



Tuesday, October 28, 2013
Interim Human Services Committee
Support Expansion of HCBS Options
Josh Askvig- AARP-ND
jaskvig@aarpp.org or 701-989-0129

Chairman Damschen, members of the Interim Human Services Committee, I am Josh Askvig, Associate State Director of Advocacy for AARP North Dakota. Thank you for this opportunity to add our support ensuring North Dakotans have options to live independently as they age.

AARP is a nonprofit, nonpartisan membership organization with nearly 87,000 members in North Dakota and 37 million nationwide. We understand the priorities and dreams of people 50+ and are committed to helping them live life to the fullest, including here in North Dakota.

In a survey of North Dakotans 50 and older that AARP released in 2011, more than half of those surveyed said they were worried about staying in their own homes as they aged. Almost half believed it would be hard to find appropriate long-term care services when they are needed and that they could afford. Staying in their own homes as they age has always been very important to North Dakotans 50-plus. This is why having public policy support seniors living independently in their homes is critical.

Unfortunately, today in North Dakota seniors don't have many options when it comes to living independently. AARP, in cooperation with the Scan Foundation, has produced *Raising Expectations: A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers*. This report is the first of its kind: a multi-dimensional approach to measure state-level performance of LTSS systems that provide assistance to older people, adults with disabilities, and family caregivers. The full report is available at

www.longtermscorecard.org. Attached to this testimony is the North Dakota fact sheet.

According to this 2011 report, you can clearly see that North Dakota does well on quality of care dimension, ranking 2nd overall. However, we struggle when it comes to providing choice of setting and provider dimension, ranking 41st. Additionally, if you look at the indicators in this dimension, North Dakota ranks last out of the 50 states and the District of Columbia on the key indicator “Percent of Medicaid and state-funded LTSS spending going to HCBS for older people and adults with physical disabilities (2009).” It is true that this data is a few years old and the Long Term Scorecard is undergoing its second iteration in 2014, which we will be happy to share when it is completed.

However, even looking at the current figures from the Department of Human Services, North Dakota has work to do. According to the latest data from the DHS website, just 6 cents of every dollar spent in the Long Term Care Continuum in North Dakota goes toward seniors living in their homes. While 49 cents goes towards institutional care either through nursing homes or basic care facilities. The remaining 45 cents goes towards developmental disability grants.

Not only do HCBS services make sense for individuals they are cost effective. Included in your handout is the North Dakota section of the report, *Across the States- Profiles of Long-term Services and Supports*. As you can see on page 6 in the chart labeled *Medicaid Expenditures Per Person Served*, nursing facility services are almost three times as costly as HCBS for older people and adults with disabilities. In 2008, Medicaid spending for HCBS—waiver and state plan personal care services (PCS)—for each older person and adult with physical disabilities receiving services averaged \$10,957, compared with \$29,533 for each person receiving services in a nursing facility. Home health care, which is often used for short-term post-acute care, averaged \$5,495 per person served.” Looking at the state dollars the potential is even greater at a 30:1 ratio (\$30,907 to \$1,067). Enhancing North Dakota options for seniors makes sense.

Further, data from a presentation Genworth 2013 Cost of Care Survey, provide additional evidence that taking action to provide supports for individuals to live independently at home is needed. The attached chart shows the Nursing Home Daily Rates for a semi-private room for the US, North Dakota, South Dakota, Iowa, and Wyoming as a comparison. I will not read the whole chart but what is concerning is that the five-year annual growth rate for ND is 8 percentage points higher than the closest states of Iowa and South Dakota.

Finally, while there is a need for growth in HCBS offerings for all individuals in North Dakota, the need is even greater for North Dakota seniors. Looking at the attached chart produced by the Health Management Associates for AARP, there is a 20 point gap between HCBS spending as a percent of Medicaid LTSS between all populations and just those 65+.

In closing, North Dakota seniors deserve better than the status quo. We support efforts to ensure seniors can live independently and not be forced from their home. We were disappointed that North Dakota has not opted to pursue the Balanced Incentive Payment Program, commonly known as BIPP, which provides extra funding to states who undertake efforts towards balancing this equation. We are looking forward to the continued discussions of this committee as well as the Study on the future of Long Term Care that the Department of Human Services has hired Myers and Stauffer to complete. We hope that these efforts lead to some concrete steps for North Dakota to move forward in helping seniors live safely at home as long as they are able to do so.

Thank you for the opportunity to present our views on funding needs that allow North Dakotans to live with dignity in the setting of their choice and avoid more costly institutional care.

*Department of Human Services
2013 - 2015 Legislatively Approved
Where Does the Money Go?
Long Term Care Continuum (Including DD Grants)
Total Funds \$1,110,477,456*



.04
Basic Care



.06 Home & Community
Based Services

.45
Developmental Disabilities Grants

.45
Nursing Homes



ACROSS THE STATES

PROFILES OF LONG-TERM SERVICES
AND SUPPORTS

NORTH DAKOTA



by Ari Houser
Wendy Fox-Grage
Kathleen Ujvari

NINTH EDITION **2012**

INTRODUCTION

Across the States 2012: Profiles of Long-Term Services and Supports is the ninth edition of the AARP Public Policy Institute's state long-term services and supports reference report.

This short report provides key long-term services and supports information for a single state. Complete data for all states are contained in the full report and executive summary.

Published for the past 18 years, the *Across the States* series was developed to help inform policy discussions among public and private sector leaders in long-term services and supports throughout the United States. *Across the States 2012* presents comparable state-level and national data for more than 140 indicators, drawn together from a wide variety of sources into a single reference. This publication presents up-to-date data and is displayed in easy-to-use maps, graphics, tables, and state profiles.

Across the States 2012 comes in two volumes:

- A full report with an overview of key findings and trends, maps and graphs, and individual profiles for each state, the District of Columbia, and the nation as a whole. The full report provides a comprehensive picture of long-term services and supports in each state.
- An executive summary with an overview of key findings and trends, and ranking tables for each indicator, such as percentage of Medicaid long-term services and supports spending for older people and adults with physical disabilities going to home and community-based services. This permits readers to easily see variations among states.

Some of the indicators in *Across the States 2012* may be found in prior editions. Please exercise caution when making comparisons with information in earlier editions due to changes in the source or definition. Complete descriptions of all indicators, and how they may differ from previous editions, can be found in the Data Documentation section in the back of the full report. Data sources and descriptions of indicators are only found in the full report, not in the executive summary.

Additional indicators on health care spending, health status, and health care utilization for the age 50+ population can be found in another AARP Public Policy Institute report, *Quick Health Facts 2010: Selected State Data on Older Americans*.

Copies of *Across the States 2012* are available free of charge. To order, please call the AARP Public Policy Institute at (202) 434-3890 or email jgasaway@aarp.org.

The full report and executive summary are also available on the web. The most recent edition of *Across the States* can be found at <http://www.aarp.org/acrossthestates>.

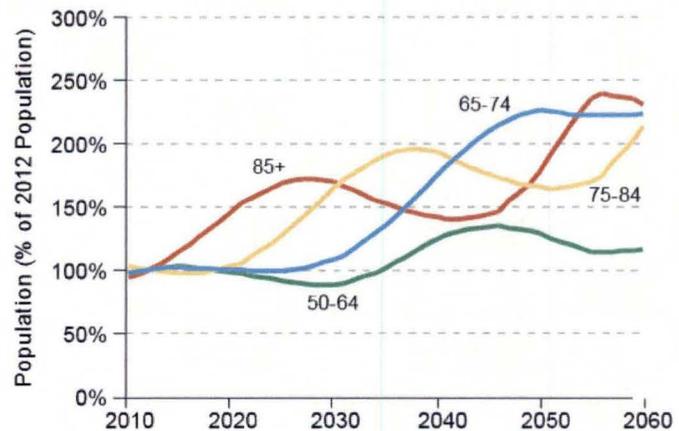
NORTH DAKOTA

Population & Projections	Year	State Pop. (1,000s)	% of Total Population	Rank	U.S.	% Change from 2012	Rank	U.S.
All ages	2012	673		48	315,311			
	2032	851		48	376,660	+27%	11	+19%
	2050	947		48	434,447	+41%	17	+38%
Age 50-64	2012	130	19.3%	31	19.2%			
	2032	120	14.1%	50	16.4%	-8%	39	+2%
	2050	167	17.7%	16	16.6%	+29%	9	+19%
Age 65+	2012	98	14.6%	17	13.6%			
	2032	156	18.3%	44	19.8%	+59%	41	+74%
	2050	179	18.9%	47	20.4%	+83%	34	+107%
Age 65-74	2012	48	7.1%	39	7.4%			
	2032	78	9.1%	44	10.1%	+63%	20	+64%
	2050	85	9.0%	33	9.1%	+78%	13	+69%
Age 75-84	2012	32	4.7%	7	4.2%			
	2032	56	6.6%	37	6.8%	+77%	43	+94%
	2050	53	5.6%	48	6.6%	+66%	49	+116%
Age 85+	2012	18	2.7%	3	2.0%			
	2032	21	2.5%	43	2.9%	+17%	51	+69%
	2050	42	4.4%	41	4.8%	+127%	51	+224%

Older People of Color (%), 2010

State	Rank	U.S.
3.2%	47	20.1%
Asian/Pacific Islander		
State	Rank	U.S.
0.0%	50	3.6%
Black		
State	Rank	U.S.
0.0%	50	8.5%
Hispanic		
State	Rank	U.S.
0.7%	73	6.9%

Projected Growth in the Older Population in North Dakota as a Percentage of 2012 Population, by Age Group



Note: the highest data value within each ranking is indicated by a rank of 1. For indicators in which both a total number and a ratio are given for the state value (percent of population, per person in the state, etc), the rank and U.S. values correspond to the ratio column.

POPULATION & CHARACTERISTICS

Living Arrangements	State	Rank	U.S.
Men per 100 women age 85+, 2010	49	15	48
People age 75+ living alone, 2010	37%	9	34%
People age 60+ with grandchildren in household, 2010	1.4%	51	5.5%
People age 60+ responsible for raising grandchildren, 2010	0.6%	49	1.6%
Percent of age 65+ households with someone under 18, 2010	2.8%	49	7.0%

Income & Poverty	State	Rank	U.S.
Median household income age 65+, 2010	\$30,669	43	\$34,381
At/below poverty level age 65+, 2010	12.1%	2	9.0%
At/below 250% of poverty level age 65+, 2010	45%	12	42%
Women age 75+ at/below poverty level, 2010	20.6%	1	12.2%
Women age 75+ at/below 250% of poverty level, 2010	64%	1	54%
Bachelor level education or higher age 65+, 2010	15%	46	21%

Disability Rates	Number (1,000s)	Percent	Rank	U.S.
People age 65+ with disabilities, 2010				
Self-care difficulty	5	4.9%	50	8.8%
Cognitive difficulty	6	6.5%	50	9.5%
Any disability	32	35%	31	37%
People age 18-64 with disabilities, 2010				
Self-care difficulty	5	1.1%	50	1.8%
Cognitive difficulty	12	2.8%	51	4.2%
Any disability	32	7.6%	49	10.0%

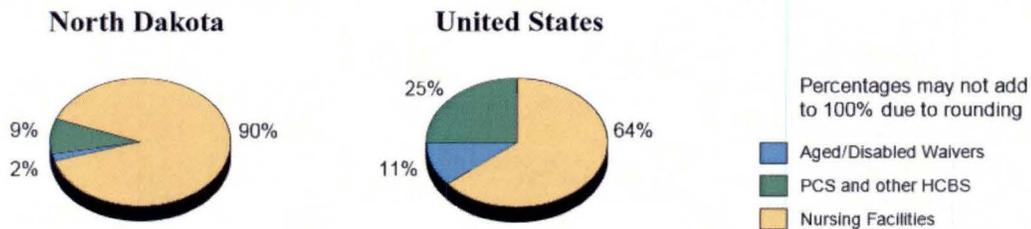
Family Caregivers	State	Per 1,000 Population	Rank	U.S.
Family caregivers, 2009	75,000	115	47	137
Economic value of family caregiving, 2009 (state in millions of \$)	\$830	\$1,290	43	\$1,460
Economic value per hour, 2009	\$11.68		18	\$11.16
Ratio of the economic value of family caregiving to Medicaid long-term care spending, 2009	2.3		47	3.8

Long-Term Care Insurance	State	Per 1,000 Age 40+	Rank	U.S.
Private long-term care insurance policies in effect, 2010	32,337	103	5	45

PUBLIC LTSS EXPENDITURES

Medicaid Expenditures	State	Rank	U.S.
Total Medicaid expenditures (millions), 2009	\$590	50	\$368,330
Federal Medicaid Assistance Percentage (FMAP), 2009	63.01%	24	
Medicaid home and community-based services (HCBS) as a % of long-term services and supports (LTSS) spending, for older people and adults with physical disabilities, 2009 *	10%	51	36%
Medicaid HCBS spending as a % of LTSS spending, for all populations, 2009 *	29%	49	44%

Medicaid Long-Term Services and Supports Spending for Older People and Adults with Physical Disabilities in North Dakota and the U.S., 2009



LTSS & Home Health Expenditures	Total (millions)	Per Person in the State	Rank	U.S.
Medicaid LTSS expenditures for older people and adults with physical disabilities, 2009	\$192	\$289	15	\$261
Nursing facilities	\$172	\$259	7	\$168
HCBS	\$20	\$29	49	\$94
Aged/disabled waiver services	\$3	\$5	46	\$29
Personal care services (PCS) **	\$14	\$21	21	\$45
Home health services	\$1	\$2	42	\$16
Other HCBS ***	\$1	\$1	15	\$4
Medicaid LTSS expenditures for all populations, 2009	\$370	\$557	8	\$413
Institutional services	\$263	\$396	4	\$232
HCBS	\$107	\$161	24	\$181
Waiver services (all populations)	\$91	\$137	20	\$114
Other HCBS (including PCS and home health)	\$16	\$24	28	\$68
State-funded HCBS expenditures for older people and adults with physical disabilities, 2009	\$1	\$1.20	36	\$4.83

Note: the highest data value within each ranking is indicated by a rank of 1. For indicators in which both a total number and a ratio are given for the state value (percent of population, per person in the state, etc), the rank and U.S. values correspond to the ratio column.

* HCBS and LTSS include home health services for these indicators. This treatment is consistent with most earlier editions of Across the States, but differs from Across the States 2009, in which home health was categorized separately from LTSS.

** 15 states did not report any PCS spending in 2009; the lowest possible rank is 36. In 2008, 19 states did not report any PCS participants; the lowest possible rank is 32.

*** "Other HCBS" includes PACE, self-directed services authorized under Section 1915(j), and several other programs. Only 26 states have spending categorized as this type; the lowest rank for this indicator is 22.

Medicaid HCBS Participants By Type of Service	State	Per 1,000 Population	Rank	U.S.
Nursing facilities (NF), 2008	5,505	8.4	5	5.3
HCBS (older people and adults with PD), 2008	3,079	4.7	35	8.2
Aged/disabled waiver services	361	0.5	47	2.2
Personal care services (PCS) **	1,853	2.8	16	3.0
Home health services	865	1.3	32	3.0
Institutional services (NF and ICF-MR), 2008	6,160	9.4	4	5.6
HCBS (all populations), 2008	6,614	10.1	22	10.1
Waiver services (all populations)	3,896	5.9	14	4.1
Other HCBS (including PCS and home health)	2,718	4.1	26	6.0
Adults with disabilities self-directing services, 2011	432	0.66	32	2.43

Medicaid Participant LTSS Balance	State	Rank	U.S.
Medicaid aged/disabled waiver participants per 100 beneficiaries in nursing facilities, 2008	7	49	42
Medicaid HCBS beneficiaries as a % of LTSS users, for older people and adults with PD, 2008 *	36%	44	61%
Medicaid HCBS beneficiaries as a % of LTSS users, for all populations, 2008 *	52%	34	64%

Medicaid Expenditures Per Person Served	State	Rank	U.S.
Nursing facility services, 2008	\$30,907	19	\$29,533
HCBS expenditures for older people and adults with physical disabilities per person served, 2008 (excluding home health)	\$1,067	49	\$10,957
Aged/disabled waiver services	\$6,543	40	\$10,710
Personal care services **	\$6,675	20	\$11,142
Home health services	\$6,648	8	\$5,495
ICF-MR services, 2008	\$107,602	27	\$123,053
MR/DD waiver services, 2008	\$21,949	46	\$42,896

LTSS COSTS

Public & Private Payment Rates	State	Rank	U.S.
Medicaid payment per day for nursing facility care, 2011	\$206	11	\$178
Medicare payment per day for nursing facility care, 2010	\$383	32	\$398
Medicare reimbursement per home health visit, 2010	\$140	42	\$154
Private pay rate per day in nursing facility, 2011	\$188	29	\$193
Private pay rate per month in assisted living, 2011	\$2,500	49	\$3,261
Private pay daily rate for adult day care, 2011	\$67	18	\$60
Private pay hourly rate for home health aide, 2011	\$23	6	\$19

LTSS RESOURCES

HCBS Resources	State	Per 1,000 Age 65+	Rank	U.S.
Assisted living and residential care facilities, 2010	181	1.85	13	1.46
Assisted living and residential care units, 2010	3,562	36	11	31
Personal and home care aides, 2010	NA	NA	NA	17
Median hourly wage, 2010	\$10.08		18	\$9.44
Home health aides, 2010	1,950	20	24	24
Median hourly wage, 2010	\$11.05		10	\$9.89
People receiving ACL congregate meals, 2009 *	13,910	144	5	42
People receiving ACL home delivered meals, 2009 *	5,364	56	4	22
Total ACL congregate and home delivered meal expenditures (total in millions of \$), 2009 *	\$9	\$89	3	\$36
Number of health maintenance tasks able to be delegated to LTSS workers (out of 16 tasks), 2011	13		13	

Nursing Facility Resources & Utilization	State	Per 1,000 Age 65+	Rank	U.S.
Total nursing facilities, 2010	88	0.90	5	0.40
Nursing facility beds, 2010	6,536	67	2	42
Nursing facility residents, 2010	5,722	58	1	35
Nursing facility occupancy rate, 2010	88%		16	83%
Direct care nursing hours per resident day, 2010	4.1		9	3.8
RN hours per day, 2010	0.72		22	0.64
Nursing facility staffing turnover, 2010	29%		42	40%

Nursing Facility Resident Characteristics	State	Rank	U.S.
Residents with dementia, 2010	54%	6	46%
Nursing facility residents with low care needs, 2008	19%	20	17%
Residents with Medicaid as primary payer, 2010	53%	49	63%
Residents with Medicare as primary payer, 2010	7%	51	14%
Residents with "other" as primary payer, 2010	39%	2	22%

Quality & Oversight of Nursing Facilities	State	Rank	U.S.
Residents with physical restraints, 2008	2%	35	4%
High risk residents with pressure sores, 2008	7%	47	12%
Long-stay residents with a hospital admission, 2008	13%	39	21%
Long-term care facility beds per FTE ombudsman, 2010	3,555	14	2,543
Nursing facilities visited by ombudsman at least quarterly, 2010	82%	27	76%

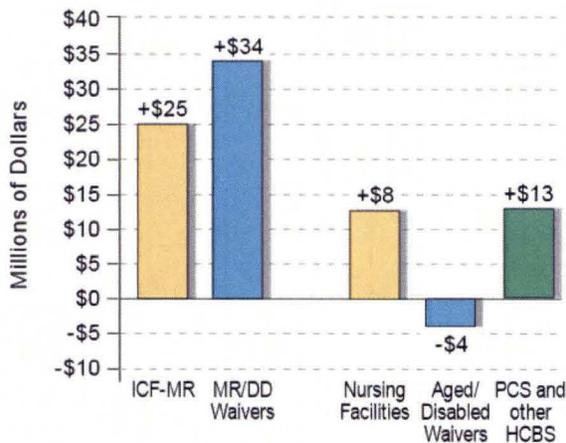
Note: the highest data value within each ranking is indicated by a rank of 1. For indicators in which both a total number and a ratio are given for the state value (percent of population, per person in the state, etc), the rank and U.S. values correspond to the ratio column.

* These programs were originally administered under AoA. For more information on the Administration for Community Living (ACL), please see <http://www.hhs.gov/acl>.

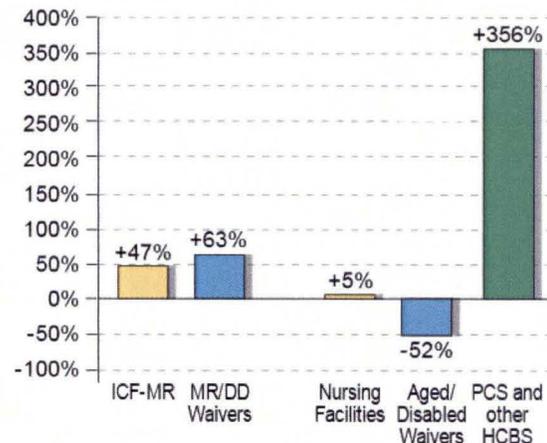
TRENDS

Medicaid HCBS Utilization	Year	State	Rank	U.S.
Medicaid HCBS participants, older people and adults with physical disabilities (excluding home health)	2003	986		1,270,155
	2008	2,214		1,577,471
	% change	+125%	4	+24%
Nursing Facility Residents	Year	State	Rank	U.S.
Nursing facility residents	2005	5,944		1,460,185
	2010	5,722		1,408,886
	% change	-4%	27	-4%
Long-Term Care Financing	Year	State	Rank	U.S.
Total Medicaid spending (millions)	2004	\$490		\$285,710
	2009	\$590		\$368,330
	% change	+20%	42	+29%
Medicaid LTSS spending for older people and adults with physical disabilities (millions)	2004	\$175		\$62,811
	2009	\$192		\$80,181
	% change	+10%	41	+28%
Medicaid nursing facility spending (millions)	2004	\$164		\$45,842
	2009	\$172		\$51,403
	% change	+5%	36	+12%
Medicaid HCBS spending for older people and adults with physical disabilities (millions)	2004	\$11		\$16,969
	2009	\$20		\$28,778
	% change	+84%	17	+70%
Medicaid HCBS as a % of LTSS spending, for older people and adults with physical disabilities	2004	6%	49	27%
	2009	10%	51	36%
	change	+4%	37	+9%

Change in Medicaid LTSS Spending, 2004–2009, by Service



Percent Change in Medicaid LTSS Spending, 2004–2009, by Service



Note: The highest data value within each ranking is indicated by a rank of 1. For indicators in which both a total number and a ratio are given for the state value (percent of population, per person in the state, etc), the rank and U.S. values correspond to the ratio column.



North Dakota: 2011 State Long-Term Services and Supports Scorecard Results

Raising Expectations: A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers is the first of its kind: a multi-dimensional approach to measure state-level performance of LTSS systems that provide assistance to older people, adults with disabilities, and family caregivers. The full report is available at www.longtermscorecard.org

Scorecard Purpose: Public policy plays an important role in LTSS systems by establishing who is eligible for assistance, what services are provided, how quality is monitored, and the ways in which family caregivers are supported. Actions of providers and other private sector forces also affect state performance, either independently, or in conjunction with the public sector. The *Scorecard* is designed to help states improve the performance of their LTSS systems so that older people and adults with disabilities in *all* states can exercise choice and control over their lives, thereby maximizing their independence and well-being.

Results: The *Scorecard* examines state performance across four key dimensions of LTSS system performance. Each dimension is composed of 3 to 9 data indicators, for a total of 25 indicators. All 50 states and the District of Columbia were ranked. North Dakota ranked:

Overall **18**

- Affordability and access **29**
- Choice of setting and provider **41**
- Quality of life and quality of care **2**
- Support for family caregivers **16**

State ranks on each indicator appear on the next page.

Impact of Improved Performance: If North Dakota improved its performance to the level of the highest-performing state:

- 1,089 more low- or moderate-income (<250% poverty) adults age 21+ with activity of daily living disabilities would be covered by Medicaid.
- 786 more new users of Medicaid LTSS would first receive services in home and community based settings instead of nursing homes.
- 882 nursing home residents with low care needs would instead be able to receive LTSS in the community.
- 231 unnecessary hospitalizations of people in nursing homes would be avoided.

NORTH DAKOTA

State Long-Term Services and Supports Scorecard Results

Dimension and Indicator	2011 Scorecard				
	State Rate	Rank	All States Median Rate	Top 5 States Average Rate	Best State Rate
OVERALL RANK		18			
AFFORDABILITY AND ACCESS		29			
Median annual nursing home private pay cost as a percentage of median household income age 65+ (2010)	233%	31	224%	171%	166%
Median annual home care private pay cost as a percentage of median household income age 65+ (2010)	113%	49	89%	69%	55%
Private long-term care insurance policies in effect per 1,000 population age 40+ (2009)	107	5	41	150	300
Percent of adults age 21+ with ADL disability at or below 250% of poverty receiving Medicaid or other government assistance health insurance (2008-09)	53.6%	13	49.9%	62.2%	63.6%
Medicaid LTSS participant years per 100 adults age 21+ with ADL disability in nursing homes or at/below 250% poverty in the community (2007)	34.1	25	36.1	63.4	74.6
ADRC/Single Entry Point functionality (composite indicator, scale 0-12) (2010)	4.3	45	7.7	10.5	11.0
CHOICE OF SETTING AND PROVIDER		41			
Percent of Medicaid and state-funded LTSS spending going to HCBS for older people and adults with physical disabilities (2009)	10.5%	51	29.7%	59.9%	63.9%
Percent of new Medicaid LTSS users first receiving services in the community (2007)	31.1%	39	49.9%	77.1%	83.3%
Number of people consumer-directing services per 1,000 adults age 18+ with disabilities (2010)	6.4	32	8.0	69.4	142.7
Tools and programs to facilitate consumer choice (composite indicator, scale 0-4) (2010)	*	*	2.75	3.79	4.00
Home health and personal care aides per 1,000 population age 65+ (2009)	36	23	34	88	108
Assisted living and residential care units per 1,000 population age 65+ (2010)	46	10	29	64	80
Percent of nursing home residents with low care needs (2007)	16.1%	36	11.9%	5.4%	1.3%
QUALITY OF LIFE AND QUALITY OF CARE		2			
Percent of adults age 18+ with disabilities in the community usually or always getting needed support (2009)	71.9%	13	68.5%	75.5%	78.2%
Percent of adults age 18+ with disabilities in the community satisfied or very satisfied with life (2009)	91.0%	3	85.0%	90.9%	92.4%
Rate of employment for adults with ADL disability age 18-64 relative to rate of employment for adults without ADL disability age 18-64 (2008-09)	56.6%	1	24.2%	42.4%	56.6%
Percent of high-risk nursing home residents with pressure sores (2008)	7.3%	3	11.1%	7.2%	6.6%
Percent of long-stay nursing home residents who were physically restrained (2008)	1.5%	5	3.3%	1.3%	0.9%
Nursing home staffing turnover: ratio of employee terminations to the average no. of active employees (2008)	33.6%	8	46.9%	27.2%	18.7%
Percent of long-stay nursing home residents with a hospital admission (2008)	13.4%	9	18.9%	10.4%	8.3%
Percent of home health episodes of care in which interventions to prevent pressure sores were included in the plan of care for at-risk patients (2010)	92%	16	90%	95%	97%
Percent of home health patients with a hospital admission (2008)	23.3%	2	29.0%	23.2%	21.8%
SUPPORT FOR FAMILY CAREGIVERS		16			
Percent of caregivers usually or always getting needed support (2009)	80.9%	9	78.2%	82.2%	84.0%
Legal and system supports for caregivers (composite indicator, scale 0-12) (2008-09)	1.50	47	3.17	5.90	6.43
Number of health maintenance tasks able to be delegated to LTSS workers (out of 16 tasks) (2011)	13	13	7.5	16	16

* Indicates data not available for this state.

Notes: ADL = Activities of Daily Living; ADRC = Aging and Disability Resource Center; HCBS = Home and Community Based Services; LTSS = Long Term Services and Supports.

Refer to Appendix B2 in *Raising Expectations: A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers* for indicator descriptions, data sources, and other notes about methodology. The full report is available at www.longtermscorecard.org

Genworth 2013 Cost of Care Survey

Nursing Home Daily Rates (Semi-Private Room)

Region	Minimum	Rate Range Median	Maximum	Median Annual Rate ⁻¹	Five-Year Annual Growth ⁻²
USA	\$85	\$207	\$948	\$75,405	4%
North Dakota – Whole State	\$171	\$240	\$350	\$87,553	14%
South Dakota – Whole State	\$163	\$191	\$275	\$69,533	6%
Iowa – Whole State	\$110	\$161	\$255	\$58,856	6%
Wyoming – Whole State	\$165	\$199	\$236	\$72,453	4%

Data Table End Notes

¹ Median Annual Rates* are calculated based on the following:

Homemaker Services - hourly rate multiplied by 44 hours per week, multiplied by 52 weeks

Home Health Aide Services - hourly rate multiplied by 44 hours per week, multiplied by 52 weeks

Adult Day Health Care - daily rate multiplied by 5 days per week, multiplied by 52 weeks

Assisted Living Facility - monthly rate multiplied by 12 months

Nursing Home - daily rate multiplied by 365 days

² Represents the compound annual growth rate based on Genworth Cost of Care Survey data from 2008 to 2013

*Hourly, daily and monthly rates are rounded to the nearest whole dollar.

Medicaid Long-Term Services and Supports HCBS Spending (FY 2009)
Rebalancing for All Populations and Age 65+ - By State

State	HCBS as a % of Medicaid LTSS - All populations ¹	HCBS as a % of Medicaid LTSS - Age 65+ ²	Percentage Point Difference
Alabama	30%	11%	19%
Alaska	63%	58%	5%
Arizona	69%	N/A ³	N/A
Arkansas	30%	19%	11%
California	55%	48%	7%
Colorado	58%	26%	32%
Connecticut	44%	20%	24%
Delaware	35%	13%	22%
Dist. of Columbia	50%	41%	9%
Florida	34%	7%	27%
Georgia	37%	11%	26%
Hawaii	43%	18%	25%
Idaho	46%	29%	17%
Illinois	28%	23%	5%
Indiana	31%	11%	20%
Iowa	40%	27%	13%
Kansas	55%	26%	29%
Kentucky	31%	7%	24%
Louisiana	36%	27%	9%
Maine	49%	9%	40%
Maryland	37%	18%	19%
Massachusetts	45%	11%	34%
Michigan	33%	11%	22%
Minnesota	68%	18%	50%
Mississippi	14%	9%	5%
Missouri	41%	17%	24%

State	HCBS as a % of Medicaid LTSS - All populations ¹	HCBS as a % of Medicaid LTSS - Age 65+ ²	Percentage Point Difference
Montana	47%	18%	29%
Nebraska	38%	18%	20%
Nevada	42%	26%	16%
New Hampshire	41%	19%	22%
New Jersey	26%	19%	7%
New Mexico	83%	56%	27%
New York	47%	39%	8%
North Carolina	43%	32%	11%
North Dakota	29%	9%	20%
Ohio	33%	19%	14%
Oklahoma	42%	25%	17%
Oregon	72%	46%	26%
Pennsylvania	33%	9%	24%
Rhode Island	46%	8%	38%
South Carolina	38%	17%	21%
South Dakota	41%	11%	30%
Tennessee	42%	13%	29%
Texas	47%	28%	19%
Utah	44%	9%	35%
Vermont	65%	23%	42%
Virginia	43%	22%	21%
Washington	62%	57%	5%
West Virginia	40%	16%	24%
Wisconsin	52%	18%	34%
Wyoming	51%	17%	34%

1 - [The Balancing Incentive Program: Implementation Manual](#) (Revised January 2013), Mission Analytics. LTSS is defined as Services Listed in the ACA, Section 10202(f)(1) and Mental Health Facilities (including DSH). Data includes estimated expenditures for managed LTSS from FFY 2009.

2 - [Medicaid's Role in Meeting the Long-Term Care Needs of America's Seniors](#) (January 2013), Kaiser Family Foundation. HCBS expenditures include § 1915(c) waiver services, home health services, and personal care services.

3 - Arizona's long-term care users are covered under the Arizona Long-Term Care System, a capitated program. As a result, nursing home enrollment and long-term care spending cannot be separated out by service type.