reorganize and restructure; demands on services increased; and staff and director turnover continues to occur at significant levels. All of these changes are occurring while states must continue to maintain a base level of services for a growing population of seniors and people with disabilities.

Although the nation's economy has been in recovery since the 2007 "great recession," state revenue has not grown at the same level as service demand increases. These challenges are exacerbated by spending reductions at the federal level, driven by the Budget Control Act of 2011 and the resulting pressure on discretionary appropriations. States must address these funding issues in the context of an increasing senior population and a corresponding increase in demand for services. In FY2014, more states than originally anticipated were able to secure additional funding in order to offset the impact of sequestration. However, fewer states were able to mitigate sequestration than in FY2013. The steady increase in demand for services coupled with ongoing federal spending reductions is likely to result in more severe spending and service reductions in the future.

Lastly, states continue to implement ways to coordinate and integrate care for individuals who use LTSS. State initiatives have included adopting 1915(i) and 1915(k) state-plan HCBS; implementing 1115 waivers that alter service delivery; integrating services for dual-eligible individuals; and establishing and expanding MLTSS.

Six key themes related to LTSS systems transformation emerged from our analysis of the 2014 survey data:

- **Aging and Disability Director Tenure Remains Short.** Agency director tenure is relatively short and executive turnover continues to occur on a regular basis in many states. As evidenced in our prior surveys, leadership changes continue to impact staffing at the highest levels within an agency as well as career and civil service employees. Turnover in 2015 was substantial, particularly at agency director level, and was likely driven by the 2014 elections and resulting Gubernatorial changes in many states.

- **Agency Restructuring Slowed Compared to Past Years.** Our 2015 survey indicated that states engaged in some restructuring, but largely focused on internal reorganization rather than consolidating different agencies. Previous surveys saw movement towards integrating and consolidating services for people with physical disabilities, developmental disabilities, and traumatic brain injuries. This survey did not find substantive changes from previous years.
- **Managed Long-Term Services and Supports Continues to Expand.** In 2009, six states operated a MLTSS program either regionally or statewide. NASUAD's 2014 survey indicates that 22 states are operating MLTSS programs and 11 additional states are either working towards implementing MLTSS or evaluating whether to establish a program. Growth of MLTSS has continued at a steady pace. In 2012 26 states were either operating or planning to operate an MLTSS program. Last year, 17 states were operating a program and ten additional states indicated intent to establish one.
- **Major Regulations are Significantly Impacting HCBS and LTSS Systems.** CMS regulations, published in January 2014, create new requirements regarding the locations where HCBS may be provided, as well as the residences where participants may live. These regulations are driving major overhauls of state LTSS systems, and raise concerns about what types of services will be available for participants in the future.
- **Service Demands Continue to Increase, Resulting in Strained Funding.** The impact of federal spending reductions, coupled with increased demand for services, is causing states to implement programmatic reductions. Although many states reported that they were able to offset some of the funding reductions due to the Budget Control Act, fewer states were able to mitigate those cuts than in previous years. Ongoing sustained pressure due to the increased service demands and decreased federal funds is likely to result in additional reductions in the future.
- **Elder Justice Services Remain a High Level of Need.** States continue to report increases in nearly every category of elder abuse, particularly financial abuse. Adult Protective Services (APS) funding improved from previous years, and Congress appropriated federal funding for the first time in December 2014. Yet, despite these positive funding developments, the level of need for services far outstrips the available resources.

The 2015 survey captured a snapshot of the states in a period of transition and change. Key elements driving continued change include the ongoing economic challenges, major federal regulations, continuing work on Affordable Care Act implementation, uncertainty in the federal budget, changes in state-level leadership, and changes in state leadership and priorities due to the 2014 elections.

METHODOLOGY

The 2015 *State of the States* survey employed a revised data collection method from prior years. Previous reports utilized one single web-based survey instrument; the 2015 report used two distinct web-based surveys and related analytic databases. The information collection process also included requesting edits and updates to a pre-populated table with information collected in the 2014 survey. One web-survey focused on aging and disability agencies, to collect information on the structure, services, integration, and employee demographics of those entities that administer the Older Americans Act in addition to other LTSS services. A second survey collected information on each state's broader LTSS and HCBS systems, which included Medicaid-funded supports, Older Americans Act Services, state-only LTSS Programs, and other related services and supports.

NASUAD sent the data collection tools to each of the fifty-six states and territories. All fifty states and the District of Columbia responded to the aging and disabilities survey; forty-six states and the District responded to the HCBS and LTSS survey; and fifteen states sent edits to the pre-populated tables. The submitted information was cross-referenced with other data sources, including the Medicaid integration tracker, prior state surveys, the Kaiser Family Foundation, and publicly available data from the U.S. Department of Health and Human Services. NASUAD staff organized the responses into summary tables and sent the tables to state staff for review in instances where there was conflicting information. States submitted additions, corrections, and clarifications that were incorporated into the final tables and charts. The pre-populated tables were published with state edits included; in instances where no edits were provided, the tables were published as they were originally generated.

For the 2015 survey, NASUAD also implemented a new survey tool and new questions. The modifications to the tool were driven by the rapidly changing roles of state units on aging and disability, and were designed to capture more detail regarding services and supports available to seniors and persons with disabilities across the entire state health and human services systems. Particularly, the new survey structure is intended to improve information collection about programs provided by agencies other than NASUAD's core membership. This includes entities such as Medicaid and agencies that administer Medicaid home and community-based (HCBS) waivers.

THEMES EMERGING FROM THE 2015 SURVEY

In 2015, NASUAD administered a survey of State Aging and Disability Agencies regarding the significant policy, fiscal, and operational issues occurring within each state. During the survey, we collected detailed information about the structure of agencies, the supports provided, and the populations served by Aging and Disability agencies.

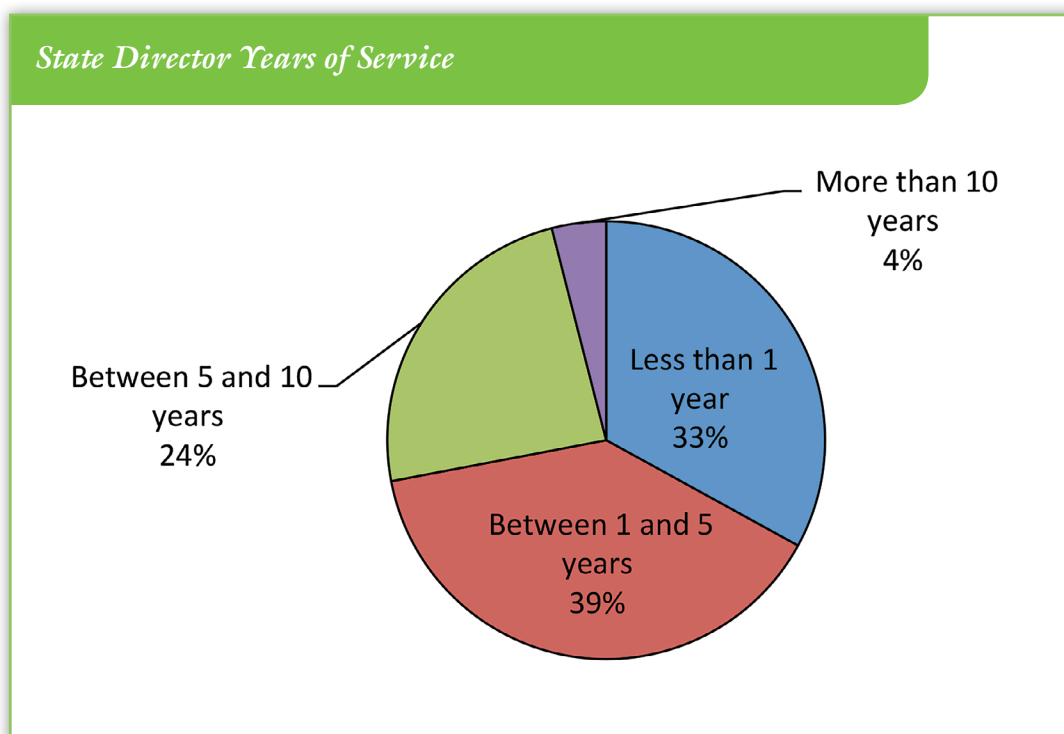
Upon review of the data, several key issues emerged as common themes across the country. The themes include:

1. Aging and Disability Director Tenure Remains Short
2. Agency Restructuring Slowed Compared to Past Years
3. States Continue to Implement and Expand Managed Long-term Services and Supports
4. Major Regulations are Significantly Impacting HCBS and LTSS Systems
5. Service Demands Continue to Increase, Resulting in Strained Funding
6. Elder Justice Services Remain a High Level of Need

As states prepare for the upcoming legislative sessions at the state and federal level, we believe that the following takeaways from the survey are crucial to understanding the dynamics of services for seniors and individuals with disabilities in your state and across the country.

Aging and Disability Director Tenure Remains Short.

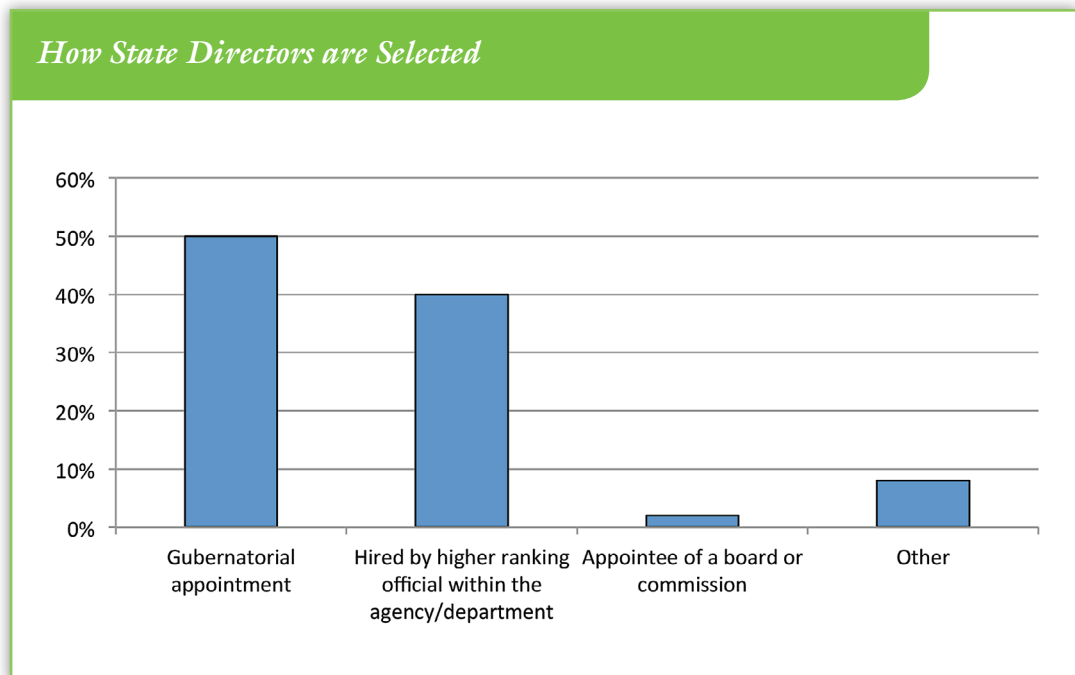
State aging and disability agency director tenure is relatively short and executive turnover continues to be an issue across the country. As evidenced in our prior surveys, leadership changes continue to occur at the highest levels as well as throughout the agency. In 2015, over 70 percent of State Directors indicated that they have been in their position for less than five years. One third of Directors reported serving for less than one year at the time of the survey.



Directors with more than ten years of experience remained unchanged from the 2014 survey, with two state directors having tenures exceeding a decade. The largest shift in director tenure came from the 1-5 year cohort, with a reduction from 65% of respondents in 2014 to 39% of respondents in 2015. Many of these directors remained in their positions and entered the group with 5-10 years of experience. Directors with 5-10 years of experience increased from 11.5% to 24% of survey respondents in the past year. The remainder of the group left their position and the new director is captured in the cohort of individuals with less than one year of service. Directors with less than one year of experience increased from 19% of survey respondents in 2014 to 33% in 2015. Yet, the survey results do not fully encapsulate the entire

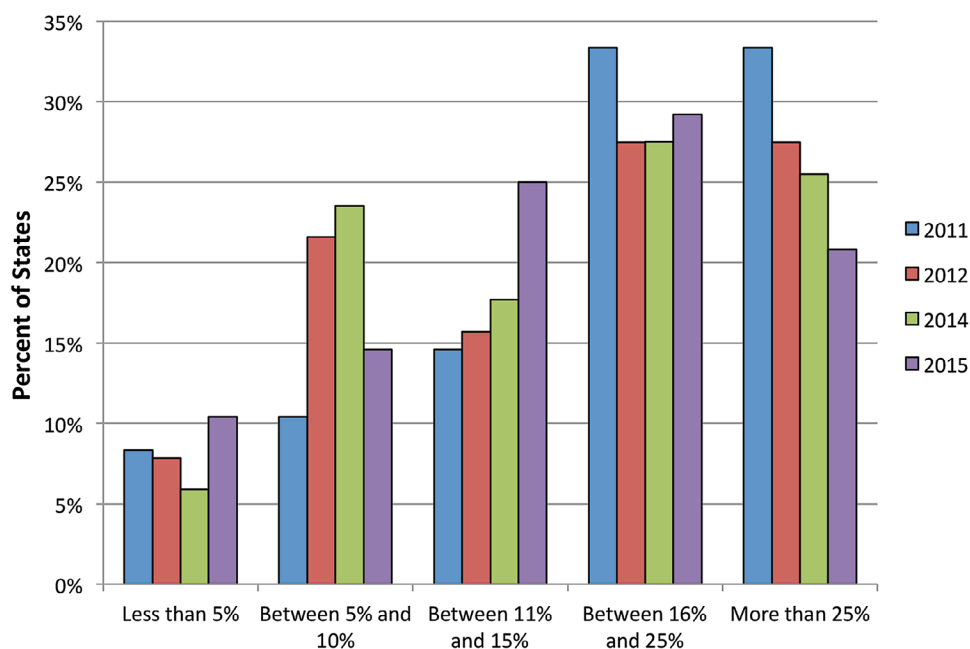
amount of turnover in the field as several states had more than one administrator transition out of the position within the timeframe covered. Similarly, several director positions were vacated as of the beginning of FY2016, which this survey does not cover.

As expected, state director turnover was heavily impacted by the 2014 fall elections. State aging and disability directors are largely political appointees; over half of the state directors are directly appointed by the Governor or by the Mayor in DC. In states where the Governor does not make a direct appointment, the director is frequently hired by an individual that is a political appointee. In total, over ninety percent of state directors are either a political appointee or directly hired by a political appointee. These dynamics are likely a major factor influencing the ongoing turnover within executive branches across the country.



The significant state employee turnover is not limited to agency leadership. In prior surveys, NASUAD found that significant number of state agency employees were eligible for retirement; however, in last year's survey the proportion of state employees eligible for retirement decreased. Based on follow-up conversations with states, we believe that the number decreased largely due to staff that exercised their retirement rights or otherwise left the agency. Yet, despite the significant number of individuals who already retired out of state service, a number of states indicated an increase in the number of state employees who are eligible to retire. For example, the number of states who anticipate that 11-15% of their staff will reach retirement age in the next five years grew from 17% last year to 25% this year. Similarly, states with 16-25% of their employees eligible for retirement in the next five years grew from 27.5% of respondents last year to 29% this year.

Percentage of State Agency Staff Eligible for Retirement During the Next Five Years

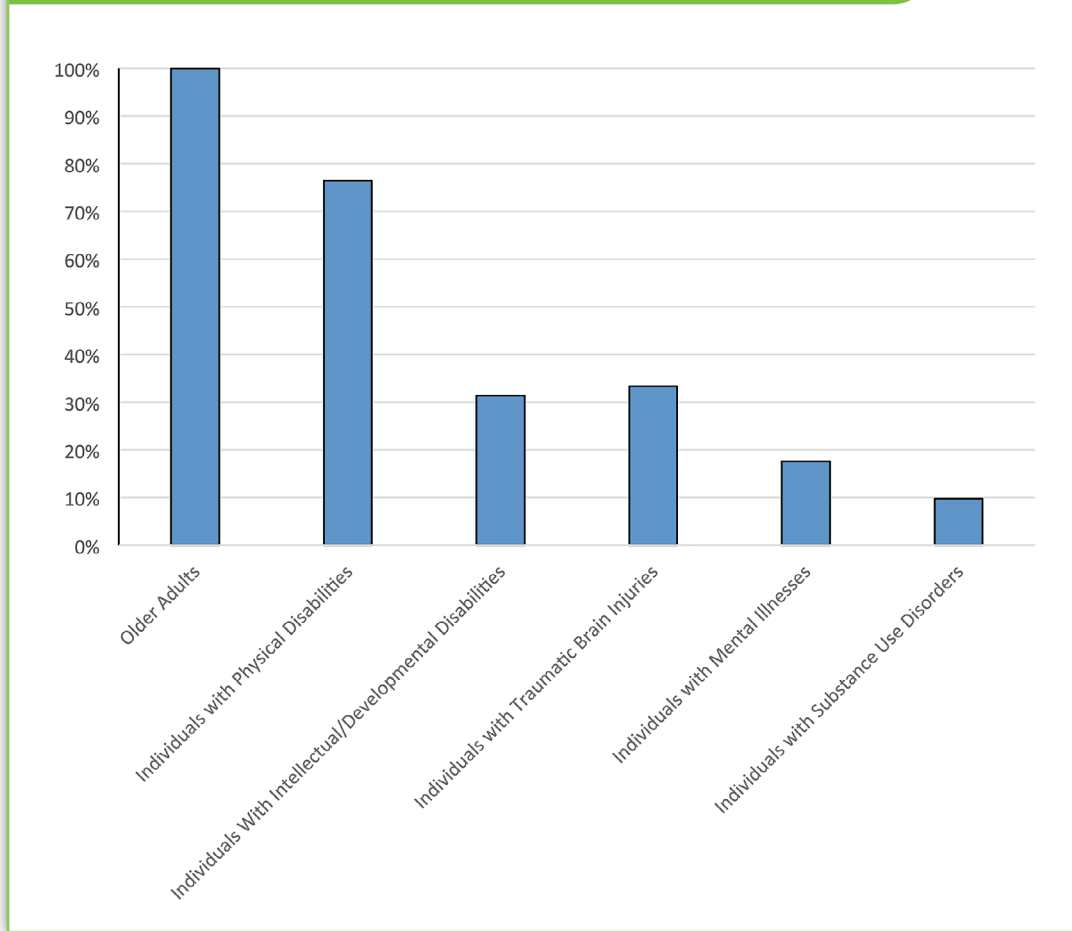


Overall, these broader staffing and retirement trends demonstrate the need for a comprehensive approach to staff training. This includes transition planning mechanisms to account for high turnover of agency administrators, as well as methods that preserve institutional knowledge of the retiring civil servants, such as formalized mentorships and an increased emphasis on new employee training.

Agency Restructuring Slowed Compared to Past Years.

Due to changes in the way that services are authorized and delivered, many states reported reorganizing their administrative structures in the 2012 and 2014 surveys. This has included consolidating a number of health and human services agencies within a larger organization, with the most notable change being incorporation of services for individuals with intellectual and developmental disabilities into the same agency as the unit on aging. Between 2012 and 2014, the percent of states reporting that these services were part of the agency grew from 20 percent to nearly 40 percent.

Populations Served by State Agencies



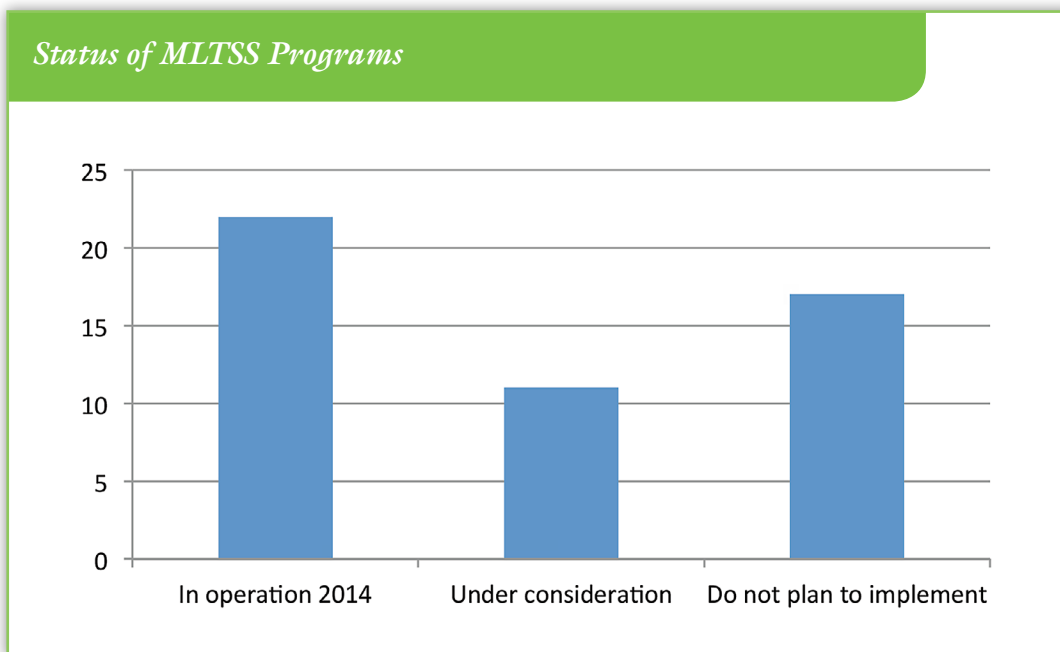
In the 2015 survey, state Aging and Disability agencies reported little change in the population groups served. The survey asked whether state agencies had reorganized since 2013. While 21 states indicated undergoing reorganizations, a slight majority of those entities (11) indicated that the reorganization consisted of internal reorganization without adding or removing functions. Other changes cited by agencies included restructuring to accommodate managed LTSS in the Medicaid program, or a restructuring of certain administrative functions, such as eligibility determinations, without changing the underlying populations served.

States Continue to Implement and Expand Managed Long-term Services and Supports.

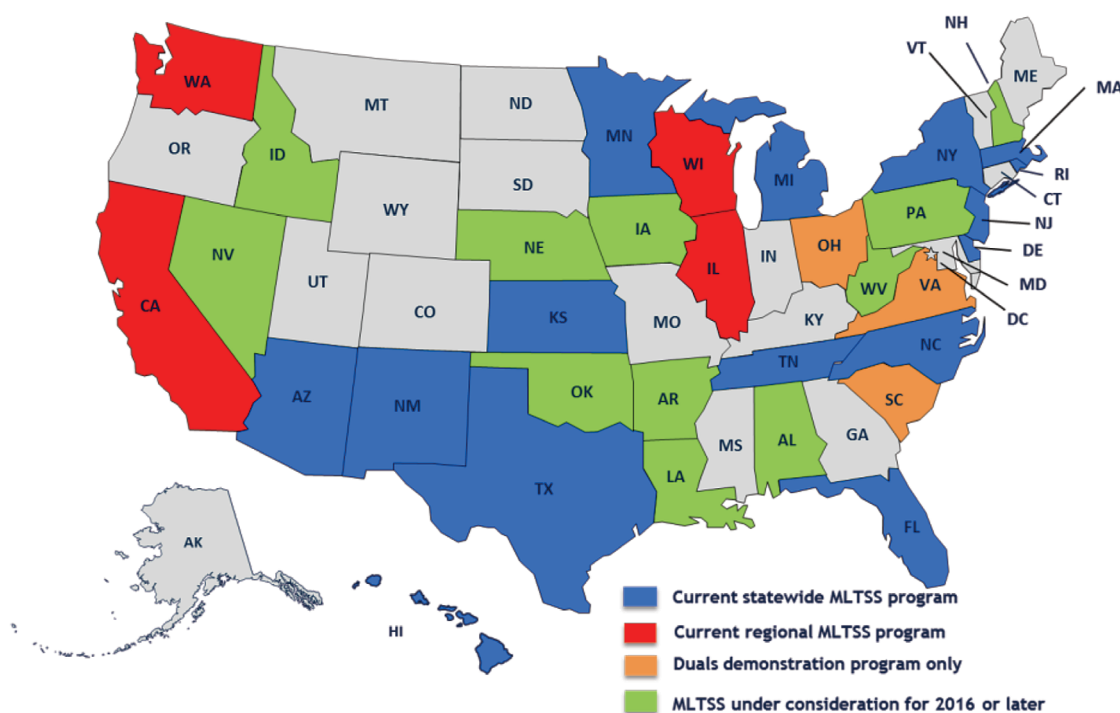
MLTSS Implementation and Expansion

The past several State of the States surveys highlighted the rapid growth in Managed Long-Term Services and Supports (MLTSS) services across the country. In 2009, 6 states operated a MLTSS program either regionally or statewide. The 2012 survey reported that 26 states were either operating or planning to operate a MLTSS program, and the 2014 survey indicated a slight growth by reporting 17 that operated MLTSS and 10 additional states intending to implement a program.

The 2015 survey results demonstrate a similar trend regarding MLTSS growth, with thirty-three states either currently operating programs or indicating that MLTSS is under consideration. In 2015, 22 states reported that a program was already in place during in the previous year (FY2014). These twenty-two states operated MLTSS in several ways, including states with statewide MLTSS, states with regional programs, and states with MLTSS implemented solely through CMS financial alignment demonstrations for dual eligibles. Eleven additional states reported that there were either formal plans or initial discussions regarding implementing a program in the future.



MLTSS Programs—2015

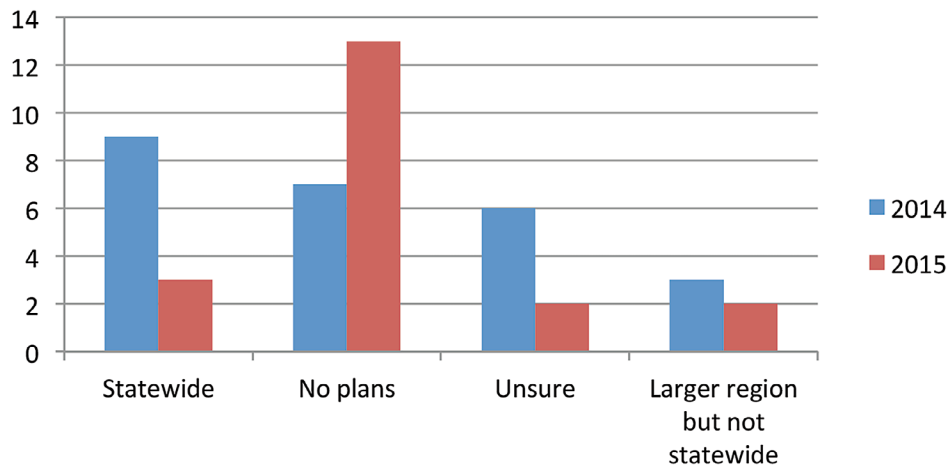


Sources: NASUAD Survey; Discussions with States; CMS Data

MLTSS programs are labor intensive to establish and result in changes to the way that services and supports are delivered for a wide range of populations with complex health and social service needs. As such, it is unsurprising that policy and operational issues associated with these programs continue to be a significant area of focus nationally and in many states. This trend is unchanged from last year, as states have continued to implement planned MLTSS programs; to expand populations and geographic areas served; or to improve contracting and performance related outcomes of existing MLTSS plans. Additionally, states will be likely working to assess the impact of a number of changes mandated by proposed Federal Medicaid managed care regulations. The rules are not yet final, and the proposed regulation was not released at the time of the data collection for this survey, so any potential impacts and state responses to the rule are not captured in this report. However, this will be an area of further investigation during subsequent state surveys.

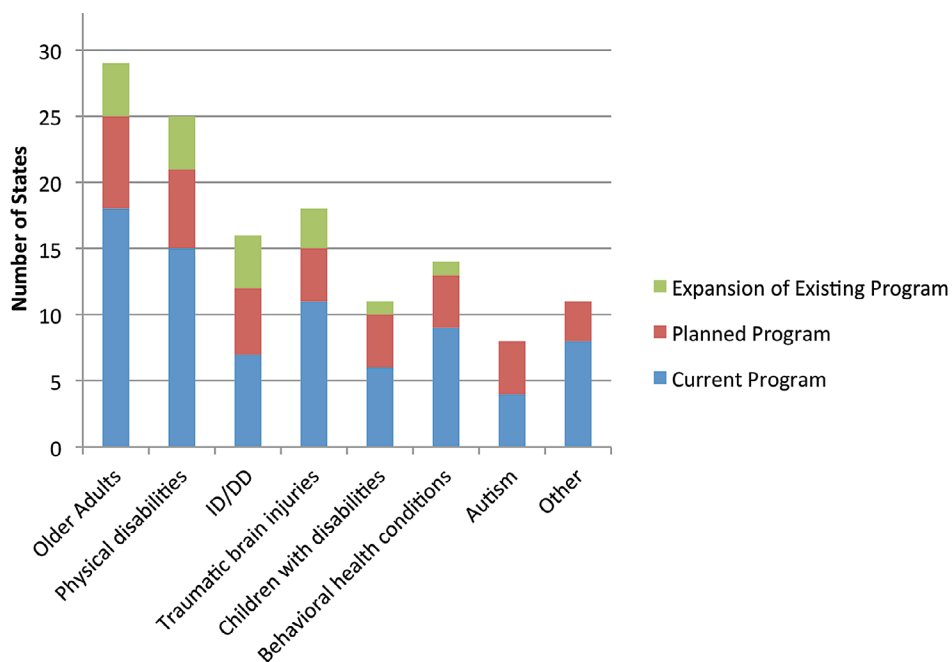
The survey included a question about plans to alter the geographic scope of MLTSS programs. The 2015 survey indicates that a larger number of states have statewide MLTSS when compared to 2014. A corresponding decrease in states responded that they have plans to expand their programs. These two questions align logically, as several states expanded to include new geographic regions and no longer have plans to do so. No state indicated intent to decrease the geographic scope of MLTSS in either 2014 or 2015.

Plans to Expand MLTSS



States have generally enrolled seniors and people with physical disabilities into MLTSS programs before including additional populations. When comparing populations included in the MLTSS plans, older adults are the most common group either already enrolled, or that states intend to enroll in their programs. Individuals with physical disabilities represent the next most commonly included population.

Populations included/proposed to be included in MLTSS



States continue to express an increasing interest in the integration of services for individuals with intellectual and developmental disabilities (ID/DD) into their programs. Nine states indicate plans to include the ID/DD population through a new MLTSS program or an expansion of an existing program. Currently only seven states report serving these individuals in their MLTSS program. Historically, individuals with ID/DD have often been excluded from MLTSS programs for a number of reasons including the complexity of their service needs, concerns about providing adequate care and support, and strong stakeholder opposition. However, as state agencies and managed care plans become more experienced in providing MLTSS, policymakers are beginning to add new services and populations into the managed care delivery systems. Intentions to expand MLTSS to serve individuals with ID/DD have been consistently reported in the past several state of the states surveys.

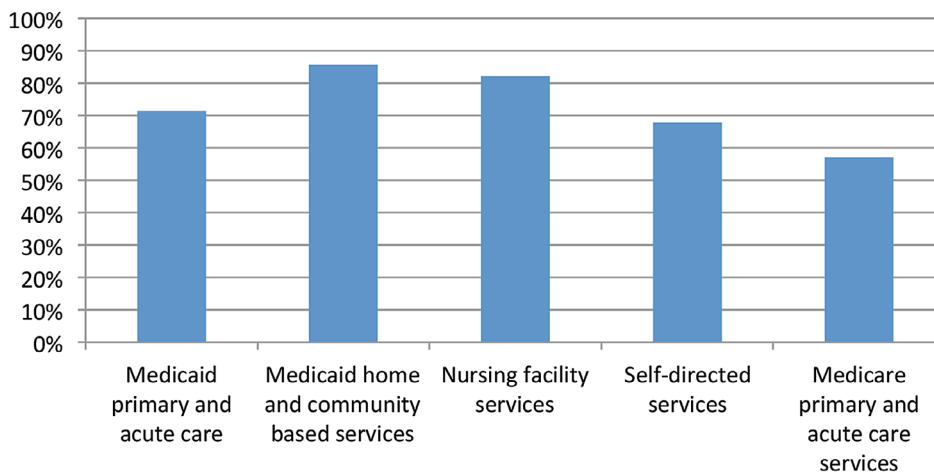
Several states also indicated “other” populations were included in their MLTSS initiatives. These other populations varied considerably, but included examples such as individuals with HIV/AIDS and dual eligible populations.

Last year, individuals with behavioral health conditions was the most common group that states identified as an “other” population. Based on this finding, NASUAD included that population in the 2015 survey. Notably, individuals with behavioral health conditions are included in 43% of current MLTSS programs and 50% of programs currently under development. As we noted last year, states have been increasingly looking for ways to provide comprehensive supports for individuals with behavioral health conditions, including psychosocial rehabilitation services, day treatment, supported employment, and other community based services. The development of these community-based supports for people with behavioral health conditions has created a new set of LTSS services that could be included for this additional population. The 2015 findings reinforce the trend of expanding MLTSS to incorporate those conditions.

Included Benefits

MLTSS programs cover a wider range of services and supports, with HCBS and nursing home services representing the most commonly included benefits. Some programs are limited in scope, and do not include comprehensive supports such as primary care services. This dynamic is unlikely to change for existing programs, as only two states indicated future plans to include additional services in their MLTSS programs.

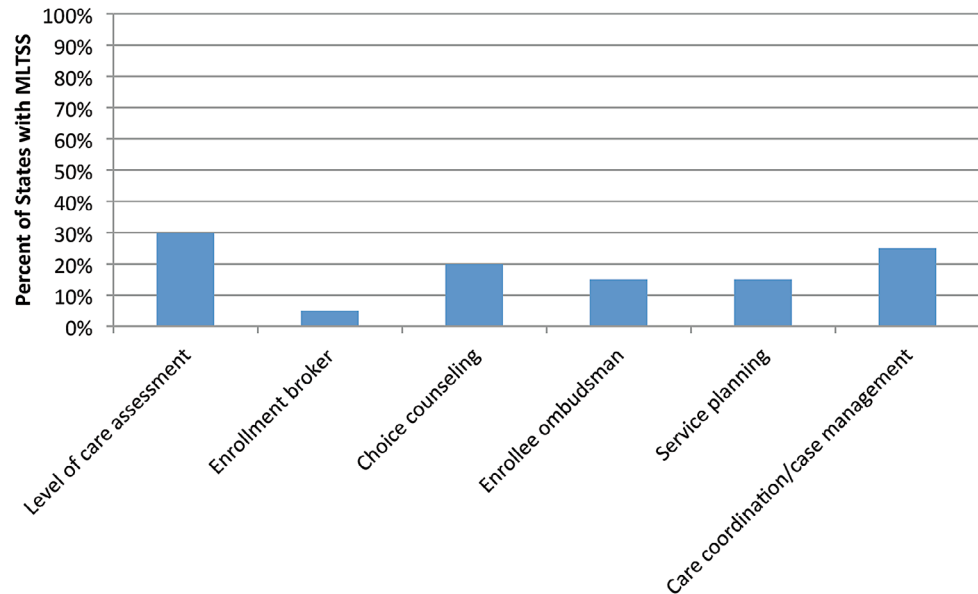
Percent of States including Selected Services in MLTSS



MLTSS and Community-Based Organizations

As noted over the past several surveys, the expansion of MLTSS has presented new challenges to local organizations such as Area Agencies on Aging, Centers for Independent Living, and other providers that have historically delivered home and community-based services to seniors and people with disabilities. These community-based organizations generally have a long history of delivering case management, participant assessments, or direct services to Medicaid beneficiaries living in the community. However, as states have implemented MLTSS, these functions become the responsibility of managed care plans. While the “aging and disability networks” can offer value to the managed care plans as a trusted community resource, they encounter challenges in becoming a managed care plan provider. This can be due to a variety of influences, such as a lack of business acumen needed to secure competitive contracts with plans, an inability to engage MCO service planners, challenges providing a financially competitive product with other available providers, rapid MLTSS implementation impeding the ability of entities to engage plans and policy makers, or a lack of coordination between Medicaid and aging or disability agencies.

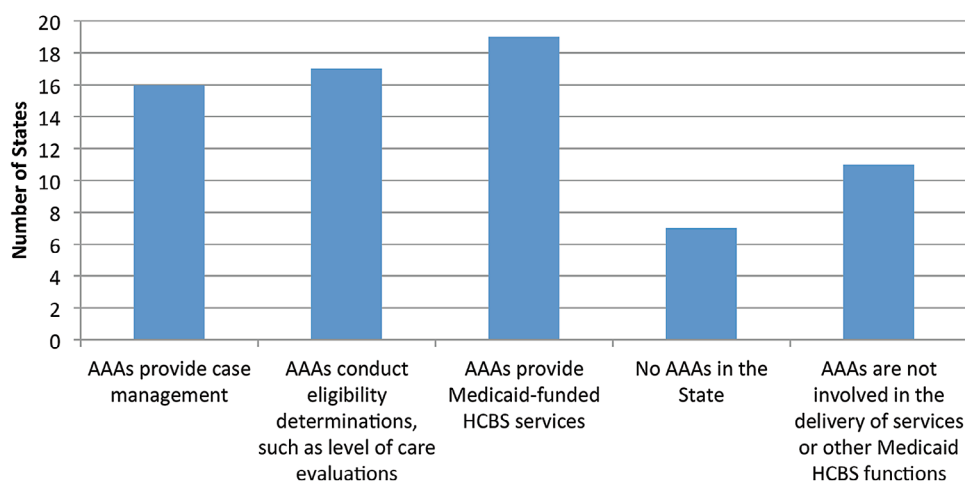
Role of Community-Based Organizations in Existing MLTSS Programs



Similarly, the 2014 Medicaid Home and Community Based Services Final Regulations (CMS-2249-F/CMS-2296-F) creates challenges for organizations that have historically provided case management and direct services to individuals. These organizations are now precluded from developing an individual’s Medicaid LTSS plan of care if they are also responsible for direct services to that person. As such, providers and health plans must ensure that there is no overlap of services, which can limit the responsibilities of these organizations in MLTSS and other HCBS programs.

The chart below specifically assesses the role of AAAs in Medicaid LTSS, including both MLTSS and traditional fee-for-service programs. Thirteen states indicated that AAAs provide both direct HCBS services and other HCBS functions, such as level-of-care determinations or case management. Nine of those thirteen states indicated that AAAs provide case management and direct HCBS to individuals. While this does not necessarily mean that the same AAA is providing case management and services to individuals, it does raise concerns about the impact of the regulations on these providers as they may see a reduction in their ability to provide Medicaid-funded supports and services.

Role of AAAs in Medicaid HCBS

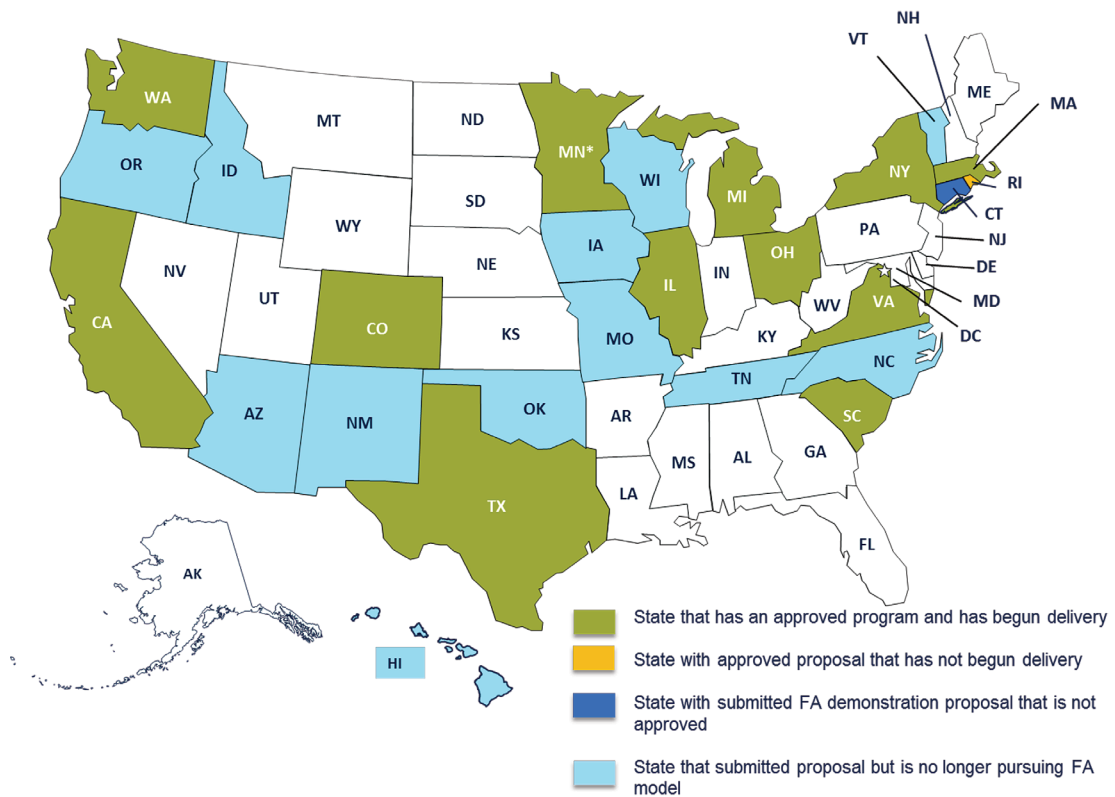


Dual Eligibles

Some of the state MLTSS expansion has been driven by a new CMS demonstration called the Financial Alignment Initiative. In 2011 CMS began the initiative in order to better align Medicare and Medicaid benefits for individuals that are eligible for both programs. Historically, individuals eligible for both Medicare and Medicaid have experienced challenges due to the disparate responsibilities of each payer and the inability of the programs to share data and coordinate care. These challenges are especially pronounced for individuals who utilize LTSS, as the primary, acute, and post-acute services are covered by Medicare, while the LTSS are covered by Medicaid.

The Financial Alignment project, commonly known as the “Duals Demonstration,” involves a partnership between states and the federal government to align Medicaid and Medicare services, finances, and administrative authorities. Under the demonstration, states have the opportunity to either enter into a joint contract with CMS and private health plans in a fully capitated arrangement or to use a managed fee-for-service model with integrated care coordination across Medicare and Medicaid and shared savings between CMS and the State. In 2011, CMS received thirty-seven letters of intent from states interested in participating in the initiative. Subsequently, twenty-six states submitted formal applications to participate in the demonstration. Twelve of those twenty-six states have withdrawn their applications due to a range of issues, including challenges with the financial process, a desire to leverage alternate methods for integration, or an inability to prioritize the demonstration in relation to other activities. As of 2015, the majority of proposals are either in the implementation and service delivery phase or have been withdrawn. Only one state that submitted a proposal has not received approval or withdrawn. This represents a very minimal change from last year, as the program has moved forward in an incremental fashion over the past twelve months.

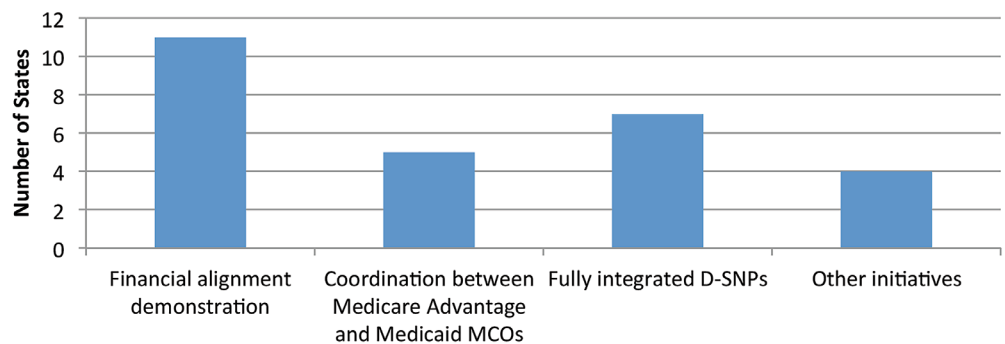
Dual Eligible Managed Care Demonstrations



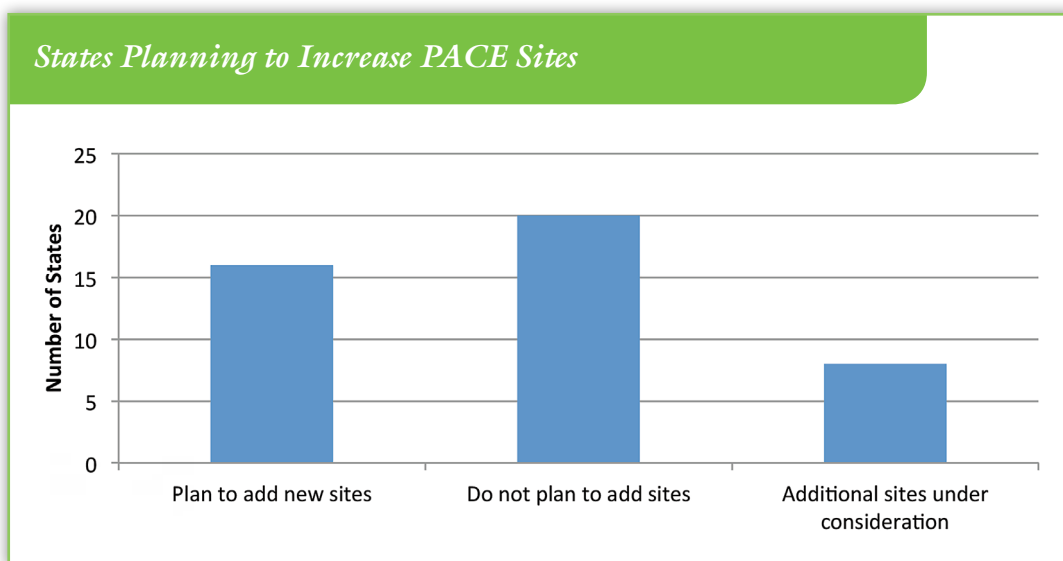
**The Minnesota demonstration involves administrative alignment but does not include payment or service delivery innovations.*

States have also looked at ways to coordinate services outside of the CMS demonstration. These activities have included attempts to implement coordination activities between Medicare Advantage plans and Medicaid managed care plans.

Medicare-Medicaid Coordination Activities



States also reported a strong interest in the Program of All-inclusive Care for the Elderly (PACE). The PACE program represents an additional way to coordinate care for dual eligible individuals. Currently, PACE is limited to dual-eligible individuals older than 55 who have a nursing home level of care requirement. Three of the four states with “other initiatives” in the chart above indicated interest in PACE expansion. Similarly, a separate question specifically asked about PACE expansion plans. Twenty four states reported that PACE expansion was either planned or was under consideration. As of August 2015, Congress is evaluating legislation that could expand the populations states serve and provide additional options to coordinate care between Medicare and Medicaid.

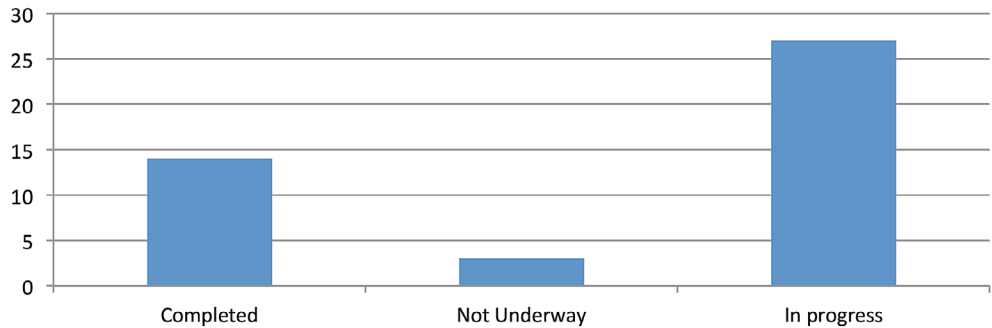


Major Regulations are Significantly Impacting HCBS and LTSS Systems.

In January 2014, CMS released the Medicaid Home and Community Based Services Final Regulations (CMS-2249-F/CMS-2296-F). These regulations implement a number of changes to Medicaid HCBS programs; however, the most significant change is a new requirement regarding the characteristics of locations where individuals in HCBS programs live. This provision is known as the “settings requirement” and is intended to ensure that HCBS programs are not creating environments similar to institutions where program participants are segregated and excluded from the broader community. The rule became effective in March of 2014, and gave states a five-year transition period to enact all of the changes under the settings requirement. CMS required states to submit transition plans that outlined their process for implementing all of these changes no later than March of 2015.

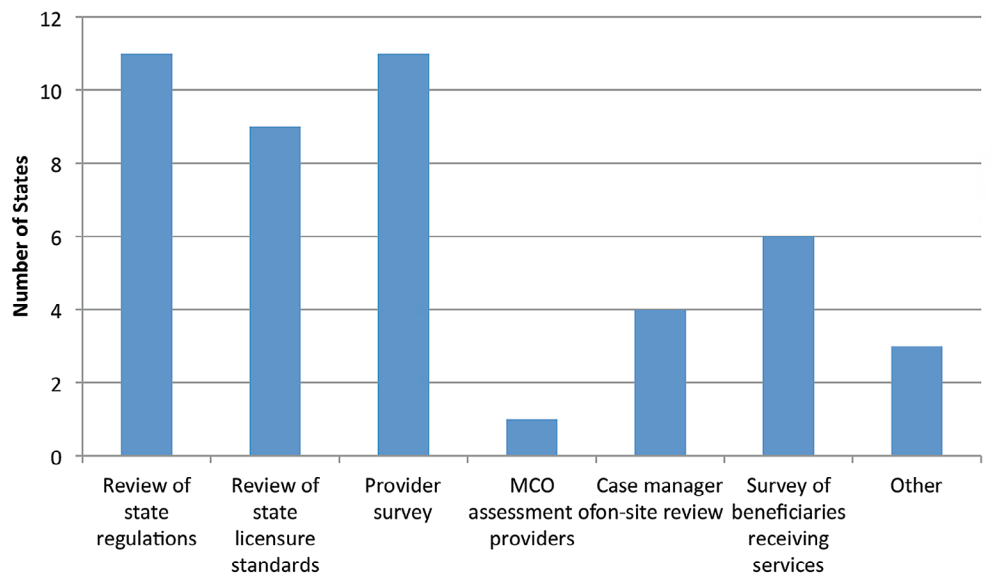
The survey found that states are currently in the midst of assessing whether providers are in compliance with the regulations. The majority of states had not yet completed their assessments of providers at the time of the survey. This finding aligns with the narrative discussions in state transition plans, which indicate that states intend to continue to assess providers for compliance throughout 2015.

State Progress on Assessing Provider Compliance



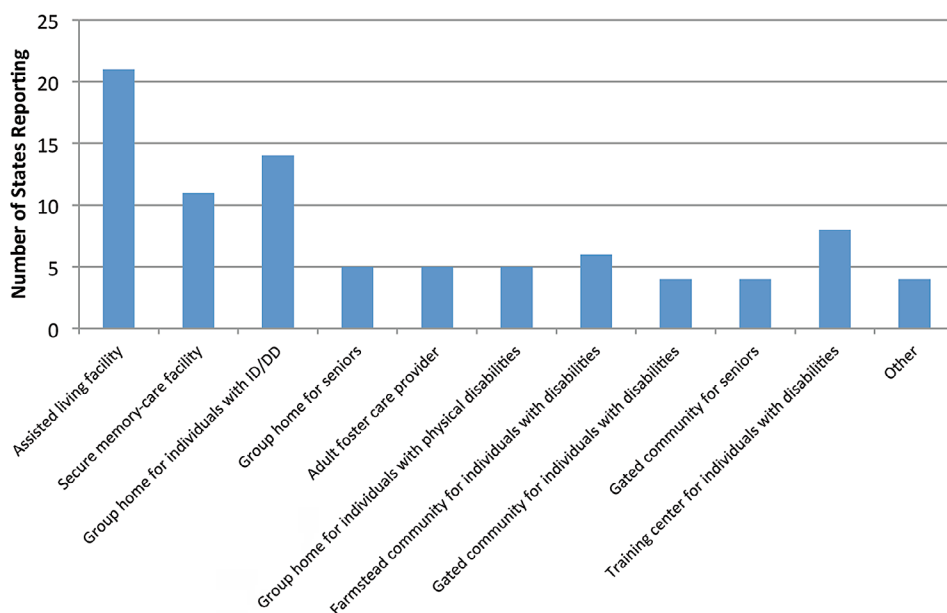
States reported a number of strategies that they have used to assess whether settings will be compliant with the HCBS regulations. Notably, a large number of the strategies are administrative and focus on review of regulations and licensure standards. States also report utilizing surveys where the provider self-assesses their facility to determine whether it meets the requirements. Three states responded using other strategies to assess compliance, and indicated that these entailed on-site reviews using several different types of reviewers.

Strategies to Assess Settings

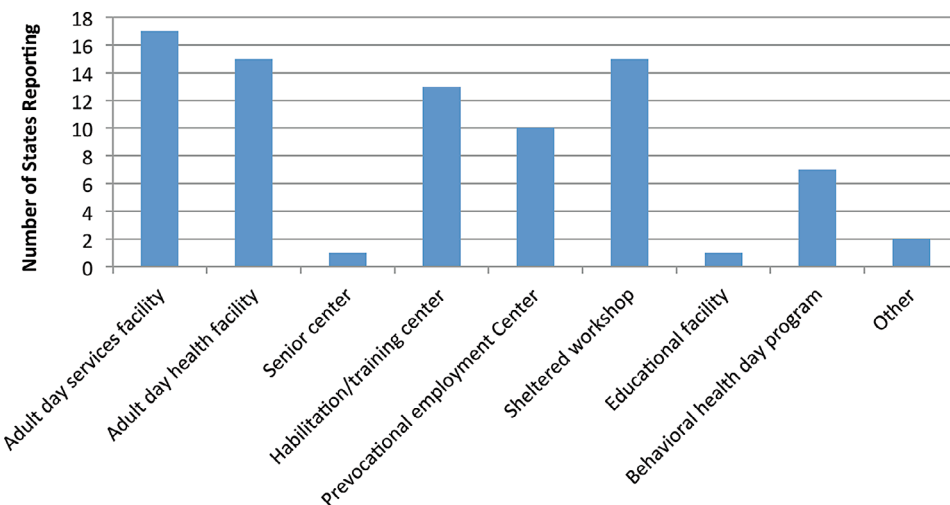


State assessment activities are not yet complete; however, a number of states indicated that certain types of providers may not meet the HCBS settings. If these providers do not qualify as an appropriate HCBS setting under the rules, they must either become compliant or be removed from Medicaid-funded HCBS programs by 2019. Providers identified as at-risk included those delivering both residential and day services, such as assisted living facilities, memory care units, group homes, farmstead units, adult day services, prevocational providers, and a wide range of other HCBS.

Residential Settings that may not Meet Requirements



Day Program Settings that may not Meet Requirements



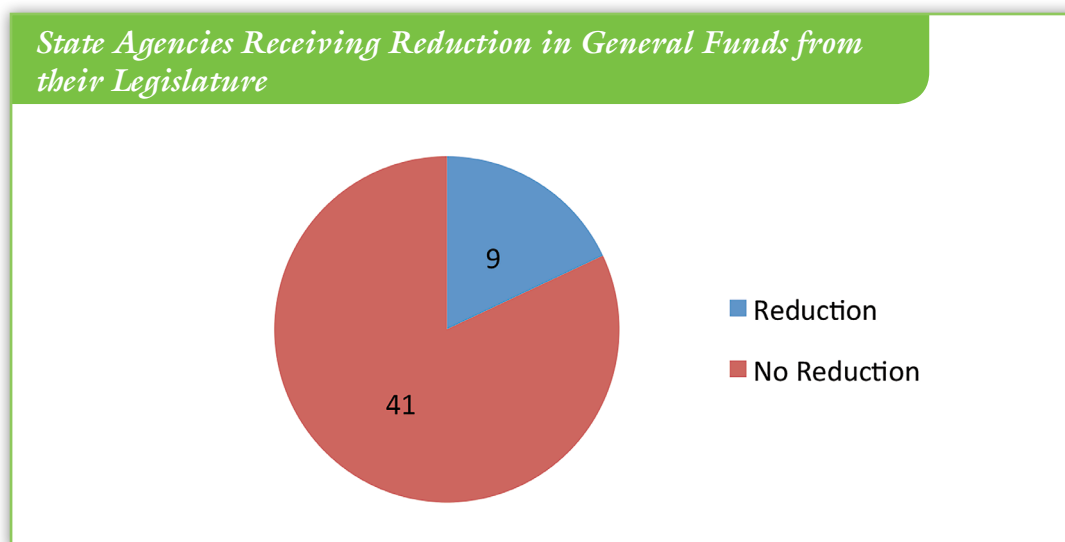
While there is a significant amount of work remaining prior to determining whether these entities are ultimately excluded from Medicaid-funded HCBS, the initial findings raise concerns about whether there will be unintended negative consequences of the regulation. Removal of settings that are designed to serve specialized populations, such as memory care units that deliver services to individuals with dementia, could result in individuals becoming institutionalized if sufficient other supports are not available. Similarly, the overall fiscal impact of implementing the required changes may ultimately lead to a reduction in available HCBS services or enrollment capacity.

Despite these concerns, forty-one states and DC indicated that they expect their HCBS system to be fully compliant by the 2019 deadline. The remaining nine states did not respond to this question. No state indicated a belief that they will not be able to ensure compliance by the deadline.

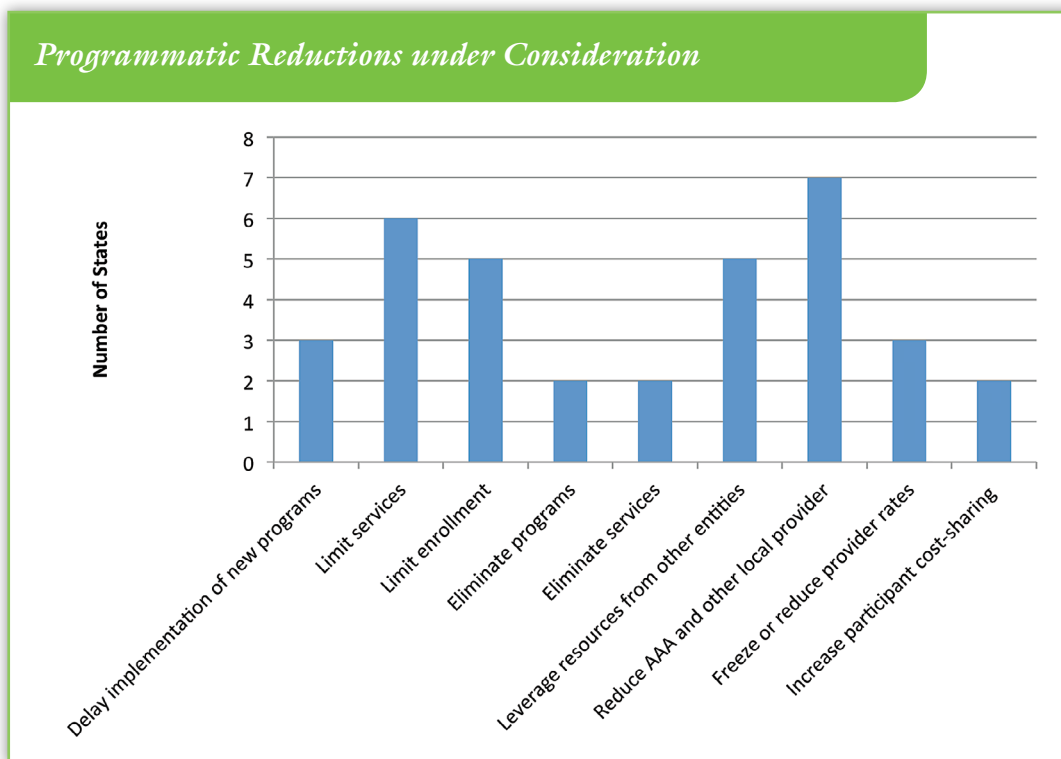
The 2015 survey is the first time that NASUAD has collected information regarding the impact of these regulations. Last year's survey was administered shortly after the rule was published; however, the 2015 survey ran concurrently with the development and submission of the transition plans. Therefore, much of the information collected was preliminary and will be subject to refinement and additional detail over the next twelve months. NASUAD expects to collect similar information throughout the five-year transition period to highlight the progress, successes, and challenges of implementing these rules.

Service Demands Continue to Increase, Resulting in Strained Funding.

The impact of Federal spending reductions, coupled with sluggish state revenue growth, remains a concern for state agencies. The Budget Control Act and the resulting pressure on discretionary programs continue to negatively impact many programs that provide services to older adults. Despite these ongoing economic and fiscal challenges, overall state funding for states improved in FY2015. Forty-one states reported that they had not received any reductions from their state legislatures during this timeframe.

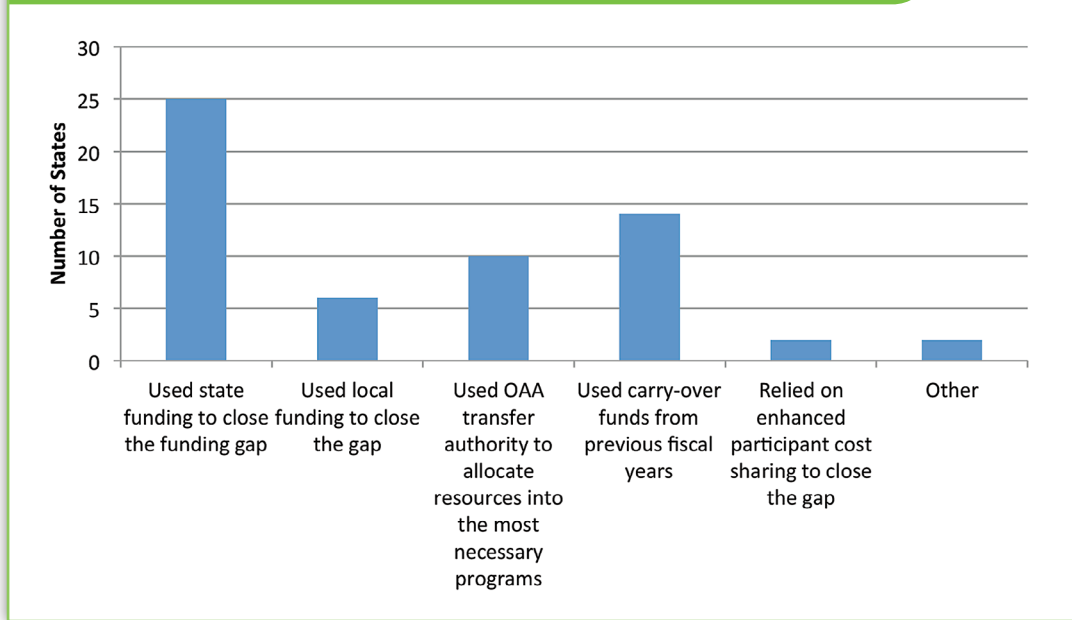


However, sixteen states indicated that they may experience a shortfall during FY2016 and fourteen states reported that programmatic reductions were under consideration due to fiscal challenges. Those programmatic reductions included a wide range of approaches, including reduction of funds to AAAs, increased participant cost-sharing, and limiting program enrollment.



The ongoing pressure from decreases in OAA funding and other discretionary programs is a larger driver of state funding challenges. In the 2014 survey, over 80 percent of states reported that they had offset some of the effects of the federal spending reductions in FY2013. In 2015, only 62 percent of states reported offsetting the impact of sequestration during FY2014 and 38 percent of states were not able to offset the loss. In the 2014 survey, 64 percent of states reported that they did not believe they could offset the effects in 2014; therefore, nearly half of the states that originally expected to make cuts were able to avoid enacting those reductions. States drew from a wide range of funding sources to offset the cuts to federal funding, with the majority of agencies reporting that they accessed state funds to reduce the impact of the reductions.

Funding Sources the State Agencies Relied on to Close the Funding Gap caused by the Budget Control Act (FY2014)



In the 2015 survey, 66 percent of states reported that they did not believe they could offset the effects of sequestration in FY2015. The lack of ongoing, sustainable funding is likely to lead to further service reductions in the future. As seen in the results from this survey, there is a realistic possibility that a number of these states will ultimately secure additional funding and be able to avoid making reductions; however, there remains a serious risk that the ongoing pressure placed on Federal funding will lead to larger and more significant reductions to beneficiary supports and services.

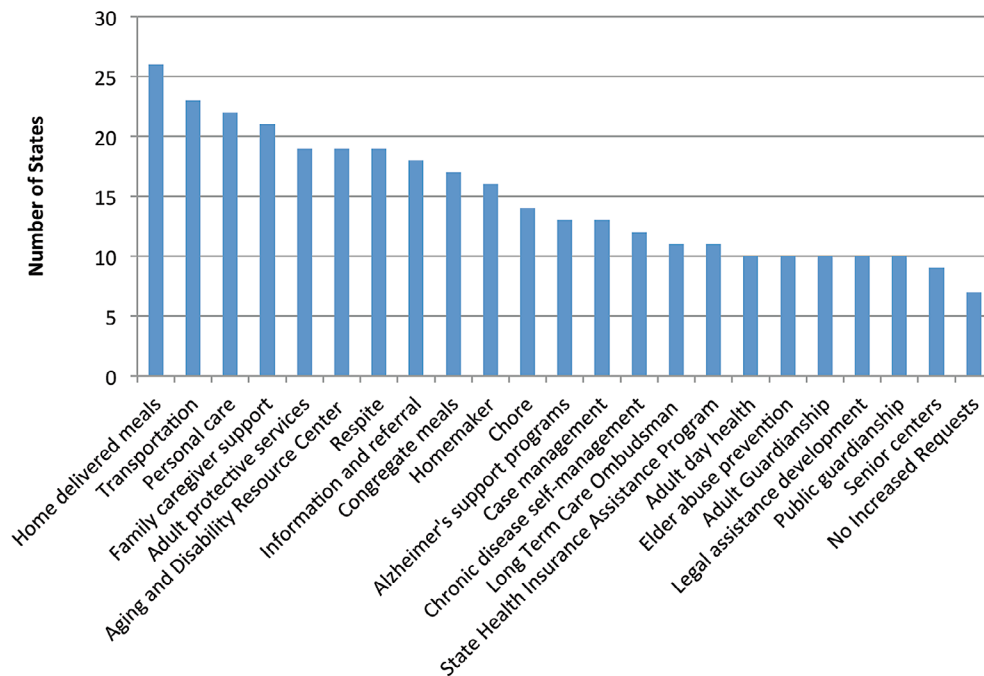
In response to these funding challenges, a several states were forced to create and expand waiting lists, reduce caseloads, or implement other reductions to a variety services. As the survey shows, despite efforts to redirect funding from other sources, service reductions were prevalent across OAA programs.

The overall impact of the spending reductions and resulting cuts are further worsened by the ongoing growth in demand for services. Since reductions became effective, a number of states have reported increased service requests across a wide range of programs. Home delivered meals represented an area of significant demand, with over half of states reporting an increase in service requests again in 2015. Notably, a larger number of states received increased requests for home delivered meals than for congregate meals. The shift towards person-centered, home-based LTSS is likely driving a similar shift towards home delivered meals in lieu of congregate meals.

OAA Programmatic Changes Implemented by States

	<i>IIIB</i> # of States	<i>IIIC1</i> # of States	<i>IIIC2</i> # of States	<i>IIIE</i> # of States	<i>VII</i> # of States
Served fewer people	3	4	5	3	2
Closed the program to new clients	0	1	2	0	0
Created new waitlists	1	3	4	1	0
Eliminated waiting lists	0	0	0	0	0
Cut services	3	3	2	2	1
Reduced the number of locations where the program is provided	1	2	1	0	0
Closed the program	0	0	0	0	0

Increased Demand for Services Since Sequestration Began

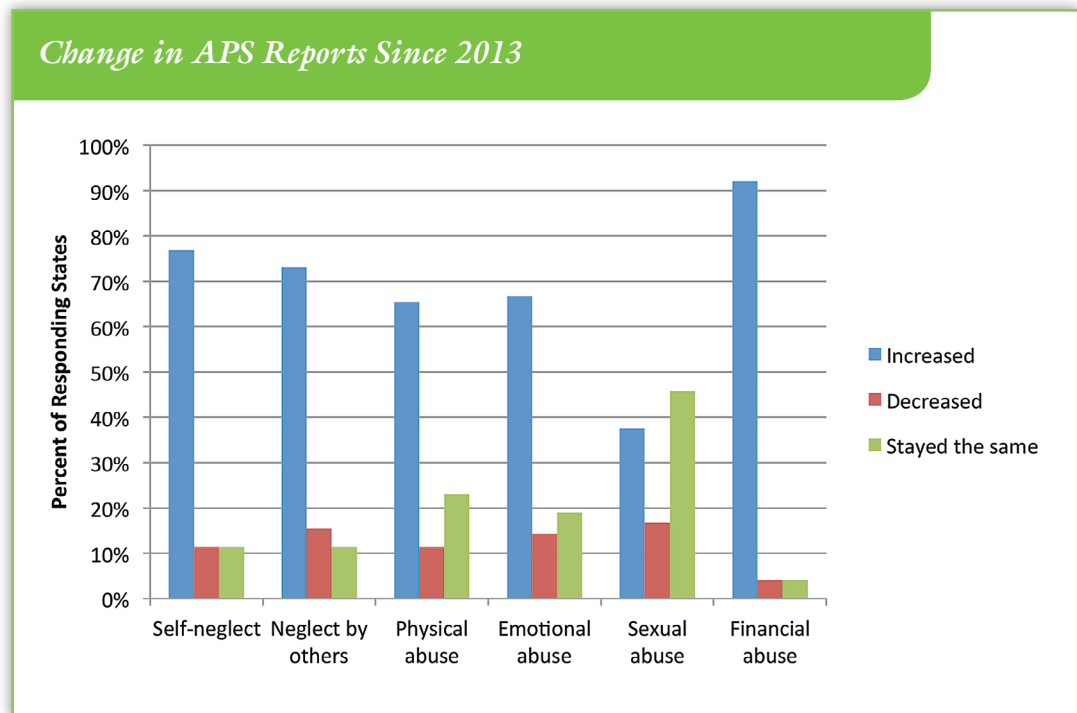


Elder Justice Services Remain a High Level of Need.

Adult Protective Services are one of the most important services provided by state aging and disability agencies. Twenty-eight of the aging and disability agencies reported that they house their states APS programs. These services are established to ensure that reports of abuse, neglect, and exploitation are investigated and that the individuals are protected.

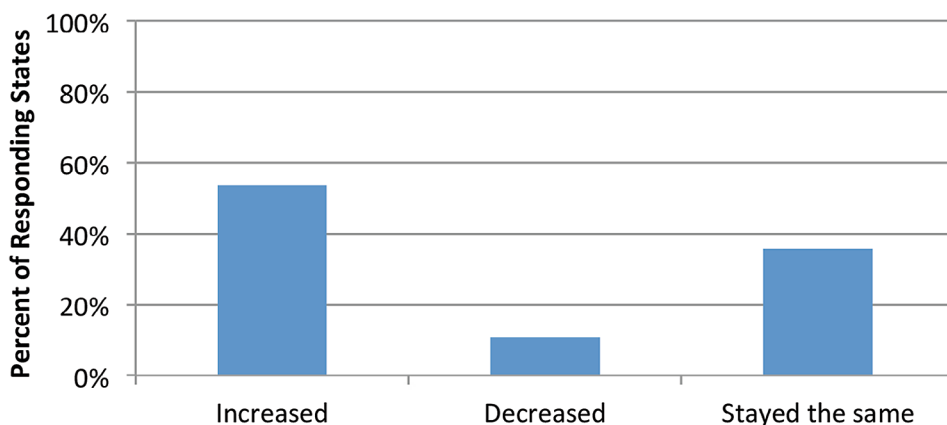
Although the Elder Justice Act, passed as an amendment to the Affordable Care Act (ACA) in 2010, created a framework for federal oversight and funding of APS, the ACA did not authorize any federal funds for the Act. In December of 2014, Congress appropriated \$4 million for a new Elder Justice Initiative to provide competitive grants to States to test and evaluate innovative approaches to preventing and responding to elder abuse. This initial funding is a positive step forward since the 2014 publication of this report; however, the scope of the problems requires additional Federal resources to increase elder justice prevention supports and services.

Stagnant funding and increases in service demands are placing significant strain on APS programming. The twenty-eight states who house APS services indicated that they are seeing substantial increases in both APS reports as well as reports that are ultimately substantiated. Eighty-five percent of states with APS reported seeing increased reports of abuse, and 69% of the states reported an increase in substantiated reports. Similar to 2014, states report increases in nearly every category of elder abuse, particularly financial abuse. Over 90% of the states reported an increase in reported cases of financial abuse.

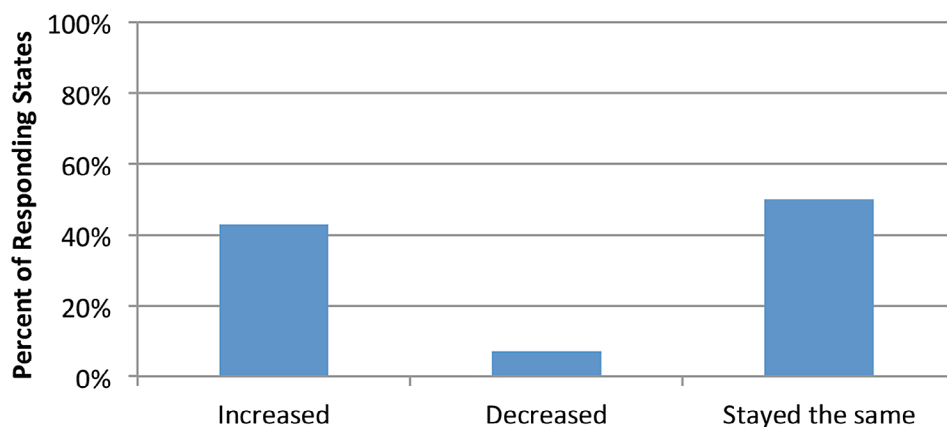


In this year's survey, a greater number of states saw increased funding for their APS services than in prior years. Over half of the responding states indicated that they had received increased APS funding. Coupled with the first ever Federal appropriation for elder justice, this represents a significant and positive development in the field. However, based upon the ongoing increases in APS reporting it is evident that more resources and staffing are needed to fully address this problem.

Change in Adult Protective Services Funding Levels (since 2013)

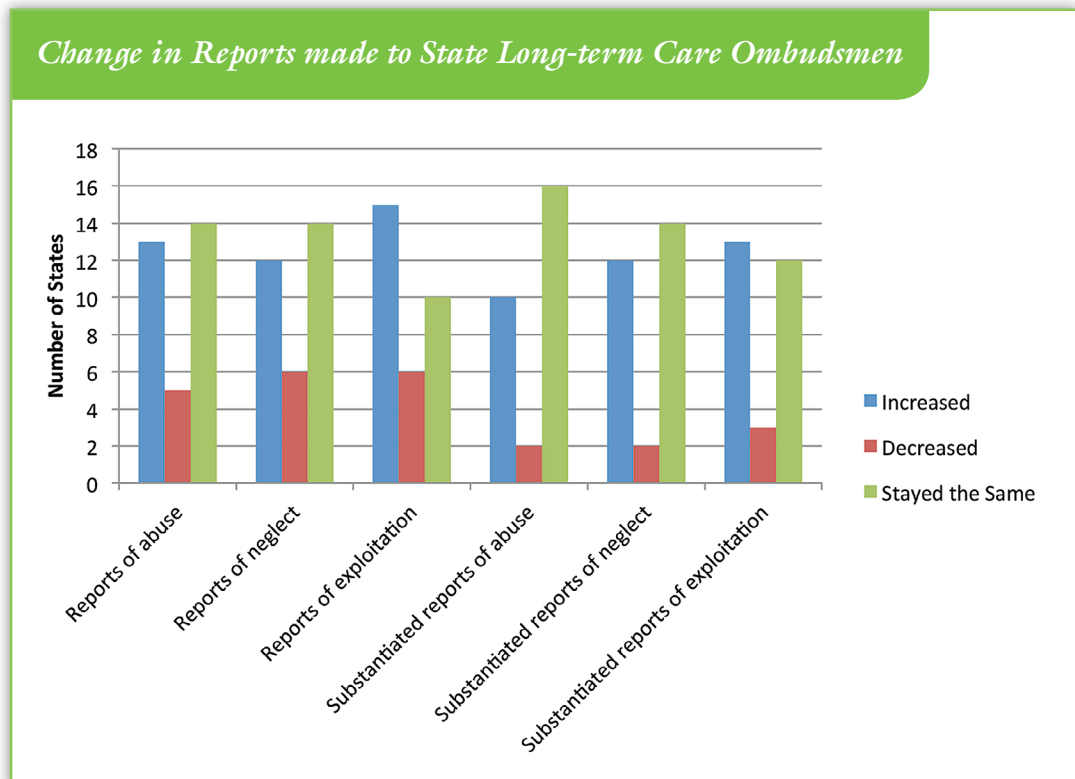


Change in APS Staffing Levels (Since 2013)



This increasing caseload coupled with the ongoing need for funding is placing enormous pressure on state agencies as well as the individuals they serve and further demonstrates the need for a sustainable federal APS funding stream. The Elder Justice Act represents a significant opportunity to improve the delivery and coordination of APS services nationwide.

Similar outcomes are occurring with Long-term Care Ombudsmen, which are generally seeing level funding corresponding with increased reports of abuse.



Update on State HCBS Authority Adoption

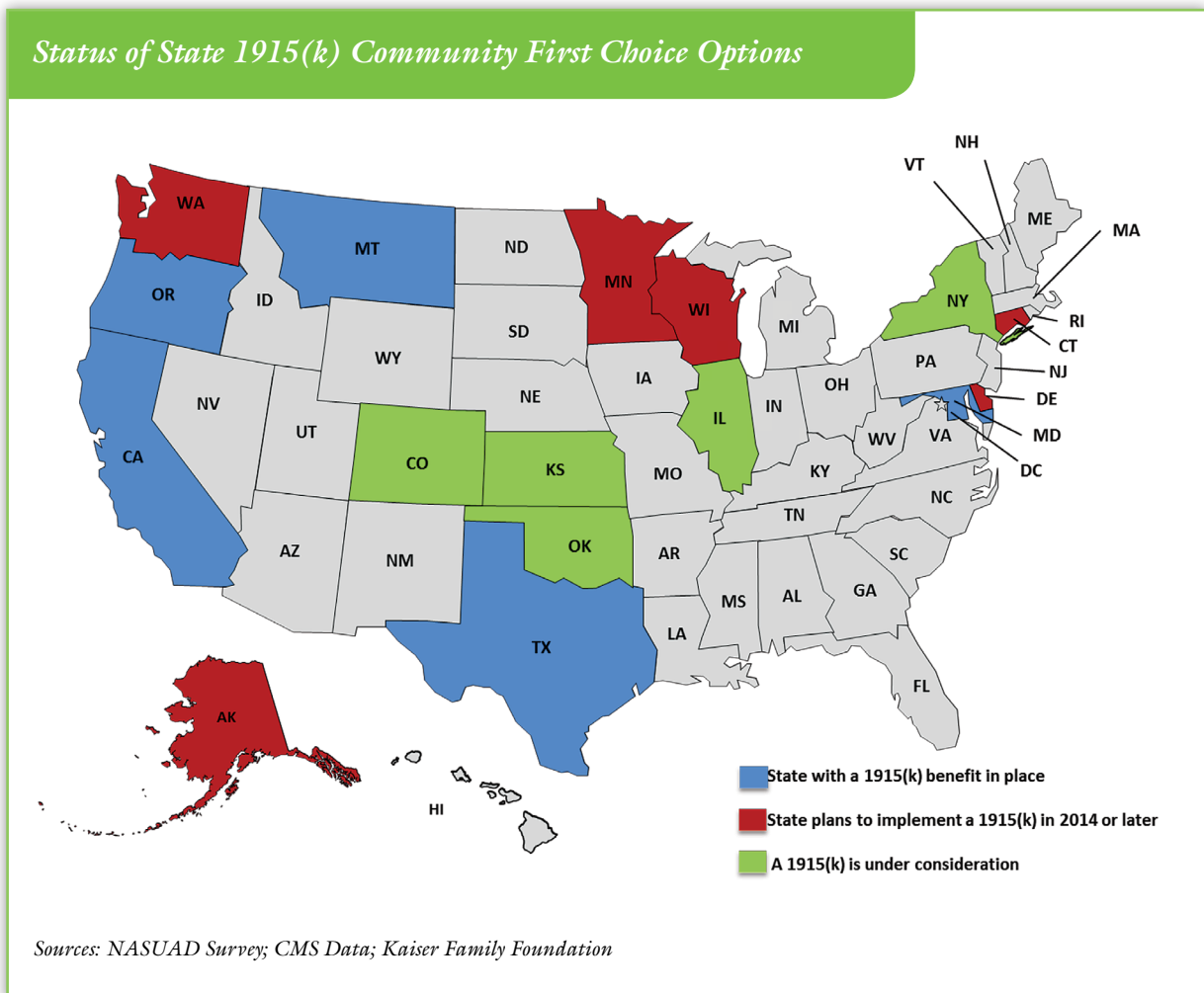
The ACA created or modified several options to provide Medicaid HCBS services. Two of these options are the 1915(i) and 1915(k) HCBS options. Since the ACA passed, states have been gradually adopting the different benefit packages. In the 2015 survey, 17 states reported having a 1915(i) in place and 12 additional states reported that they were planning to implement the benefit or that the benefit was under consideration. In 2015, 5 states reported having a 1915(k) in place, an increase of two states from prior years. Six additional states reported plans to implement the program and 5 more indicated that it was under consideration.

had nearly tripled, and several other states indicated that they were considering implementing adopting the benefit.

1915(k)

The Affordable Care Act created section 1915(k) of the Social Security Act, a benefit commonly known as the “Community First Choice” (CFC) option. Under CFC, states have the option to provide certain types of LTSS through the Medicaid state-plan. CFC differs from other LTSS options as the available benefits are more limited than those available through §1915(c) waivers and §1915(i) benefits. Additionally, CFC participants must meet the state’s institutional level of care criteria and be included in a Medicaid eligibility category in order to access the services. States may not limit the number of people who receive services or establish waiting lists and they may not target specific populations to receive the benefit. States that adopt the option receive a 6% increase in the Federal share of Medicaid expenditures (FMAP) for services provided through CFC, but must maintain the same level of state expenditures on LTSS for at least a year after implementing the program. CFC became effective on October 1, 2011.

Despite the increased share of Federal expenditures, only five states are operating a CFC program as of August 2015. Six additional states reported firm plans to implement CFC in the near future, and 5 more states indicated that establishment of a CFC program was under consideration.



CONCLUSION

The 2015 survey demonstrates the ongoing trends and continues to reinforce findings of prior surveys. The survey highlights the ongoing challenges that states face across the country as well as the innovation occurring at state and local levels. States continue to deal with limited budgets that are under further pressure from federal spending cuts at a time where employee retirement and turnover is draining the government workforce of its longest tenured employees. Yet, despite this, states are restructuring their services, supports, and agencies in order to better serve the constituents and are implementing reforms to improve the coordination and integration of long term services and supports.

As states continue to struggle with sluggish revenue growth, they are engaging in a variety of efforts to reorganize and reform their service delivery systems. As this survey demonstrates, the majority of states are transforming their Medicaid, LTSS, and aging and disability agencies. These changes include agency reorganizations, care-coordination initiatives, and adoption of new programs such as 1915(i) or 1915(k) benefits.

A variety of factors are driving innovation and transformation at the state level, including:

- Adoption and implementation of ACA options and mandates;
- Increased emphasis on coordination and care management;
- Federal and state spending cuts; and
- Increasing demand for services.

All of these factors are likely to continue and to drive further changes in state programs and administrations. In the face of these challenges and opportunities, NASUAD and its membership will continue to support the advancement of state systems innovation and the development of national policies that support home and community based services for older adults and individuals with disabilities.



STATE-BY-STATE SUMMARY TABLES

Table 1: Populations Served by State Agencies

<i>State</i>	<i>Older Adults</i>	<i>Individuals with Physical Disabilities</i>	<i>Individuals With Intellectual/ Developmental Disabilities</i>	<i>Individuals with Traumatic Brain Injuries</i>	<i>Individuals with Mental Illnesses</i>	<i>Individuals with Substance Use Disorders</i>	<i>Other, please specify:</i>
Alabama	✓	✓					
Alaska	✓	✓	✓				
Arizona	✓	✓		✓	✓		
Arkansas	✓	✓					
California	✓	✓	✓	✓	✓		Family caregivers
Colorado	✓						
Connecticut	✓						
Delaware	✓	✓		✓			
District of Columbia	✓	✓					
Florida	✓	✓			✓		
Georgia	✓	✓	✓				
Hawaii	✓						
Idaho	✓	✓					
Illinois	✓						
Indiana	✓	✓		✓			
Iowa	✓						
Kansas	✓	✓	✓	✓	✓	✓	
Kentucky	✓	✓		✓			
Louisiana	✓	✓	✓				
Maine	✓	✓	✓	✓			
Maryland	✓	✓					
Massachusetts	✓						
Michigan	✓						
Minnesota	✓	✓	✓	✓			
Mississippi	✓						
Missouri	✓	✓					
Montana	✓	✓	✓	✓	✓	✓	
Nebraska	✓						
Nevada	✓	✓	✓	✓			
New Hampshire	✓	✓	✓	✓	✓	✓	
New Jersey	✓	✓					
New Mexico	✓	✓					Caregivers
New York	✓						
North Carolina	✓	✓	✓	✓	✓	✓	
North Dakota	✓	✓					
Ohio	✓	✓		✓			
Oklahoma	✓	✓					
Oregon	✓	✓	✓	✓	✓		
Pennsylvania	✓	✓					

Table 1: Populations Served by State Agencies (Continued)

<i>State</i>	<i>Older Adults</i>	<i>Individuals with Physical Disabilities</i>	<i>Individuals With Intellectual/ Developmental Disabilities</i>	<i>Individuals with Traumatic Brain Injuries</i>	<i>Individuals with Mental Illnesses</i>	<i>Individuals with Substance Use Disorders</i>	<i>Other, please specify:</i>
Rhode Island	✓						
South Carolina	✓	✓	✓				
South Dakota	✓	✓					
Tennessee	✓	✓					
Texas	✓	✓	✓				
Utah	✓						APS does investigations for individuals with disabilities who are 18 and older.
Vermont	✓	✓	✓	✓	✓	✓	
Virginia	✓	✓		✓			
Washington	✓	✓		✓			
West Virginia	✓	✓					
Wisconsin	✓	✓	✓	✓			Persons with sensory disabilities, such as individuals who are blind, visually impaired, deaf, or hard of hearing
Wyoming	✓	✓					

Table 2: Agency Service, Budget, and Staffing Levels

<i>State</i>	<i>Older Adults Served</i>	<i>People with Disabilities Served</i>	<i>Total Agency Budget</i>	<i>Agency Staff (in FTE)</i>
Alabama	Between 100,000 and 200,000	Between 1,000 and 25,000	Between \$150 and \$250 million	Between 21 and 50
Alaska	Between 1,000 and 50,000	Between 1,000 and 25,000	More than \$250 million	More than 150
Arizona	Between 1,000 and 50,000	Between 25,000 and 50,000	Between \$100 and \$150 million	More than 150
Arkansas	Between 100,000 and 200,000	Between 1,000 and 25,000	Between \$25 and \$50 million	More than 150
California	Between 200,000 and 300,000	Between 50,000 and 100,000	Between \$150 and \$250 million	Between 100 and 125
Colorado	Between 1,000 and 50,000	Between 1,000 and 25,000	Between \$25 and \$50 million	Between 11 and 20
Connecticut	Between 50,000 and 100,000	Less than 1,000	Between \$25 and \$50 million	Between 21 and 50
Delaware	Between 1,000 and 50,000	Between 1,000 and 25,000	Between \$50 and \$100 million	More than 150
District of Columbia	Between 1,000 and 50,000	Between 1,000 and 25,000	Between \$25 and \$50 million	Between 51 and 75
Florida	More than 300,000	Between 1,000 and 25,000	More than \$250 million	More than 150
Georgia	Between 100,000 and 200,000	Between 100,000 and 200,000	Between \$150 and \$250 million	More than 150
Hawaii	Between 1,000 and 50,000	Between 1,000 and 25,000	Between \$1 and \$25 million	Between 21 and 50
Idaho	Between 50,000 and 100,000		Between \$1 and \$25 million	Between 11 and 20
Illinois	More than 300,000	Between 1,000 and 25,000	More than \$250 million	Between 126 and 150
Indiana	Between 200,000 and 300,000	Between 25,000 and 50,000	More than \$250 million	Between 21 and 50
Iowa			Between \$25 and \$50 million	Between 21 and 50
Kansas	Between 1,000 and 50,000	Between 1,000 and 25,000	More than \$250 million	More than 150
Kentucky	Between 200,000 and 300,000	Between 1,000 and 25,000	Between \$50 and \$100 million	Between 100 and 125
Louisiana	Between 100,000 and 200,000	Between 25,000 and 50,000	Between \$25 and \$50 million	Between 21 and 50
Maine	Between 1,000 and 50,000	Between 1,000 and 25,000	More than \$250 million	More than 150
Maryland	Between 200,000 and 300,000	Between 1,000 and 25,000	Between \$25 and \$50 million	Between 51 and 75
Massachusetts	Between 100,000 and 200,000	Between 100,000 and 200,000	More than \$250 million	Between 76 and 100
Michigan	Between 200,000 and 300,000	Between 100,000 and 200,000	Between \$50 and \$100 million	Between 21 and 50
Minnesota	Between 200,000 and 300,000	Between 100,000 and 200,000	More than \$250 million	More than 150
Mississippi	Between 1,000 and 50,000	Between 1,000 and 25,000	Between \$1 and \$25 million	Between 21 and 50
Missouri	More than 300,000	Between 1,000 and 25,000	More than \$250 million	More than 150
Montana	Between 50,000 and 100,000	Between 1,000 and 25,000	More than \$250 million	More than 150
Nebraska	Between 100,000 and 200,000	Between 50,000 and 100,000	More than \$250 million	Less than 10
Nevada	Between 1,000 and 50,000	Between 1,000 and 25,000	Between \$150 and \$250 million	More than 150
New Hampshire	Between 100,000 and 200,000	Between 100,000 and 200,000	More than \$250 million	Between 100 and 125
New Jersey	Between 200,000 and 300,000	Between 25,000 and 50,000	More than \$250 million	More than 150
New Mexico	Between 200,000 and 300,000		Between \$50 and \$100 million	More than 150
New York	Between 200,000 and 300,000	Between 50,000 and 100,000	Between \$150 and \$250 million	Between 76 and 100
North Carolina	Between 50,000 and 100,000	Between 25,000 and 50,000	Between \$100 and \$150 million	Between 76 and 100
North Dakota	Between 1,000 and 50,000	Between 1,000 and 25,000	Between \$1 and \$25 million	Between 21 and 50
Ohio	Between 200,000 and 300,000	Between 50,000 and 100,000	Between \$50 and \$100 million	Between 76 and 100
Oklahoma	Between 200,000 and 300,000	Between 100,000 and 200,000	More than \$250 million	More than 150
Oregon	Between 100,000 and 200,000		More than \$250 million	More than 150
Pennsylvania	More than 300,000	Between 25,000 and 50,000	More than \$250 million	Between 100 and 125

Table 2: Agency Service, Budget, and Staffing Levels (Continued)

<i>State</i>	<i>Older Adults Served</i>	<i>People with Disabilities Served</i>	<i>Total Agency Budget</i>	<i>Agency Staff (in FTE)</i>
Rhode Island	Between 1,000 and 50,000		Between \$1 and \$25 million	Between 21 and 50
South Carolina	Between 50,000 and 100,000	Between 1,000 and 25,000	Between \$25 and \$50 million	Between 21 and 50
South Dakota	Between 1,000 and 50,000	Between 1,000 and 25,000	Between \$150 and \$250 million	Between 76 and 100
Tennessee	Between 100,000 and 200,000	Less than 1,000	Between \$25 and \$50 million	Between 21 and 50
Texas	Between 200,000 and 300,000	More than 200,000	More than \$250 million	More than 150
Utah	Between 50,000 and 100,000	Less than 1,000	Between \$1 and \$25 million	Between 21 and 50
Vermont	Between 50,000 and 100,000	Between 1,000 and 25,000	More than \$250 million	More than 150
Virginia	Between 50,000 and 100,000	Between 50,000 and 100,000	Between \$150 and \$250 million	More than 150
Washington	More than 300,000	Between 1,000 and 25,000	More than \$250 million	More than 150
West Virginia				
Wisconsin	Between 200,000 and 300,000	Between 25,000 and 50,000	Between \$50 and \$100 million	Between 51 and 75
Wyoming	Between 1,000 and 50,000	Between 25,000 and 50,000	Between \$1 and \$25 million	Less than 10

Table 3: Functions of LTSS System that each State Aging and Disability Agency Administers

State	Policy and Planning	Financing	Nursing Facility Regulation	Nursing Facility Licensure and Certification	Quality Assurance of Nursing Facilities	Assisted Living Regulation	Assisted Living Licensure and Certification	Quality Assurance of Assisted Living	
Alabama	✓	✓							
Alaska	✓	✓							
Arizona	✓	✓							
Arkansas	✓								
California	✓	✓							
Colorado	✓	✓							
Connecticut									
Delaware	✓	✓							
District of Columbia									
Florida	✓	✓						✓	
Georgia	✓							✓	
Hawaii	✓	✓							
Idaho	✓	✓							
Illinois	✓	✓							
Indiana	✓	✓							
Iowa	✓	✓							
Kansas	✓	✓	✓	✓	✓	✓	✓	✓	
Kentucky	✓	✓				✓	✓	✓	
Louisiana	✓								
Maine	✓								
Maryland	✓	✓							
Massachusetts	✓		✓		✓	✓	✓	✓	
Michigan	✓								
Minnesota	✓				✓			✓	
Mississippi									
Missouri	✓	✓							
Montana	✓	✓	✓					✓	
Nebraska									
Nevada	✓								
New Hampshire	✓	✓						✓	
New Jersey	✓								
New Mexico									
New York	✓	✓							
North Carolina	✓	✓							
North Dakota									
Ohio	✓	✓			✓				

	<i>HCBS Provider Regulation</i>	<i>HCBS Provider Licensure and Certification</i>	<i>HCBS Quality Assurance</i>	<i>Financial Eligibility Determination</i>	<i>Functional/ Medical Eligibility Determination</i>	<i>LTC Ombudsman</i>	<i>Other</i>
					✓	✓	Administers HCBS Waivers
	✓	✓	✓		✓		
			✓		✓	✓	
	✓		✓	✓	✓	✓	
	✓	✓	✓		✓	✓	
			✓			✓	
						✓	
						✓	
			✓		✓	✓	
			✓			✓	
					✓	✓	
		✓	✓	✓	✓	✓	
	✓	✓	✓		✓	✓	Budgeting and funding for all nursing facility services
						✓	
	✓	✓	✓		✓		
		✓	✓		✓	✓	
	✓		✓			✓	
			✓		✓		
					✓	✓	Supports Planning for Medicaid HCBS
	✓	✓	✓	✓	✓	✓	
	✓		✓			✓	
			✓	✓	✓	✓	
						✓	
					✓	✓	
	✓		✓		✓	✓	Establishment of reimbursement systems under Medicaid and implementation of LTC Medicaid programs, Adult Protective Services, Operation of two State Veterans Homes
			✓			✓	
			✓			✓	
			✓		✓		
						✓	
			✓			✓	State agency performs identified functions for OAA and state funded, non-Medicaid/clinical LTSS only
	✓	✓	✓			✓	Housing
						✓	Vulnerable Adult Protective Services, Guardianship Petitioning, Adult Foster Care Licensure, Dementia Care Services Program and Telecommunications Program
	✓	✓	✓		✓	✓	Long Term Care consumer guide

Table 3: Functions of LTSS System that each State Aging and Disability Agency Administers (Continued)

State	Policy and Planning	Financing	Nursing Facility Regulation	Nursing Facility Licensure and Certification	Quality Assurance of Nursing Facilities	Assisted Living Regulation	Assisted Living Licensure and Certification	Quality Assurance of Assisted Living	
Oklahoma	✓	✓			✓			✓	
Oregon	✓	✓	✓	✓		✓	✓		
Pennsylvania	✓	✓							
Rhode Island	✓							✓	
South Carolina	✓	✓							
South Dakota	✓								
Tennessee	✓								
Texas	✓	✓	✓	✓	✓	✓	✓	✓	
Utah									
Vermont	✓	✓	✓	✓	✓	✓	✓	✓	
Virginia									
Washington	✓	✓	✓	✓	✓	✓	✓	✓	
West Virginia									
Wisconsin									
Wyoming	✓		✓	✓	✓	✓	✓	✓	

	<i>HCBS Provider Regulation</i>	<i>HCBS Provider Licensure and Certification</i>	<i>HCBS Quality Assurance</i>	<i>Financial Eligibility Determination</i>	<i>Functional/ Medical Eligibility Determination</i>	<i>LTC Ombudsman</i>	<i>Other</i>
			✓		✓	✓	
	✓	✓		✓	✓		
	✓		✓		✓	✓	
			✓		✓	✓	
	✓		✓			✓	
			✓		✓	✓	
	✓					✓	
	✓	✓	✓		✓	✓	State Supported Living Centers, Local Intellectual and Developmental Disability Authorities, Guardianship for individuals referred by Adult Protective Services
						✓	
	✓	✓	✓		✓	✓	
						✓	
	✓	✓	✓	✓	✓		
		✓	✓				
				✓	✓		
	✓	✓				✓	

Table 4: Key Responsibilities of State Directors

<i>State</i>	<i>Manage relationships</i>	<i>Set state aging policy</i>	<i>Set state disability policy</i>	<i>Set state LTSS policy</i>	<i>Manage internal operations of State Agency</i>	<i>Manage external operations of State Agency</i>	<i>Strategic planning</i>
Alabama	✓	✓		✓	✓		✓
Alaska	✓	✓	✓	✓	✓	✓	✓
Arizona	✓	✓		✓	✓	✓	✓
Arkansas	✓	✓		✓	✓	✓	✓
California	✓	✓		✓	✓	✓	✓
Colorado	✓	✓			✓	✓	✓
Connecticut	✓	✓					✓
Delaware	✓	✓	✓	✓	✓	✓	✓
District of Columbia	✓	✓			✓	✓	✓
Florida	✓	✓		✓	✓	✓	✓
Georgia	✓	✓			✓	✓	✓
Hawaii	✓	✓		✓	✓	✓	✓
Idaho	✓	✓		✓	✓		✓
Illinois	✓	✓		✓	✓		✓
Indiana	✓	✓		✓	✓	✓	✓
Iowa	✓	✓		✓	✓	✓	✓
Kansas	✓	✓	✓	✓	✓	✓	✓
Kentucky	✓	✓	✓		✓		✓
Louisiana	✓	✓			✓	✓	✓
Maine	✓	✓	✓	✓	✓	✓	✓
Maryland	✓	✓		✓	✓	✓	✓
Massachusetts	✓	✓		✓	✓	✓	✓
Michigan	✓	✓				✓	✓
Minnesota	✓	✓	✓	✓	✓	✓	✓
Mississippi	✓	✓			✓		✓
Missouri	✓	✓			✓		
Montana	✓	✓	✓	✓	✓	✓	✓
Nebraska	✓	✓			✓		✓
Nevada	✓	✓	✓	✓	✓		✓
New Hampshire	✓	✓	✓	✓	✓	✓	✓
New Jersey	✓	✓			✓		✓
New Mexico	✓	✓			✓	✓	✓
New York	✓	✓			✓		✓
North Carolina	✓	✓			✓	✓	✓
North Dakota	✓	✓			✓	✓	✓
Ohio	✓	✓		✓	✓	✓	✓
Oklahoma	✓	✓		✓	✓	✓	✓
Oregon	✓	✓	✓	✓	✓	✓	✓
Pennsylvania	✓	✓		✓	✓	✓	✓

Table 4: Key Responsibilities of State Directors *(Continued)*

<i>State</i>	<i>Manage relationships</i>	<i>Set state aging policy</i>	<i>Set state disability policy</i>	<i>Set state LTSS policy</i>	<i>Manage internal operations of State Agency</i>	<i>Manage external operations of State Agency</i>	<i>Strategic planning</i>
Rhode Island	✓	✓	✓	✓	✓	✓	✓
South Carolina	✓	✓	✓	✓	✓	✓	✓
South Dakota	✓	✓		✓	✓		✓
Tennessee	✓	✓			✓	✓	✓
Texas	✓	✓	✓	✓	✓	✓	✓
Utah	✓	✓			✓		✓
Vermont	✓	✓	✓	✓	✓	✓	✓
Virginia	✓	✓	✓		✓	✓	✓
Washington	✓	✓	✓	✓	✓	✓	✓
West Virginia	✓	✓		✓	✓		✓
Wisconsin	✓	✓	✓		✓		✓
Wyoming	✓	✓			✓	✓	✓

Table 5: Appointment of State Agency Directors

State	Director Appointed By			
	Gubernatorial Appointment	Hired by Higher Ranking Official within the Agency / Department	Appointee of a Board or Commission	Other
Alabama	✓			
Alaska			✓	
Arizona		✓		
Arkansas	✓			
California	✓			
Colorado		✓		
Connecticut	✓			
Delaware	✓			
District of Columbia				Appointed by Mayor
Florida	✓			
Georgia		✓		
Hawaii	✓			
Idaho	✓			
Illinois	✓			
Indiana		✓		
Iowa	✓			
Kansas	✓			
Kentucky		✓		
Louisiana	✓			
Maine		✓		
Maryland	✓			
Massachusetts	✓			
Michigan		✓		
Minnesota	✓			
Mississippi		✓		
Missouri		✓		
Montana	✓			
Nebraska		✓		
Nevada	✓			
New Hampshire		✓		
New Jersey		✓		
New Mexico	✓			
New York	✓			
North Carolina	✓			
North Dakota		✓		
Ohio	✓			
Oklahoma		✓		
Oregon		✓		
Pennsylvania	✓			

Table 5: Appointment of State Agency Directors (Continued)

State	Director Appointed By			
	Gubernatorial Appointment	Hired by Higher Ranking Official within the Agency / Department	Appointee of a Board or Commission	Other
Rhode Island	✓			
South Carolina			✓	Lt. Governor filled vacant position when previous Lt. Governor resigned; Senate President fills vacant position until next election.
South Dakota		✓		
Tennessee	✓			
Texas		✓		
Utah		✓		
Vermont	✓			
Virginia	✓			
Washington		✓		
West Virginia	✓			
Wisconsin		✓		
Wyoming		✓		

Table 6: Sources of Funding for State Agencies on Aging and Disabilities

State	State Appropriation	Local Funding	Targeted Tax	State Lottery	Foundation/ Private Grants	Older Americans Act	Medicaid	Community Services Block Grant	
Alabama	✓		✓			✓	✓		
Alaska	✓					✓	✓		
Arizona	✓			✓		✓		✓	
Arkansas	✓		✓			✓	✓		
California	✓					✓	✓		
Colorado	✓	✓			✓	✓	✓		
Connecticut	✓					✓			
Delaware	✓					✓	✓		
District of Columbia		✓				✓		✓	
Florida	✓					✓	✓		
Georgia	✓		✓		✓	✓	✓	✓	
Hawaii	✓					✓			
Idaho	✓					✓			
Illinois	✓					✓	✓		
Indiana	✓					✓	✓		
Iowa	✓					✓			
Kansas	✓		✓			✓	✓	✓	
Kentucky	✓					✓	✓		
Louisiana	✓					✓			
Maine	✓					✓	✓		
Maryland	✓					✓	✓		
Massachusetts	✓					✓	✓		
Michigan	✓	✓				✓	✓		
Minnesota	✓					✓	✓		
Mississippi	✓					✓	✓		
Missouri	✓					✓	✓		
Montana	✓	✓	✓			✓	✓	✓	
Nebraska	✓	✓				✓	✓		
Nevada	✓	✓	✓			✓	✓		
New Hampshire	✓	✓	✓			✓	✓		
New Jersey	✓	✓				✓	✓	✓	
New Mexico	✓					✓	✓		
New York	✓	✓			✓	✓	✓		
North Carolina	✓					✓	✓		
North Dakota	✓		✓			✓			
Ohio	✓					✓	✓		
Oklahoma	✓				✓	✓	✓		
Oregon	✓	✓	✓			✓	✓		
Pennsylvania				✓		✓	✓		

	<i>Social Services Block Grant</i>	<i>Federal Emergency Management Agency</i>	<i>U.S. Department of Agriculture</i>	<i>U.S. Department of Education</i>	<i>U.S. Department of Justice</i>	<i>U.S. Department of Labor</i>	<i>U.S. Department of Transportation</i>
						✓	
	✓					✓	
	✓		✓			✓	
						✓	
			✓			✓	
	✓	✓				✓	
	✓					✓	
			✓				
	✓		✓			✓	✓
			✓			✓	
						✓	
	✓					✓	
		✓					
	✓					✓	
						✓	
			✓			✓	
			✓		✓	✓	
	✓						
	✓					✓	
	✓	✓	✓				
	✓		✓				
	✓						
	✓		✓			✓	
	✓					✓	
						✓	
			✓	✓		✓	
			✓			✓	✓
	✓						

Table 6: Sources of Funding for State Agencies on Aging and Disabilities (Continued)

<i>State</i>	<i>State Appropriation</i>	<i>Local Funding</i>	<i>Targeted Tax</i>	<i>State Lottery</i>	<i>Foundation/ Private Grants</i>	<i>Older Americans Act</i>	<i>Medicaid</i>	<i>Community Services Block Grant</i>	
Rhode Island	✓					✓	✓		
South Carolina	✓		✓			✓			
South Dakota	✓					✓	✓		
Tennessee	✓					✓	✓		
Texas	✓					✓	✓	✓	
Utah	✓					✓			
Vermont	✓					✓	✓		
Virginia	✓				✓	✓	✓		
Washington	✓	✓				✓	✓		
West Virginia	✓	✓		✓		✓	✓		
Wisconsin	✓					✓	✓	✓	
Wyoming	✓	✓				✓			

	<i>Social Services Block Grant</i>	<i>Federal Emergency Management Agency</i>	<i>U.S. Department of Agriculture</i>	<i>U.S. Department of Education</i>	<i>U.S. Department of Justice</i>	<i>U.S. Department of Labor</i>	<i>U.S. Department of Transportation</i>
						✓	
	✓				✓		
	✓						
	✓		✓			✓	
	✓		✓	✓		✓	
	✓		✓			✓	✓
			✓			✓	
	✓						

Table 7: State Funded HCBS Services for Older Adults and Adults with Physical Disabilities

State	Adult Day Health	Adult Day Social	Adult Foster Care	Assisted Living	Behavioral Supports	Case Management	Community Transition Support	Day Habilitation	Environmental Modifications	Home-Delivered Meals	Homemaker	Independent Living	Nutritional Supplements
Alabama													
Alaska													
Arizona													
Arkansas		A				A				A	A		
California													
Colorado	A	A	N			A			A	A	B		
Connecticut	A	A	A	A	A	A	A		A	A	A		
Delaware													
District of Columbia	B			B		B	B		B		B		
Florida	A	B		B		B	D		B	B	B		D
Georgia	B					A			A	A	A		
Hawaii	A	A				A				A	A		
Idaho													
Illinois										A			
Indiana		B				B			B	B	B		B
Iowa													
Kansas	A	A		A	D	A	B		B	B	B	B	B
Kentucky						A			A	A	A		A
Louisiana						B			B		B	B	
Maine	B	B		B		B			B	A	B		
Maryland	A	A	B	A		B	A	D	A	A	B	B	A
Massachusetts	B	B	B			B	B	B	B	B	B	D	B
Michigan	B		B		B	A	B	B	B	B	B	B	
Minnesota	A	A				A			A	A	A		
Mississippi													
Missouri													
Montana						D	A			B	B		B
Nebraska	B			B		B	B		B	B	B		
Nevada		A				B	A			A	B	B	
New Hampshire													
New Jersey	B	B			D	B	D	D	B	B	D		D
New Mexico	B			B	D	D	B	D	B		D	D	D
New York		B				B			B	B	B		
North Carolina	B	B				A			A	A	A	B	

A = Aging • D = Disability • B = Both Aging & Disability

	Occupational Therapy	Personal Assistance Services	Personal Emergency Response Systems	Physical Therapy	Recreational Therapy	Residential habilitation	Respite	Specialized Equipment, Supplies or Assistive Technology	Speech Therapy	State Pharmaceutical Assistance	Supported Employment	Supported Living	Transportation	Vocational Rehabilitation	Other
		A	A				A	A			A		A		
		B	B				B	A					A		
		A	A				A	A					A		
										B					
	B	B	B	B			B	B		B			B		Chore Service- One-time cleaning that prepares home for ongoing, routine housekeeping
	B	B	B	B	B		B	B	B	D			B		
							A						A		
		A											A		
													A		
		B	B				B	B					B		
		B	B				B	B			D		A	D	
		A	A						A						
		B	B					B							
	B	B	B	B			B		B						
		B	A				A	A		B	B	B	B	B	
	B	B	B	B		B	B	B	B	B	D	B	B	D	
		A	B				B	B			B	B	B		
			A				A	A					A		
										B			B		
			B				B	B					B		
		B	A							B			A		
	D	B	B	D	D	D	B	B	D	B	D	D	B	D	
	B		B	B		D	B	D	B		D	D	D	D	
		B	B				B	B		B	B		B		
		B					A	B					A	B	

A = Aging • D = Disability • B = Both Aging & Disability

Table 7: State Funded HCBS Services for Older Adults and Adults with Physical Disabilities (Continued)

State	Adult Day Health	Adult Day Social	Adult Foster Care	Assisted Living	Behavioral Supports	Case Management	Community Transition Support	Day Habilitation	Environmental Modifications	Home-Delivered Meals	Homemaker	Independent Living	Nutritional Supplements
North Dakota	B	B	B	B		B			B	B	B		
Ohio	B	B		B		B	B		B	B	B	B	
Oklahoma		B		B	B	B	B	B	B	B	B	B	B
Oregon	A	A				A		A	A	A	A		
Pennsylvania	A	A				B	B		A	A	A		
Rhode Island													
South Carolina													
South Dakota		B	B	B		B					B		B
Tennessee						B				B	B		B
Texas	*	*	*	*	*	*	*	*	*	*	*	*	*
Utah						B			B	B	B		
Vermont													
Virginia											B		
Washington	B	B	B	B	B	B	B			B			
West Virginia		A									A		A
Wisconsin													
Wyoming		B				B			B	B	B		

A = Aging • D = Disability • B = Both Aging & Disability

	Occupational Therapy	Personal Assistance Services	Personal Emergency Response Systems	Physical Therapy	Recreational Therapy	Residential habilitation	Respite	Specialized Equipment, Supplies or Assistive Technology	Speech Therapy	State Pharmaceutical Assistance	Supported Employment	Supported Living	Transportation	Vocational Rehabilitation	Other
		B	B				B						B		
		B	B				B	B					B		
	B	B	B	B	B		B	B	B				B	B	
		A	A				A	A					A		
	A	B	B	A			A	A	A	A			A		
		B	B				B	B							
															Limited amount of funding for a few services (homemaker, home delivered meals, and personal care).
	*	*	*	*	*	*	*	*	*	*	*	*	*	*	See Footnote
		B	B					B							
		B													
															Others include Companion and Chore.
			B				B						B		
		D					A						A		
		B	B				B	B					B		

* In Texas, the In-Home and Family Support Program is funded with state funds. The individual is given a subsidy grant for items or services that are medically necessary due to functional limitations caused by disability or disabilities. The subsidy grant covers a six month period. The maximum grant for one year is \$1,200. Many of the items listed above are allowable expenditures for the subsidy grant. However, there are not specific services that are billed to the state.

A = Aging • D = Disability • B = Both Aging & Disability

Table 8: Status of Medicaid Waiver Options

<i>State</i>	<i>Medicaid HCBS §1915 (c) Waiver Program</i>	<i>Medicaid Managed LTSS (Regardless of Authority)</i>	<i>Medicaid §1115 Demonstration Program for LTSS Other Than Medicaid Managed LTSS</i>	<i>Medicaid State Plan Personal Care Services</i>	<i>Medicaid State Plan §1915 (i) Program</i>	<i>Medicaid State Plan §1915 (j) Program</i>	<i>Medicaid State Plan §1915 (k) Program</i>	<i>Comments</i>
Alabama	In Place 2014	Under Consideration	Under Consideration					
Alaska	In Place 2014	Don't Have/Don't Plan to Implement	Don't Have/Don't Plan to Implement	In Place 2014	Plan to Implement 2015 or 2016	Don't Have/Don't Plan to Implement	Plan to Implement 2015 or 2016	
Arizona	Don't Have/Don't Plan to Implement	In Place 2014	Don't Have/Don't Plan to Implement	Don't Have/Don't Plan to Implement	Don't Have/Don't Plan to Implement	Don't Have/Don't Plan to Implement	Don't Have/Don't Plan to Implement	
Arkansas	In Place 2014	Plan to Implement 2015 or 2016	Don't Have/Don't Plan to Implement	In Place 2014	Under Consideration	In Place 2014		
California	In Place 2014	In Place 2014		In Place 2014	In Place 2014			
Colorado	In Place 2014	Don't Have/Don't Plan to Implement	In Place 2014	Under Consideration	Under Consideration	Under Consideration	Under Consideration	
Connecticut	In Place 2014	Don't Have/Don't Plan to Implement				Plan to Implement 2015 or 2016	Plan to Implement 2015 or 2016	
Delaware	Don't Have/Don't Plan to Implement	In Place 2014	Don't Have/Don't Plan to Implement	In Place 2014	In Place 2014	Don't Have/Don't Plan to Implement	Plan to Implement 2015 or 2016	
District of Columbia	In Place 2014			In Place 2014	In Place 2014	In Place 2014		
Florida	In Place 2014	In Place 2014	In Place 2014		In Place 2014			
Georgia	In Place 2014		Under Consideration	Don't Have/Don't Plan to Implement	Don't Have/Don't Plan to Implement	Don't Have/Don't Plan to Implement	Don't Have/Don't Plan to Implement	
Hawaii	In Place 2014	In Place 2014	In Place 2014					
Idaho	In Place 2014	Under Consideration						Managed care targeted to duals population
Illinois	In Place 2014	In Place 2014	Under Consideration	Don't Have/Don't Plan to Implement	Under Consideration	Don't Have/Don't Plan to Implement	Under Consideration	
Indiana	In Place 2014		Don't Have/Don't Plan to Implement	Don't Have/Don't Plan to Implement	In Place 2014	Don't Have/Don't Plan to Implement	Don't Have/Don't Plan to Implement	
Iowa	In Place 2014	Plan to Implement 2015 or 2016	In Place 2014	Don't Have/Don't Plan to Implement	In Place 2014	Don't Have/Don't Plan to Implement	Don't Have/Don't Plan to Implement	
Kansas	In Place 2014	In Place 2014	In Place 2014	In Place 2014	Under Consideration	Under Consideration	Under Consideration	
Kentucky	In Place 2014	Don't Have/Don't Plan to Implement	In Place 2014	Don't Have/Don't Plan to Implement	Don't Have/Don't Plan to Implement	Don't Have/Don't Plan to Implement	Don't Have/Don't Plan to Implement	
Louisiana	In Place 2014	Under Consideration	Don't Have/Don't Plan to Implement	In Place 2014	In Place 2014		Don't Have/Don't Plan to Implement	

Table 8: Status of Medicaid Waiver Options (Continued)

<i>State</i>	<i>Medicaid HCBS §1915 (c) Waiver Program</i>	<i>Medicaid Managed LTSS (Regardless of Authority)</i>	<i>Medicaid §1115 Demonstration Program for LTSS Other Than Medicaid Managed LTSS</i>	<i>Medicaid State Plan Personal Care Services</i>	<i>Medicaid State Plan §1915 (i) Program</i>	<i>Medicaid State Plan §1915 (j) Program</i>	<i>Medicaid State Plan §1915 (k) Program</i>	<i>Comments</i>
Maine	In Place 2014		Under Consideration	In Place 2014	Under Consideration	Don't Have/Don't Plan to Implement	Don't Have/Don't Plan to Implement	
Maryland	In Place 2014	Don't Have/Don't Plan to Implement	Don't Have/Don't Plan to Implement	In Place 2014	Don't Have/Don't Plan to Implement	Under Consideration	In Place 2014	
Massachusetts	In Place 2014	In Place 2014	Don't Have/Don't Plan to Implement	In Place 2014	Under Consideration	Don't Have/Don't Plan to Implement	Don't Have/Don't Plan to Implement	
Michigan	In Place 2014	In Place 2014	Under Consideration	In Place 2014				
Minnesota	In Place 2014	In Place 2014	In Place 2014	In Place 2014	Plan to Implement 2015 or 2016	Plan to Implement 2015 or 2016	Plan to Implement 2015 or 2016	
Mississippi	In Place 2014	Don't Have/Don't Plan to Implement		In Place 2014				
Missouri	In Place 2014	Don't Have/Don't Plan to Implement	Don't Have/Don't Plan to Implement	In Place 2014	Don't Have/Don't Plan to Implement	Don't Have/Don't Plan to Implement	Don't Have/Don't Plan to Implement	
Montana	In Place 2014							
Nebraska	In Place 2014	Under Consideration						
Nevada	In Place 2014	Under Consideration	Don't Have/Don't Plan to Implement	In Place 2014	Don't Have/Don't Plan to Implement	Don't Have/Don't Plan to Implement	Don't Have/Don't Plan to Implement	
New Hampshire	In Place 2014	Plan to Implement 2015 or 2016	Under Consideration	In Place 2014	Don't Have/Don't Plan to Implement	Don't Have/Don't Plan to Implement	Don't Have/Don't Plan to Implement	
New Jersey	In Place 2014	In Place 2014	Under Consideration	In Place 2014	In Place 2014	Don't Have/Don't Plan to Implement	In Place 2014	
New Mexico	In Place 2014	In Place 2014		In Place 2014				
New York	In Place 2014	In Place 2014	Plan to Implement 2015 or 2016					
North Carolina	In Place 2014	In Place 2014	Under Consideration	In Place 2014	Don't Have/Don't Plan to Implement	Don't Have/Don't Plan to Implement	Don't Have/Don't Plan to Implement	
North Dakota	In Place 2014	Don't Have/Don't Plan to Implement	Don't Have/Don't Plan to Implement	In Place 2014	Under Consideration	Don't Have/Don't Plan to Implement	Don't Have/Don't Plan to Implement	
Ohio	In Place 2014	In Place 2014	Don't Have/Don't Plan to Implement	Don't Have/Don't Plan to Implement	Plan to Implement 2015 or 2016	Don't Have/Don't Plan to Implement	Don't Have/Don't Plan to Implement	MLTSS provided through duals integration
Oklahoma	In Place 2014	Under Consideration	Don't Have/Don't Plan to Implement	In Place 2014	Under Consideration	Under Consideration	Under Consideration	
Oregon	In Place 2014	Don't Have/Don't Plan to Implement	Don't Have/Don't Plan to Implement	In Place 2014	In Place 2014	In Place 2014	In Place 2014	1915(i) serves individuals with mental illness.

Table 8: Status of Medicaid Waiver Options (Continued)

<i>State</i>	<i>Medicaid HCBS §1915 (c) Waiver Program</i>	<i>Medicaid Managed LTSS (Regardless of Authority)</i>	<i>Medicaid §1115 Demonstration Program for LTSS Other Than Medicaid Managed LTSS</i>	<i>Medicaid State Plan Personal Care Services</i>	<i>Medicaid State Plan §1915 (i) Program</i>	<i>Medicaid State Plan §1915 (j) Program</i>	<i>Medicaid State Plan §1915 (k) Program</i>	<i>Comments</i>
Pennsylvania	In Place 2014	Under Consideration	In Place 2014	Don't Have/ Don't Plan to Implement	Don't Have/ Don't Plan to Implement	Don't Have/ Don't Plan to Implement	Don't Have/ Don't Plan to Implement	
Rhode Island		In Place 2014	In Place 2014	In Place 2014				
South Carolina	In Place 2014	In Place 2014						MLTSS provided through duals integration
South Dakota	In Place 2014	Don't Have/ Don't Plan to Implement		In Place 2014	Don't Have/ Don't Plan to Implement	Don't Have/ Don't Plan to Implement	Don't Have/ Don't Plan to Implement	
Tennessee	In Place 2014	In Place 2014	Don't Have/ Don't Plan to Implement	Don't Have/ Don't Plan to Implement	Don't Have/ Don't Plan to Implement	Don't Have/ Don't Plan to Implement	Don't Have/ Don't Plan to Implement	Medicaid MLTSS program includes 1915(i)-"like" component for persons that do not meet NF level of care.
Texas	In Place 2014	In Place 2014	Under Consideration	In Place 2014	Plan to Implement 2015 or 2016	In Place 2014	Plan to Implement 2015 or 2016	
Utah	In Place 2014	Don't Have/ Don't Plan to Implement	Don't Have/ Don't Plan to Implement	Don't Have/ Don't Plan to Implement	Don't Have/ Don't Plan to Implement	Don't Have/ Don't Plan to Implement	Don't Have/ Don't Plan to Implement	
Vermont	Don't Have/ Don't Plan to Implement	Don't Have/ Don't Plan to Implement	In Place 2014	Don't Have/ Don't Plan to Implement	Don't Have/ Don't Plan to Implement	Don't Have/ Don't Plan to Implement	Don't Have/ Don't Plan to Implement	
Virginia	In Place 2014	In Place 2014	Don't Have/ Don't Plan to Implement	Don't Have/ Don't Plan to Implement	In Place 2014	Don't Have/ Don't Plan to Implement	Don't Have/ Don't Plan to Implement	
Washington	In Place 2014	In Place 2014	Under Consideration	In Place 2014	Don't Have/ Don't Plan to Implement	Don't Have/ Don't Plan to Implement	Plan to Implement 2015 or 2016	
West Virginia	In Place 2014	Under Consideration		In Place 2014				
Wisconsin	In Place 2014	In Place 2014						
Wyoming	In Place 2014							

Table 9: Medicaid HCBS Waiver Services Available to Older Adults and/or People With Disabilities

State	Adult day health	Adult Day Social	Adult Foster Care	Assisted Living	Assistive Technology	Behavioral Supports	Case Management	Community Transition Support	Day Habilitation	Home-Delivered Meals	Homemaker	Nutritional Supplements	Occupational Therapy	Personal Assistance Services
Alabama	OA/PD/ID/TBI	ID/TBI		NA	OA/PD/ID/TBI	ID	OA/PD/ID/TBI	OA/PD/ID/TBI	ID/TBI	OA/PD	OA/PD/ID/TBI	OA/PD	ID	OA/PD/ID
Alaska	NA	OA/PD	NA	NA	NA	NA	OA/PD/ID	NA	ID	OA/PD/ID	NA	NA	NA	NA
Arizona	OA/PD/ID		OA/PD/ID	OA/PD/ID		OA/PD/ID	OA/PD/ID	OA/PD/ID	OA/PD/ID	OA/PD/ID	OA/PD/ID		PD/ID	OA/PD/ID
Arkansas	OA	OA	OA	OA/PD	OA/ID	ID	OA/PD/ID	OA/PD/ID	ID	OA	OA	NA	ID	OA/PD/ID
California	OA	OA/ID		OA/PD/ID/TBI	PD	ID	OA/PD/ID/TBI	OA/PD/ID/TBI	ID	OA/ID	OA/PD/ID/TBI	OA/PD/ID/TBI	ID	OA/PD/ID/TBI
Colorado	OA/PD/ID/TBI	OA/PD/ID/TBI	NA	OA/PD	ID/TBI	ID/TBI	OA/PD/ID/TBI	OA/PD/ID/TBI	ID/TBI	NA	OA/PD/ID/TBI	NA	NA	OA/PD/ID/TBI
Connecticut	OA	OA	OA	OA/PD	OA/PD/ID/TBI	OA/PS/ID/TBI	OA/PD/ID/TBI	OA/PD/ID/TBI		OA/PD	OA/PD		ID/DD	OA/PD/ID/TBI
Delaware	OA, PD, TBI	OA/ PD/ TBI	NA	OA/ PD/ TBI	OA/ PD/ TBI	OA/PD/ID/TBI	OA/PD/ID/TBI	OA/ PD/ TBI	OA/ PD/ ID/TBI	OA/ PD/ TBI	OA/ PD/ TBI	PD	NA	OA/ PD/TBI
District of Columbia	OA/PD	NA	NA	OA/PD	NA	ID	OA/PD	OA/PD/ID	ID	NA	OA/PD	NA	ID	OA/PD/ID
Florida	OA	OA		OA	OA		OA	OA		OA	OA		OA	OA
Georgia	OA/PD	NA		OA/PD	ID	ID	OA/PD	OA/PD		OA/PD	OA/PD	ID	OA/PD/ID	OA/PD/ID
Hawaii	OA/PD/ID/TBI	OA/PD/ID/TBI	OA/PD/ID/TBI	OA/PD/ID/TBI	OA/PD/ID/TBI	OA/PD/ID/TBI	OA/PD/ID/TBI	NA	ID	OA/PD/ID/TBI	OA/PD/ID/TBI	OA/PD/ID/TBI	OA/PD/ID/TBI	OA/PD/ID/TBI
Idaho	OA/PD/ID/TBI	OA/PD/ID/TBI	OA/PD/TBI	OA/PD/TBI	NA	ID/TBI	ID	NA	PD/TBI	OA/PD/ID/TBI	OA/PD/TBI	NA	NA	OA/PD/TBI
Illinois	NA	OA/PD/ID/TBI	NA	OA/PD	PD/TBI	TBI	OA/PD/ID/TBI	NA	ID/TBI	PD/TBI	OA/PD/TBI	NA	ID/PD/TBI	PD/TBI
Indiana	OA/PD/TBI	OA/PD/ID/TBI	OA/PD/ID	OA/PD	ID	ID/TBI	OA/PD/ID	OA/PD/ID	ID/TBI	OA/PD/TBI	OA/PD/TBI	OA/PD/TBI	ID	OA/PD/TBI
Iowa			NA	NA	OA/PD/ID/TBI	ID/TBI	OA/ID/TBI	NA	ID/TBI	OA	OA	OA	NA	OA/PD/ID/TBI
Kansas	OA	OA/ID	PD	OA	OA/PD/ID/TBI	ID/TBI	ID	OA/TBI	ID	OA/PD/TBI	OA/PD	NA	TBI	OA/PD/ID/TBI

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<i>Personal Emergency Response Systems</i>	<i>Physical Therapy</i>	<i>Recreation Therapy</i>	<i>Residential Habilitation</i>	<i>Respite</i>	<i>Specialized Equipment and Supplies</i>	<i>Speech Therapy</i>	<i>Supported Employment</i>	<i>Supported Living</i>	<i>Transportation</i>	<i>Extended State Plan Waiver Benefit: Personal Care</i>	<i>Extended State Plan Waiver Benefit: Nursing</i>	<i>Extended State Plan Waiver Benefit: Home Health</i>	<i>Extended State Plan Waiver Benefit: Other</i>	<i>Comments</i>
	ID		ID	OA/PD/ ID/TBI	PD/ID/TBI	NA	ID	NA		NA	PD/TBI	NA	NA	
NA	NA	NA	ID	OA/PD/ID	OA/PD/ID	NA	ID	OA/PD	OA/PD/ID	NA	NA	NA	NA	
OA/PD/ID	OA/PD/ID		OA/PD/ID	OA/PD/ID	OA/PD/ID	OA/PD/ ID	OA/PD/ID	OA/PD/ ID	OA/PD/ID					
OA	ID	NA	NA	OA/ID	OA/PD/ID	ID	ID	ID	OA/ID	OA/PD/ID	NA	NA	ID	The ID waiver includes extended Specialized Equipment and Supplies
OA/ID	ID	ID	ID	OA/ID		ID	ID	ID	OA/ID	OA/ID	ID	OA/PD/ID	OA/ID	
OA/PD/ ID/TBI	NA	NA	ID/TBI	OA/PD/ ID/TBI	OA/PD/ ID/TBI	NA	ID	ID/TBI	OA/PD/ID/ TBI	NA	NA	NA	NA	
OA/PD/ ID/TBI	N	N	UNSURE	OA/PD	OA/PD/ ID/TBI	Unknown	PD/ID/TBI	PD/ID/ TBI	OA/PD/ID/ TBI	TBI				
OA/ PD/ TBI	See note	NA	ID	OA/PD/TBI	OA/PD/TBI	See note	ID	ID		NA	NA	NA	NA	
OD/PD/ID	ID	NA	ID	OA/PD/ID	NA	ID	ID	ID	ID	OA/PD/ID	OA/PD/ID	OD/PD	OA/PD/ID	Community Transition Support through MFP Demonstration Grant; ID Waiver-One-Time Payment Household Set-Up. Additional OA/ PD Waiver Services: Chore; Environmental Accessibility Adaptations. Additional ID Waiver Services: Art Therapies; Assessments (PT/ OT/Speech/Nutrition); Dental; Employment Readiness; Environmental Accessibility Adaptations; Family Training; Host Home; Individualized Day Supports; In-Home Supports; Shared Living; Skilled Nursing; Vehicle Modifications; Wellness Services (Bereavement Counseling/Fitness Trainer/ Nutritional Counseling).
OA	OA			OA	OA	OA			OA					
OA/PD	ID			OA/PD			ID		OA/PD/ID					
OA/PD/ ID/TBI	OA/PD/ ID/TBI	NA	ID	OA/PD/ ID/TBI	OA/PD/ ID/TBI	OA/PD/ ID/TBI	ID	NA	OA/PD/ID/ TBI	NA	NA	NA	NA	
OA/PD/ ID/TBI	NA	NA	ID/TBI	OA/PD/ ID/TBI	OA/PD/ ID/TBI	NA	OA/PD/ ID/TBI	ID/TBI	OA/PD/ID/ TBI	OA/PD/TBI	OA/PD/ ID/TBI	NA	NA	
OA/PD/TBI	ID/PD/TBI	NA	ID	PD/TBI	PD/TBI	ID/PD/ TBI	ID/TBI	NA	ID	NA	ID/TBI/PD	NA	NA	Dual-eligible financial alignment demonstration for OA/PD/TBI
OA/PD/ ID/TBI	ID	ID	ID/TBI	OA/PD/ ID/TBI	OA/PD/ ID/TBI		ID/TBI		OA/PD/ID/ TBI		OA/PD/TBI	OA/PD/TBI	OA/PD/TBI	
OA/PD/ ID/TBI	NA	NA	NA	OA/PD/ ID/TBI	OA/PD/ ID/TBI	NA	ID/TBI	ID/TBI	OA/PD/ID/ TBI	OA/PD/ ID/TBI	OA/PD/ID	OA/PD/ID/ TBI	OA/PD/ ID/TBI	Iowa also has the Consumer Choice Option to allow members to self direct services.
OA/PD/ ID/TBI	TBI	NA	ID/TBI	OA/PD/ ID/TBI	OA/PD/ ID/TBI	TBI	ID	ID	OA/PD/ID/ TBI	NA	ID	OA	NA	

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Table 9: Medicaid HCBS Waiver Services Available to Older Adults and/or People With Disabilities (Continued)

State	Adult day health	Adult Day Social	Adult Foster Care	Assisted Living	Assistive Technology	Behavioral Supports	Case Management	Community Transition Support	Day Habilitation	Home-Delivered Meals	Homemaker	Nutritional Supplements	Occupational Therapy	Personal Assistance Services
Kentucky	OA/PD/ID/TBI	TBI	PD/ID	NA	OA/PD/TBI	OA/PD/ID/TBI	OA/PD/ID/TBI	PD/ID	PD/ID/TBI	NA	OA/PD/ID/TBI	OA/PD/ID/TBI	OA/PD/ID/TBI	PD/ID/TBI
Louisiana	OA/PD	ID	ID	NA	OA/PD/ID	ID	OA/PD/ID	OA/PD/ID	ID	OA/PD	NA	OA/PD/ID	OA/PD/ID	OA/PD/ID
Maine	OA/PD				PD/ID	ID	OA/PD/ID		ID				OA/PD	OA/PD/ID
Maryland	OA/PD/ID	NA	NA	OA/PD	OA/PD/ID/TBI	OA/PD/ID	OA/PD/ID/TBI	OA/PD/ID/TBI	ID	OA/PD/ID/TBI	OA/PD/ID	NA	OA/PD/ID/TBI	OA/PD/ID/TBI
Massachusetts	OA/PD/ID	OA/PD/ID/TBI	OA/PD/ID	OA/PD	OA/PD/ID/TBI	PD/ID	OA/PD/ID/TBI	OA/PD/ID/TBI	ID	OA	OA/PD/TBI	NA	OA/PD/ID/TBI	OA/PD/ID/TBI
Michigan	OA/PD	NA	OA/PD	NA	OA/PD/ID/TBI	ID	OA/PD/ID/TBI	OA/PD	ID	OA/PD	OA/PD	NA	OA/PD	OA/PD
Minnesota	OA/PD/ID/TBI	OA/PD/ID/TBI	OA/PD/TBI	OA/PD/ID/TBI	OA	TBI	OA/PD/ID/TBI	PD/ID/TBI	ID	OA/PD/ID/TBI	OA/PD/ID/TBI		*	*
Mississippi														
Missouri	NA	OA/PD/ID	ID	OA/PD	ID	ID	PD/ID	ID	ID	OA	OA/PD			OA/PD/ID
Montana	OA/PD/ID/TBI	OA/PD/ID/TBI	OA/PD/ID/TBI	OA/PD/ID/TBI	OA/PD/ID/TBI	OA/PD/ID/TBI	OA/PD/ID/TBI	OA/PD/ID/TBI	ID	OA/PD/ID/TBI	OA/PD/ID/TBI	OA/PD/ID/TBI	OA/PD/ID/TBI	OA/PD/ID/TBI
Nebraska	OA/PD	NA	NA	OA/PD/TBI	OA/PD/ID		OA/PD/ID/TBI	OA/PD	ID	OA/PD	NA	NA	NA	NA
Nevada	NA	OA	NA	OA/PD	NA	ID	OA/PD/ID		ID	PD	OA/PD	NA	NA	NA
New Hampshire	OA/PD/ID/TBI	ID/TBI	OA/PD/ID	OA/PD/ID/TBI	OA/PD/ID/TBI	ID/TBI	OA/PD/ID/TBI	OA/PD/TBI	ID/TBI	OA/PD	OA/PD			OA/PD/ID/TBI
New Jersey	OA/PD/ID/TBI	OA/PD	OA/PD	OA/PD	OA/PD	ID	OA/PD/ID/TBI	OA/PD/ID/TBI	ID/TBI	OA/PD	NA	PD	PD/ID/TBI	PD/ID/TBI
New Mexico	OA/PD	OA/PD/ID/TBI	NA	OA/PD	OA/PD/ID/TBI	OA/PD/ID/TBI	ID	OA/PD/TBI	ID	NA	OA/PD/ID/TBI	OA/PD/ID/TBI	OA/PD/ID/TBI	OA/PD/ID/TBI
New York	OA,PD, ID,TBI	OA,PD, ID,TBI		OA,PD, ID,TBI	OA,PD, ID,TBI	OA,PD, ID,TBI	OA,PD, ID,TBI	OA,PD, ID,TBI	OA,PD, ID,TBI	OA,PD, ID,TBI	OA,PD, ID,TBI	OA,PD, ID,TBI	OA,PD, ID,TBI	OA,PD, ID,TBI
North Carolina	OA/PD	NA	NA	NA	OA/PD/ID	OA/PD/ID	OA/PD/ID	OA/PD/ID	ID	OA/PD/ID	OA/PD/ID	OA/PD/ID	OA/PD/ID	OA/PD/ID
North Dakota	OA/PD/TBI	OA/PD/TBI	OA/PD/TBI	NA	OA/PD/TBI		OA/PD/TBI	OA/PD/TBI	NA	OA/PD/TBI	OA/PD/TBI	NA	NA	NA

OA = Older Adults • PD = Individuals with Physical Disabilities • ID = Individuals with Intellectual & Developmental Disabilities • TBI = Individuals with Traumatic Brain Injury • NA = Not Applicable

<i>Personal Emergency Response Systems</i>	<i>Physical Therapy</i>	<i>Recreation Therapy</i>	<i>Residential Habitatation</i>	<i>Respite</i>	<i>Specialized Equipment and Supplies</i>	<i>Speech Therapy</i>	<i>Supported Employment</i>	<i>Supported Living</i>	<i>Transportation</i>	<i>Extended State Plan Waiver Benefit: Personal Care</i>	<i>Extended State Plan Waiver Benefit: Nursing</i>	<i>Extended State Plan Waiver Benefit: Home Health</i>	<i>Extended State Plan Waiver Benefit: Other</i>	<i>Comments</i>
NA	OA/PD/ ID/TBI	NA	PD/ID/TBI	OA/PD/ ID/TBI	OA/PD/ ID/TBI	OA/PD/ ID/TBI	OA/PD/ ID/TBI	NA	PD/ID	OA/PD/ ID/TBI	NA	NA	PD/ID	Assistive Technology and Nutritional Supplements may be available through a service entitled "Goods and Services" which is available only under Participant Directed Services and must be part of the individual's approved plan of care and budget.
OA/PD/ID	OA/PD/ID		ID	OA/PD/ID	OA/PD/ID	OA/PD/ ID	ID	ID	OA/PD	NA	OA/PD/ID			Waivers include nursing but it is not necessarily an extended state plan benefit as it is defined differently.
OA/PD/ID	OA/PD		ID	OA/PD/ID	ID	OA/PD/ ID	ID	ID	OA/PD/ID					
OA/PD	OA/PD/ ID/TBI	NA	ID	OA/PD	OA/PD/ ID/TBI	ID	ID	ID	OA/PD/ID/ TBI					
OA/PD	OA/PD/ ID/TBI	NA	PD/ID/TBI	OA/PD/ ID/TBI	OA/PD/ ID/TBI	PD/ID/ TBI	PD/ID/TBI	PD/ID/ TBI	OA/PD/ID/ TBI	NA	NA	NA	NA	All waiver participants are case managed, but case management is not a waiver service. Rather, it is provided as TCM or administrative case management. Transition support may be a waiver service or through the MFP demo
OA/PD/ ID/TBI	PD/ID/TBI	OA/PD	NA	OA/PD/ ID/TBI	OA/PD/ ID/TBI	OA/PD	OA/PD/ ID/TBI	OA/PD/ ID/TBI	OA/PD/ID/ TBI	NA	OA/PD/ ID/TBI	NA	NA	
OA/PD/ ID/TBI	*	NA	ID	OA/PD/ ID/TBI	OA/PD/TBI	*	PD/ID/TBI	NA	OA/PD/ID/ TBI	OA/PD/ ID/TBI	OA/PD/TBI	OA/PD/ID/ TBI	NA	*A number of services, including occupational, speech, and physical therapy as well as personal assistance services are provided through the state plan and not as specific waiver services
ID	ID			OA/ID	PD/ID	ID	ID	ID	PD/ID	OA/PD	OA/PD			
OA/PD/ ID/TBI	OA/PD/ ID/TBI	OA/PD/ ID/TBI	OA/PD/ID/ TBI	OA/PD/ ID/TBI	OA/PD/ ID/TBI	OA/PD/ ID/TBI	OA/PD/ ID/TBI	OA/PD/ ID/TBI	OA/PD/ID/ TBI	OA/PD/ ID/TBI	OA/PD/ ID/TBI	OA/PD/ID/ TBI	OA/PD/ ID/TBI	
OA/PD	NA	NA	ID	OA/PD/ID	OA/PD/ ID/TBI	NA	ID	ID	OA/PD	NA	OA/PD/ID	NA	NA	
OA/PD	NA	NA	ID	OA/PD	PD	NA	ID	ID	ID	PD	ID	NA	ID	
OA/PD/ ID/TBI			ID/TBI	OA/PD/ ID/TBI	OA/PD/ ID/TBI		ID/TBI	ID/TBI	OA/PD/ID/ TBI	NA	NA	NA	NA	
OA/PD/ID	PD/ID	PD	ID/NA	OA/PD/ID	OA/PD	PD/ID	ID		OA/PD/ID		PD	PD	NA	
OA/PD	OA/PD/ ID/TBI	NA	ID	OA/PD	OA/PD/ ID/TBI	OA/PD/ ID/TBI	OA/PD/ ID/TBI	ID	OA/PD/ID/ TBI	OA/PD/TBI	OA/PD/ID	OA/PD/ID		
OA,PD, ID,TBI	OA,PD, ID,TBI		OA,PD, ID,TBI	OA,PD, ID,TBI	OA,PD, ID,TBI	OA,PD, ID,TBI	PD,ID	TBI, ID	OA,PD, ID,TBI	OA,PD, ID,TBI	OA,PD, ID,TBI	OA,PD, ID,TBI	OA,PD, ID,TBI	
OA/PD/ID	OA/PD/ID		ID	OA/PD/ID	OA/PD/ID	OA/PD/ ID	ID		OA/PD/ID					
OA/PD/TBI	NA	NA	OA/PD/TBI	OA/PD/TBI	OA/PD/TBI	NA	OA/PD/ TBI	NA	OA/PD/TBI	NA	NA	NA	NA	

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Table 9: Medicaid HCBS Waiver Services Available to Older Adults and/or People With Disabilities (Continued)

State	Adult day health	Adult Day Social	Adult Foster Care	Assisted Living	Assistive Technology	Behavioral Supports	Case Management	Community Transition Support	Day Habilitation	Home-Delivered Meals	Homemaker	Nutritional Supplements	Occupational Therapy	Personal Assistance Services
Ohio	OA/PD	OA/PD	ID	OA/PD	OA/PD/ID	NA	NA	OA	ID	OA/PD/ID	OA/ID	ID	NA	OA/PD/ID
Oklahoma	ID	OA/PD/ID	NA	OA/PD	OA/PD/ID	OA/PD/ID	OA/PD/ID	OA/ID	OA/PD/ID	OA/PD/ID	OA/PD/ID	OA/PD/ID	OA/PD/ID	OA/PD/ID
Oregon	OA/PD/ID/TBI	OA/PD/ID/TBI	OA/PD/ID/TBI	OA/PD/ID/TBI	OA/PD/ID/TBI	OA/PD/ID/TBI	OA/PD/ID/TBI	OA/PD/ID/TBI	OA/PD/ID/TBI	OA/PD/ID/TBI	OA/PD/ID/TBI	ID	ID	OA/PD/ID/TBI
Pennsylvania	OA/PD/ID/TBI	OA	NA	NA	OA/PD/ID/TBI	ID/TBI	OA/PD/ID/TBI	OA/PD/ID/TBI	PD/ID/TBI	OA	NA	NA	OA/PD/ID/TBI	OA/PD/ID/TBI
Rhode Island	OA/PD/ID/TBI	OA		OA/PD/ID/TBI	OA/PD/ID/TBI		OA	OA/PD/ID/TBI	PD/TBI	OA	OA			OA/PD/ID/TBI
South Carolina	OA/PD/ID/TBI	NA	NA	OA/PD	ID/TBI	ID/TBI	OA/PD/ID/TBI	NA	ID/TBI	OA/PD	OA/PD/ID/TBI	OA/PD	TBI	OA/PD/ID/TBI
South Dakota	NA	OA/PD	NA	OA/PD	OA/PD/ID	NA	OA/PD/ID	NA	ID/NA	OA/PD	OA/PD/ID	OA/PD/ID	NA	ID
Tennessee	NA	NA	ID	OA/PD	OA/PD/ID	ID	OA/PD/ID	OA/PD/ID	OA/PD/ID	NA	NA	ID	OA/PD/ID	OA/PD/ID
Texas	OA/PD		OA/PD	OA/PD			PD	OA/PD		OA/PD	OA/PD	OA/PD	OA/PD	OA/PD
Utah	NA	NA	NA	NA	OA	NA	OA	NA	NA	OA	OA	OA	NA	OA
Vermont	OA/PD/ID	NA	OA/PD/ID/TBI	OA/PD	OA/PD/ID/TBI	OA/PD/ID/TBI	OA/PD/ID/TBI	OA/PD/ID/TBI	ID	NA	OA/PD	NA	NA	OA/PD/ID/TBI
Virginia	PD	NA	PD	NA	PD	PD	PD	NA	NA	NA	NA	NA	NA	PD
Washington	OA/PD	OA/PD	OA/PD/ID	OA/PD	OA/PD/ID	OA/PD/ID	OA/PD/ID	OA/PD/ID	ID	OA/PD	NA	NA	ID	OA/PD/ID
West Virginia	NA	NA	NA	NA	OA/PD/ID/TBI	ID	OA/PD/ID/TBI	OA/PD/TBI	ID	NA	OA/PD/TBI	See Comments	ID	OA/PD/TBI
Wisconsin														
Wyoming		OA, ID, TBI	NA	OA, PD	OA, PD, ID, TBI	ID, TBI	OA, PD, ID, TBI		TBI	OA, PD	ID, TBI		OA, PD, TBI, ID	OA, PD

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<i>Personal Emergency Response Systems</i>	<i>Physical Therapy</i>	<i>Recreation Therapy</i>	<i>Residential Habilitation</i>	<i>Respite</i>	<i>Specialized Equipment and Supplies</i>	<i>Speech Therapy</i>	<i>Supported Employment</i>	<i>Supported Living</i>	<i>Transportation</i>	<i>Extended State Plan Waiver Benefit: Personal Care</i>	<i>Extended State Plan Waiver Benefit: Nursing</i>	<i>Extended State Plan Waiver Benefit: Home Health</i>	<i>Extended State Plan Waiver Benefit: Other</i>	<i>Comments</i>
OA/PD/ID	NA	NA	NA	OA/PD/ID	OA/PD/ID	NA	ID	ID	OA/PD/ID	NA	OA/PD	NA	NA	Individuals with TBI are included in other waivers and do not have a program specifically for this population.
OA/PD/ID	OA/PD/ID	OA/PD/ID	NA	OA/PD/ID	OA/PD/ID	OA/PD/ID	NA	NA	OA/PD/ID	NA	NA	NA	NA	
OA/PD/ID/TBI	ID	NA	ID	OA/PD/ID/TBI	OA/PD/ID/TBI	ID	ID	OA/PD/ID/TBI	OA/PD/ID/TBI	NA	NA	NA		
OA/PD/ID/TBI	OA/PD/ID/TBI	ID	ID/TBI	OA/PD/ID/TBI	OA/PD/ID/TBI	OA/PD/ID/TBI	PD/ID/TBI	NA	OA/PD/ID/TBI	OA/PD/ID/TBI	OA/PD/ID/TBI	OA/PD/ID/TBI	OA/PD/ID/TBI	
OA				OA	OA/PD/ID/TBI			ID	OA					
OA/PD/ID/TBI	TBI	NA	ID/TBI	OA/PD/ID/TBI	OA/PD/ID/TBI	TBI	ID/TBI	NA	NA	OA/PD/ID/TBI	ID/TBI	NA	NA	
OA/PD/ID	NA	NA	ID	OA/PD/ID	OA/PD/ID	NA		ID	NA	OA/PD/ID	OA/PD	NA	NA	
OA/PD/ID	ID	NA	ID	OA/PD/ID	ID	ID	ID	ID	ID	NA	ID	NA	ID	Medicaid HCBS-specific waivers exist in TN only for the ID population. OA and adults with physical disabilities are served through MLTSS under the state's 1115 waiver.
OA/PD	OA/PD			OA/PD	OA/PD	OA/PD								
OA	NA	NA	NA	NA	OA	NA	NA	NA	OA	NA	NA	NA	NA	
OA/PD	NA	NA	ID/TBI	OA/PD/ID/TBI	NA	NA	ID/TBI		OA/PD/ID/TBI	NA	NA	NA	NA	
PD	NA	NA	NA	PD	PD	NA	NA	NA	NA	NA	NA	NA	NA	
OA/PD	ID	NA	ID	ID	OA/PD/ID	ID	ID	ID	OA/PD/ID	NA	NA	NA	ID	TBI is included in OA/PD Waiver
See Comments	ID	NA	ID	ID	See Comments	ID	ID	NA	OA/PD/ID/TBI	OA/PD/ID/TBI	ID	OA/PD/ID/TBI	ID (PT,OT,ST)	Members in 3 waivers who are self-directing and have budget authority may use Participant-Directed Goods and Services to purchase nutritional supplements, Personal assistance response systems and specialized equipment and supplies.
OA, PD	OA, PD, TBI, ID		ID, TBI	OA, PD, TBI, ID	OA, PD, TBI, ID	OA, PD, TBI, ID	ID, TBI	ID, TBI	OA, PD, ID					Personal response systems are sometimes covered under the ID and TBI "Specialized Equipment" service or under "goods and services" for those self-directing.

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Table 10: Operating Agencies by Target Populations

<i>State</i>	<i>Adult Foster Care Clients</i>	<i>Individuals with Dementia/ Alzheimer's Disease</i>	<i>Assisted Living Clients</i>	<i>Individuals with Autism</i>	<i>Individuals with Intellectual/ Developmental Disabilities</i>	<i>Older Adults</i>	<i>Older Adults and Adults with Physical Disabilities</i>	<i>Adults with Physical Disabilities</i>	<i>Individuals with Severe Emotional Disturbance</i>	<i>Individuals with Traumatic Brain Injury</i>
Alabama										
Alaska	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Aging and/or Disability Agency	Not Applicable	Aging and/or Disability Agency	Not Applicable	Not Applicable	Not Applicable
Arizona					Medicaid Agency		Medicaid Agency			
Arkansas	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	I/DD Agency	I/DD Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Other (Behavioral Health Agency)	Aging and/or Disability Agency
California			Medicaid Agency		I/DD Agency	Aging and/or Disability Agency	Other	Other		
Colorado	Medicaid Agency		Medicaid Agency	Medicaid Agency	Medicaid Agency	Medicaid Agency	Medicaid Agency	Medicaid Agency	Medicaid Agency	Medicaid Agency
Connecticut	Medicaid Agency	State Department on Aging	Medicaid Agency	I/DD Agency	I/DD Agency	Aging	Medicaid Agency	Medicaid Agency	Mental Health Agency	Medicaid Agency
Delaware		Medicaid Agency	Medicaid Agency	I/DD Agency	I/DD Agency	Medicaid Agency	Medicaid Agency	Medicaid Agency		Medicaid Agency
District of Columbia	Not Applicable	Not Applicable	Not Applicable	Not Applicable	I/DD Agency	Medicaid Agency	Medicaid Agency	Medicaid Agency	Not Applicable	Not Applicable
Florida										
Georgia	Not Applicable	Aging and/or Disability Agency	Aging and/or Disability Agency	I/DD Agency	I/DD Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	I/DD Agency	Medicaid Agency
Hawaii	Medicaid Agency	Medicaid Agency	Medicaid Agency	Medicaid Agency	Medicaid Agency	Medicaid Agency	Medicaid Agency	Medicaid Agency	Medicaid Agency	Medicaid Agency
Idaho	Medicaid Agency	Medicaid Agency	Medicaid Agency	Medicaid Agency	Medicaid Agency	Medicaid Agency	Medicaid Agency	Medicaid Agency	Medicaid Agency	Medicaid Agency
Illinois			Medicaid Agency		Aging and/or Disability Agency	Aging and/or Disability Agency		Aging and/or Disability Agency		Aging and/or Disability Agency
Indiana	Aging and/or Disability Agency	Not Applicable	Aging and/or Disability Agency	I/DD Agency	I/DD Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Other	Aging and/or Disability Agency
Iowa	Not Applicable	Medicaid Agency	Medicaid Agency	Not Applicable	Medicaid Agency	Medicaid Agency	Medicaid Agency	Medicaid Agency	Medicaid Agency	Medicaid Agency
Kansas	Not Applicable	Not Applicable	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency
Kentucky	Other (Medicaid and Department for Community Based Services partnership)	Medicaid Agency	Not Applicable	Other (Medicaid and Behavioral Health partnership)	Other (Medicaid and Behavioral Health partnership)	Medicaid Agency	Medicaid Agency	Medicaid Agency	Other (Medicaid and Behavioral Health partnership)	Medicaid Agency
Louisiana	Not Applicable	Not Applicable	Not Applicable	Not Applicable	I/DD Agency	Not Applicable	Other	Not Applicable	Other	Not Applicable
Maine										
Maryland		Medicaid Agency	Medicaid Agency	Medicaid Agency	Medicaid Agency	Medicaid Agency	Medicaid Agency	Medicaid Agency		Medicaid Agency
Massachusetts	Medicaid Agency	Aging and/or Disability Agency	Aging Agency	I/DD Agency	I/DD Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Mental Health Agency	Disability Agency
Michigan	Medicaid Agency	Medicaid Agency		Medicaid Agency	Medicaid Agency	Medicaid Agency	Medicaid Agency	Medicaid Agency	Medicaid Agency	Medicaid Agency
Minnesota	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Mental Health Agency	Aging and/or Disability Agency
Mississippi										
Missouri		Aging and/or Disability Agency	Aging and/or Disability Agency	I/DD Agency	I/DD Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Other (State Mental Health Agency)	

Table 10: Operating Agencies by Target Populations (Continued)

<i>State</i>	<i>Adult Foster Care Clients</i>	<i>Individuals with Dementia/ Alzheimer's Disease</i>	<i>Assisted Living Clients</i>	<i>Individuals with Autism</i>	<i>Individuals with Intellectual/ Developmental Disabilities</i>	<i>Older Adults</i>	<i>Older Adults and Adults with Physical Disabilities</i>	<i>Adults with Physical Disabilities</i>	<i>Individuals with Severe Emotional Disturbance</i>	<i>Individuals with Traumatic Brain Injury</i>
Montana	Medicaid Agency	Medicaid Agency	Medicaid Agency	I/DD Agency/ Medicaid	I/DD Agency/ Medicaid	Medicaid Agency/ Aging and Disabilities	Medicaid Agency/ Aging and Disabilities	Medicaid Agency/ Aging and Disabilities	I/DD Agency/ State Mental Health Agency	Medicaid Agency
Nebraska			Medicaid Agency		I/DD Agency		Medicaid Agency	Medicaid Agency		Medicaid Agency
Nevada			Aging and/ or Disability Agency		Aging and/ or Disability Agency	Aging and/ or Disability Agency		Medicaid Agency		Not Applicable
New Hampshire	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Not Applicable	I/DD Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency		I/DD Agency
New Jersey	Medicaid Agency	Aging and/ or Disability Agency; Medicaid Agency	Medicaid Agency	I/DD Agency	I/DD Agency	Aging and/ or Disability Agency; Medicaid Agency	Aging and/ or Disability Agency; Medicaid Agency	Aging and/ or Disability Agency; Medicaid Agency	Medicaid Agency; Other (Mental Health Agency)	Aging and/ or Disability Agency; Medicaid Agency
New Mexico		Medicaid Agency	Medicaid Agency	Medicaid Agency	Medicaid Agency	Medicaid Agency	Medicaid Agency	Medicaid Agency	Medicaid Agency	Medicaid Agency
New York										
North Carolina	Not Applicable	Not Applicable	Not Applicable	Not Applicable	I/DD Agency	Not Applicable	Medicaid Agency	Not Applicable	I/DD Agency	Not Applicable
North Dakota	Medicaid Agency	Medicaid Agency	Medicaid Agency	I/DD Agency	I/DD Agency	Medicaid Agency	Medicaid Agency	Medicaid Agency		Medicaid Agency
Ohio	Other	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	I/DD Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Other	Other
Oklahoma	Not Applicable	Not Applicable	Aging and/ or Disability Agency	Not Applicable	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Not Applicable	Not Applicable
Oregon	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	I/DD Agency	I/DD Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Medicaid Agency	Aging and/ or Disability Agency
Pennsylvania										
Rhode Island	Medicaid Agency		Medicaid Agency							
South Carolina	Not Applicable	Not Applicable	Medicaid Agency	I/DD Agency	I/DD Agency	Medicaid Agency	Medicaid Agency	Medicaid Agency	Not Applicable	I/DD Agency
South Dakota	Not Applicable	Not Applicable	Aging and/ or Disability Agency	Not Applicable	Other	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Not Applicable	Other
Tennessee					I/DD Agency		Medicaid Agency			
Texas	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Utah						Aging and/ or Disability Agency				
Vermont	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Other (Mental Health Agency)	Aging and/ or Disability Agency
Virginia					I/DD Agency		Medicaid Agency	Medicaid Agency		
Washington	Aging and/ or Disability Agency	Not Applicable	Aging and/ or Disability Agency	Not Applicable	I/DD Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	I/DD Agency	Not Applicable
West Virginia					Medicaid Agency		Medicaid Agency			Medicaid Agency
Wisconsin										
Wyoming			Medicaid Agency		Aging and/ or Disability Agency	Medicaid Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency		Aging and/ or Disability Agency

(Continued)

	<i>Independent Living</i>	<i>Information and Referral</i>	<i>Kinship Care</i>	<i>Legal Assistance Development</i>	<i>Long-Term Care Ombudsman (In-Home Services)</i>	<i>Long-Term Care Ombudsman (LTC Facility)</i>	<i>Long-Term Care Ombudsman (LTC Facility)</i>	<i>Long-Term Home Energy Assistance Program (LHEAP)</i>	<i>Transportation</i>	<i>Personal Care</i>	<i>Public Guardianship</i>	<i>Respite</i>	<i>Senior Centers</i>	<i>Senior Community Service Employment Program (SCSEP)</i>	<i>Senior Farmers' Market Nutrition Program (SFMNP)</i>	<i>Senior Medicare Patrol (SMP)</i>	<i>State Health Insurance Assistance Program (SHIP)</i>	<i>The Emergency Food Assistance Program (TEFAP)</i>	<i>Traumatic Brain Injury Grant Program</i>	<i>Veterans-Directed Home and Community Based Services</i>	<i>Vocational Rehabilitation</i>	<i>Workforce Investment Act Programs</i>
	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency			Aging and/or Disability Agency		Aging and/or Disability Agency	Aging and/or Disability Agency	Not Provided	State Employment and Economic Development Agency	State Human Services Agency	Aging and/or Disability Agency	Aging and/or Disability Agency			Aging and/or Disability Agency	Aging and/or Disability Agency		
	Unknown	Aging and/or Disability Agency	Unknown	Aging and/or Disability Agency	Not Provided	Aging and/or Disability Agency		Aging and/or Disability Agency; Medicaid Agency	Aging and/or Disability Agency; Medicaid Agency	Unknown	Aging and/or Disability Agency	Aging and/or Disability Agency			Aging and/or Disability Agency	Aging and/or Disability Agency			Medicaid Agency	Unknown		
	Unknown	Aging and/or Disability Agency	Not Provided	Aging and/or Disability Agency	Not Provided	Aging and/or Disability Agency	State Social Service Agency	Aging and/or Disability Agency	Not Provided	Not Provided	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Not Provided	Aging and/or Disability Agency	State Insurance Department/Agency	Unknown			Unknown	State Education Agency	State Labor Agency
	Medicaid Agency	Aging and/or Disability Agency		Aging and/or Disability Agency		Aging and/or Disability Agency	Human and Community Services	Medicaid Agency	Medicaid Agency		Medicaid Agency and Lifespan Respite	Aging and/or Disability Agency	Dept of Labor	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency				Medicaid Agency	Aging and/or Disability Agency	Vocational Rehabilitation
	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Unknown	Aging and/or Disability Agency	Unknown	Aging and/or Disability Agency	Aging and/or Disability Agency	Unknown	Aging and/or Disability Agency	Unknown	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Unknown	Not Provided	Not Provided	Unknown	Unknown	Unknown
		Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Not Provided	Aging and/or Disability Agency		Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Not Provided		Unknown	Aging and/or Disability Agency	Aging and/or Disability Agency	Unknown			Aging and/or Disability Agency		
		Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Not Provided	Aging and/or Disability Agency	Medicaid Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Unknown	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Unknown	Aging and/or Disability Agency	Aging and/or Disability Agency	Unknown	Medicaid Agency		Aging and/or Disability Agency	Unknown	Unknown
	State Education Department	Aging and/or Disability Agency	Office of Children and Family Services	Aging and/or Disability Agency	Not Provided	Aging and/or Disability Agency	Office of Temporary and Disability Assistance	Aging and/or Disability Agency	Aging and/or Disability Agency	Unknown	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Agriculture and Markets/ SUA	Not Provided	Aging and/or Disability Agency	Unknown	Medicaid Agency	Not Provided	Unknown	Department of Labor
	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Division of Social Services	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Department of Insurance	Department of Insurance	Division of Social Services	Division of Mental Health	Area Agencies on Aging	Aging and/or Disability Agency	Unknown	
		Aging and/or Disability Agency	Not Provided	Aging and/or Disability Agency	Not Provided	Aging and/or Disability Agency		Medicaid Agency		Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Not Provided					Not Provided			
	Aging and/or Disability Agency	Aging and/or Disability Agency		Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency		Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Not Provided					Aging and/or Disability Agency		
		Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Unknown					Aging and/or Disability Agency	
	Aging and/or Disability Agency	Aging and/or Disability Agency	Not Provided	Aging and/or Disability Agency	Not Provided	Aging and/or Disability Agency	Not Provided	Aging and/or Disability Agency	Aging and/or Disability Agency	Not Provided	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Not Provided	Not Provided	Not Provided	Not Provided	Not Provided	Not Provided	Not Provided
	Aging and/or Disability Agency	Aging and/or Disability Agency		Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Medicaid Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Not Provided	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency			Aging and/or Disability Agency		
	Unknown	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Unknown	Aging and/or Disability Agency	Aging and/or Disability Agency	Not Provided	Aging and/or Disability Agency	Aging and/or Disability Agency	Unknown	Unknown	Aging and/or Disability Agency	Aging and/or Disability Agency	Unknown	Unknown	Unknown	Unknown	Unknown	
	Unknown	Aging and/or Disability Agency	Unknown	Aging and/or Disability Agency	Not Provided	Aging and/or Disability Agency		Aging and/or Disability Agency	Aging and/or Disability Agency	Not Provided	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency		Aging and/or Disability Agency	Aging and/or Disability Agency				Aging and/or Disability Agency		
	Unknown	Aging and/or Disability Agency	Unknown	Aging and/or Disability Agency	Unknown	Aging and/or Disability Agency	Not Provided	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Unknown	Unknown	Unknown	Unknown	Unknown	Not Provided	Unknown	Unknown	Unknown	Aging and/or Disability Agency	
		Aging and/or Disability Agency	Unknown	Aging and/or Disability Agency	Not Provided	Aging and/or Disability Agency		Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency			Aging and/or Disability Agency	Aging and/or Disability Agency				Aging and/or Disability Agency		
	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency		Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency			Aging and/or Disability Agency	Aging and/or Disability Agency				Aging and/or Disability Agency		
	Medicaid Agency	Aging and/or Disability Agency	Unknown	Aging and/or Disability Agency	Not Provided	Aging and/or Disability Agency	Unknown	Aging and/or Disability Agency	Aging and/or Disability Agency	Unknown	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Not Provided	Aging and/or Disability Agency	Aging and/or Disability Agency	Not Provided	Unknown		Aging and/or Disability Agency	Unknown	Not Provided

Table 11: State Agencies Providing Federally-Funded, Non-Medicaid Programs/Services for Older Adults

	<i>Adult Day Health (Includes Health Component)</i>	<i>Adult Day Social (Does Not Include Health Component)</i>	<i>Adult Protective Services</i>	<i>Aging and Disability Resource Center</i>	<i>Alzheimer's Support Programs</i>	<i>Case Management</i>	<i>Child and Adult Care Food Program (CACFP)</i>	<i>Chore</i>	<i>Community Supplemental Food Program (CSFP)</i>	<i>Congregate Meals</i>	<i>Chronic Disease Self-Management, Prevention, and Health Promotion</i>	<i>Disability Representative Payee</i>	<i>Elder Abuse Prevention</i>	<i>Family Caregiver Support</i>	<i>Guardianship (for Adults)</i>	<i>Guardianship (for People with Disabilities)</i>	<i>Home Delivered Meals</i>	<i>Homemaker</i>
Vermont				Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency		Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency; Unknown	Aging and/ or Disability Agency	Aging and/ or Disability Agency			Aging and/ or Disability Agency	Aging and/ or Disability Agency	
Virginia																		
Washington	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Office of Superintendent of Public Instruction	Aging and/ or Disability Agency	State Agriculture Department	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Not Provided	Aging and/ or Disability Agency	Aging and/ or Disability Agency	Not Provided	Not Provided	Aging and/ or Disability Agency	Not Provided
West Virginia																		
Wisconsin	Not Provided	Not Provided	Not Provided	Not Provided	Not Provided	Not Provided	Not Provided	Not Provided	Not Provided	Not Provided	Not Provided	Not Provided	Not Provided	Not Provided	Not Provided	Not Provided	Not Provided	
Wyoming	Aging and/ or Disability Agency; Medicaid Agency	Aging and/ or Disability Agency; Medicaid Agency		Aging and/ or Disability Agency	Aging and/ or Disability Agency	Aging and/ or Disability Agency; Medicaid Agency		Aging and/ or Disability Agency; Medicaid Agency		Aging and/ or Disability Agency	Aging and/ or Disability Agency		Aging and/ or Disability Agency	Aging and/ or Disability Agency			Aging and/ or Disability Agency	Aging and/ or Disability Agency; Medicaid Agency

Table 12: State Agencies Providing Federally-Funded, Non-Medicaid Programs/Services for Individuals with

	<i>Adult Day Health (Includes Health Component)</i>	<i>Adult Day Social (Does Not Include Health Component)</i>	<i>Adult Protective Services</i>	<i>Aging and Disability Resource Center</i>	<i>Alzheimer's Support Programs</i>	<i>Case Management</i>	<i>Child and Adult Care Food Program (CACFP)</i>	<i>Chore</i>	<i>Community Supplemental Food Program (CSFP)</i>	<i>Congregate Meals</i>	<i>Chronic Disease Self-Management, Prevention, and Health Promotion</i>	<i>Disability Representative Payee</i>	<i>Elder Abuse Prevention</i>	<i>Family Caregiver Support</i>	<i>Guardianship (for Adults)</i>	<i>Guardianship (for People with Disabilities)</i>	<i>Home Delivered Meals</i>	<i>Homemaker</i>
Alabama	State Does Not Provide	State Does Not Provide	State Does Not Provide	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency		Aging and/or Disability Agency	Aging and/or Disability Agency	State Does Not Provide	Aging and/or Disability Agency	Aging and/or Disability Agency	State Does Not Provide	State Does Not Provide	Aging and/or Disability Agency		
Alaska	State Does Not Provide	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency		Aging and/or Disability Agency		State Does Not Provide	Aging and/or Disability Agency	Aging and/or Disability Agency			Aging and/or Disability Agency	Aging and/or Disability Agency	
Arizona	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	State Does Not Provide		Aging and/or Disability Agency	Aging and/or Disability Agency			Aging and/or Disability Agency			Aging and/or Disability Agency	Aging and/or Disability Agency	
Arkansas																		
California					Aging and/or Disability Agency	Aging and/or Disability Agency			State Does Not Provide	Aging and/or Disability Agency		Aging and/or Disability Agency	Aging and/or Disability Agency			Aging and/or Disability Agency	Aging and/or Disability Agency	
Colorado	State Does Not Provide	State Does Not Provide	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency				State Does Not Provide									
Connecticut			DSS	Aging	Aging	Aging			Aging	Aging			Aging	Aging			Aging	Aging
Delaware	Aging and/or Disability Agency	Aging and/or Disability Agency	Umbrella HHS Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Other	Aging and/or Disability Agency	Other	Aging and/or Disability Agency	Aging and/or Disability Agency	State Does Not Provide	Aging and/or Disability Agency	Aging and/or Disability Agency		Aging and/or Disability Agency	Aging and/or Disability Agency	
District of Columbia	Aging and/or Disability Agency	Aging and/or Disability Agency	Human Services	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Education-Superintendent	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency; Behavioral Health	Human Services	Aging and/or Disability Agency	Human Services	Human Services	Aging and/or Disability Agency	Aging and/or Disability Agency
Florida		Aging and/or Disability Agency; Medicaid Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency; Medicaid Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency; Medicaid Agency			Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency; Medicaid Agency	Aging and/or Disability Agency; Medicaid Agency	
Georgia	Aging and/or Disability Agency		Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency		Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	
Hawaii																		
Idaho	Medicaid Agency		Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Medicaid Agency	Medicaid Agency		State Does Not Provide	Aging and/or Disability Agency		Aging and/or Disability Agency	Aging and/or Disability Agency			Aging and/or Disability Agency; Medicaid Agency	Medicaid Agency	
Illinois																		
Indiana	State Does Not Provide	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	State Does Not Provide	Aging and/or Disability Agency	Aging and/or Disability Agency		Aging and/or Disability Agency	Aging and/or Disability Agency			Aging and/or Disability Agency			Aging and/or Disability Agency	Aging and/or Disability Agency	
Iowa				Aging and/or Disability Agency	State Does Not Provide	Aging and/or Disability Agency	Aging and/or Disability Agency		Aging and/or Disability Agency	Aging and/or Disability Agency	State Does Not Provide	Aging and/or Disability Agency	Aging and/or Disability Agency	State Does Not Provide	State Does Not Provide	Aging and/or Disability Agency	Aging and/or Disability Agency	
Kansas	Aging and/or Disability Agency	Aging and/or Disability Agency		Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency		Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency			Aging and/or Disability Agency	Aging and/or Disability Agency	
Kentucky				Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency				Aging and/or Disability Agency		State Does Not Provide		Aging and/or Disability Agency	Aging and/or Disability Agency			
Louisiana																		
Maine				Aging and/or Disability Agency														
Maryland		State Does Not Provide		Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency		State Does Not Provide	Aging and/or Disability Agency		Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	
Massachusetts																		
Michigan			Human Services	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency							Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency		
Minnesota	State Does Not Provide	State Does Not Provide	Aging and/or Disability Agency	Aging and/or Disability Agency	State Does Not Provide	Aging and/or Disability Agency			State Does Not Provide	Aging and/or Disability Agency		State Does Not Provide	State Does Not Provide	Not Provided	Not Provided	Aging and/or Disability Agency	Aging and/or Disability Agency	
Mississippi			Aging and/or Disability Agency	Aging and/or Disability Agency														

Table 12: State Agencies Providing Federally-Funded, Non-Medicaid Programs/Services for Individuals with

	<i>Adult Day Health (Includes Health Component)</i>	<i>Adult Day Special (Does Not Include Health Component)</i>	<i>Adult Protective Services</i>	<i>Aging and Disability Resource Center</i>	<i>Alzheimer's Support Programs</i>	<i>Case Management</i>	<i>Child and Adult Care Food Program (CACFP)</i>	<i>Chore</i>	<i>Community Supplemental Food Program (CSFP)</i>	<i>Congregate Meals</i>	<i>Chronic Disease Self-Management, Prevention, and Health Promotion</i>	<i>Disability Representative Payee</i>	<i>Elder Abuse Prevention</i>	<i>Family Caregiver Support</i>	<i>Guardianship (for Adults)</i>	<i>Guardianship (for People with Disabilities)</i>	<i>Home Delivered Meals</i>	<i>Homemaker</i>
Missouri	State Does Not Provide	State Does Not Provide	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	State Health Agency	State Does Not Provide		Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	State Does Not Provide	State Does Not Provide	Aging and/or Disability Agency	State Does Not Provide	
Montana				Aging and/or Disability Agency						Aging and/or Disability Agency		APS or Aging and/or Disability Agency	Aging and/or Disability Agency			Aging and/or Disability Agency	Aging and/or Disability Agency	
Nebraska																		
Nevada				Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency			Aging and/or Disability Agency			Aging and/or Disability Agency				Aging and/or Disability Agency	
New Hampshire	State Does Not Provide	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	State Does Not Provide	Aging and/or Disability Agency		Aging and/or Disability Agency	State Does Not Provide	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	
New Jersey							Aging and/or Disability Agency	Aging and/or Disability Agency		Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	
New Mexico	State Does Not Provide		Aging and/or Disability Agency	Aging and/or Disability Agency			Medicaid Agency					Aging and/or Disability Agency						
New York	Medicaid Agency			Aging and/or Disability Agency							Medicaid Agency							
North Carolina	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency			Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	
North Dakota	Medicaid Agency	Medicaid Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Medicaid Agency	Medicaid Agency		Aging and/or Disability Agency			Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Medicaid Agency	
Ohio	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency		Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	State Does Not Provide	State Does Not Provide	Aging and/or Disability Agency	Aging and/or Disability Agency	
Oklahoma	Aging and/or Disability Agency	Aging and/or Disability Agency		Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	State Does Not Provide	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	
Oregon	State Does Not Provide	State Does Not Provide	State Does Not Provide	Aging and/or Disability Agency	State Does Not Provide	State Does Not Provide	State Does Not Provide	State Does Not Provide	State Does Not Provide	State Does Not Provide	State Does Not Provide	State Does Not Provide	State Does Not Provide	State Does Not Provide	State Does Not Provide	State Does Not Provide	State Does Not Provide	
Pennsylvania	Medicaid Agency	State Does Not Provide	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency, Medicaid Agency	State Does Not Provide	State Does Not Provide	State Does Not Provide	State Does Not Provide	Medicaid Agency	State Does Not Provide	State Does Not Provide	State Does Not Provide	State Does Not Provide	State Does Not Provide	State Does Not Provide	
Rhode Island				Medicaid Agency														
South Carolina																		
South Dakota	State Does Not Provide	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	State Does Not Provide	Aging and/or Disability Agency	State Does Not Provide	State Does Not Provide	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	
Tennessee				Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency		Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	
Texas	Aging and/or Disability Agency	State Does Not Provide		Aging and/or Disability Agency					Aging and/or Disability Agency				Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	
Utah			Aging and/or Disability Agency	State Does Not Provide	State Does Not Provide	Aging and/or Disability Agency				Aging and/or Disability Agency		Aging and/or Disability Agency						
Vermont			Aging and/or Disability Agency	Aging and/or Disability Agency		Aging and/or Disability Agency		Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency, Don't know	Aging and/or Disability Agency	Aging and/or Disability Agency			Aging and/or Disability Agency	Aging and/or Disability Agency	
Virginia																		
Washington	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency	State Does Not Provide	Office of Public Instruction	State Does Not Provide	State Agriculture Department	State Does Not Provide	Aging and/or Disability Agency	State Does Not Provide	Aging and/or Disability Agency	Aging and/or Disability Agency	State Does Not Provide	State Does Not Provide	Aging and/or Disability Agency	
West Virginia																		
Wisconsin	State Does Not Provide	State Does Not Provide	State Does Not Provide	State Does Not Provide	State Does Not Provide	State Does Not Provide	State Does Not Provide	State Does Not Provide	State Does Not Provide	State Does Not Provide	State Does Not Provide	State Does Not Provide	State Does Not Provide	State Does Not Provide	State Does Not Provide	State Does Not Provide	State Does Not Provide	
Wyoming	Aging and/or Disability Agency, Medicaid Agency	Aging and/or Disability Agency, Medicaid Agency		Aging and/or Disability Agency	Aging and/or Disability Agency	Aging and/or Disability Agency, Medicaid Agency	Aging and/or Disability Agency, Medicaid Agency		Aging and/or Disability Agency	Aging and/or Disability Agency		Aging and/or Disability Agency	Aging and/or Disability Agency			Aging and/or Disability Agency, Medicaid Agency	Aging and/or Disability Agency	

Table 13: Medicaid-Funding Authority by Target Population

<i>State</i>	<i>Adult Foster Care Clients</i>	<i>Individuals with Dementia/Alzheimer's Disease</i>	<i>Assisted Living Clients</i>	<i>Individuals with Autism</i>	<i>Individuals with Intellectual/Developmental Disabilities</i>	<i>Older Adults</i>	<i>Older Adults and Adults with Physical Disabilities</i>	<i>Adults with Physical Disabilities</i>	<i>Individuals with Severe Emotional Disturbance</i>	<i>Individuals with Traumatic Brain Injury</i>
Alabama					1915 (c)	1915 (c)	1915 (c)	1915 (c)		1915 (c)
Alaska	N/A	N/A	N/A	N/A	1915 (c)	N/A	1915 (c)	N/A	N/A	N/A
Arizona					MLTSS (regardless of authority)		MLTSS (regardless of authority)			
Arkansas	1915 (c)	1915 (c)	1915 (c)	1115	1915 (c)	1915 (c)	1915 (c)	1915 (c)	N/A	Can be covered Adults with Physical Disabilities 1915 (c)
California			1915 (c)		1915 (c)	1915 (c)	Medicaid State Plan Personal Care Services	Medicaid State Plan Personal Care Services		
Colorado	1915 (c)	N/A	1915 (c)	1915 (c)	1915 (c)	1915 (c)	1915 (c)	1915 (c)	1915 (c)	1915 (c)
Connecticut										
Delaware	N/A	MLTSS (regardless of authority)	MLTSS (regardless of authority)	1915 (c)	1915 (c)	MLTSS (regardless of authority)	MLTSS (regardless of authority)	MLTSS (regardless of authority)	N/A	MLTSS (regardless of authority)
District of Columbia	N/A	1915 (c)	1915 (c)	1915 (c)	1915 (c)	1915 (c)	1915 (c)	1915 (c)	1915 (c)	1915 (c)
Florida			1915 (c)							
Georgia	N/A	1915 (c)	1915 (c)	1915 (c)	1915 (c)	1915 (c)	1915 (c)	1915 (c)	1915 (c)	1915 (c)
Hawaii	1915 (c)	§1115 Demonstration Program for LTSS other than MLTSS	§1115 Demonstration Program for LTSS other than MLTSS	1915 (c)	1915 (c)	§1115 Demonstration Program for LTSS other than MLTSS	§1115 Demonstration Program for LTSS other than MLTSS	§1115 Demonstration Program for LTSS other than MLTSS	§1115 Demonstration Program for LTSS other than MLTSS	§1115 Demonstration Program for LTSS other than MLTSS
Idaho	1915 (c)	1915(c)	1915(c)	1915(c)	1915(c), 1915(i)	1915(c)	1915(c)	1915(c)	N/A	1915(c)
Illinois	N/A	N/A	1915 (c)	N/A	1915©	1915 (c)	N/A	1915 (c)	N/A	1915 (c)
Indiana	1915 (c)		1915 (c)	1915 (c)	1915 (c)	1915 (c)	1915 (c)	1915 (c)	1915 (c)	1915 (c)
Iowa	N/A	1915 (c)	1915 (c)	N/A	1915 (c)	1915 (c)	1915 (c)	1915 (c)	MLTSS (regardless of authority)	1915 (c)
Kansas	N/A	N/A	MLTSS (regardless of authority)	MLTSS (regardless of authority)	1915 (c)	MLTSS (regardless of authority)	MLTSS (regardless of authority)	MLTSS (regardless of authority)	MLTSS (regardless of authority)	MLTSS (regardless of authority)
Kansas	1915 (c)	1915 (c)	N/A	1915 (c)	1915 (c)	1915 (c)	1915 (c)	1915 (c)	Medicaid State Plan	1915 (c)
Kentucky	N/A	N/A	N/A	N/A	1915 (c)	N/A	1915 (c)	N/A	State Plan §1915 (i)	N/A
Louisiana		1915 (c)		1915 (c)	1915 (c)	1915 (c)	1915 (c)	1915 (c)		Medicaid State Plan Personal Care Services
Maine		1915 (c)	1915 (c)	1915 (c)	1915 (c)	1915 (c)	1915 (c)	1915 (c)		1915 (c)
Maryland	Medicaid State Plan Personal Care Services	1915 (c)	Medicaid State Plan Personal Care Services (GAFC state plan program)	1915 (c)	1915 (c)	1915 (c)	1915 (c)	1915 (c)		1915 (c)
Massachusetts	§1915 (c)	§1915 (c)	N/A	§1915(i)	§1915 (c)	§1915 (c)	§1915 (c)	§1915 (c)	§1915 (c)	§1915 (c)

Table 13: Medicaid-Funding Authority by Target Population (Continued)

<i>State</i>	<i>Adult Foster Care Clients</i>	<i>Individuals with Dementia/Alzheimer's Disease</i>	<i>Assisted Living Clients</i>	<i>Individuals with Autism</i>	<i>Individuals with Intellectual/Developmental Disabilities</i>	<i>Older Adults</i>	<i>Older Adults and Adults with Physical Disabilities</i>	<i>Adults with Physical Disabilities</i>	<i>Individuals with Severe Emotional Disturbance</i>	<i>Individuals with Traumatic Brain Injury</i>
Michigan	1915 (c)	MLTSS (regardless of authority)	1915 (c); MLTSS (regardless of authority)	Medicaid State Plan EPSDT (beginning 7/1/15)	1915 (c)	MLTSS (regardless of authority)	1915 (c)	1915 (c)	N/A	1915 (c)
Minnesota										
Mississippi		1915 (c)	Medicaid State Plan Personal Care Services	1915 (c)	1915 (c)	1915 (c)	1915 (c)	1915 (c)		
Missouri	1915 (c)	1915 (c); 1915(k); Medicaid State Plan	1915 (c); Medicaid State Plan	1915 (c); Medicaid State Plan	1915 (c); 1915(k); Medicaid State Plan	1915 (c); 1915(k); Medicaid State Plan	1915 (c); 1915(k); Medicaid State Plan	1915 (c); 1915(k); Medicaid State Plan	1915 (c); 1915(k); Medicaid State Plan	1915 (c); 1915(k); Medicaid State Plan
Montana	N/A	1915 (c)	1915 (c)	N/A	1915 (c)	1915 (c)	1915 (c)	1915 (c)	1915 (b)	1915 (c)
Nebraska			1915 (c)		1915 (c)	1915 (c)		1915 (c)		
Nevada	1915 (c)	1915 (c)	1915 (c)	N/A	1915 (c)	1915 (c)	1915 (c)	1915 (c)	N/A	1915 (c)
New Hampshire	1915 (c)	1915 (c)	1915 (c)	1915 (c)	1915 (c)	1915 (c)	1915 (c)	1915 (c)	1915 (c)	1915 (c)
New Jersey	N/A	§1115 Demonstration Program for LTSS other than MLTSS	§1115 Demonstration Program for LTSS other than MLTSS	1915 (c)	1915 (c)	§1115 Demonstration Program for LTSS other than MLTSS	§1115 Demonstration Program for LTSS other than MLTSS	§1115 Demonstration Program for LTSS other than MLTSS	§1115 Demonstration Program for LTSS other than MLTSS	§1115 Demonstration Program for LTSS other than MLTSS
New Mexico		State Plan	State Plan	1915(c)	1915(c)	State Plan	State Plan	1915(c)	State Plan	1915(c)
New York	N/A	N/A	N/A	N/A	1915 (c)	N/A	1915 (c)	N/A	1915 (c)	N/A
North Carolina	1915 (c)	1915 (c)	Medicaid State Plan Personal Care Services	1915 (c)	1915 (c)	1915 (c)	1915 (c)	1915 (c)	N/A	1915 (c)
North Dakota	N/A	1915 (c)	1915 (c)	N/A	1915 (c)	1915 (c)	1915 (c)	1915 (c)	N/A	1915 (c)
Ohio	N/A	N/A	1915 (c)	N/A	1915 (c)	1915 (c)	1915 (c)	1915 (c)	N/A	N/A
Oklahoma	State Plan §1915 (k)	State Plan §1915 (k)	State Plan §1915 (k)	State Plan §1915 (k)	State Plan §1915 (k)	State Plan §1915 (k)	State Plan §1915 (k)	State Plan §1915 (k)	State Plan §1915 (i)	State Plan §1915 (k)
Oregon				§1115 Demonstration Program for LTSS other than MLTSS	1915 (c)	1915 (c)		1915 (c)		1915 (c)
Pennsylvania	§1115 Demonstration Program for LTSS other than MLTSS		§1115 Demonstration Program for LTSS other than MLTSS							
Rhode Island	N/A	N/A	N/A	1915(c)	1915(c)	1915(c)	1915(c)	1915(c)	N/A	1915(c)
South Carolina	N/A	N/A	1915 (c)	N/A	1915 (c)	1915 (c)	1915 (c)	1915 (c)	N/A	N/A
South Dakota					1915(c) (1115 in development)	MLTSS (regardless of authority)	MLTSS (regardless of authority)	MLTSS (regardless of authority)		
Tennessee	1915 (c)	N/A	1915 (c)	N/A	N/A	1915 (c)	1915 (c)	1915 (c)	N/A	N/A
Texas						1915 (c)				

Table 13: Medicaid-Funding Authority by Target Population (Continued)

<i>State</i>	<i>Adult Foster Care Clients</i>	<i>Individuals with Dementia/Alzheimer's Disease</i>	<i>Assisted Living Clients</i>	<i>Individuals with Autism</i>	<i>Individuals with Intellectual/Developmental Disabilities</i>	<i>Older Adults</i>	<i>Older Adults and Adults with Physical Disabilities</i>	<i>Adults with Physical Disabilities</i>	<i>Individuals with Severe Emotional Disturbance</i>	<i>Individuals with Traumatic Brain Injury</i>
Utah	§1115 Demonstration Program for LTSS other than MLTSS	§1115 Demonstration Program for LTSS other than MLTSS	§1115 Demonstration Program for LTSS other than MLTSS	§1115 Demonstration Program for LTSS other than MLTSS	§1115 Demonstration Program for LTSS other than MLTSS	§1115 Demonstration Program for LTSS other than MLTSS	§1115 Demonstration Program for LTSS other than MLTSS	§1115 Demonstration Program for LTSS other than MLTSS	§1115 Demonstration Program for LTSS other than MLTSS	§1115 Demonstration Program for LTSS other than MLTSS
Vermont					1915 (c)		1915 (c)	1915 (c)		
Virginia	1915 (c)	N/A	1915 (c)	N/A	1915 (c)	N/A	1915 (c)	N/A	1915 (c)	N/A
Washington					1915 (c)		1915(c)			1915(c)
West Virginia										
Wisconsin			1915 (c)		1915 (c)	1915 (c)	1915 (c)	1915 (c)		1915 (c)
Wyoming										



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