



COMMONWEALTH OF VIRGINIA
DEPARTMENT FOR AGING AND REHABILITATIVE SERVICES

JAMES A. ROTHROCK
Commissioner

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September 18, 2012

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Note: The web addresses (links) in this document may change over time. The Division for the Aging does not attempt to refresh the links once the week has passed. However, this document is maintained on the web for a period of time as a reference. Some links may require registration.



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MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

FROM: Tim Catherman

DATE: September 17, 2012

SUBJECT: NASUAD and NCOA Webinars

The National Association of States United for Aging and Disabilities (NASUAD) offers many webinars through its NASUAD-IQ portal. Quite a few of the courses offer free guest access. For more information click on [NASUAD-IQ](#).

The National Council on Aging (NCOA) offers 193 webinars. Here are five of them. For more, click on [Find a past webinar](#).

[Standing Together to Prevent Falls](#)

[Health Care Reform: Past, Present, and the Road Ahead](#)

[State Advocate Experiences in Managed Long-Term Services and Supports](#)

[State Progress on Balancing Incentive Program and Community First Choice Option](#)

[Combating Food Insecurity Among Older Americans](#)



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MEMORANDUM

TO: Executive Directors, Area Agencies on Aging

AND: Health Promotion/Disease Prevention Coordinators, Care Coordinators, and Nutrition Directors

FROM: Elaine Smith, Program Coordinator

DATE: September 18, 2012

SUBJECT: National Prescription Drug Take-Back Day

NATIONAL TAKE-BACK INITIATIVE

September 29, 2012

10:00 AM - 2:00 PM

The Drug Enforcement Administration (DEA) has scheduled another National Prescription Drug Take-Back Day which will take place on Saturday, September 29, 2012, from 10:00 a.m. to 2:00 p.m. This is a great opportunity for those who missed the previous events, or who have subsequently accumulated unwanted, unused prescription drugs, to safely dispose of those medications.

- More information is available at:
http://www.deadiversion.usdoj.gov/drug_disposal/takeback/index.html
- Inquiries can be made at 1-800-882-9539
- Click here to **Search for a collection site near you.**



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MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

FROM: Katie Roeper

DATE: September 18, 2012

SUBJECT: DARS Funding Opportunities

DARS has received award notice of several funding opportunities and is currently in the process of completing the federal agreements and developing program guidelines. They include:

1. ACL will fund a 1-year enhancement to ADRC for CILs and AAAs to deliver Options Counseling to individuals and vets. (\$199,776).
2. ACL will fund a 1-year supplement to the current Lifespan Respite Grant to provide seed money for a Respite Voucher program (\$135,000).
3. DOJ, Office on Violence Against Women, will fund a 3-year project to expand and deliver multidisciplinary training on Elder Abuse and Domestic Violence against Older Adults, for law enforcement, prosecutors, judges, APS and direct service providers in southwest Virginia. (\$400,000)
4. The Virginia Board for People with Disabilities will fund a 2-year project for three AAAs to expand transportation mobility management to disability populations (\$200,000).



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MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

FROM: Ellen Nau, Program Coordinator

DATE: September 18, 2012

SUBJECT: **Case Managers and Caregivers**

Forum on Hoarding....Hoarding Buried Alive????

Featuring experts in a variety of fields that includes: mental health services, social services, the housing industry and the very first Hoarding Task Force from Fairfax County Virginia, a Forum on Hoarding will be held at the Department of Professional and Occupational Regulation (DPOR) on October 3 from 10 AM until 12 Noon. Register for this free event at: http://www.virginia.gov/conference/cgi-bin/conference.cgi?confer_id=705

For further information, contact Mally Dryden-Mason at 804-367-4873 or mally.mason@dpor.virginia.gov

Webinar on *Moving Forward with Alzheimer's & Dementia*

Part one of a three part series sponsored by Senior Helpers and Alzheimer's Foundation of America will be held on Friday, September 21, 2012 at 2:00 PM ET. This free web seminar will briefly review factors that affect nutrition and hydration in individuals with dementia. It will also help identify signs that should raise concern and suggest techniques and interventions to address issues, and promote safe and effective eating and drinking behaviors. Register at: http://members.asaging.org/members_online/registration/register.asp?mt=WB0921S&af=ASA



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MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

FROM: Elaine Smith, Program Coordinator

DATE: September 18, 2012

SUBJECT: Results of Rural Health Survey and Conference

“You might be rural if...” sounds like the set-up for a joke. But the public health issues facing rural Virginia are no joke. The 2012 Virginia Health Equity Report estimates that the total *annual* costs of health disparities/inequities associated with living in a rural area instead of an urban area in Virginia cost \$692 million.

To address the relevant issues in the most logical way, the Virginia Public Health Association and the Virginia Rural Health Association recently conducted a survey to help identify the factors, including behaviors, diseases, economic factors and more, that have the most impact on the health of rural Virginians. Over one thousand individuals (1,058 completed and partial surveys) participated in the survey. The data collected will be used to inform the cross-sector discussions at the October 8 – 9 Rural Health Action Conference in Charlottesville as the participants work to develop an outline for the updated State Rural Health Plan.

For a summary of the survey results, [click here](#).

For more information on the Rural Health Action Conference, [click here](#).



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MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

FROM: Tim Catherman

DATE: September 17, 2012

SUBJECT: 2012 National HCBS Conference

Attached are some of the notes I took at the HCBS Conference last week in Washington, DC. The notes include Kathy Greenlee's speech and some of the new acronyms used during the conference.

**Kathy Greenlee,
Administrator of the Administration for Community Living and Assistant Secretary for Aging
Speech at the HCBS Conference in Washington, DC**

Kathy Greenlee spoke on three topics, the Formation of ACL, the Transformation of LTC and Goals.

Formation of ACL

Mostly straight from the [Press Release](#) and the [FAQs](#).

Transformation of LTC

The Affordable Care Act (ACA) is largely around *insurance reform* and *system development*. Secretary Greenlee's speech focused on system development. There has been numerous demonstration projects tackling community services, quality and costs. Examples cited include:

- ACO's – Accountable Care Organizations tracking and accounting for costs.
- Section 3026 Care Transitions engagement with hospital systems.
- The need to bring systems together to build capacity. Need to prepare for CBO's – Community Based Care Organizations.
- Options Counseling is the best thing going.
- MFP – Money Follows the Person 2010 planning grants of \$200,000 awarded to help additional states develop and submit Operational Protocols.
- 1915(i) Home & Community-Based Services.
- State Demonstrations to Integrate Care for Dual Eligible Individuals.

In closing this section, Secretary Greenlee said healthcare transformation is larger than ACA and that Medicaid transformation is larger than all of us.

Goals

Secretary Greenlee listed ten goals for the network.

1. Create partnerships w/ CMS, Health Resources and Services Administration (HRSA), Substance Abuse & Mental Health Services Administration (SAMHSA), CDC, Indian Health and Nation Institute of Health (NIH).
2. Strengthen outside network relationships w/ HUD, DOL, DOJ, National Institute of Mental Health (NIMH), the Veterans Administration.
3. Partner with others.
4. Quality – What does it look like? What are the measures?
5. Identify the business acumen – Such as pricing.
6. Promote ADRC's as Single Entry Points (SEPs) and trusted partners.
7. Innovate – Loss of funding is in OAA Title IV Demonstration Grants. Need to partner and find other ways to innovate.
8. Improve program performance – Move beyond outputs to health outcomes.
9. How to best integrate community care entities.
10. Achieve balance. Reauthorize the OAA and the DD Act.

2012 HCBS Conference Acronyms and Terms

The HCBS Conference highlighted changes at the federal level with the Affordable Care Act, the formation of Administration for Community Living, and the expanding provider and advocacy groups. With each comes new acronyms and terms. Most veterans in the aging field should be familiar with the acronyms and definitions in the following publications:

- AARP: [2005 Acronyms in Aging](#)
- AARP Policy Book 2011–2012: [Acronyms and Abbreviations](#)
- Grantmakers In Aging: [Glossary of aging terms and acronyms](#)

Below is a list of the ‘newer’ acronyms and terms.

ABI – [Acquired Brain Injury](#)

ACOs – [Accountable Care Organizations](#)

AIDD – [Administration on Intellectual and Developmental Disabilities](#)

AAIDD – [American Association on Intellectual and Developmental Disabilities](#)

CAP Grants – [Consumer Assistance Program Grants](#), CMS Grants that provides the resources necessary to help educate and provide accurate information to consumers who are making difficult health care decisions.

CBO – Community-Based Organization

CFC – Community First Choice option under Section 1915(k), see below.

CCTP – [Community-based Care Transitions Program](#), see Section 3026 below.

ILTC – [Institutional LTC](#)

LOC – Level of Care

LTQA – [Long-Term Care Quality Alliance](#)

MCO – [Managed Care Organizations](#)

MIG – [Medicaid Infrastructure Grant](#)

MLTSS – [Managed Long Term Services and Supports](#)

NADSA – [National Adult Day Services Association](#)

NSLTCP – [National Study of Long-Term Care Providers](#)

NCST – [National Center on Senior Transportation](#)

NSRCF – [National Survey of Residential Care Facilities](#)

ODEP – Department of Labor [Office of Disability Employment Policy](#)

PAHPS – [Prepaid Ambulatory Health Plans](#) often heard related to Section 1915(b), see below.

PCCM – [Primary Care Case Management](#) often heard related to Section 1915(b), see below.

PCHR – Personally Controlled Health Record

PCS – [Personal Care Services](#)

PCP – [Person Centered Planning](#)

PHI – [Protected Health Information](#)

PIHPS – [Prepaid Inpatient Health Plans](#) often heard related to 1915(b) Waiver, see below.

RUG-IV Categories – [Resource Utilization Group](#), payment categories for skilled nursing facilities.

SUD – [Substance Use Disorders](#)

TEFT – [Testing Experience and Functional Assessment Tool](#). Four year funding opportunity through Section 2701, see below. Grant is designed to test quality measurement tools and demonstrate e-health in Medicaid long-term services and support. Second Applicant Teleconference scheduled for 9/25/12.

TBIMS – [Traumatic Brain Injury Model Systems](#)

VD-HCBS – [Veteran-Directed Home and Community-Based Services](#)

Social Security Act References

[Section 1115 – Research & Demonstration Projects](#) - Expand Medicaid eligibility, allows services not typically covered, and the use of innovative service delivery.

[1932\(a\) Managed Care](#) – Allows states to have State Plan authority to implement a managed care delivery system.

[1915\(a\) Managed Care Waiver](#) – Allows states to implement a voluntary managed care program.

[1915\(b\) Managed Care Waiver](#) – Allows states to have four different Managed Care options.

[1915\(c\) Home & Community-Based Waivers](#) – Allows states to have programs that provide a combination of standard medical services and non-medical services.

[1915\(i\) Home & Community-Based Services](#) – Individuals must meet state defined criteria based on need and typically get a combination of acute-care medical services and long-term supports.

[1915\(j\) Self-Directed Personal Assistance Services Option](#) (PAS) are personal care and related services provided under the Medicaid State Plan and/or section 1915(c) waivers.

[1915\(k\) Community First Choice](#) – New state plan option that allows states to provide HCBS attendant services to Medicaid enrollees with disabilities under their State Plan.

Affordable Care Act References

Section 2402(a) – Removes barriers to HCBS

Section 2403 – Money Follows the Person (MFP) – funding extended to 2016.

Section 2701 – Adult Health Quality Measures

Section 2703 – Health Homes for Individuals with Chronic Conditions

[Section 3026](#) – Refers to the Affordable Care Act provides funding to communities to improve care transitions for high-risk Medicare beneficiaries and create a more positive, patient-centered experience during this process.

[Section 811 PRA](#) – Refers to HUD Project Rental Assistance

[State Demonstrations to Integrate Care for Dual Eligible Individuals](#)



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MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

FROM: Tim Catherman

DATE: September 14, 2012

SUBJECT: AARP Across the State 2012: Profiles of Long-Term Services and Supports

AARP issued its ninth edition of the Across the States 2012: Profiles of Long-Term Services and Supports. It is available at <http://www.aarp.org/home-garden/livable-communities/info-09-2012/across-the-states-2012-profiles-of-long-term-services-supports-AARP-ppi-ltc.html>.

The report noted the following where Virginia ranked:

In 2012, people age 85 or older make up only 2% of the U.S. population. States with the highest percentage growth are Florida and Hawaii, with 3% each. In 2050, the national percentage is expected to be 4.8%. The age 85+ population is projected to more than quadruple in seven states between 2012 and 2050: Alaska (+650%), Nevada (+474%), Georgia (+375%), Colorado (+369%), Utah (+323%), Texas (+318%), and **Virginia (+307%)**.

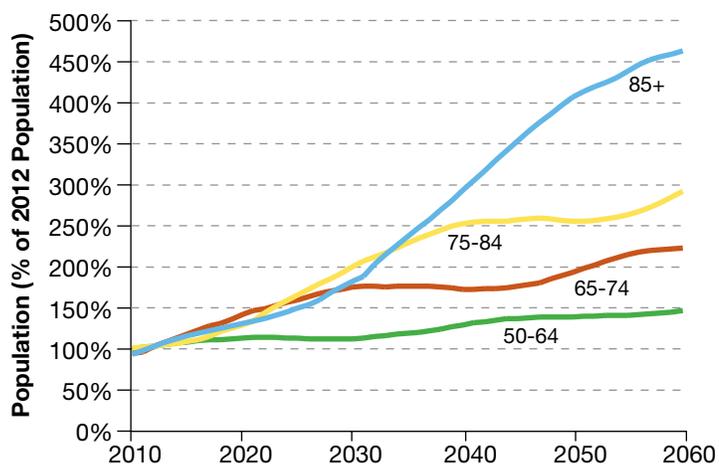
Across all states, Medicaid HCBS expenditures increased by 70% from 2004 to 2009, while Medicaid expenditures for nursing facilities increased by just 12%. From 2004 to 2009, the states with the largest percentage increases in expenditures were the District of Columbia, Louisiana, **Virginia**, and Minnesota, all of which increased HCBS spending by more than 150 percent during the five-year period.

Attached are the Virginia pages of the full report.

Population & Projections	Year	State Pop. (1,000s)	% of Total Population	Rank	U.S.	% Change from 2012	Rank	U.S.
All ages	2012	8,289		12	315,311			
	2032	10,746		10	376,660	+30%	8	+19%
	2050	12,667		10	434,447	+53%	5	+38%
Age 50-64	2012	1,582	19.1%	34	19.2%			
	2032	1,764	16.4%	22	16.4%	+12%	6	+2%
	2050	2,159	17.0%	26	16.6%	+36%	4	+19%
Age 65+	2012	1,065	12.9%	38	13.6%			
	2032	2,004	18.6%	41	19.8%	+88%	10	+74%
	2050	2,543	20.1%	30	20.4%	+139%	8	+107%
Age 65-74	2012	603	7.3%	35	7.4%			
	2032	1,048	9.8%	29	10.1%	+74%	11	+64%
	2050	1,153	9.1%	26	9.1%	+91%	10	+69%
Age 75-84	2012	320	3.9%	38	4.2%			
	2032	671	6.2%	45	6.8%	+110%	14	+94%
	2050	813	6.4%	25	6.6%	+154%	10	+116%
Age 85+	2012	142	1.7%	44	2.0%			
	2032	285	2.7%	38	2.9%	+101%	6	+69%
	2050	578	4.6%	34	4.8%	+307%	7	+224%

Older People of Color (%), 2010		
State	Rank	U.S.
21.2%	16	20.1%
Asian/Pacific Islander		
State	Rank	U.S.
3.5%	9	3.6%
Black		
State	Rank	U.S.
15.0%	9	8.5%
Hispanic		
State	Rank	U.S.
1.9%	25	6.9%

Projected Growth in the Older Population in Virginia 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	46	31	48
People age 75+ living alone, 2010	33%	35	34%
People age 60+ with grandchildren in household, 2010	5.9%	13	5.5%
People age 60+ responsible for raising grandchildren, 2010	1.9%	13	1.6%
Percent of age 65+ households with someone under 18, 2010	7.7%	14	7.0%

Income & Poverty	State	Rank	U.S.
Median household income age 65+, 2010	\$39,274	9	\$34,381
At/below poverty level age 65+, 2010	7.4%	38	9.0%
At/below 250% of poverty level age 65+, 2010	36%	41	42%
Women age 75+ at/below poverty level, 2010	10.5%	35	12.2%
Women age 75+ at/below 250% of poverty level, 2010	47%	44	54%
Bachelor level education or higher age 65+, 2010	24%	13	21%

Disability Rates	Number (1,000s)	Percent	Rank	U.S.
People age 65+ with disabilities, 2010				
Self-care difficulty	77	8.0%	24	8.8%
Cognitive difficulty	83	8.7%	28	9.5%
Any disability	336	35%	31	37%
People age 18-64 with disabilities, 2010				
Self-care difficulty	77	1.5%	33	1.8%
Cognitive difficulty	174	3.5%	40	4.2%
Any disability	447	8.9%	36	10.0%

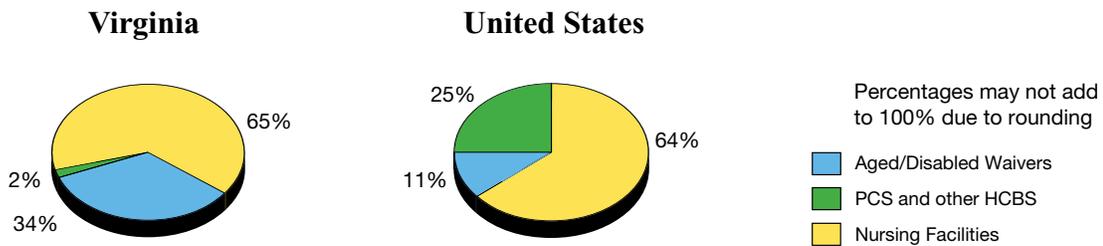
Family Caregivers	State	Per 1,000 Population	Rank	U.S.
Family caregivers, 2009	1,180,000	150	10	137
Economic value of family caregiving, 2009 (state in millions of \$)	\$11,700	\$1,480	29	\$1,460
Economic value per hour, 2009	\$10.37		38	\$11.16
Ratio of the economic value of family caregiving to Medicaid long-term care spending, 2009	6.0		10	3.8

Long-Term Care Insurance	State	Per 1,000 Age 40+	Rank	U.S.
Private long-term care insurance policies in effect, 2010	243,465	65	10	45

PUBLIC LTSS EXPENDITURES

Medicaid Expenditures	State	Rank	U.S.
Total Medicaid expenditures (millions), 2009	\$5,806	23	\$368,330
Federal Medicaid Assistance Percentage (FMAP), 2009	50.00%	41	
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 *	35%	17	36%
Medicaid HCBS spending as a % of LTSS spending, for all populations, 2009 *	42%	24	44%

Medicaid Long-Term Services and Supports Spending for Older People and Adults with Physical Disabilities in Virginia 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	\$1,185	\$149	48	\$261
Nursing facilities	\$769	\$97	44	\$168
HCBS	\$416	\$52	32	\$94
Aged/disabled waiver services	\$398	\$50	11	\$29
Personal care services (PCS) **	\$0	\$0	35	\$45
Home health services	\$7	\$1	44	\$16
Other HCBS ***	\$11	\$1	15	\$4
Medicaid LTSS expenditures for all populations, 2009	\$2,092	\$264	44	\$413
Institutional services	\$1,209	\$153	40	\$232
HCBS	\$883	\$111	41	\$181
Waiver services (all populations)	\$865	\$109	29	\$114
Other HCBS (including PCS and home health)	\$18	\$2	49	\$68
State-funded HCBS expenditures for older people and adults with physical disabilities, 2009	\$18	\$2.27	28	\$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	26,804	3.4	43	5.3
HCBS (older people and adults with PD), 2008	20,316	2.6	43	8.2
Aged/disabled waiver services	16,583	2.1	26	2.2
Personal care services (PCS) **	NA	NA	NA	3.0
Home health services	3,733	0.5	45	3.0
Institutional services (NF and ICF-MR), 2008	28,603	3.7	42	5.6
HCBS (all populations), 2008	28,493	3.6	48	10.1
Waiver services (all populations)	24,760	3.2	34	4.1
Other HCBS (including PCS and home health)	3,733	0.5	51	6.0
Adults with disabilities self-directing services, 2011	7,809	1.00	26	2.43

Medicaid Participant LTSS Balance	State	Rank	U.S.
Medicaid aged/disabled waiver participants per 100 beneficiaries in nursing facilities, 2008	62	14	42
Medicaid HCBS beneficiaries as a % of LTSS users, for older people and adults with PD, 2008 *	43%	38	61%
Medicaid HCBS beneficiaries as a % of LTSS users, for all populations, 2008 *	50%	40	64%

Medicaid Expenditures Per Person Served	State	Rank	U.S.
Nursing facility services, 2008	\$28,215	33	\$29,533
HCBS expenditures for older people and adults with physical disabilities per person served, 2008 (excluding home health)	\$15,566	5	\$10,957
Aged/disabled waiver services	\$15,566	7	\$10,710
Personal care services **	NA	NA	\$11,142
Home health services	\$1,565	38	\$5,495
ICF-MR services, 2008	\$143,378	17	\$123,053
MR/DD waiver services, 2008	\$54,967	11	\$42,896

LTSS COSTS

Public & Private Payment Rates	State	Rank	U.S.
Medicaid payment per day for nursing facility care, 2011	\$153	31	\$178
Medicare payment per day for nursing facility care, 2010	\$358	38	\$398
Medicare reimbursement per home health visit, 2010	\$167	21	\$154
Private pay rate per day in nursing facility, 2011	\$191	26	\$193
Private pay rate per month in assisted living, 2011	\$3,705	12	\$3,261
Private pay daily rate for adult day care, 2011	\$55	37	\$60
Private pay hourly rate for home health aide, 2011	\$19	31	\$19

LTSS RESOURCES

HCBS Resources	State	Per 1,000 Age 65+	Rank	U.S.
Assisted living and residential care facilities, 2010	618	0.63	36	1.46
Assisted living and residential care units, 2010	33,067	34	15	31
Personal and home care aides, 2010	16,000	16	24	17
Median hourly wage, 2010	\$8.62		44	\$9.44
Home health aides, 2010	16,410	17	31	24
Median hourly wage, 2010	\$8.94		42	\$9.89
People receiving ACL congregate meals, 2009 *	14,073	15	47	42
People receiving ACL home delivered meals, 2009 *	13,103	14	44	22
Total ACL congregate and home delivered meal expenditures (total in millions of \$), 2009 *	\$21	\$22	44	\$36
Number of health maintenance tasks able to be delegated to LTSS workers (out of 16 tasks), 2011	2		32	

Nursing Facility Resources & Utilization	State	Per 1,000 Age 65+	Rank	U.S.
Total nursing facilities, 2010	289	0.29	39	0.40
Nursing facility beds, 2010	32,251	33	39	42
Nursing facility residents, 2010	28,572	29	38	35
Nursing facility occupancy rate, 2010	89%		13	83%
Direct care nursing hours per resident day, 2010	3.8		30	3.8
RN hours per day, 2010	0.61		39	0.64
Nursing facility staffing turnover, 2010	38%		25	40%

Nursing Facility Resident Characteristics	State	Rank	U.S.
Residents with dementia, 2010	45%	31	46%
Nursing facility residents with low care needs, 2008	9%	45	17%
Residents with Medicaid as primary payer, 2010	61%	33	63%
Residents with Medicare as primary payer, 2010	19%	2	14%
Residents with "other" as primary payer, 2010	20%	34	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	13%	6	12%
Long-stay residents with a hospital admission, 2008	22%	12	21%
Long-term care facility beds per FTE ombudsman, 2010	2,413	24	2,543
Nursing facilities visited by ombudsman at least quarterly, 2010	46%	44	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	10,449		1,270,155
	2008	16,583		1,577,471
	% change	+59%	12	+24%

Nursing Facility Residents	Year	State	Rank	U.S.
Nursing facility residents	2005	28,652		1,460,185
	2010	28,572		1,408,886
	% change	+0%	8	-4%

Long-Term Care Financing	Year	State	Rank	U.S.
Total Medicaid spending (millions)	2004	\$3,955		\$285,710
	2009	\$5,806		\$368,330
	% change	+47%	7	+29%

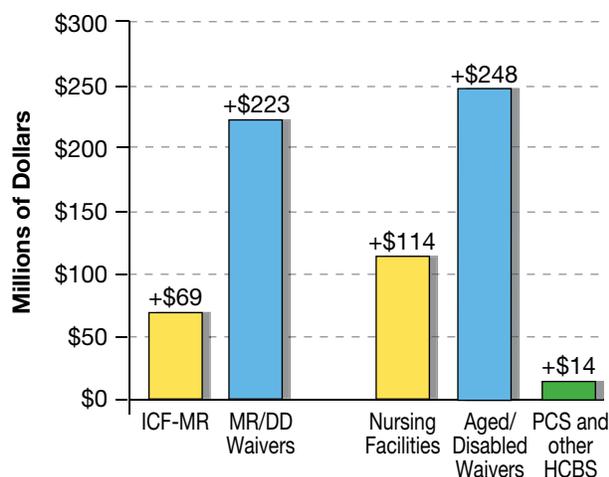
Medicaid LTSS spending for older people and adults with physical disabilities (millions)	2004	\$808		\$62,811
	2009	\$1,185		\$80,181
	% change	+47%	7	+28%

Medicaid nursing facility spending (millions)	2004	\$655		\$45,842
	2009	\$769		\$51,403
	% change	+17%	19	+12%

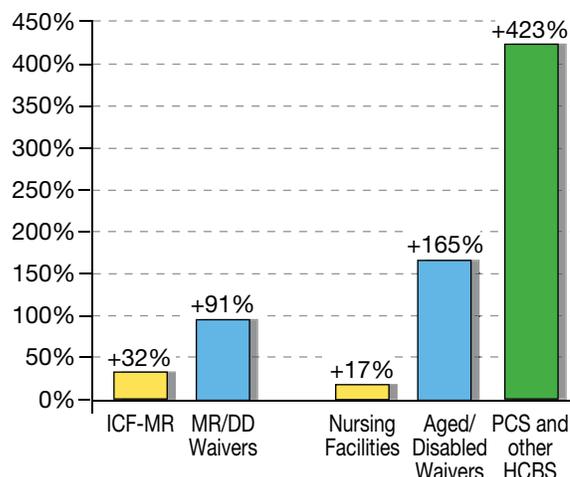
Medicaid HCBS spending for older people and adults with physical disabilities (millions)	2004	\$153		\$16,969
	2009	\$416		\$28,778
	% change	+171%	3	+70%

Medicaid HCBS as a % of LTSS spending, for older people and adults with physical disabilities	2004	19%	30	27%
	2009	35%	17	36%
	change	+16%	5	+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.