The Hilltop Institute

analysis to advance the health of vulnerable populations

Rhode Island Real Choices
Long-Term Services and Supports Resource Mapping
Final Report

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Executive Summary

In 2006, the Centers for Medicare & Medicaid Services (CMS) awarded the state of Rhode Island a Real Choice Systems Transformation grant. The purpose of Rhode Island's project is to create an accessible system of community-integrated long-term services and supports by designing and constructing the needed infrastructure that will enable individuals who are aged or have a disability to live in the most appropriate integrated community setting; exercise meaningful choices about their living environment, services, and supports; and obtain quality services consistent with individual preferences and priorities.

The New England States Consortium Systems Organization (NESCSO) is administering the Real Choice Systems Transformation grant on Rhode Island's behalf. NESCSO contracted with The Hilltop Institute at the University of Maryland, Baltimore County (UMBC) to complete a resource map to help guide the transformation process. This work is intended to inform the state's policymaking by providing information on the state's current and projected population requiring publicly financed services and supports and the state's capacity to provide these services. In addition, a tool was to be produced for modeling the effects of changes in policies and programs on projected spending for institutional versus home and community-based services.

During the course of Hilltop's contract, Rhode Island received demonstration authority under a Section 1115 waiver to transform its Medicaid program. The scope of work under the contract was supplemented to support the goals of the *Global Consumer Choice Compact Demonstration*, generally referred to by the state as the "Global Waiver." Rhode Island's entire Medicaid program is to be operated under the Global Waiver, with all Medicaid-funded services organized, financed, and operated through the demonstration. All Section 1915(c) home and community-based services waivers in operation prior to implementation of the Global Waiver are to be terminated. The Global Waiver is designed to provide the state with administrative flexibility along with the ability to further rebalance the system of long-term services and supports. Federal financial responsibilities under the Global Waiver are subject to an aggregate budget ceiling.

Work under Hilltop's contract involved 1) interviewing Rhode Island agency staff on their perceptions of gaps in long-term services and supports and the barriers clients encounter in seeking services; 2) conducting a survey of providers of long-term services and supports in the state about current and future capacity to serve Rhode Islanders; 3) analyzing Medicaid data to produce reports on utilization and spending for long-term services and supports; and 4) constructing a rebalancing model for projecting utilization and expenditures for Medicaid long-term services and supports through 2030. Findings from this work are summarized below.

Interviews with Rhode Island Agency Staff

In April 2009, Hilltop interviewed 20 Rhode Island agency staff about their perceptions of unmet needs and barriers to improving the delivery of long-term services and supports. Interviewees represented the Department of Human Services (DHS), the Department of Elderly Affairs (DEA), the Department of Children, Youth and Families (DCYF), the Department of Mental Health, Retardation and Hospitals (MHRH), and the Department of Health (DOH).

Emerging Challenges in Providing Long-Term Services and Supports

During the interviews, Rhode Island agency staff highlighted three populations that represent a particular challenge for the future:

1. **Older adults with mental health needs**. Many agency staff reported that the state's system of long-term services and supports is ill-equipped to meet the mental health needs of older adults. Agency staff said that providers are seeing more and more older adults in the community with mental health issues. There is a dearth of mental health providers and physical and mental health services are not adequately integrated.
2. **Adults with developmental disabilities who are living longer and developing limitations associated with aging**. Many have relied on their families for support throughout their lives, but family members have grown older as well and many can no longer provide care. As the population with developmental disabilities ages, new living arrangements will be needed, as well as age-appropriate services and supports. Agency staff suggested exploring the possibility of integrating the system of long-term services and supports for persons with developmental disabilities with the system for older adults and persons with physical disabilities.
3. **Youth with autism spectrum disorder who are now moving into adulthood and need different kinds of supports**. Agency staff indicated that there is a continuing need to provide services and supports to the growing population of children and youth with autism spectrum disorder, but particular attention needs to be focused on those who are transitioning into adulthood. For example, many with Asperger's syndrome are high functioning but lack the social skills to find meaningful employment and function independently in the community.

Barriers to Improving Service Delivery

Agency staff cited the following barriers to an effective system of long-term services and supports:

- **Lack of a true "single point of entry" into the system of long-term services and supports**. *The Point: Rhode Island's Resource Place for Seniors and Adults with Disabilities* needs further development to make its services more user-friendly and the website easier to navigate.

- **Inadequate discharge planning and transition management for individuals leaving hospitals and nursing homes**. Agency staff expressed the need to team up with hospital discharge departments and nursing homes to develop better programs for transitioning individuals from hospitals and nursing homes to the community. Ensuring that clients are safe and receiving appropriate care during the transition process is a priority, as well as helping clients to connect with primary care physicians in the community.
- **Lack of affordable and accessible housing across all populations and programs**. Agency staff reported waiting lists for subsidized housing, a decline in the number of group homes, and policies that limit access to assisted living facilities. Agency staff are supportive of a new initiative by the state to promote shared living arrangements as a new housing option.
- **A patchwork system of transportation that works against community living**. Agency staff reported that there is no statewide transportation system serving older adults and individuals with disabilities. Agency programs use different contractors, contracting methods, and payment rates, with little or no cross-agency planning and coordination.
- **Lack of access to and the integration of behavioral health with physical health services for both community dwellers and those living in institutions**. A dearth of mental and behavioral health providers is evident across all patient populations and care settings. This inhibits the flow of clients through the system and affects the coordination, continuity, and quality of care provided.
- **A compensation system that does not adequately provide incentives for providers to expand services and for workers to pursue careers in the health field**. Agency staff repeatedly cited low reimbursement rates as a disincentive to capacity building by providers and attracting and retaining a competent workforce.
- **Agency silos and recent staff reductions compromise agencies' ability to plan and deliver quality services.** Agency staff voiced a need to go beyond building bridges to making actual connections across agencies and programs. This is particularly important as the state implements the Global Waiver.

Survey of Providers of Long-Term Services and Supports

Survey Purpose and Methodology

In the summer of 2009, Hilltop surveyed 268 providers of long-term services and supports in Rhode Island to assess the capacity of providers to meet both current and future demand for services as the population ages and the state looks to restructure the system of long-term services and supports to better meet the needs of Rhode Islanders. The survey was administered on-line. Providers were identified through Rhode Island MMIS claims data, licensure data from the

Rhode Island Office of Facilities Regulation, and provider association membership lists.[1] In addition to giving providers a voice in state policy, the survey was intended to guide capacity-building strategies by the state.

The survey queried providers about their current capacity to provide long-term services and supports; challenges in hiring and retaining direct service workers; barriers to capacity building and whether providers anticipate expanding capacity over the next two years; waiting lists for services; the extent to which providers serve clients with special needs, such as dementia, depression, other mental illnesses, or challenging behaviors; and providers' perceptions of unmet needs.

Survey Respondents

Of the 268 providers contacted, 84 (31 percent) responded to the survey. The response rate varied by provider type, as shown in Table ES1. Fifty-six percent of adult day services agencies responded, while only 14 percent of home health agencies and 14 percent of hospices responded. Twelve percent of assisted living agencies responded, which represent approximately 12 percent of assisted living beds in the state. Forty-two percent of nursing homes responded, representing 49 percent of licensed nursing home beds in the state. With the exception of three assisted living providers, all respondents serve Medicaid clients.

Table ES1. Agency Response Rates to Survey by Provider Type

Provider Type	Agencies Contacted	Agencies Responding	Response Rate
Adult Day Services	16	9	56%
Assisted Living Facility	57	7	12%
DD Services*	32	10	31%
Home Health Agency	22	3	14%
Home Meal Delivery	1	1	100%
Hospice	7	1	14%
MHRH Offline Providers	12	6	50%
Nursing Home	79	33	42%
PACE	1	1	100%
Personal Care Aide	37	12	32%
Rhode Island State Nursing Home	1	0	0%
Subsidized Housing	3	1	33%
Total	268	84	31%

* Services for persons with developmental disabilities. Includes RICLAS as well as the following provider types in the MMIS: Home/Center-Based Therapeutic Services, MR Waiver-Private, MR Waiver-Public, ICF-MR Private, and ICF-MR Public.

[1] Participating associations were: Community Provider Network of Rhode Island (CPNRI); Rhode Island Adult Day Services Association (RIADSA); Rhode Island Assisted Living Association (RIALA); Rhode Island Association of Facilities and Services for the Aging (RIAFSA); Rhode Island Health Care Association (RIHCA); and Rhode Island Partnership for Home Care (RIPHC).

Current and Future Capacity to Serve Clients

Respondents were asked about their ability to provide 28 different services. With the exception of environmental modifications providers, at least half of the providers of each of the other 27 services reported having the staff capacity in 2008 to have served either "a few more" or "a lot more" clients.

For five services—adult day services, home health services, homemaker services, private duty nursing, and personal care/assistance—50 percent of more of the providers reported the ability to increase units of service over the next two years by 10 percent or more.

Assisted living providers were not as optimistic as some of the other service providers about expanding services. Only one (out of ten) said it had the staff capacity to provide "a lot more" services in 2008. One reported the ability to increase units of service by 5 percent in the next two years; two reported the ability to increase units of service by 10 percent.

The most frequently cited reason for unused capacity was "There are clients who need our services, but state funding is not available to enable us to serve them" (28 respondents). This was followed by "There are not enough clients in our service area who need our services" (16 respondents) and "There are clients who need our services but they do not have transportation to come to our facility" (12 respondents).

Barriers to Expanding Capacity

Respondents reported the following non-mutually exclusive barriers as very significant factors in decisions to expand capacity:

- State budget constraints (76 percent)
- Reimbursement rates (66 percent)
- Uncertain economic climate (35 percent)
- Capital costs (34 percent)

In contrast, respondents rated the following as not significant barriers:

- Availability of direct service workers (56 percent)
- Transportation (58 percent)

Plans to Expand Services

Many respondents had plans to expand services over the next two years. Specifically, the survey found that:

- The majority (60 percent) of providers plan to expand services.
- Agencies serving community-dwelling individuals (i.e., adult day care providers, home health agencies, personal care agencies, home meal delivery, and DD providers) were most likely to be planning expansions.
- Some adult day care providers plan to expand the daily census by as much as 20 to 50 percent.
- Some personal care providers plan to expand the number of clients served by 10 to 25 percent.
- DD providers were considering expanding shared living arrangements, children and adult residential services, residential and day habilitation services, supported employment, and services for veterans
- Five nursing homes plan to increase the number of skilled nursing and rehabilitation beds: one is exploring a Greenhouse-type facility and two are looking to diversify into home and community-based services.
- One assisted living facility is building a 30-bed facility for individuals with Alzheimer's and other types of dementia.

Hiring and Retaining Direct Service Workers

Although few agencies reported that the "availability of direct service workers" was a significant barrier to expanding agency capacity, responses to another question about the ability to hire and retain direct care workers were different. Certain kinds of agencies reported difficulty in hiring the following kinds of workers:

- **Registered nurse**: 54 percent of personal care agencies, 50 percent of DD services providers, and 48 percent of nursing homes (41 percent of providers overall)
- **Licensed practical nurse**: 39 percent of nursing homes (24 percent of providers overall)
- **Nursing aide**: 75 percent of home health care agencies, 44 percent of adult day care agencies, and 36 percent personal care agencies (20 percent of providers overall)
- **Personal care attendant**: 27 percent of personal care agencies and 25 percent of home health care agencies and (9 percent of providers overall)

Serving Clients with Special Needs

Survey respondents were asked what percentage of their clients had special needs—i.e., a) Alzheimer's disease or other dementias, b) a diagnosis of depression, c) another mental illness

diagnosis, or d) challenging behaviors requiring special care or referrals. Seventy-eight providers (93 percent) reported serving clients with special needs.

Summary of Survey Findings

Responses to the provider survey suggest that there is currently sufficient resource capacity for growth in the long-term services and supports system in Rhode Island. Many providers are actively planning service expansions, particularly community-based services, in response to the aging population and the needs they are seeing firsthand. Providers are concerned about the lack of mental health services and the adequacy of reimbursement rates, as well as the current compensation system for community care workers, in which low wages and limited fringe benefits affect their ability to attract a competent workforce.

Descriptive Data on Medicaid Long-Term Services and Supports

As part of the resource mapping project, the state of Rhode Island asked Hilltop to analyze FY 2008 Medicaid administrative data for long-term services and supports to develop service groupings (e.g., nursing home, hospice, assisted living, adult day care, and home health) that can be used to monitor utilization and expenditures under the Global Waiver. Using these service groupings, the state asked Hilltop to produce data on utilization and expenditures by service for these five populations: children with special healthcare needs, individuals with developmental disabilities, individuals with serious and persistent mental illness, older adults, and adults with disabilities. Also in response to a state request, Hilltop produced a report displaying Medicaid providers by service, number of users of that service and units of service provided, and payments to the provider.

Rebalancing Model

The rebalancing model Hilltop constructed as part of the resource mapping project enables the state of Rhode Island to project spending for institutional versus home and community-based services based on historical trends in utilization, population projections, and assumptions about future service use. The model produces projections in five-year increments through 2030. It is intended to aid the state in modeling the effects of proposed programs and policies that are likely to affect the demand for Medicaid long-term services and supports.

This report presents output from the rebalancing model using baseline assumptions agreed to by Hilltop and the state, as well as projections for eight alternative scenarios. The results are shown in Table ES2. The baseline projection assumes that the state's efforts to rebalance institutional and community-based services and supports will continue such that nursing home use per person will continue to decline and users of home and community-based services will continue to increase. Further details on assumptions can be found in the chapter of this report on the rebalancing model.

In the baseline projection, the state's expenditures for Medicaid long-term services and supports are projected to increase from $768 million in 2010 to $1,486 million in 2030 (an increase of 93 percent). Expenditure projections for the eight alternative scenarios are shown in Table ES2.

These range from the combined "best" scenarios (Alternative 7) with expenditures projected to increase to $1,392 million in 2030 (an 81 percent increase from 2010), to the combined "worst" scenarios (Alternative 8) with expenditures projected to increase to $1,780 million in 2030 (an 132 percent increase from 2010). The alternative "best" scenario combines the most optimistic assumptions, while the alternative "worst" scenario uses the assumptions that are likely to result in highest spending by the state.

Table ES2. Projected Medicaid Expenditures for Long-Term Services and Supports, 2010 – 2030 ($ Millions)

	2010	2015	2020	2025	2030
Baseline Projection	$768	$979	$1,120	$1,315	$1,486
Alternative Scenario 1: Faster Rebalancing	$771	$992	$1,125	$1,322	$1,480
Alternative Scenario 2: Slower Rebalancing	$768	$953	$1,110	$1,303	$1,508
Alternative Scenario 3: Slower Growth in Utilization Because of Demographic Trends	$768	$978	$1,106	$1,287	$1,431
Alternative Scenario 4: Potential Health Reform Expansion of Medicaid Eligibility	$768	$1,009	$1,157	$1,358	$1,534
Alternative Scenario 5: Smaller "Woodwork" Effect	$768	$949	$1,077	$1,247	$1,449
Alternative Scenario 6: Increased Disability in the Under Age 65 Population	$768	$1,000	$1,186	$1,445	$1,715
Alternative Scenario 7: Combined "Best" Scenarios	$768	$944	$1,058	$1,214	$1,392
Alternative Scenario 8: Combined "Worst" Scenarios	$768	$1,031	$1,227	$1,497	$1,780

Recommendations

Based on the findings of the resource mapping project, The Hilltop Institute suggests that the state consider the following:

1. **Develop a comprehensive one-stop system.** Agency staff reported that consumers often do not know how to access long-term services and supports in the state and *The Point's* location and services are not as user-friendly as they could be.[2] To address this concern, the state should continue to develop *The Point* as a one-stop, single point-of-entry system for consumers. These efforts should be coordinated with establishment of the state's new

[2] *The Point: Rhode Island's Resource Place for Seniors and Adults with Disabilities*, the single-point-of-entry system under development in Rhode Island.

ACO under the Global Waiver so that a seamless process for consumer information/referral, screening, options counseling, assessment, service planning, and service delivery results.

2. **Integrate mental/behavioral health and physical health services.** Agency staff voiced concern that the state's systems from providing mental and behavioral health services and physical health services need to be better integrated in order to improve the coordination of services and the quality of care. Agency staff reported an increase in the number of older adults in the community with mental health needs, as well as an increase in patients presenting in emergency rooms with mental and behavioral health issues that would be more appropriately managed through a community-based "medical home." A lack of mental health providers that is evident across all populations and in all care settings compounds this problem. As the state implements the Global Waiver with its goal to provide all Medicaid beneficiaries with a medical home, the state should consider new ways to more effectively integrate mental and behavioral health services into the medical home.

3. **Explore opportunities for integrating long-term services and supports programs across populations and agencies.** Agency staff expressed concern about adults with developmental disabilities who are living longer and developing functional limitations associated with aging. This population will need age-appropriate services and supports and new living arrangements as family caregivers grow older and can no longer serve as caregivers. To address this, the state should consider pursuing more cross-agency efforts to meet the needs of multiple populations, such as recent efforts to promote shared living arrangements. Similarly, programs designed for older adults with physical disabilities (e.g., adult day care) might be adapted to meet the needs of older adults with developmental disabilities. The Global Waiver presents an unprecedented opportunity for such cross-agency collaboration.

4. **Ease the transition of dual eligibles to the community.** Rhode Island has approximately 35,000 individuals who are eligible for both Medicare and Medicaid ("dual eligibles")[3] and the number is likely to grow significantly. Agency staff reported that dual eligibles are not eligible to participate in Rhode Island's Connect Care Choice program, which has been very successful in providing a medical home for Medicaid-only clients and connecting them with support services in the community. Creating a similar program for dual eligibles would help the state achieve its goal of providing a medical home for all clients. This might be accomplished through partnerships with Medicare Advantage Special Needs Plans that operate in the state.

[3] Kaiser Family Foundation statehealthfacts.org. Retrieved February 10, 2010, from http://www.statehealthfactsonline.org/profileind.jsp?ind=303&cat=6&rgn=41

5. **Respond to the needs of young adults with autism spectrum disorder.** Agency staff reported that, in addition to continuing to provide for the needs of the growing population of children with autism spectrum disorder, the state must develop services to support this population as they transition to early adulthood and seek community integration. To address this, cross-agency planning will be required, as well as collaboration with specialty providers in the state. Special programs for this population may be suited to selective contracting arrangements, one of the purchasing strategies the state is pursuing under the Global Waiver.

6. **Consolidate transportation programs for older adults and persons with disabilities.** Agency staff reported that transportation services for older adults and individuals with disabilities lack coordination and are duplicated across agencies. Agencies operate multiple programs with different contractors, contracting methods, and payment rates. Agencies should investigate consolidating transportation services for older adults and individuals with disabilities. This might be done through selective contracting, a purchasing strategy the state is pursuing under the Global Waiver.

7. **Update the rate structure for community services.** Findings from the provider survey suggest that assisted living, home health, and adult day care providers are poised to expand capacity to meet future demand, but are concerned about Medicaid reimbursement rates. Agency staff believe that the state's program to provide enhanced reimbursement to home care agencies that meet national accreditation standards has helped to promote quality and capacity building and that this program might serve as a model for other services. In addition, the state might consider other approaches to incentivize capacity building through the rate structure, such as acuity adjustments, which would encourage providers to care for higher-acuity clients.

8. **Maximize Medicaid reimbursement.** Agency staff reported that certain DCYF services for youth and families currently paid for with state-only funds might be restructured to be Medicaid reimbursable and thus receive the federal match. Agency staff also suggested that Early and Periodic Screening and Diagnostic Testing (EPSDT) funding could be a source of funding for young adults aged 18-21 transitioning from the DCYF system to the MHRH system. The state should consider strategies such as these to maximize Medicaid reimbursement.

9. **Develop an electronic client information system.** Agency staff reported that it can take up to 30 days to obtain a client's records from another agency or program, which stalls placement and flow through the system of long-term services and supports. Agency staff said that an electronic "community support" database that is accessible to all agencies and can "follow the person" across care settings would significantly enhance system efficiency and quality of care. Such a system, which a number of states are implementing, would further the goals of the Global Waiver to create a person-centered approach to efficient service delivery.

10. **Align the agency budgeting process with the state's global budget.** Agency staff reported that the annual budgeting process continues to revolve around individual departmental budgets instead of a global budgeting approach aimed at examining program priorities across agencies and maximizing the use of long-term services and supports funds. The Global Waiver, with its aggregate budget ceiling, provides an opportunity for the state to reexamine the annual budgeting process and encourage cross-agency budgeting aimed at achieving rebalancing goals.

Introduction

In 2006, the Centers for Medicare & Medicaid Services (CMS) awarded the state of Rhode Island a Real Choice Systems Transformation grant. The purpose of Rhode Island's project is to create an easily accessed system of community-integrated services and supports by designing and constructing the needed infrastructure that will enable individuals who are aged or have a disability to:

- Live in the most integrated community setting appropriate to their individual support needs and preferences
- Exercise meaningful choices about their living environment, the providers of services they receive, the types of supports they use, and the manner by which services are provided
- Obtain quality services consistent with individual preferences and priorities[4]

The New England States Consortium Systems Organization (NESCSO) is administering the Real Choice Systems Transformation grant on the state's behalf. NESCSO contracted with The Hilltop Institute at the University of Maryland, Baltimore County (UMBC) to complete a resource map to help guide the transformation process under Objective 1.4.1., "Improving Service Delivery." The contract was approved in the fall of 2008. This work is intended to inform the state's policymaking by providing information on the state's current and projected population requiring publicly financed services and supports and the state's capacity to provide these services. In addition, a tool was to be produced for modeling the effects of changes in policies and programs on projected spending for institutional versus home and community-based services.

This work is particularly important as the state implements the Global Consumer Choice Compact Demonstration, a five-year Section 1115 demonstration approved by CMS on January 16, 2009. The state generally refers to this demonstration as the "Global Waiver." Rhode Island's entire Medicaid program is to be operated under the Global Waiver, with all Medicaid-funded services organized, financed, and operated through the demonstration. Rhode Island's Section 1115 RIte Care and RIte Share programs, the 1915(b) Dental Waiver, and all Section 1915(c) home and community-based services waivers in operation prior to implementation of the Global Waiver are to be terminated. The Global Waiver is designed to provide the state with administrative flexibility along with the ability to further rebalance the system of long-term services and supports. Federal financial responsibilities under the Global Waiver are subject to an aggregate budget ceiling.[5]

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[4] *Rhode Island Real Choice Systems Transformation Project 2009 Annual Report*. Retrieved February 10, 2010, from http://dehpg.net/SysTransformation/pageWelcome.aspx

[5] See letter to Gary Alexander, Secretary OHSS, from Kerry Williams, Acting Administrator of CMS, dated January 16, 2009, and Waiver & Expenditure Authority, Rhode Island Global Consumer Choice Compact Demonstration, 11W-00242/1. Retrieved February 10, 2010, from http://www.eohhs.ri.gov/global/documents/pdf/GlobalWaiverFinal1-09.pdf

This report is organized as follows:

- **Report on Interviews with Rhode Island Agency Staff**. Hilltop conducted a series of interviews with staff members representing the Department of Human Services (DHS), the Department of Elderly Affairs (DEA), the Department of Children, Youth and Families (DCYF), the Department of Mental Health, Retardation and Hospitals (MHRH), and the Department of Health (DOH). Hilltop queried staff about their perceptions of gaps in long-term services and supports and the barriers clients encounter in seeking services in the state.
- **Findings from the Survey of Providers of Long-Term Services and Supports**. Hilltop surveyed Rhode Island providers about services provided, current and future service capacity, barriers to increasing capacity, and the ability to serve clients with special needs.
- **Descriptive Data on Medicaid Long-Term Services and Supports**. Hilltop analyzed Medicaid administrative data to produce reports on the utilization and costs of Medicaid long-term services and supports provided to different population groups, as well as reports on services provided by and payments made to individual providers of long-term services and supports in the state.
- **Rebalancing Model**. Hilltop constructed an interactive model for forecasting Medicaid utilization and costs through 2030 for long-term services and supports under different scenarios, such as increased rates of rebalancing, varying demographic trends, and proposed Medicaid expansions under health reform.
- **Summary and Recommendations**. This final section summarizes Hilltop's findings and provides recommendations for the state.

Interviews with Rhode Island Agency Staff

Interview Process and Topics

The Hilltop Institute conducted interviews with Rhode Island agency staff to discuss their perceptions of gaps in services and barriers clients encounter when seeking community-based long-term services and supports in the state. Hilltop conducted six interview sessions in Rhode Island on April 21-22, 2009, involving 15 agency staff. Hilltop followed this with five additional telephone interviews. Interviewees represented the Department of Human Services (DHS), the Department of Elderly Affairs (DEA), the Department of Children, Youth and Families (DCYF), the Department of Mental Health, Retardation and Hospitals (MHRH), and the Department of Health (DOH). See Appendix 1 for a list of interviewees.

In the interviews, Hilltop's questions focused on the following topics:

- Long-term supports and services programs operated by each agency, including an overview of the target population, services provided, current capacity, future plans, and opportunities and challenges
- Perceived gaps in services and unmet needs experienced by the agency's clients as well as other Rhode Islanders
- Barriers that clients and their caregivers encounter in accessing the state's system of long-term services and support
- Barriers to expanding provider capacity and how the state might incentivize capacity building
- Opportunities and challenges related to long-term services and supports workforce training, recruitment, and retention
- Opportunities presented by the Global Waiver

Interview Findings

The interviews provided many important insights into barriers to improving service delivery, challenges to serving emerging special populations, and administrative barriers to change.

Barriers to Improving Service Delivery

Single Point of Entry

The Point: Rhode Island's Resource Place for Seniors and Adults with Disabilities is the state's "single point of entry" for information and referrals for long-term services and supports. The state hosts a website (http://adrc.ohhs.ri.gov/) and a call-in number (401-462-4444). Interviewees commented that further development of this resource is needed to better serve consumers throughout the state. *The Point* is Rhode Island's Aging and Disability Resource Center (ADRC). While there is a wealth of information on the website, agency staff commented that it is not especially consumer-friendly or easy to navigate. The physical location of *The Point* cannot

accommodate walk-ins, and there is no office address posted on the website. *Regional Points* have been set up at some senior centers and community sites; these provide onsite help and have Community Information Specialists trained by the Department of Elderly Affairs to assist seniors with public benefits and other services.

In September 2009, the U.S. Administration on Aging (AoA) awarded Rhode Island a three-year grant for further development of *The Point* as part of the AoA's most recent grants program to help states fully implement their ADRCs. The objectives of Rhode Island's grant are to incorporate a patient coaching model into options counseling services and person-centered discharge planning, develop and implement a community outreach plan, and evaluate customer satisfaction and the extent to which *The Point* is achieving its goals. This is clearly an opportunity to address interviewees' concerns about access to—and the consumer-friendliness of—*The Point*.

DHS operates a "single point of entry" called *About Families CEDARR Center* that provides access to coordinated services for children with special needs and their families. *About Families* has a website (http://www.aboutfamilies.org), telephone number (401-365-6855), and physical location that prospective clients are encouraged to visit. DCYF staff expressed a need for a similar "single point of entry" for the state's child welfare system.

Providers/Workforce

Agency staff reported a shortage of nursing staff at all levels and particularly with Certified Nursing Assistants (CNAs). Staff said there has recently been an increase in the number of CNA training programs in the state, but nursing degree programs are experiencing a faculty shortage.

When questioned about scope of practice laws for nursing staff, some agency staff believed that more responsibility could be shifted downward to lower-skilled nursing staff; other agency staff did not agree with this and argued for maintaining current scope of practice laws.

Agency staff suggested that Rhode Island's licensing requirements for case managers, social workers, health aides, and medical technicians are more stringent than in some other states and could be eased in order to increase the ranks of these workers while still providing quality care.

Agency staff said that because there are so few dentists in the state who accept Medicaid patients, the state "burns out" participating dentists, especially oral surgeons. Eight federally qualified health centers in the state have dental programs, but their dental budgets are limited.

According to agency staff, because state requirements of providers who participate in the Medicaid program are extensive, an "unlevel playing field" is created with providers who do not participate in Medicaid. Credentialing and licensing procedures for individual behavioral health providers can be especially burdensome (more so than for institutional or group providers) and thus a disincentive for Medicaid participation.

Agency staff reported that to encourage capacity building in home health and adult day care, a 10 percent rate increase was instituted for these services effective July 1, 2008, pursuant to the Perry-Sullivan Act.[6] In addition, the state recently implemented a program that provides enhanced reimbursement to home care agencies that meet national accreditation standards. Approximately 40 of the state's 62 licensed agencies participate in this program and share best practices with one another.

The compensation structure for nursing staff is such that community-based workers are not paid as well as nursing home workers. Adult day care is a state plan service; as such, there are no waiting lists and agency staff report that there seems to be an adequate number of providers in the state. Agency staff report that there are unmet needs for home health care in the southern region of the state (e.g., Newport County, South County/Washington County, and Block Island) because of a lack of home health agencies that serve those regions.

As more older adults and persons with disabilities receive care in the community, agency staff said that the state will need to build more capacity for community-based screening and prevention services, as well as the management of chronic conditions (e.g., diabetes, hypertension, and depression). Building a workforce of nurse care managers was one strategy suggested by agency staff; a second strategy suggested by agency staff was the development of programs that provide individuals in the community with access to a primary care physician.

According to agency staff, chronic hospitals and providers of services for persons with developmental disabilities typically train direct care workers onsite to work with the population served by the particular provider. These workers have some basic training when they are hired (e.g., nursing aide or orderly) and then receive on-the-job training so that they are adequately prepared to care for clients. This contrasts with health and social services workers, who are typically trained through formal training programs and assigned specific task-oriented work without having much on-the-job training specific to the clients they will serve.

The Habilitation Waiver requires participating agencies to have a nurse on staff. Skilled nursing is especially important while transitioning individuals from hospitals and nursing homes to the community. For some agencies, this is a financial hardship and limits their ability to participate in the waiver program. (Note: The Habilitation Waiver is being discontinued with the implementation of the Global Waiver.)

Agency staff said that new models of care are needed for displaced children, children with developmental disabilities, and children with severe emotional disturbance (SEM). These models range from institutional services (which will be needed as long as the courts continue to order institutional care for some children) to group homes and foster care. In July 2009, the state

[6] Rhode Island Long-Term Care Service and Finance Reform, 2006 R.I. Pub Laws, ch. 286. Retrieved from http://www.rilin.state.ri.us/PublicLaws/law06/law06286.htm

launched a new kinship support program to provide support services and respite to grandparents and other extended family members. Agency staff said that the success of such programs depends on careful consideration of the population to be served and evidence-based practices/models of care, as well as licensing requirements, strategies for recruiting providers and caretakers, and child placement policies and procedures.

Transitions

Agency staff expressed the need to team up with hospital discharge departments and nursing homes to develop better programs for transitioning individuals from hospitals and nursing homes to the community. Such programs will require adequate staffing by nurses and social workers. Currently, hospital discharge planners lack incentive and the know-how to send clients anywhere except to a nursing home; in fact, agency staff maintained that it is more work for discharge planners to discharge individuals into the community. Rhode Island's new ADRC grant from the AoA includes a pilot program for a new person-centered discharge planning program.

Ensuring that clients are safe and receiving appropriate care during the transition process is of great concern to agency staff. Many transitioning individuals are very frail and have complicated medical conditions requiring skilled nursing care and other supports—including overnight care—throughout the transition period. In addition, once in the community, connecting with a community-based primary care physician can be a particular challenge, especially for individuals eligible for Medicare and Medicaid ("dual eligibles"). Medicaid-only clients typically have access to primary care physicians through the Connect Care Choice program, a comprehensive care management and wellness program implemented in 2002 as a 1932(a) state plan amendment.

Transition expenses (e.g., rent and security deposits, home modifications, and equipment) are frequently a barrier to helping individuals transition into the community.

Agency staff voiced a need for more programs to assist individuals who are at risk of spending down to Medicaid eligibility if they enter a nursing home. Providing publicly funded services and supports to enable such individuals to remain in the community can help reduce future Medicaid expenditures. An example of such a program is DEA's Co-Pay Program, which is funded wholly by the state and subsidizes home care and adult day care for more than 2,000 individuals each year who meet certain financial and functional eligibility requirements.

Young adults (aged 18-21 years) transitioning into adulthood are often caught between systems. Agency staff maintain that those who age out of the DCYF system have greater access to public services than those who have not been in the DCYF system. Many young adults needing services do not meet the criteria for serious and persistent mental illness (SPMI) in the adult system; instead, they move into the acute care system and eventually end up in Slater Hospital when they might have been served in the community if appropriate services had been available to them. Agency staff suggested that there may be ways to use federal Early Periodic Screening, Diagnosis, and Treatment (EPSDT) funding to bridge the gap for the young adult population.

Housing

Agency staff reported a serious shortage of housing for low-income older adults, individuals with physical and developmental disabilities, and individuals with dementias and co-occurring mental health and substance abuse disorders. There is a waiting list for subsidized housing in the state. Complying with the new, more stringent fire code regulations enacted after the 2003 nightclub fire in Rhode Island presents a barrier to many landlords of smaller group homes and assisted living facilities who might otherwise make more housing available. Agency staff reported that up until about five years ago, the state encouraged the expansion of group homes for persons with disabilities; the state is now encouraging community integration through alternative living arrangements such as supported living, and the number of group homes is declining.

Agency staff reported that, historically, the supply of Medicaid assisted living facilities has been constrained because three facilities that were financed through the Rhode Island Housing and Mortgage Finance Corporation were guaranteed 150 of the 200 Medicaid slots originally allocated under the Rhode Island Assisted Living Waiver. This left only 50 Medicaid slots for other assisted living facilities in the state, which was a disincentive for capacity building and made it difficult for the state to place Medicaid clients. Under the Global Waiver, this allocation system is to be eliminated and Medicaid clients will be able to obtain assisted living services from a broader range of facilities. The state's licensing bureau reports that several new assisted living facilities are being planned and that existing facilities are looking to increase their bed capacity. There is particular interest in adding units to accommodate patients with Alzheimer's disease and other dementias.

Agency staff suggested a review of housing payment rates to identify potential disincentives for capacity building. For example, agency staff reported that total reimbursement for supported housing, which is paid on a fee-for-service basis, can be higher than the per diem rates that the state pays for 24-hour residential services.

Transportation

Agency staff reported that there is no statewide transportation system serving older adults and individuals with disabilities. The existing "system" is a patchwork consisting of the Rhode Island Public Transportation Authority and transportation programs operated by individual state and local agencies (e.g., DEA's RIde program). The agency programs use different contractors, contracting methods, and payment rates, with little or no cross-agency planning and coordination.

Mental/Behavioral Health

The dearth of mental and behavioral health providers in the state is evident across all patient populations and in all care settings. For example, agency staff observed that there is:

- A severe shortage of mental health providers—particularly psychiatrists—who participate in the Medicaid program. Child psychiatrists are particularly in short supply. It can be

difficult to find a Medicaid mental health provider if an individual does not meet the criteria for SPMI.

- Severe shortages of behavioral health staff for the management of clients with co-occurring mental health and substance abuse disorders, individual placement support services, and specialty services. Interventions for many clients cannot be implemented because of the lack of specialty services.
- An increase in the number of patients presenting in emergency rooms with mental and behavioral health issues that would be more appropriately managed by community providers. Homeless clients and those with substance abuse issues come to the emergency room time and again. Agency staff suggested that more programs are needed like the one funded by the Open Society Institute that trains emergency medical technicians to divert clients with substance abuse to treatment facilities.
- An increase in the use of the state's seven community mental health centers by commercially insured patients who have difficulty finding mental and behavioral health providers elsewhere. Agency staff said that this limits the state's "safety net" and the availability of services for Medicaid clients and uninsured patients. Moreover, it requires community mental health centers to devote substantial administrative resources to billing private insurers.
- Low compensation for case managers in community mental health centers that results in high turnover. Centers frequently have three or four case manager positions vacant at one time.
- A shortage of mental health providers that affects continuity of care. For example, a patient under the care of a psychiatrist will miss medications if an appointment is canceled or delayed because of back-ups in the system. Also, if a patient changes programs, he or she must frequently change psychiatrists as well.

Agency staff suggested that finding new ways to increase the flow of clients through the various levels of care within the behavioral health system (i.e., residential treatment centers, supported housing, and community-based care) would do much to improve the access to and quality of services provided. In a system that continually operates at full (or greater) capacity, transitioning clients more efficiently from one care setting to the next (preferably following evidence-based practices) is critical. Recently, MHRH launched a pilot program that replaced the Rhode Island Assertive Community Treatment (RIACT) teams for persons with serious and persistent mental illness, which assigned providers and required a specified number of service hours. Instead, clients in the pilot—which brings together RIACT clients and case management clients—now have access to the entire range of behavioral health services, have their care decisions based on need (using a new assessment instrument), and may keep the same provider as they progress through the system. Agency staff reported that the results of this pilot are promising and MHRH is moving to expand it.

Agency staff also expressed concern about the small group of individuals with severe neurobehavioral issues. Many are violent and all require specialized care. These individuals are often institutionalized because there are no other viable options for care, yet in many cases the institutions are not equipped to meet their needs. Many linger in acute care or chronic hospitals

because nursing homes will not admit them. If they *are* admitted to a nursing home (which is not necessarily an appropriate setting), then they are likely to be there indefinitely. Some are placed in assisted living facilities where they do not receive adequate supervision and care. Agency staff said that specialized programs that more adequately meet the needs of this population are needed. Many children and youth with severe neurobehavioral issues are placed out of state because Rhode Island has nowhere to place them.

Agency staff reported that homeless individuals use substantial Medicaid services and, unlike many other states, Rhode Island does not disenroll such individuals. Improved programs are needed for this population.

Challenges to Serving Emerging Special Populations

Aging of the Population with Developmental Disabilities

In the United States in 1998, there were an estimated 526,000 individuals aged 60 years and older with a developmental disability; this number is expected to double by 2030 as many in this population live longer.[7] As individuals with cognitive disorders grow older, they develop disabilities and limitations associated with aging, such as loss of mobility and incontinence. Many individuals with developmental disabilities rely on their families for support throughout their lifetime. Those who are now in their fifties and sixties are oftentimes still cared for by parents and family members who are even older, and they have not benefited from the services and supports that younger people with developmental disabilities now receive. As this growing population continues to age, new living arrangements will be needed, as well as age-appropriate services and supports.

Agency staff reported that many of the parents were promised group homes for their children with disabilities years ago that never materialized, and the state has tried to introduce shared living arrangements to a mostly unreceptive older generation of parents. Some agency staff suggested devising new strategies to integrate the system of long-term services and supports for persons with developmental disabilities with the system for older adults and those who have physical disabilities, recognizing that this would require changes in the organization and delivery of services, as well as workforce training.

The Approaching Autism Bubble

According to the Centers for Disease Control and Prevention (CDC), about 1 in 110 children in the United States have an autism spectrum disorder.[8] That is, of the estimated 4 million children born in the United States each year, about 36,500 will eventually be diagnosed with an autism

[7] Heller, T., & Factor, A. (2004*). Older adults with mental retardation and their aging family caregivers*. Chicago, IL: Rehabilitation Research and Training Center on Aging with Developmental Disabilities.
[8] Centers for Disease Control and Prevention. Autism spectrum disorders. Retrieved from http://www.cdc.gov/ncbddd/autism/data.html

spectrum disorder. Among individuals aged 0 to 21 years, an estimated 730,000 currently have an autism spectrum disorder.[9]

While agency staff maintained that there is a continuing need to provide services and supports to children and youth with autism spectrum disorder—many of whom are not currently being served—and the state should also address the needs of youth transitioning into adulthood. For example, many who have been diagnosed with Asperger's syndrome are high functioning but lack the social skills needed to find meaningful employment and integrate into the community. Agency staff were also concerned about the availability of autism providers in the state, although there were reports that specialty providers are beginning to establish offices in the state.

Older Adults with Mental Health Needs

An estimated 20 percent of the population aged 50 years and older experience some type of mental health condition, with the most common being anxiety, severe cognitive impairment, and mood disorders such as depression or bipolar disorder. Recent CDC risk surveillance surveys found that, among individuals aged 50 and older, 7.7 percent report current depression and 15.7 percent report a lifetime diagnosis of depression.[10] Mental health is one of the Healthy People 2010 Leading Health Indicators[11] and cannot be ignored when serving older adults and persons with disabilities.

Many agency staff reported that the state's system of long-term services and supports is ill-equipped to meet the mental health needs of older adults. Agency staff said that providers are seeing more and more older adults in the community with mental health issues. These individuals have difficulty getting to community mental health centers. Moreover, the lack of formal programs in the state for integrating mental and physical health care means that needs must be addressed using a case-by-case approach, if needs are addressed at all.

Administrative Barriers to Change

Agency Staffing

Staff from all of the agencies expressed concern about staff reductions over the past few years. Staff retirements, hiring freezes, and attrition have seriously compromised agencies' ability to plan and deliver quality services, as well as implement the new Global Waiver. Many key positions are staffed with contractors and consultants. Agencies have lost not only a significant number of program administrators, case managers, and direct service workers responsible for

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[9] Ibid.
[10] Centers for Disease Control and Prevention and National Association of Chronic Disease Directors. The State of Mental Health and Aging in America. (2009). Issue Brief 1: *What Do the Data Tell Us?;* Issue Brief 2: *Addressing Depression in Older Adults: Selected Evidence-Based Programs.* Atlanta, GA: National Association of Chronic Disease Directors.
[11] U.S. Department of Health and Human Services. *Healthy People 2010*. Retrieved from http://www.healthypeople.gov/lhi/

program management and service to clients, but also policy-level staff with significant expertise and knowledge about the state.

Agency Silos

Agency staff voiced the need to go beyond building bridges to making actual connections across agencies and programs. Examples cited by agency staff include:

- Agencies are looking to work more closely with Medicaid on expanding the definition of Medicaid-reimbursable services in order to stretch their budgets. For instance, DCYF receives Medicaid reimbursement for "family service care coordinators" and would like to be reimbursed for a related service called "parent aide services."
- Cross-agency efforts are needed to develop a seamless system of preventive services for non-Medicaid-eligible children who are at risk of child abuse and neglect and for non-Medicaid-eligible adults at risk of institutionalization.
- Cross-agency efforts are needed to better manage transitions for young adults (aged 18-21) with developmental disabilities and serious emotional disturbance (SED) from the DCYF system to the MHRH system. There are also young adults outside the DCYF system who are in need of services but have difficulty accessing the service system.
- The aging of the population with developmental disabilities will require new service delivery strategies that might be modeled on services and supports for older adults and persons with physical disabilities. This will require cross-agency collaboration.
- The agencies must come together and recognize that there are certain populations that will require institutionalization (e.g., the severely mentally ill and court-ordered residential treatment for children and youth requiring immediate placement) and develop cost-effective ways to provide these services.

Agency staff suggested that another way to encourage cross-agency and cross-program collaboration is to have data "follow the person" electronically across service settings. Agency staff said it can take up to 30 days to obtain a client's records from another agency or program, which stalls placement and "flow" through the system. Staff expressed a need for easy access to client medical, case management, functional assessment, and medication records.

Medicaid Rules and Regulations

Agency staff expressed concern about residency rules for Medicaid programs. Many times individuals are on Medicaid waiting lists while still living in another state. Agency staff also said that it is frequently less expensive for the state to send Medicaid clients out of state for institutional care.

Some agency staff are seeking ways to improve the flow of clients through the system with changes in rules and regulations. An example is the pilot program recently launched by MHRH to replace the Rhode Island Assertive Community Treatment (RIACT) teams. Care decisions are

now being based on need and clients are eligible to receive a full range of services without being restricted to RIACT team staff and services.

Global Budget for Long-Term Services and Supports

Agency staff reported that the state has not yet instituted global budgeting for long-term services and supports; each agency still has its own budget and is subject to its own budget cuts. There is currently no effort to budget for long-term services and supports across agencies.

Global Waiver Implementation

Agency staff repeatedly voiced excitement about the opportunities for cross-agency collaboration on service planning and delivery offered by the Global Waiver. However, agency staff also expressed concern that in implementing the Global Waiver, they are being asked to "build a plane while flying it." They feel that legislators are looking to immediately solve the state's budget shortfall and do not understand the complexity involved in implementing fundamental system change. Agencies are also being asked to deal with major budget cuts for existing programs while the Global Waiver undergoes implementation.

Survey of Providers of Long-Term Services and Supports

Introduction

The Hilltop Institute conducted a survey of Rhode Island providers of long-term services and supports to assess the capacity of providers to meet both current and future demand for services as the population ages and the state looks to restructure the system of long-term services and supports to better meet the needs of Rhode Islanders. The survey queried agencies about specific services provided, current and future service capacity, and barriers to increasing capacity. Also included were questions about the agency's ability to serve clients with special needs and the agency's perceptions of unmet needs. In addition to giving providers a voice in state policy, the survey was intended to help guide capacity-building strategies by the state. Community-based and institutional providers of long-term services and supports across the state were encouraged to participate in the online survey.

Research Questions

The survey addressed the following research questions, which were developed in consultation with state staff:

1. **Current Capacity**: What is the current capacity of providers in Rhode Island to provide long-term services and supports?
    - How many units of service, by type of service, did providers deliver in 2008? Who paid for those services, and what was the average payment rate?
    - How many unduplicated clients did providers serve in 2008, by type of service? Who paid for those services?
2. **Direct Service Workers**: What is the current supply of direct service workers and how difficult is it to recruit and retain them?
    - How many full-time equivalent (FTE) direct service workers did providers employ in 2008 by service type? Could they have served more clients in 2008 with that number of FTEs (i.e., was there additional capacity)? If so, why did the providers report having additional capacity?
    - How difficult is it for providers to hire and retain direct care workers, by type of worker (e.g., registered nurse, licensed practical nurse, nursing aide, personal care attendant, social worker, and case manager)?
3. **Expanding Capacity:**
    - To what extent do providers report that they would be able to expand capacity over the next two years?
    - To what extent are providers actively planning to expand services over the next two years and how?
    - What do providers see as the biggest barrier to expanding capacity?

4. **Waiting Lists:**
    - How many providers reported having a waiting list in 2008?
    - For which services and why was a waiting list needed?
    - How many clients were on the waiting list?
    - How many providers had to decline services in 2008?
5. **Serving Clients with Special Needs**:
    - How many providers served clients with special needs (e.g., dementia, depression, other mental illnesses, or challenging behaviors) in 2008?
    - Of those who did, how did the agency manage these clients? Did the agency provide specialized training for staff? How skilled is the staff in working with such clients?
6. **Access to Other Services:** Do providers have difficulty accessing other services or referrals for their clients?
7. **Providers' Perceptions of Unmet Needs:** What do providers believe are the greatest unmet needs for long-term services and supports?

Methodology

Instrument Development

The Hilltop Institute developed the survey instrument in consultation with state staff and provider associations. The research questions listed above served as a guide to instrument development. Hilltop also researched provider surveys conducted in other states and the relevant literature. The survey instrument can be found in Appendix 2.

The instrument was composed of both quantitative and qualitative questions. Respondents were first asked to identify the services provided by their agency from a list of 28 services. Then a series of questions asked for specific information about only those services that the agency reported providing. Subsequent questions addressed services provided by the agency as a whole. The open-ended format of some of the questions gave respondents the freedom to fully describe their experiences and views.

The survey was constructed as a password-protected online survey and hosted on Hilltop's web servers. A paper version of the survey (Appendix 2) was made available upon request.

Compiling the List of Providers to Survey

To identify providers to survey, Hilltop used three sources: Rhode Island MMIS claims data, licensure data from the Rhode Island Office of Facilities Regulation, and association membership lists. MMIS data served as the primary source, supplemented by licensure data and provider association membership lists. To identify providers of long-term services and supports

in the MMIS data, Hilltop, in consultation with the state, targeted the provider types listed in Table 1.

Table 1. Provider Types Included in Provider Survey

Code	Provider Type
010	Home Health Agency
021	Nursing Home
022	Rhode Island State Nursing Home
026	MR Waiver-Public
027	Hospice
028	ICF-MR Public Facility
029	ICF-MR Private Facility
033	Assisted Living Facility
050	Adult Day Care
054	MR Waiver-Private
072	Personal Care Aide/Assistant
077	Home Meal Delivery
080	Home/Center Based Therapeutic Services
088	MHRH Offline Providers
010	Home Health Agency

Source: Rhode Island MMIS

Hilltop obtained provider information from the websites of provider associations as well as direct contact with association executive directors. The cooperating provider associations were:

- Community Provider Network of Rhode Island (CPNRI)
- Rhode Island Adult Day Services Association (RIADSA)
- Rhode Island Assisted Living Association (RIALA)
- Rhode Island Association of Facilities and Services for the Aging (RIAFSA)
- Rhode Island Health Care Association (RIHCA)
- Rhode Island Partnership for Home Care (RIPHC)

The initial list of providers totaled about 450. This was eventually reduced to a final list of 268 providers after providers with multiple locations in the state were consolidated into a single provider contact.

Provider information collected through the three sources often did not include complete contact information for the agency's chief executive or executive director (i.e., name, title, mailing address, e-mail address, and telephone number), so Hilltop conducted Internet searches and telephoned agencies directly to obtain this information.

Survey Administration

The survey was fielded on July 1, 2009, and completed surveys were requested by July 24, 2009. To encourage participation, the deadline for completion of the survey was extended twice: first to August 15, 2009, and then to August 24, 2009. In addition, Hilltop contacted individual providers by mail, e-mail, and telephone as many as five times each to encourage participation. Hilltop responded to numerous e-mails and telephone calls from providers, offering detailed technical assistance on survey completion. A chronology of mailings to and contact with providers to encourage their participation follows.

July 1, 2009: Hilltop sent out the first mailing. Mailings were sent via the U.S. Postal Service to a total of 290 providers in Rhode Island. The mailings included a letter of introduction from Gary Alexander, Secretary of the Executive Office of Health and Human Services (Appendix 3), and a personalized letter from Hilltop with instructions for logging into and completing the online survey (Appendix 4). Mr. Alexander's letter discussed the purpose and importance of the survey, assured confidentiality of individual responses, and promised participating providers access to survey findings. Hilltop's letter included the provider's unique user name for survey access and instructions on how to contact Hilltop for technical assistance in completing the survey. On this date, Hilltop also e-mailed the associations, requesting that they encourage their members to respond to the survey. Providers were advised that the deadline for completion of the survey was July 24, 2009.

July 7, 2009: Hilltop sent a second, identical mailing to 271 providers with "Second Notice" printed on the top of Mr. Alexander's letter. In this second mailing, some of the providers with multiple locations had been consolidated to reduce the list from 290 to 271. Hilltop also sent e-mails to the provider associations, requesting them to advise their members that the survey had been mailed and encourage them to respond.

July 24, 2009: Thirty-one providers had completed the survey by this date. Hilltop e-mailed 146 non-responding providers for whom e-mail addresses were available to advise them that the survey deadline had been extended to August 15, 2009, and to encourage them to respond.

July 27, 2009: Hilltop followed with a third mailing to the 261 providers who had not yet responded to the survey. The mailing included a cover letter from Hilltop extending the deadline for completion of the survey to August 15, 2009. Included were copies of the prior letters from Mr. Alexander and Hilltop. For letters to agencies returned from the prior mailing, Hilltop attempted to obtain correct addresses for this second mailing.

August 7, 2009: Hilltop e-mailed 56 providers who had accessed the online survey but not yet completed and submitted it. The e-mail message encouraged them to complete the survey. On this same date, Hilltop e-mailed 64 providers for whom e-mail addresses were available and who had not yet accessed the survey. In addition, those 151 providers for whom e-mail addresses were not available were sent a third mailing via the U.S. Postal Service.

August 11, 2009: The state asked Hilltop to extend the deadline to August 24, 2009. Hilltop telephoned 99 providers with no e-mail address on file who had not yet accessed the survey to advise them of the new deadline.

August 12, 2009: At the state's suggestion, Hilltop provided telephone numbers and e-mail addresses for non-respondents to EDS (the state's claims contractor), who were to follow up with the non-respondents. Hilltop e-mailed the associations requesting that they advise their members that the deadline had been extended to August 24, 2009. Hilltop also posted the date extension on the survey website.

August 24, 2009: Final deadline for completion of the survey.

August 28, 2009: Last date that Hilltop accepted completed surveys.

Response Rate

Hilltop requested that agencies operating multiple facilities or providing services in more than one location respond to the survey only once, with responses representing all of the agency's locations. A total of 268 unduplicated providers of long-term services and supports were contacted over the period of July 1, 2009, to August 24, 2009, and encouraged to participate in the survey. Eighty-four providers submitted completed surveys, for a response rate of 31 percent.

Response rates by provider type are discussed below under "Profile of Respondents."

Data Analysis

The online survey instrument was created in Cold Fusion and hosted on Hilltop's web servers. Prospective respondents were given the URL and assigned a unique user identification code for logging in to the survey. All responses were stored in an SQL server back end database. After the final deadline for completion of the survey had passed, response data were exported to Excel for cleaning and analysis.

For those survey questions requesting responses by type of service (i.e., Questions 1, 2, 3, 4, 6, 8, and 9), the data were analyzed by type of service using the 28 services listed in Question 1 of the survey.

For survey questions addressed to providers more generally (i.e., Questions 5, 7, 10, 11, 12, 13, 14, 15, 16, 17, 18, and 19), the data were analyzed by the respondent's "provider type" as recorded in the MMIS data. For this report, Hilltop consolidated some provider types and presents survey data using 11 provider types: adult day care, assisted living facility, home health care, home meal delivery, hospice, DD services, MHRH offline providers, nursing homes, PACE, personal care, and subsidized housing. The footnote to Table 2 below details the provider type groupings.

Some respondents were associated with two or three provider types in the MMIS; in such cases, Hilltop examined the services reported by the provider in Question 1 and selected the provider type that was most representative of the services reported by the provider.

Data Limitations

In interpreting survey findings, limitations of the data should be considered. While the response rate of 31 percent exceeds that for many voluntary surveys of health care providers conducted by state agencies and provider associations, generalizing survey findings to the broader provider population in Rhode Island should be done with caution. In addition, some of the surveys submitted to Hilltop were incomplete (i.e., some providers did not respond to all of the questions), further limiting available data.

The survey was originally intended to provide baseline data for the rebalancing model Hilltop developed for Rhode Island, enabling the state to model the effects of different capacity-building strategies. The survey response rate of 31 percent limits the use of the survey for this purpose.

While Hilltop consulted with the state on the definition of long-term services and supports (and the provider codes that were used to identify survey participants), definitions vary and the survey did not include some provider types that could arguably be considered providers of long-term services and supports.

Findings for providers of services for persons with developmental disabilities (hereafter referred to as "DD Services") must be interpreted with caution. Providers indicated that they found the survey difficult to complete because the survey focus and terminology were not consistent with the DD service system. Because DD providers were frequently assigned two or three provider codes in the MMIS—reflecting the fact that these agencies typically provide a variety of services ranging from residential to day and therapeutic services—provider types were consolidated in analyzing survey data. Just two provider types were used in the analysis: DD Services (includes Home/Center-Based Therapeutic Services, MR Waiver-Private, MR Waiver-Public, ICF-MR Private, and ICR-MR Public) and MHRH Offline Providers. In addition, while the response rate for DD providers was similar to the overall response rate for the survey, it is important to note that only private DD providers participated in the survey. The Rhode Island Community Living and Supports (RICLAS) program operated by MHRH—a single provider that operates 30, or 10.7 percent, of the 280 group homes in the state—did not participate in the survey.

Profile of Respondents

Table 2 shows the survey response rates by provider type. Of the 268 agencies contacted, 84 responded to the survey, for a response rate of 31 percent. The response rate varied by provider type.[12] For example, 56 percent of adult day services agencies responded, while only 14 percent of home health agencies and 14 percent of hospices responded. Twelve percent of assisted living

[12] Presented according to Table 2, which is alphabetical.

agencies responded, representing approximately 12 percent of assisted living beds in the state. Forty-two percent of nursing homes responded, representing 49 percent of nursing home beds in the state. Responses were received from 31 percent of providers of services for persons with developmental disabilities ("DD Services"); state-sponsored RICLAS, which operates 30 group homes in the state, did not participate in the survey.

Table 2. Survey Response Rates by Provider Type

Provider Type	Agencies Contacted	Agencies Responding	Response Rate
Adult Day Services	16	9	56%
Assisted Living Facility	57	7	12%
DD Services*	32	10	31%
Home Health Agency	22	4	14%
Home Meal Delivery	1	1	100%
Hospice	7	1	14%
MHRH Offline Providers	12	6	50%
Nursing Home	79	33	42%
PACE	1	1	100%
Personal Care Aide	37	11	32%
Rhode Island State Nursing Home	1	0	0%
Subsidized Housing	3	1	33%
Total	**268**	**84**	**31%**

* Services for persons with developmental disabilities. Includes RICLAS as well as the following provider types in the MMIS: Home/Center-Based Therapeutic Services, MR Waiver-Private, MR Waiver-Public, ICF-MR Private, and ICF-MR Public.

Table 3 shows the counties served by respondents. In general, providers are available to clients in all counties of the state. Half of the home health agencies and about a third (36 percent) of personal care providers reported serving the entire state. Table 4 shows populations served by survey respondents. Providers reported serving clients with a range of disabilities.

Table 3. Number of Respondents Serving Each County in Rhode Island, by Provider Type (Q. 14)

Provider Type	n	All Counties	Bristol	Kent	Newport	Providence	Washington
Adult Day Care	9	1	2	3	2	6	4
Assisted Living	7	1	2	2	1	5	2
DD Services	10	3	6	9	5	7	6
Home Health Agency	4	2	3	3	2	3	4
Home Meal Delivery	1	1	1	1	1	1	1
Hospice	1	1	1	1	1	1	1
MHRH Offline Providers	6	3	3	6	3	5	4
Nursing Home	33	11	13	15	16	30	20
PACE	1	1	1	1	1	1	1
Personal Care	11	4	7	7	8	7	5
Subsidized Housing	1	0	0	1	0	0	0
Total	**84**	**28**	**39**	**49**	**40**	**66**	**48**

n=number of survey respondents

Note: Agencies reporting serving "All Counties" are also included in the counts for individual counties.

Table 4. Populations Served by Survey Respondents, by Provider Type (Q.15)

Population Groups	Adult Day Care (n=9)		Assisted Living Facility (n=7)		DD Services (n=10)		Home Health Agency (n=4)		Home Meal Delivery (n=1)		Hospice (n=1)	
	Adult	Children	Adult	Children	Adult	Children	Adult	Children	Adult	Children	Adult	Children
Age 65+	9		7		8		4		1		1	
Physical Disabilities	9	0	5	0	9	3	3	1	1	0	1	0
Developmental Disabilities	9	0	2	0	9	5	2	1	1	0	1	0
Mental Illness	8	0	4	0	8	1	2	0	1	0	1	0
Brain Injury	6	0	1	0	7	3	1	0	1	0	1	0
HIV/AIDS	3	0	0	0	0	0	3	0	1	0	1	0
Autism	1	0	0	0	8	5	0	0	1	0	1	0
Medically Fragile	9	0	4	0	5	2	4	0	1	0	1	0
Serious Emotional Disturbance	4	0	1	0	6	2	0	0	1	0	1	0
Technology Dependent	6	0	0	0	4	3	1	0	1	0	1	0
Other	3	0	1	0	2	0	0	0	0	0	0	0

Population Groups	MHRH Offline Providers (n=6)		Nursing Homes (n=33)		PACE (n=1)		Personal Care (n=11)		Subsidized Housing (n=1)	
	Adult	Children	Adult	Children	Adult	Children	Adult	Children	Adult	Children
Age 65+	4		33		1		11		1	
Physical Disabilities	6	0	31	0	1	0	11	6	1	0
Developmental Disabilities	6	0	19	0	1	0	6	6	0	0
Mental Illness	6	0	22	0	1	0	7	2	0	0
Brain Injury	4	3	16	0	1	0	7	5	0	0
HIV/AIDS	1	0	10	0	1	0	8	3	0	0
Autism	5	0	6	0	1	0	4	4	0	0
Medically Fragile	2	0	28	0	1	0	10	6	1	0
Serious Emotional Disturbance	4	0	7	0	1	0	4	2	0	0
Technology Dependent	1	0	6	0	1	0	6	4	0	0
Other	1	0	4	0	1	0	2	0	0	0

n=number of survey respondents

Table 5 shows the number of respondents, by provider type, who serve Medicaid clients. Included as Medicaid providers are agencies in the MMIS and/or agencies reporting Medicaid units of service, revenue, and/or clients in Questions 2, 3, and 4 of the survey. With the exception of three assisted living providers and a subsidized housing provider, all survey respondents serve Medicaid clients.

Table 5. Number of Survey Respondents Serving Medicaid Clients

Provider Type	Number of Respondents	Number Reporting Medicaid Revenue	Percent
Adult Day Care	9	9	100%
Assisted Living	7	4	57%
DD Services	10	10	100%
Home Health Agency	4	4	100%
Home Meal Delivery	1	1	100%
Hospice	1	1	100%
MHRH Offline Providers	6	6	100%
Nursing Home	33	33	100%
PACE	1	1	100%
Personal Care	11	11	100%
Subsidized Housing	1	0	0%
Total	**84**	**80**	**95%**

The survey posed one question to providers as an indicator of financial health: Question 11 asked whether the agency had either incurred a surplus, incurred a deficit, or broke even in 2006, 2007, and 2008. Table 6 summarizes responses by provider type. In 2008, one-third of adult day care providers reported a deficit, down from two-thirds in 2006 and 2007. Half of assisted living providers responding to the question reported a deficit. Home health care providers were evenly divided across surplus/deficit/break even, whereas a third of personal care agencies reported a deficit in 2008. Ninety percent of DD services providers and two-thirds of MHRH offline providers broke even or had a surplus in 2008. Forty-six percent of nursing home providers responding to this question reported a deficit in 2008.

Table 6. Number of Agencies Reporting a Surplus, a Deficit, or Break Even, 2006-2008 (Q. 11)

Service	Operating Results	2006	2007	2008
Adult Day Care n=9	Surplus	1	2	5
	Break Even	2	1	1
	Deficit	6	6	3
Assisted Living Facility n=7	Surplus	2	2	2
	Break Even	2	1	1
	Deficit	2	3	3
DD Services n=10	Surplus	4	4	6
	Break Even	3	4	3
	Deficit	3	2	1
Home Health Care n=4	Surplus	1	0	1
	Break Even	2	1	1
	Deficit	0	2	1
Home Meal Delivery n=1	Surplus	1	1	0
	Break Even	0	0	0
	Deficit	0	0	1
Hospice n=1	Surplus	0	1	1
	Break Even	0	0	0
	Deficit	1	0	0
MHRH Offline Providers n=6	Surplus	2	2	3
	Break Even	2	2	1
	Deficit	2	2	2
Nursing Home n=33	Surplus	9	12	12
	Break Even	1	4	3
	Deficit	17	11	13
PACE n=1	Surplus	0	0	0
	Break Even	0	0	0
	Deficit	1	1	1
Personal Care n=11	Surplus	3	3	5
	Break Even	2	4	2
	Deficit	5	3	4
Subsidized Housing n=1	Surplus	0	0	0
	Break Even	0	0	0
	Deficit	1	1	1

Note: Totals may not sum to "n" (n=number of survey respondents) because some respondents did not respond to Question 11.

Current and Future Capacity to Serve Clients

In Question 1 of the survey, respondents were asked to report which of 28 services their agency provides. Appendix 5 shows, by type of service, total units of service provided, the average payment rate, and the total number of unduplicated clients served by survey respondents. The

data are broken down by type of payer—i.e., Medicaid, other state programs, Medicare, and private insurance or self-pay. In some cases, agencies were only able to report totals (not by payer). For home health, skilled nursing, skilled nursing facility, and rehabilitation therapy, the highest average payment rate is for Medicare. Average Medicaid rates are higher than average state-only rates for adult day care, assisted living, residential habilitation, homemaker services, home health, skilled nursing, rehabilitation therapy, and respite. However, the reverse is true for case management, skilled nursing facility, and personal care.

Table 7 shows, by type of service, staff capacity to serve clients (in terms of FTE direct service workers) and respondents' views on their ability to increase units of service over the next two years. This information comes from Questions 6 and 8 of the survey. Some highlights include:

- With the exception of environmental modifications providers, at least half of the providers of each of the other 27 services reported having the staff capacity in 2008 to have served "a few more" or "a lot more" clients.
- For five services—adult day services, home health services, homemaker services, private duty nursing, and personal care/assistance—50 percent or more of providers reported the ability to increase units of service over the next two years by 10 percent or more.
- Assisted living providers were not as optimistic about capacity as some of the other service providers. Only one of ten said they had the staff capacity to provide "a lot more" services in 2008. One assisted living provider reported the ability to increase units of service by 5 percent in the next two years; two reported the ability to increase units of service by 10 percent.

Table 7. Agency Staffing and the Capacity to Serve More Clients, by Type of Service Provided, as Reported by Responding Providers

Service	n	Total Direct Service Workers (FTEs)	Did your agency have the staff capacity to serve more clients in 2008?			Percent Increase in Units of Service				
			No	Yes, a few more	Yes, a lot more	3%	5%	10%	15%	20%
Adult Day Services	12	111	2	5	5	0	1	2	0	7
Assisted Living	10	115	4	5	1	0	1	2	0	0
Case Management	16	46	3	9	4	0	2	4	0	2
Community Transition Services	5	4	2	3	0	0	1	1	0	0
Congregate Meals	6	24	1	4	1	0	1	1	0	0
Consumer Direction Facilitation/Service Advisement	5	10	2	3	0	0	1	1	0	0
Durable Medical Equipment	4	3	2	2	0	0	1	0	0	0
Environmental Modifications/Home Accessibility Adaptations	2	3	2	0	0	1	0	0	0	0
Fiscal Management/Fiscal Intermediary	5	41	2	2	1	0	0	1	0	0
Habilitation-Day	14	960	3	8	3	1	1	1	3	1
Habilitation-Residential	15	1491	3	9	3	1	3	2	1	0
Home Delivered Meals	3	20	0	1	2	0	2	0	0	1
Home Health Services	15	466	3	8	4	2	2	4	2	1
Homemaker Services	9	261	0	6	3	0	1	3	2	3
Hospice	17	246	4	11	2	1	1	4	0	1
ICF/MR	3	42	0	2	1	0	0	0	0	1
Nursing-Private Duty	6	17	1	5	0	0	0	2	1	0
Nursing-Skilled	18	471	6	10	2	4	1	2	2	2
Nursing Facility-Custodial	22	885	7	11	4	2	1	3	0	1
Nursing Facility-Skilled	34	2,152	11	18	5	3	2	3	0	6
PACE	1	34	0	0	1	0	0	0	0	1
Personal Care/Assistance	12	215	3	5	4	0	0	3	1	2
Personal Emergency Response Systems	6	125	2	0	3	0	0	1	0	0
Rehabilitation Therapy	18	111	7	8	3	3	1	1	0	0
Respite	27	396	8	13	6	0	2	1	2	6
Senior/Adult Companion Services	4	49	1	1	2	0	1	0	0	2
Specialized Medical Equipment and Supplies/Assistive Devices	5	5	2	3	0	0	0	1	0	0
Supported Employment	10	638	2	5	3	1	0	0	2	1
Supported Living Arrangements	5	439	1	2	2	1	0	0	0	1

n=number of survey respondents reporting that their agency provides the service listed.

Agencies reporting that they could have served more clients in 2008 were asked about the reasons for their additional capacity (Question 6 of the survey). Table 8 shows, by provider type, the reasons agencies cited for their additional capacity. The most frequently cited reason was "There are clients who need our services, but state funding is not available to enable us to serve them" (28 respondents). The second and third most cited reasons were "There are not enough clients in our service area who need our services" (16 respondents) and "There are clients who need our services, but they do not have transportation to come to our facility" (12 respondents).

Table 8. Number of Agencies Reporting that They Could Have Served More Clients in 2008, by Reason for Additional Capacity (Q.6)

Reason for Excess Capacity	Provider Type											Total (n=84)
	Adult Day Care (n=9)	Assisted Living Facility (n=7)	DD Services (n=10)	Home Health Care (n=4)	Home Meal Delivery (n=1)	Hospice (n=1)	MHRH Off-Line Providers (n=6)	Nursing Home (n=33)	PACE (n=1)	Personal Care (n=11)	Subsidized Housing (n=1)	
There are not enough clients in our service area who need our services.	2	0	0	2	1	0	0	10	0	1	0	16
There are clients who need our services, but the clients live outside our service area.	1	0	0	3	0	0	0	3	0	2	0	9
There are clients who need our services, but they do not have transportation to come to our facility.	6	0	1	0	1	0	1	1	0	2	0	12
There are clients who have requested our services once they move to the community, but they are having trouble finding housing.	0	0	1	0	1	0	0	0	0	0	0	2
There are clients who need our services, but state funding is not available to enable us to serve them.	2	2	9	1	1	0	4	4	0	5	0	28
Our agency is new and still getting established.	0	0	0	0	0	0	0	1	0	0	0	1
Our agency is not well known.	3	1	1	2	0	0	0	1	0	0	1	9
We are/were waiting for certificate of need (CON) approval.	0	0	0	0	0	0	0	0	0	0	0	0
Business was suspended while we awaited state inspections of licensure reviews.	0	0	0	0	0	0	0	0	0	0	0	0
We experienced problems with facilities and/or equipment that prevented us from operating at full capacity.	0	0	0	0	0	0	0	1	0	0	0	1
We reserve service capacity for certain types of clients and some of that capacity went unutilized.	1	1	1	0	0	0	0	4	0	2	0	9
Other	1	2	2	1	0	1	1	5	1	4	0	18

n=number of survey respondents

Table 9 shows the number of agencies that reported waiting lists, by type of service, as well as the total number of clients on waiting lists.[13] Agencies most frequently reporting waiting lists were nursing facility-skilled (61 percent of respondents providing this service; waiting lists totaling 43 individuals) and nursing facility-custodial (45 percent of respondents; waiting lists totaling 139 individuals). These were followed by 30 percent of assisted living providers reporting waiting lists, totaling 48 individuals. Table10 shows that the most frequently cited reason for waiting lists was "No available beds or housing units," which likely reflects a shortage of beds in nursing and assisted living facilities. Table11 lists the number of agencies, by provider type, that reported having to decline services to prospective client(s) in 2008. Seventy-five percent of home health agencies, 57 percent of assisted living facilities, and 42 percent of nursing homes reported that they declined services.

Table 9. Number of Agencies Reporting Waiting Lists and Number of Clients on Waiting Lists, 2008 (Q. 9)

Service*	n	No. of Agencies with Waiting Lists	Percent of Agencies with Waiting Lists	Total No. of Clients on Waiting Lists**
Adult Day Service	12	2	17%	11
Assisted Living	10	3	30%	48
Habilitation - Day	14	3	21%	14
Habilitation - Residential	15	1	7%	3
Hospice	17	1	6%	2
Nursing - Skilled	18	2	11%	9
Nursing - Private Duty	6	1	17%	2
Nursing Facility - Custodial	22	10	45%	139
Nursing Facility - Skilled	18	11	61%	43
Personal Care/Assistance	12	1	8%	25
Rehabilitation Therapy	18	1	6%	5
Respite	27	2	7%	4
Senior/Adult Companion Service	4	1	25%	2
Supported Employment	10	1	10%	5

n=number of survey respondents reporting that their agency provides the service listed.
* Includes only those services for which waiting lists were reported by respondents.
** This is a sum of waiting list totals reported by respondents. Data have not been unduplicated.

[13] The survey asked about waiting lists in general; it did not specifically ask about waiting lists for Medicaid clients. Some providers may have a waiting list for Medicaid clients but not for Medicare, commercially-insured, or private-pay clients. Because Medicaid payment rates are typically less than other payment rates, many providers limit the number of Medicaid clients that they will accept.

Table 10. Reasons Cited by Agencies for Waiting Lists (Q. 9)

Reason	No. of Responses
Not enough staff available	1
No available beds or housing units	20
Awaiting medical or financial eligibility determination	8
Awaiting a Medicaid waiver slot	2
Other*	3

* Other reasons cited were compatibility with the agency's services, limited space to safely provide the service, and clients who were deemed "clinically inappropriate" for the agency's services.

Table 11. Number of Respondents Reporting Declining Services to Prospective Clients, 2008

Provider Type	n	No. of Agencies Declining Services
Adult Day Care	9	1
Assisted Living Facility	7	4
DD Services	10	3
Home Health Agency	4	3
Home Meal Delivery	1	0
Hospice	1	0
MHRH Offline Providers	6	1
Nursing Home	33	14
PACE	1	1
Personal Care	11	2
Subsidized Housing	1	0

n=number of survey respondents

In Question 7 of the provider survey, respondents were asked how difficult it is to hire and retain registered nurses, licensed practical nurses, nursing aides, personal care attendants, social workers, and case managers. Responses are detailed in Table 12. Highlights include:

- **Registered nurse (RN)**: Personal care agencies, DD services providers, and nursing homes most often reported that it is "difficult" or "very difficult" to hire and retain RNs (54 percent, 50 percent, and 48 percent, respectively, compared to 41 percent of providers overall).
- **Licensed practice nurse (LPN)**: Thirty-nine percent of nursing homes reported that it is "difficult" or "very difficult" to hire and retain LPNs, compared to 24 percent of providers overall.
- **Nursing aide**: Providers experiencing the most difficulty are home health agencies (75 percent "difficult" or "very difficult"), adult day care agencies (44 percent "difficult" or

"very difficult"), and personal care agencies (36 percent "difficult" or "very difficult"). This compares to 20 percent of providers overall.

- **Personal care attendant**: Personal care agencies (27 percent "difficult" and "very difficult") and home health care agencies (25 percent "difficult" and "very difficult") exceed the overall rate of 9 percent for all providers.
- **Social worker and case manager**: Adult day care providers, home health agencies, and personal care agencies reported the most difficulty in hiring these workers.

Table 13 examines the accessibility of services that providers must obtain for their clients, either through contracting or referrals. Respondents were asked to indicate services that their clients need but that the agency either cannot provide or has difficulty obtaining through contracting and referrals. The most frequently cited services were transportation (27 respondents, or 34 percent), mental health (18 respondents, or 21 percent), and behavioral health (17 respondents, or 20 percent).

Table 12. Agencies Reporting Difficulty in Hiring Direct Service Workers, by Type of Worker and Provider Type (Q. 7)

	Adult Day Care		Assisted Living Facility		Home Health Agency		Home Meal Delivery		Hospice		Group Home		MHRH Offline Provider		Nursing Home		PACE		Personal Care		Subsidized Housing		Total	
Type of Worker	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Registered Nurse																								
Very difficult	0	0%	0	0%	1	25%	0	0%	0	0%	3	30%	0	0%	7	21%	0	0%	4	36%	0	0%	19	23%
Difficult	3	33%	1	14%	0	0%	1	100%	0	0%	2	20%	0	0%	9	27%	0	0%	2	18%	0	0%	15	18%
Somewhat difficult	1	11%	0	0%	1	25%	0	0%	1	100%	4	40%	3	50%	10	30%	1	100%	2	18%	0	0%	30	36%
Not difficult at all	5	56%	3	43%	2	50%	0	0%	0	0%	1	10%	2	33%	7	21%	0	0%	3	27%	0	0%	18	21%
Not Applicable	0	0%	3	43%	0	0%	0	0%	0	0%	0	0%	1	17%	0	0%	0	0%	0	0%	1	100%	2	2%
Licensed Practical Nurse																								
Very difficult	1	11%	0	0%	0	0%	0	0%	0	0%	2	20%	0	0%	3	9%	0	0%	2	18%	0	0%	8	10%
Difficult	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	10	30%	0	0%	2	18%	0	0%	12	14%
Somewhat difficult	3	33%	2	29%	1	25%	0	0%	0	0%	2	20%	1	17%	11	33%	0	0%	2	18%	0	0%	22	26%
Not difficult at all	0	0%	3	43%	0	0%	0	0%	1	100%	0	0%	1	17%	6	18%	0	0%	2	18%	0	0%	13	15%
Not Applicable	5	56%	2	29%	3	75%	1	100%	0	0%	6	60%	4	67%	3	9%	1	100%	3	27%	1	100%	29	35%
Nursing Aide																								
Very difficult	3	33%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	3%	0	0%	2	18%	0	0%	6	7%
Difficult	1	11%	0	0%	3	75%	0	0%	0	0%	0	0%	0	0%	4	12%	1	100%	2	18%	0	0%	11	13%
Somewhat difficult	3	33%	1	14%	0	0%	0	0%	1	100%	0	0%	0	0%	19	58%	0	0%	3	27%	0	0%	27	32%
Not difficult at all	2	22%	5	71%	1	25%	0	0%	0	0%	1	10%	0	0%	9	27%	0	0%	3	27%	0	0%	21	25%
Not Applicable	0	0%	1	14%	0	0%	1	100%	0	0%	9	90%	6	100%	0	0%	0	0%	1	9%	1	100%	19	23%
Personal Care Attendant																								
Very difficult	0	0%	0	0%	0	0%	0	0%	0	0%	1	10%	0	0%	0	0%	0	0%	2	18%	0	0%	3	4%
Difficult	1	11%	0	0%	1	25%	0	0%	0	0%	1	10%	0	0%	0	0%	0	0%	1	9%	0	0%	4	5%
Somewhat difficult	2	22%	1	14%	0	0%	0	0%	0	0%	3	30%	0	0%	2	6%	0	0%	1	9%	0	0%	9	11%
Not difficult at all	1	11%	4	57%	0	0%	0	0%	0	0%	0	0%	2	33%	3	9%	0	0%	3	27%	0	0%	13	15%
Not Applicable	5	56%	2	29%	3	75%	1	100%	1	100%	5	50%	4	67%	28	85%	1	100%	4	36%	1	100%	55	65%
Social Worker																								
Very difficult	0	0%	0	0%	0	0%	0	0%	0	0%	1	10%	0	0%	1	3%	0	0%	1	9%	0	0%	3	4%
Difficult	2	22%	0	0%	1	25%	1	100%	0	0%	0	0%	0	0%	2	6%	0	0%	2	18%	0	0%	8	10%
Somewhat difficult	3	33%	1	14%	1	25%	0	0%	1	100%	2	20%	2	33%	14	42%	1	100%	3	27%	0	0%	28	33%
Not difficult at all	1	11%	0	0%	1	25%	0	0%	0	0%	4	40%	1	17%	13	39%	0	0%	2	18%	0	0%	22	26%
Not Applicable	3	33%	6	86%	1	25%	0	0%	0	0%	3	30%	3	50%	3	9%	0	0%	3	27%	1	100%	23	27%
Case Manager																								
Very difficult	0	0%	0	0%	0	0%	0	0%	0	0%	2	20%	0	0%	1	3%	0	0%	1	9%	0	0%	4	5%
Difficult	1	11%	0	0%	1	25%	0	0%	0	0%	1	10%	0	0%	1	3%	0	0%	1	9%	0	0%	5	6%
Somewhat difficult	5	56%	1	14%	0	0%	1	100%	1	100%	2	20%	0	0%	5	15%	1	100%	1	9%	0	0%	17	20%
Not difficult at all	2	22%	0	0%	1	25%	0	0%	0	0%	2	20%	5	83%	4	12%	0	0%	3	27%	0	0%	17	20%
Not Applicable	1	11%	6	86%	2	50%	0	0%	0	0%	3	30%	1	17%	22	67%	0	0%	5	45%	1	100%	41	49%

Table 13. Number of Respondents Indicating that Clients Need Certain Services but the Agency Experiences Difficulty with Contracting and Referrals for Those Services, by Provider Type (Q. 17)

Service	Provider Type											Total (n=84)
	Adult Day Care (n=9)	Assisted Living Facility (n=7)	DD Services (n=10)	Home Health Care (n=4)	Home Meal Delivery (n=1)	Hospice (n=1)	MHRH Providers (n=6)	Nursing Home (n=33)	PACE (n=1)	Personal Care (n=11)	Subsidized Housing (n=1)	
Acute Care Services	1	1	1	0	0	0	1	1	0	0	0	5
Preventive Health Care	1	1	1	0	0	0	1	0	0	0	0	4
Nursing Home	0	1	0	0	0	0	0	0	0	2	0	3
Assisted Living	1	0	1	1	0	0	0	4	0	1	0	8
ICF-MR	0	0	0	1	0	0	0	1	0	1	0	3
Case Management/ Coordination	1	0	0	0	0	0	0	2	0	0	0	3
Personal Care/Assistance	0	0	0	1	0	0	1	1	0	0	0	3
Adult Day Care	0	1	0	1	0	0	0	3	0	2	0	7
Homemaker	0	0	0	0	0	0	1	2	0	1	0	4
Home Health	1	0	0	0	0	0	1	2	0	0	0	4
Respite	1	0	0	0	1	0	1	1	0	2	0	6
Behavioral Health	0	0	2	2	1	0	2	7	0	3	0	17
Mental Health	1	0	3	2	1	0	3	4	0	4	0	18
Substance Abuse	0	0	0	0	1	0	0	1	0	4	0	6
Transportation	5	1	2	1	1	0	4	6	0	7	0	27
Other	1	0	0	0	0	0	0	1	0	1	0	3

n=number of survey respondents

In Question 12 of the survey, respondents were asked about the biggest barriers to expanding capacity on a scale of 1 to 6, with 1 being "not a barrier" and 6 being "a very big barrier." Table 14 summarizes the responses to this question. Appendix 6 provides ratings by provider type. Overall, the most frequently cited non-mutually exclusive barriers reported by agencies were "state budget constraints" (76 percent rated this a 5 or 6) and reimbursement rates (66 percent rated this a 5 or 6). Thirty-five percent of agencies rated "uncertain economic climate" a 5 or 6, and 34 percent rated "capital costs" at the same level. Contrary to responses to other survey questions, 56 percent of respondents said the availability of direct service workers was not a significant barrier and 58 percent said transportation was not a significant barrier (i.e., a rating of 1 or 2).

Table 14. Respondents' Ratings of Potential Barriers to Expanding Agency Capacity, on a Scale of 1 to 6 for Each Potential Barrier (Q. 12)

Potential Barrier	Not a Barrier					A Very Big Barrier
	1	2	3	4	5	6
Availability of direct service workers	42%	14%	12%	14%	12%	6%
Availability of more land or space	58%	10%	8%	5%	7%	12%
Availability of vendors/suppliers	80%	16%	2%	0%	0%	2%
Transportation	50%	8%	18%	8%	7%	8%
Reimbursement rates	10%	2%	10%	12%	14%	52%
State budget constraints	10%	2%	6%	6%	14%	62%
Capital costs	21%	5%	21%	18%	14%	20%
Financing	31%	10%	24%	13%	10%	13%
State regulations	31%	10%	14%	16%	14%	14%
Licensure requirements	44%	14%	17%	7%	11%	7%
Certificate of need regulations	51%	10%	14%	5%	6%	12%
Accreditation requirements	68%	13%	8%	5%	2%	2%
Agency owners	4%	80%	11%	2%	1%	2%
Agency administration	83%	10%	4%	2%	0%	0%
Uncertain economic climate	21%	5%	19%	19%	10%	25%

Note: Percentages may not add up to 100% due to rounding. Respondents were not asked to rank potential barriers, so each potential barrier is independently reported.

Barriers to expanding capacity cited by survey respondents vary by provider type (see Appendix 6). For example:

- **Adult day care providers:** The most frequently cited barriers (i.e., a rating of 5 or 6) were "reimbursement rates" (89 percent); "transportation" (55 percent); and "availability of direct service workers," "capital costs," "financing," and "uncertain economic climate" (33 percent each).
- **Assisted living providers:** The most frequently cited barrier was "state regulations," which three respondents (43 percent) ranked as a 5 or 6. Some respondents said that "reimbursement rates," "state budget constraints," "capital costs," "financing," and "uncertain economic client" were barriers, but the majority did not. All seven respondents

said that "availability of direct service workers" and "transportation" were not barriers at all (a rating of 1).

- **DD Services:** The most frequently cited barriers (i.e., a rating of 5 or 6) were "state budget constraints" (100 percent), "uncertain economic climate" (80 percent), "reimbursement rates" (70 percent), and "capital costs" (60 percent).
- **Nursing Homes:** The most frequently cited barriers (i.e., a rating of 5 or 6) were "state budget constraints" (82 percent), "reimbursement rates" (76 percent), "state regulations" (51 percent), "uncertain economic climate" (39 percent), and "capital costs" (32 percent).
- **Personal Care Providers:** The most frequently cited barriers (i.e., a rating of 5 or 6) were "reimbursement rates" (64 percent), "state budget constraints" (64 percent), and "availability of direct service workers" (54 percent).

Table 15 shows the number of respondents who reported plans to expand services in the next two years (Question 13). Of the 84 agencies that responded to this question, 50 (60 percent) reported plans for expansion. Agencies serving community-dwelling individuals (i.e., adult day care providers, home health agencies, personal care agencies, and home meal delivery) were most likely to be planning expansions, along with DD services and MHRH offline providers.

Question 13 allowed survey respondents to comment on their expansion plans. Comments from adult day care providers indicated plans by some to expand the daily census by as much 20 percent to 50 percent. Some of the personal care providers reported plans to expand the number of clients served by 10 percent to 25 percent. DD services providers are considering expanding shared living arrangements, children and adult residential services, residential and day habilitation services, supported employment, and services for veterans. Five nursing homes said that they were looking to increase the number of skilled nursing and rehabilitation beds, one is interested in exploring a Greenhouse-type facility, and two are looking to diversify into home and community-based services. One assisted living facility reported building a 30-bed facility for individuals with Alzheimer's and other dementias.

Table 15. Number of Agencies with Plans to Expand Services in the Next Two Years, by Provider Type (Q. 13)

Provider Type	n	Agencies Planning Expansions	Percent
Adult Day Care	9	7	78%
Assisted Living Facility	7	3	43%
DD Services	10	9	90%
Home Health Agency	4	3	75%
Home Meal Delivery	1	1	100%
Hospice	1	0	0%
MHRH Offline Providers	6	6	100%
Nursing Home	33	10	30%
PACE	1	1	100%
Personal Care Aide	11	10	91%
Subsidized Housing	1	0	0%
Total	**84**	**50**	**60%**

n=number of survey respondents

Serving Clients with Special Needs

The survey queried providers about the approximate percentage of their clients who have special needs—e.g., Alzheimer's disease or other dementias, a diagnosis of depression or another mental illness, and challenging behaviors that require special care or referrals. Table 16 shows, by provider type, the number of survey respondents who reported serving clients with special needs, the mean percentage of clients with special needs, and the "high" and "low" percentages reported. Subsequent survey questions asked respondents how clients with special needs were managed (Table 17) and whether the agency provided specialized training to its staff to help them better care for these clients (Table 18). Table 19 shows reported staff skill levels in working with clients with special needs.

Overall, 93 percent of survey respondents (78 of 84 respondents) reported serving clients with special needs. All participating adult day care, home health, home meal delivery, hospice, DD services, MHRH offline, PACE, and subsidized housing providers served clients with at least one special need: Alzheimer's disease or dementia; a diagnosis of depression; another mental illness diagnosis; and/or challenging behaviors requiring special care or referrals. A majority of assisted living, DD services, nursing home, and personal care providers reported serving these populations as well.

When asked how clients with special needs are managed, 42 agencies (55 percent of those responding to this question) reported managing clients onsite with staff who are licensed behavioral health providers (Table 17). Twenty-one agencies (28 percent) have onsite staff with little or no training in behavioral health managing clients with special needs. Fifteen agencies (20 percent) reported that they discharge or transfer special needs clients. Thirty agencies (39 percent) refer such clients to offsite behavioral health providers. Seven of the providers who checked the "other" category (see Table 17) commented that clients are managed onsite by the

agency's regular direct support staff who have been specially trained to care for clients with special needs. (Note: Many agencies employ multiple approaches to managing clients with special needs, so the percentages cited above add up to more than 100 percent.)

Table 16. Number of Respondents Reporting Serving Clients with Special Needs and the Percentage of Clients with Special Needs, by Provider Type (Q. 15)

Provider Type		Diagnosis of Alzheimer's or Dementia	Diagnosis of Depression	Another Mental Illness Diagnosis	Challenging Behaviors Requiring Special Care/ Referrals
Adult Day Care (n=9)	No. Respondents with % of clients > 0	9	9	9	6
	Mean % of Clients	54%	27%	21%	33%
	High % of Clients	87%	80%	50%	80%
	Low % of Clients	18%	3%	1%	4%
Assisted Living Facility (n=7)	No. Respondents with % of clients > 0	6	3	4	1
	Mean % of Clients	32%	24%	9%	10%
	High % of Clients	80%	40%	12%	10%
	Low % of Clients	5%	15%	5%	10%
DD Services (n=10)	No. Respondents with % of clients > 0	8	8	9	8
	Mean % of Clients	6%	16%	33%	30%
	High % of Clients	10%	25%	92%	84%
	Low % of Clients	3%	5%	5%	5%
Home Health Agency (n=4)	No. Respondents with % of clients > 0	3	3	2	2
	Mean % of Clients	27%	13%	10%	3%
	High % of Clients	50%	20%	15%	5%
	Low % of Clients	5%	10%	5%	1%
Home Meal Delivery (n=1)	No. Respondents with % of clients > 0	1	1	1	0
	Mean % of Clients	40%	20%	10%	0%
	High % of Clients	40%	20%	10%	0%
	Low % of Clients	40%	20%	10%	0%
Hospice (n=1)	No. Respondents with % of clients > 0	1	1	1	1
	Mean % of Clients	30%	10%	2%	2%
	High % of Clients	30%	10%	2%	2%
	Low % of Clients	30%	10%	2%	2%
MHRH Offline Providers (n=6)	No. Respondents with % of clients > 0	0	6	6	6
	Mean % of Clients	0%	20%	39%	46%
	High % of Clients	0%	30%	70%	100%
	Low % of Clients	0%	2%	15%	20%

Provider Type		Diagnosis of Alzheimer's or Dementia	Diagnosis of Depression	Another Mental Illness Diagnosis	Challenging Behaviors Requiring Special Care/ Referrals
Nursing Home (n=33)	No. Respondents with % of clients > 0	32	31	27	23
	Mean % of Clients	41%	30%	12%	9%
	High % of Clients	95%	95%	62%	25%
	Low % of Clients	10%	5%	1%	1%
PACE (n=1)	No. Respondents with % of clients > 0	1	1	1	1
	Mean % of Clients	25%	30%	15%	2%
	High % of Clients	25%	30%	15%	2%
	Low % of Clients	25%	30%	15%	2%
Personal Care (n=11)	No. Respondents with % of clients > 0	8	7	8	9
	Mean % of Clients	30%	17%	16%	14%
	High % of Clients	70%	40%	40%	40%
	Low % of Clients	1%	2%	1%	1%
Subsidized Housing (n=1)	No. Respondents with % of clients > 0	1	0	0	0
	Mean % of Clients	10%	0%	0%	0%
	High % of Clients	10%	0%	0%	0%
	Low % of Clients	10%	0%	0%	0%

n=number of survey respondents

Table 17. Management of Clients with Special Needs, by Provider Type (Q. 16)

Provider Type	n	Ways of Managing Clients with Special Needs				
		Clients managed by onsite staff who are licensed behavioral health providers	Clients managed by onsite staff who have little or no training in behavioral health	Clients discharged or transferred to another agency or provider	Clients retained but referred to an off-site behavioral health provider	Other
Adult Day Care	8	4	3	1	5	2
Assisted Living Facility	4	1	0	1	3	3
DD Services	10	5	5	0	3	3
Home Health Agency	3	1	1	1	1	1
Home Meal Delivery	1	0	0	0	0	1
Hospice	1	1	0	0	0	0
MHRH Offline Providers	6	2	1	0	1	4
Nursing Home	32	22	9	9	11	8
PACE	1	1	0	0	0	1
Personal Care Aide	9	4	2	2	5	3
Subsidized Housing	1	1	0	1	1	0
Total	**76**	**42**	**21**	**15**	**30**	**26**

n=number of agencies responding to Question 16

Sixty-eight agencies (81 percent) reported providing specialized training to staff responsible for caring for clients with special needs (Table 18). When asked about the level of staff skill in working with clients with dementia, mental illness, and/or challenging behaviors, 42 agencies (55 percent of those responding to this question) said their staff were "highly skilled" and 33 agencies (43 percent) said their staff were "somewhat skilled" (Table 19).

Table 18. Agencies Providing Specialized Training for Staff on Working with Clients with Special Needs, By Provider Type (Q. 16)

Provider Type	n	No. of Agencies Providing Specialized Training
Adult Day Care	9	9
Assisted Living Facility	7	3
DD Services	10	9
Home Health Agency	4	2
Home Meal Delivery	1	1
Hospice	1	1
MHRH Offline Providers	6	6
Nursing Home	33	26
PACE	1	1
Personal Care Aide	11	9
Subsidized Housing	1	1
Total	**84**	**68**

n=number of survey respondents

Table 19. Number of Agencies Reporting Having Staff Skilled in Working with Clients with Special Needs, by Provider Type (Q. 16)

Provider Type	n	Staff Skill Level in Working with Clients with Special Needs			
		Highly Skilled	Somewhat Skilled	Not Very Skilled	Not at all Skilled
Adult Day Care	8	8	0	0	0
Assisted Living Facility	5	1	3	1	0
DD Services	9	6	3	0	0
Home Health Agency	3	0	2	1	0
Home Meal Delivery	1	0	1	0	0
Hospice	1	1	0	0	0
MHRH Offline Providers	6	3	3	0	0
Nursing Home	32	15	17	0	0
PACE	1	1	0	0	0
Personal Care Aide	10	6	4	0	0
Subsidized Housing	1	1	0	0	0
Total	**77**	**42**	**33**	**2**	**0**

n=number of agencies responding to Question 16

Agencies were asked if there were services that their clients need but that the agency either cannot provide or has difficulty obtaining through contracting or referrals. As Table 20 displays, 27 agencies (32 percent) said they had difficulty obtaining transportation for clients, including more than half of the adult day care, MHRH offline, and personal care providers. Seventeen agencies (20 percent) reported difficulty obtaining behavioral health services; eighteen (21 percent) reported difficulty obtaining mental health services.

Table 20. Number of Agencies Reporting that Clients Need Certain Services but the Agency Cannot Provide the Service or Has Difficulty Obtaining the Service through Contracting and Referrals (Q. 17)

Service	Adult Day Care	Assisted Living Facility	DD Services	Home Health Agency	Home Meal Delivery	Hospice
	n=9	n=7	n=10	n=4	n=1	n=1
Acute care services	1	1	1	0	0	0
Preventive health care	1	1	1	0	0	0
Nursing home	0	1	0	0	0	0
Assisted living	1	0	1	1	0	0
ICF-MR	0	0	0	1	0	0
Case management/care coordination	1	0	0	0	0	0
Personal care/assistance	0	0	0	1	0	0
Adult day care	0	1	0	1	0	0
Homemaker	0	0	0	0	0	0
Home health	1	0	0	0	0	0
Respite	1	0	0	0	1	0
Behavioral health	0	0	2	2	1	0
Mental health	1	0	3	2	1	0
Substance abuse	0	0	0	0	1	0
Transportation	5	1	2	1	1	0
Other	1	0	0	0	0	0

Service	MHRH Offline Provider	Nursing Home	PACE	Personal Care	Subsidized Housing	Total
	n=6	n=33	n=1	n=11	n=1	n=84
Acute care services	1	1	0	0	0	5
Preventive health care	1	0	0	0	0	4
Nursing home	0	0	0	2	0	3
Assisted living	0	4	0	1	0	8
ICF-MR	0	1	0	1	0	3
Case management/care coordination	0	2	0	0	0	3
Personal care/assistance	1	1	0	0	0	3
Adult day care	0	3	0	2	0	7
Homemaker	1	2	0	1	0	4
Home health	1	2	0	0	0	4
Respite	1	1	0	2	0	6
Behavioral health	2	7	0	3	0	17
Mental health	3	4	0	4	0	18
Substance abuse	0	1	0	4	0	6
Transportation	4	6	0	7	0	27
Other	0	1	0	1	0	3

Unmet Needs

Question 18 of the survey asked respondents, "As the number of older adults increases, what do you believe will be the greatest unmet need for long-term supports and services?" Question 19 invited respondents to provide additional comments on any of the topics covered in the survey. Some highlights from these open-ended questions follow.

- ***Adult day care:*** These providers cited a shortage of assisted living facilities that accept Medicaid clients; the need for enhanced home and community-based services; a shortage of transportation to enable individuals to access community services; appropriately trained direct service workers; inadequate reimbursement rates; and insufficient funding to incentivize the delivery of quality adult day care. Providers expressed concern about a lack of understanding among policymakers and the public about the nature and benefits of adult day care—i.e., it is not "baby sitting" or a substitute for senior centers, but rather a cost-effective means for providing quality health and social services for older adults and individuals with disabilities in a safe and supportive environment. Providers also voiced concern about the number of providers entering the field without adequate regulatory oversight. Providers believe that introducing an acuity-based Medicaid reimbursement system and increasing overall reimbursement would help "level the playing field" with other providers of long-term services and supports. This, in turn, would help decrease staff turnover, enhance continuity of care, and increase quality of care.
- ***Assisted living facilities:*** This group highlighted the need for Medicaid-financed assisted living services for clients with dementia; more mental health services; more smaller, home-like assisted living options for clients who do not care for large hotel-like settings; and financial and other incentives that will help smaller providers survive.
- ***Home health agencies:*** These agencies cited a need for more mental health services; greater attention to providing adequate reimbursement and ensuring safety as more sick and frail clients are discharged to the community from hospitals and nursing homes; adequately trained direct service workers; and public funding to support an increased need for home and community-based services.
- ***DD services providers:*** These providers cited a need for appropriate residential settings for young adults with severe physical and mental/behavioral health challenges who have "aged out" of programs for children and youth and for whom nursing homes and supported living arrangements are not appropriate; a need for adequate funding for services that can help clients stay in their own homes with their families, including respite services and services for parents of adults with developmental disabilities; and programs that address evolving housing needs, socialization, employment, and "uncharted" health needs (e.g., programs for individuals with Down syndrome who have developed Alzheimer's disease or dementia) as many in the population with developmental disabilities live longer. One provider suggested that the state consider multi-purpose licenses for providers to give them more flexibility to serve multiple populations.

- ***Nursing homes:*** These providers cited a need for more psychiatric, behavior management, and substance abuse services; inadequate reimbursement to care for higher-acuity patients and particularly those requiring 24-hour care and supervision; a need for more skilled nursing staff at all levels; a need for more regulation of home-based care for individuals who would otherwise be in a nursing facility; and inadequate funding to provide the level of care that individuals need. Nursing home providers also expressed concern about state regulations for admitting Medicaid clients to nursing homes, saying that many clients who need nursing home care will not be able to obtain it and are likely to instead be admitted to assisted living facilities that are not equipped to care for them. Some nursing home providers were critical of state policies that allow poor-performing facilities to continue to operate (e.g., the moratorium on new beds and paying for beds that are out of service), saying that the state should encourage poor-performing homes to close and high-quality facilities to expand. Nursing home providers, also concerned about the multitude of waivers and transition programs to navigate when discharging patients, suggested that these services be consolidated administratively with a single entry point. One suggestion was to allow PACE to refer clients to assisted living facilities in addition to nursing homes, as some PACE clients now in nursing homes could be better served in assisted living facilities.
- ***Personal care agencies:*** These agencies cited a need for transportation for clients, particularly to medical appointments; a need for more direct care workers; inadequate reimbursement; and a need to integrate social workers into the care management team. Agencies believe that the compensation system for personal care workers needs to be restructured: hourly rates are too low to attract workers and many workers receive state assistance for housing, health care, child care, etc., and are unwilling to risk losing this assistance by working more hours. Given low reimbursement rates, agencies expressed concern about their ability to provide health insurance to workers as required by federal health reform legislation under consideration by Congress.

Conclusion

Responses to the provider survey suggest that there is currently sufficient resource capacity for growth in the long-term services and supports system in Rhode Island. Many providers are actively planning service expansions, particularly community-based services, in response to the aging population and the needs they are seeing firsthand. Providers are concerned about the lack of mental health services and the adequacy of reimbursement rates, as well as the current compensation system for community care workers, in which low wages and limited fringe benefits affect their ability to attract a competent workforce.

Descriptive Data on Medicaid Long-Term Services and Supports

As part of this resource mapping project, the state of Rhode Island asked Hilltop to analyze FY 2008 Medicaid administrative data to address the research questions below. This analysis used the service groupings in Appendix 7 that were developed in consultation with the state.

Research Questions

1. How do utilization and expenditures for Medicaid long-term services and supports differ for these populations: children with special needs, individuals with developmental disabilities, individuals with severe and persistent mental illness (SPMI), older adults, and other adults with disabilities?
2. How many different types of long-term services and supports (e.g., nursing home, hospice, assisted living, adult day, home health) do individuals in each population use throughout the year and what is the distribution of users by their expenditures for long-term services and supports?
3. Within each population, which pairs of long-term services and supports are most frequently used by an individual?
4. Within each service grouping, which providers delivered services to Medicaid clients, how many unique individuals did each provider serve, how many units of service did the provider deliver, and how much was the provider paid by Medicaid?

Data Sources

For the resource mapping project, EDS provided Hilltop with Rhode Island Medicaid MMIS data for FY 2006 to FY 2008. The September 2009 data pull from EDS captured claims data for all individuals who, at some point during the period of FY 2006 to FY 2008, had at least one claim for either institutional services or home and community-based services. The data were refined further by keeping only those claims with a "long-term services and supports" category of service. (See Appendix 8 for the data request specifications.) This analysis examined FY 2008 data only.

Methodology

Hilltop used the following criteria for defining population groups:

- **Children with special healthcare needs**: Anyone under the age of 21 at the end of FY 2008.
- **Individuals with developmental disabilities**: Individuals receiving an MR/DD service, as defined by an MMIS category of service of 903, 913, 2605, or 2702 or a procedure code of X9999 and did not meet the criteria for "children with special needs."
- **Individuals with SPMI**: Individuals receiving an SPMI service, as defined by an MMIS procedure code of H2017, H2018, X0341, X0137, H0036, X0138, X0342, or X0343 or a

procedure code of H0040 with a modifier of TF and did not meet the criteria for any of the above groups (i.e., children with special needs, individuals with developmental disabilities).

- **Older adults**: Individuals aged 65 and older at the end of FY 2008 who did not meet the criteria for any of the above groups (i.e., children with special needs, individuals with developmental disabilities, individuals with SPMI).
- **Adults with disabilities**: Any individual who used a long-term service or support but did not meet the criteria for any of the above groups (i.e., children with special needs, individuals with developmental disabilities, individuals with SPMI, and older adults).

A hierarchical process was used to assign population groups at an individual level so that each recipient was only included in one population during the reporting period. The logical groupings are outlined above. Individuals are grouped into the first applicable population type.

To complete the analysis, claims, eligibility, and provider data were pulled from the September 2009 data pull received from Rhode Island. Once the data were prepared for analysis, individuals were assigned a population type based on the logic described above. Provider information was brought in from an external database. Multiple univariate and bivariate analyses were then conducted in order to create the output described below.

Output

The data generated by this analysis can be found in the appendices as follows:

- Appendix 9: Expenditures, Units of Service, and Unique Users by Population, FY 2008
- Appendix 10: Distribution of Long-Term Services and Supports Users by Number of Services Used and Long-Term Services and Supports Spending, FY 2008
- Appendix 11: Most Frequently Used Pairs of Long-Term Services and Supports, FY 2008
- Appendix 12: Number of Users, Units of Service, and Payments by Medicaid Provider, FY 2008

Rebalancing Model

The interactive, Excel-based rebalancing model Hilltop constructed as part of this project enables the state of Rhode Island to project utilization and expenditures for Medicaid long-term services and supports. The model projects spending for institutional versus home and community-based services based on historical trends in utilization, population projections, and assumptions about future service use. The model is designed to produce projections in five-year increments through 2030. It is intended to aid the state in modeling the effects of proposed programs and policies that are likely to affect the demand for Medicaid long-term services and supports.

This report presents output from the rebalancing model using baseline assumptions developed by Hilltop. In addition, output is presented using eight alternative scenarios that show the effect on the projections of varying assumptions in the baseline model such as trends in disability, service utilization, and inflation in payment rates.

At the conclusion of the rebalancing project, Hilltop will turn over the Excel-based rebalancing model to the state for its own use. This will enable the state to model additional scenarios as new programs and policies are considered.

Data Sources

To develop the rebalancing model, Hilltop used Rhode Island Medicaid MMIS data for the three years (FY 2006 to FY 2008). This analysis used the service groupings in Appendix 7 that were developed in consultation with the state. The data were pulled by EDS in September 2009 and captured claims data for all individuals who, at some point during the period of FY 2006 to FY 2008, had at least one claim for either institutional or home and community-based services. The data were refined further by keeping only those claims with a "long-term services and supports" category of service. See Appendix 8 for data request specifications.

For population projections, Hilltop used the standard set of population projections found in *Rhode Island Population Projections: State, County, and Municipal 2000-2030*, dated August 2004 from the Rhode Island Department of Administration.

Projections for wage growth from the Social Security Trustees' annual report for 2009 were used to project inflation in payment rates.

In addition, Hilltop consulted the research literature in choosing assumptions for baseline projections and alternative scenarios. References are provided in Appendix 13.

Model Assumptions

The assumptions in the rebalancing model fall into three categories:

- **Mechanical Model**: The mechanical model is included primarily for reference; it forms the skeleton for the projections assuming current patterns of service use by age group remain the same in future years.

- **Baseline Model**: The baseline model is the "base," or primary projection. It incorporates projected shifts in patterns of long-term services and supports use based on reasonable assumptions about demographics and changes in service utilization and expenditures. It assumes a continuation of current trends in "rebalancing."
- **Alternative Scenarios**: The eight alternative scenarios incorporate different assumptions for key elements used in the baseline model. These are intended to illustrate the effects of varying utilization patterns and potential changes in policy.

Definitions

Definitions for rebalancing model components are provided in Table 21.

Table 21. Definitions Used in the Rebalancing Model

Component	Definition
Year or FY	Rhode Island fiscal year; e.g., FY 2008 = July 1, 2007, through June 30, 2008.
Base Year	FY 2008, the most recent year of actual data used in the model
Users	The number of unduplicated people using a service at some time during the year. Users are defined for each service, age group, and year.
Population	The number of RI residents in a given age group for a given year; this is based on the population projections found in *Rhode Island Population Projections: State, County, and Municipal 2000-2030*, dated August 2004, from the Rhode Island Department of Administration.
Units	Aggregate units used by all users in the year; this is defined by service, age group, and year. What "unit" specifically represents differs from service to service. For institutional services, a "unit" most often represents a day of service. For other services the definition varies (e.g., 15 minutes, hour, month, visit, or item).
Spending	Total Medicaid spending as defined in the MMIS claims files in the year. In historic years (FY 2006 – FY 2008), spending is aggregated for each service and age group. In projected years, spending is estimated for each service and age group.
Payment per Unit	Spending divided by units; this is defined for each service, age group, and year.

Overview of Models

Mechanical Projection Model

The Mechanical Model projects future service use and spending if patterns of service use for each age group were the same in future years as currently. Specifically:

- The Mechanical Model assumes that future patterns of use, by age group, are the same as in FY 2008.
- The only changes in service use and spending over time result from population growth, changes in the age distribution in the population, and inflation in payments per unit of service.

Table 22 lists specific assumptions for the Mechanical Model. The Mechanical Model was used as a basis for constructing the Baseline Projection Model described below and will not be discussed further in this report.

Table 22. Mechanical Model Assumptions

Model Component	Assumption
Projected population, each age group	Rhode Island population projections from the Rhode Island Department of Administration's 2004 report *Rhode Island Population Projections: State, County, and Municipal 2000-2030.* Years between 2005 and 2010 interpolated.
User rate for each service and age group	Same in future years as in the average of the three historic years (FY 2006 – FY 2008).[14]
Units per user for each service and age group	Same in future years as in the base year (FY 2008).
Payment per unit for each service	Assumed to increase because of inflation. Specifically, grows annually after the base year (2008) by the estimated rate of growth in average wages based on the 2009 Social Security Trustees' annual report (Board of Trustees, 2009). The increase in payment per unit compared with the prior year is projected to be the following: 2009 0.7% 2010 3.4% 2011-2015 4.1% 2016-2020 3.8% 2021-2030 3.9%

[14] Average of three historic years is calculated for each service and age group as:
(Users 2006 + Users 2007 + Users 2008)/(Population 2006 + Population 2007 + Population 2008).

Baseline Projection Model: Assumes Rebalancing Continues

In the Baseline Projection Model:

- Future patterns of use reflect projected "rebalancing"—that is, a shift to proportionately less use of institutional services (in particular, nursing home services) and more home and community-based services.
- Nursing home use per person in the population (that is, the nursing home user rate) is assumed to decline over time.
- User rates for use of other institutional services (i.e., MR and MH institutional services) are held constant at current user rates. It is assumed that reductions in user rates for institutional MR and MH services have already occurred, so future rates of institutional and home and community-based service use for MR and MH services will be similar to current rates.
- The number of users of home and community-based services are assume to increase by more than the decrease in the number of nursing home users because expanded home and community-based services will attract some users who previously would not have used nursing home services (sometimes referred to as the "woodwork" effect).
- The average acuity of nursing home users is assumed to increase because the individuals "diverted" to home and community-based services (that is, the individuals who otherwise would have used nursing home services) are, on average, less acute than the other nursing home users. To estimate this effect, the baseline model includes an "intensity factor for nursing home," which increases payments per unit.
- The individuals "diverted" to home and community-based services are assumed to have higher average acuity than other home and community-based services users. This is estimated with an "intensity factor for home and community-based services," which increases average units per user.

Table 23 lists specific assumptions for the Baseline Projection Model.

Table 23. Baseline Projection Model Assumptions

Model Component	Assumption
Projected population, each age group	Rhode Island population projections from Rhode Island Department of Administration (2004). Years between 2005 and 2010 were interpolated.
User rate for nursing home, all age groups	Assume 3% decrease annually from base year. This is based on the recent trend in Rhode Island. The historic data used for the model indicate that the nursing home user rate decreased an average of about 3% per year between FY 2006 and FY 2008. This appears to be a continuation of a longer trend; specifically, a recent Rhode Island report indicates that the number of nursing home users declined at an average annual rate of about 3% over the 2002 to 2008 period (Rhode Island Department of Human Services, 2009).

Model Component	Assumption
User rate for "MR Facility" and "MH Facility" services	Same in future years as in the average of the three historic years (FY 2006-FY 2008).
User rate for non-MR home and community-based services[15]	The user rate increases annually by two factors: • "Diversion" component: This part of the increase in the number of users is the same (by age group) as the decrease in the number of nursing home users. ("Increase" and "decrease" are relative to the Mechanical Model.) • "Woodwork" component: In addition to "diverted" users, it is assumed that additional individuals will use home and community-based services. The Baseline Projection Model assumes that the ratio of "woodwork" users to "diverted" users will be 1 to 1 through 2015; that is, for every person who is "diverted" from a nursing home, there are 2 home and community-based services users (a "diverted" user and a "woodwork" user). The ratio will decline to 0.5 to 1 after 2015 through 2025, and to 0.25 to 1 after 2025 through 2030. Several research studies informed estimates of the woodwork effect. [16]
User rate for "other" home and community-based services (that is, the home and community-based services that are not included in non-MR home and community-based services above)	Same in future years as in the average of the three historic years (FY 2006-FY 2008).
Units per user for each service and age group	Same in future years as in the base year (FY 2008), except for non-MR home and community-based services, which additionally increase by an "intensity factor for home and community-based services." Specifically, the intensity factor for home and community-based services increases units per user (for

[15] "Non-MR" home and community-based service amounts were estimated by excluding the following categories of service from total home and community-based services: MR Waiver Services and MHRH Off-line Providers; and by including only the portion of durable medical equipment attributable to aged and disabled waiver programs (specifically, "DME A&D Waiver," "DME DEA Waiver," and "DME PARI Waiver"). The estimated portion of durable medical equipment attributable to aged and disabled waiver programs is 34 percent, based on data from FY 2008.

[16] The literature reports significant evidence of a "woodwork" effect. The woodwork effect appears to be greater when home and community-based services systems are in early stages of development and can be low in developed home and community-based services systems. This is consistent with empirical findings that expanding home and community-based services does not reduce total long-term care spending or may not reduce it for several years. In the state of Washington, which has a developed home and community-based services system, evidence indicates that between 1999 and 2005, for every 1 person "diverted" from a nursing home, there were 1.6 home and community-based service users (calculated based on data in SEIU Healthcare, 2009, Table 1). For additional information, see the following references in Appendix 13: Doty, 2000; Grabowski, 2006; Kaye, LaPlante, & Harrington, 2009; Mollica et al., 2009; SEIU Healthcare, 2009; and Weiner et al., 2004).

Model Component	Assumption
	non-MR home and community-based services) to reflect the following assumption: the "new" home and community-based services users who are "diverted" (from nursing home use) are assumed to have average units per person that are 20 percent greater than the average units per person among other home and community-based services users.[17]
Payment per unit for each service	Payments per unit increase for all services by inflation (i.e., payments per unit increase at the rate of wage growth; this is the same as in the Mechanical Model). In addition, for nursing home services, payments per until also increase by an "intensity factor for nursing home" to account for an increase in average acuity of nursing home users as the nursing home user rate declines. The underlying assumption behind the intensity factor is that the average payment per unit for the nursing home residents who are "diverted" to home and community-based services in the Baseline Projection Model is approximately 80 percent of the average payment per unit would be for all nursing home residents if there were no decline in the nursing home user rate. Note: The two factors that affect payment per unit for nursing homes are multiplicative; that is, the inflation factor is multiplied by the intensity factor to compute the combined effect.

Alternative Scenario 1: Faster Rebalancing

This scenario assumes that the state implements policies to promote faster rebalancing than in the Baseline Projection Model. As a result, the nursing home user rate decreases faster than in the Baseline Projection Model and non-MR home and community-based services increases more rapidly.

Specifically, this scenario differs from the Baseline Projection Model as follows:

- The user rate for nursing home services is assumed to decrease by 4 percent annually (compared to 3 percent in the Baseline Projection Model). Based on the experiences in other states, this is an especially rapid, but possible, rate of decrease. For example, two

[17] The "other" home and community-based services users are individuals who would have used these services even without rebalancing—plus the "woodwork" users (who are assumed to have the same average units per user as the Mechanical Model users).

states considered to be leaders in rebalancing efforts experienced average annual decreases in nursing home user rates between 1999 and 2005 of 3 percent (Washington) and 4 percent (Oregon).[18]

- Some other components adjust within the model using the same logic as in the Baseline Projection Model. Specifically, the user rate for non-MR home and community-based services increases more rapidly than in the Baseline Projection Model, consistent with Scenario 1's faster rebalancing. In addition, intensity factors for nursing home and non-MR home and community-based services adjust to reflect more rapid rebalancing.

Alternative Scenario 2: Slower Rebalancing

Alternative Scenario 2 is similar to Alternative Scenario 1, except that it assumes slower rebalancing. Specifically, the user rate for nursing home services is assumed to decrease by 1 percent annually (compared to 3 percent annually in the Baseline Projection Model and 4 percent in Alternative Scenario 1); consistent with slower rebalancing, the growth in home and community-based services is slower in Scenario 2 than in the Baseline Model or Scenario 1. Although the Baseline Model's assumption of a 3 percent annual decrease in nursing home user rate is consistent with recent trends in Rhode Island, it may be difficult to maintain that pace of change. Scenario 2 assumes rebalancing would continue, but at a slower pace than in the Baseline Model.

Alternative Scenario 3: Slower Growth in Use of Medicaid Long-Term Services and Supports Because of Demographic Trends

This scenario assumes that user rates among older adults (aged 65 and older) gradually decline to reflect lower rates of eligibility for Medicaid long-term services and supports in this population. Such a decrease in utilization could occur because of declines in age-specific disability rates, increasing income and assets, or a combination of these factors.[19] Specifically, this scenario assumes user rates decline by 0.5 percent per year for all age groups aged 65 and older.

All other assumptions are identical to those for the Baseline Projection Model.

Alternative Scenario 4: Potential Health Reform Expansion of Medicaid Eligibility

This scenario increases user rates among adults younger than age 65 to estimate the effects of expanding eligibility for Medicaid under health reform proposals under consideration by the U.S. Congress. In addition to increased eligibility for the population aged 20-64, this scenario assumes slightly expanded eligibility for the population aged 65 and older because of provisions in proposed legislation such as those requiring spousal impoverishment protections to be similar

[18] Calculated using data from SEIU Healthcare (2009), Table 1.
[19] For a review of the literature on disability trends among the older population, see Freedman, Martin, & Schoeni, 2002, in Appendix 13.

for users of both home and community-based services and nursing homes,[20] and because expanded Medicaid eligibility for younger adults is likely to increase enrollment among eligible people at older ages.

The estimates are a rough approximation: we do not analyze a specific health reform proposal and do not have sufficient information to produce a specific analysis of the potential effects of health reform proposals. Rather, we rely on rough approximations of how health reform may expand the proportions of people using Medicaid long-term services and supports by broad age groups.

Specifically, this scenario differs from the Baseline Projection Model as follows:

- The user rate for all services is increased by 10 percent for ages 20-64 compared to Baseline. A recent study examining the potential effects of health reform proposals on the states estimated that in Rhode Island, Medicaid enrollees under age 65 would increase by about 30 percent, with enrollment of children in Medicaid/CHIP not being affected).[21] In Alternative Scenario 4, it is assumed that new Medicaid enrollees under health reform would be less likely, on average, to use long-term services and supports; thus, the user rate in this scenario is increased by a smaller percentage than the increase in enrollment.
- The user rate for individuals aged 65 and older is increased by 1 percent compared to the Baseline Projection Model. This small expansion reflects potential expansion of eligibility under health reform and an assumption that increases in eligibility among people under age 65 will lead to reductions in the proportion of people aged 65 and older who do not enroll in Medicaid although they would be eligible.

Alternative Scenario 5: Smaller Woodwork Effect

This scenario assumes a smaller "woodwork" effect than in the Baseline Projection Model. This could occur if the state were to develop programs that more effectively target home and community-based services benefits to individuals at highest risk of nursing home use. Research indicates that states with developing home and community-based services systems can expect some woodwork effect as individuals with previously unmet needs begin to use home and community-based services. Among states with "developed" home and community-based systems, recent experience is mixed: data indicate that between 1999 and 2005, Washington experienced a woodwork effect but Oregon did not.[22] In this scenario, it was assumed that there would be a decline over time in the woodwork effect as Rhode Island's home and community-based services system becomes more developed.

[20] The SCAN Foundation, 2010. (Appendix 13.)
[21] Holahan & Blumberg, 2010. (Appendix 13.)
[22] SEIU Healthcare, 2009. (Appendix 13.)

Specifically, this scenario varies from the Baseline Projection Model as follows:

- This scenario assumes that the ratio of "woodwork" home and community-based services users to home and community-based services users "diverted" from nursing homes decreases more rapidly over time than in the Baseline Projection Model. Specifically, the ratio is 1 to 1 through 2010; 0.5 to 1 from 2011 through 2015; and 0.1 to 1 from 2016 through 2030. In contrast, the Baseline Projection Model assumes the ratio of "woodwork" users to "diverted" users of home and community-based services decreases from 1 to 1 through 2015 to 0.25 to 1 after 2025.

Alternative Scenario 6: Increased Disability Among the Under Age 65 Population

This scenario increases user rates to reflect an assumption of increasing disability among people under age 65. Recent studies of disability among younger cohorts have found recent increases in disability rates among adults under age 65.[23] This scenario assumes the trend of higher disability among younger cohorts will continue. In addition, as the under age 65 population ages, the trend in increased disability is expected to affect cohorts over age 65.[24] Thus, the rebalancing model incorporates increased user rates for groups over age 65 in future years.

Specifically, this scenario varies from the Baseline Projection Model as follows:

- User rates for age groups under age 65 increase by 0.5 percent annually
- In 2015, the increase in user rates applied to the under age 65 population in the above assumption is also applied to users aged 65-70
- In 2020, the increase in user rates is also applied to users aged 65-74
- In 2025, the increase in user rates is also applied to users aged 65-79
- In 2030, the increase in user rates is also applied to users aged 65-84

Alternative Scenario 7: Combined "Best" Scenarios

This scenario combines the most optimistic scenarios (from the point of view of controlling spending for long-term services and supports) from the previous scenarios.

Specifically, this scenario varies from the Baseline Projection Model as follows:

- Slower growth in use of Medicaid long-term services and supports (Scenario 3)
- Smaller woodwork effect (Scenario 5)

[23] Bhattacharya et al., 2008; Lakdawalla, Bhattacharya, & Goldman, 2004. (Appendix 13.)
[24] Bhattacharya et al., 2004; Iezzoni & Freedman, 2008. (Appendix 13.)

Alternative Scenario 8: Combined "Worst" Scenarios

This scenario combines the scenarios above that lead to the highest spending for long-term services and supports.

Specifically, this scenario varies from the Baseline Projection Model as follows:

- Potential health reform expansion of Medicaid eligibility (Scenario 4)
- Increased disability among the under age 65 population (Scenario 6)

Model Output

Output from the Baseline Projection Model and the eight alternative scenarios are summarized below. Appendix 14 provides more detail on the output from the Baseline Projection Model and each of the eight alternative scenarios, including projected Medicaid users, units of service, expenditures for 2010 through 2030, and the distribution of expenditures for institutional versus home and community-based services.

Baseline Projection Model

Figures 1-7 summarize output from the Baseline Projection Model.

As shown in Figure 1, the Baseline Projection Model assumes growth in the overall population from 1.05 million in 2010 to 1.14 million in 2030. The percentage of the population aged 65 and over is projected to grow from 15 percent in 2010 to 20 percent in 2030.

Figure 1. Projected Population Growth in Rhode Island, 2010-2030

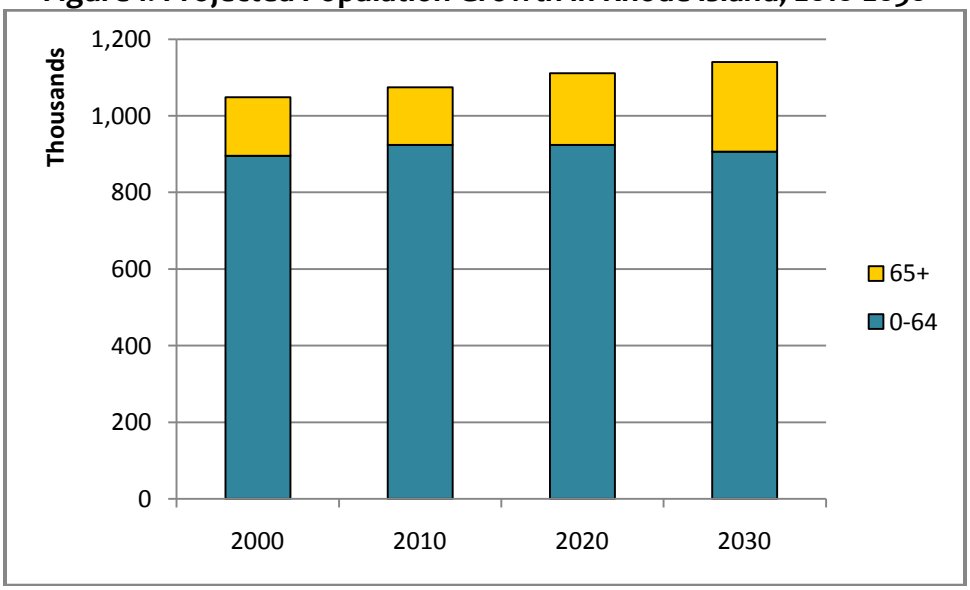


Figure 2 shows how the population aged 65 and over is expected to change over the next two decades. The "young old"—those aged 65-74—will increase from 7 percent of the total population in 2010 to 12 percent in 2030, while the proportion of the population aged 75-84 and aged 85+ will remain the same.

Figure 2: Projected Distribution of the Rhode Island Population Aged 65+, 2010 and 2030

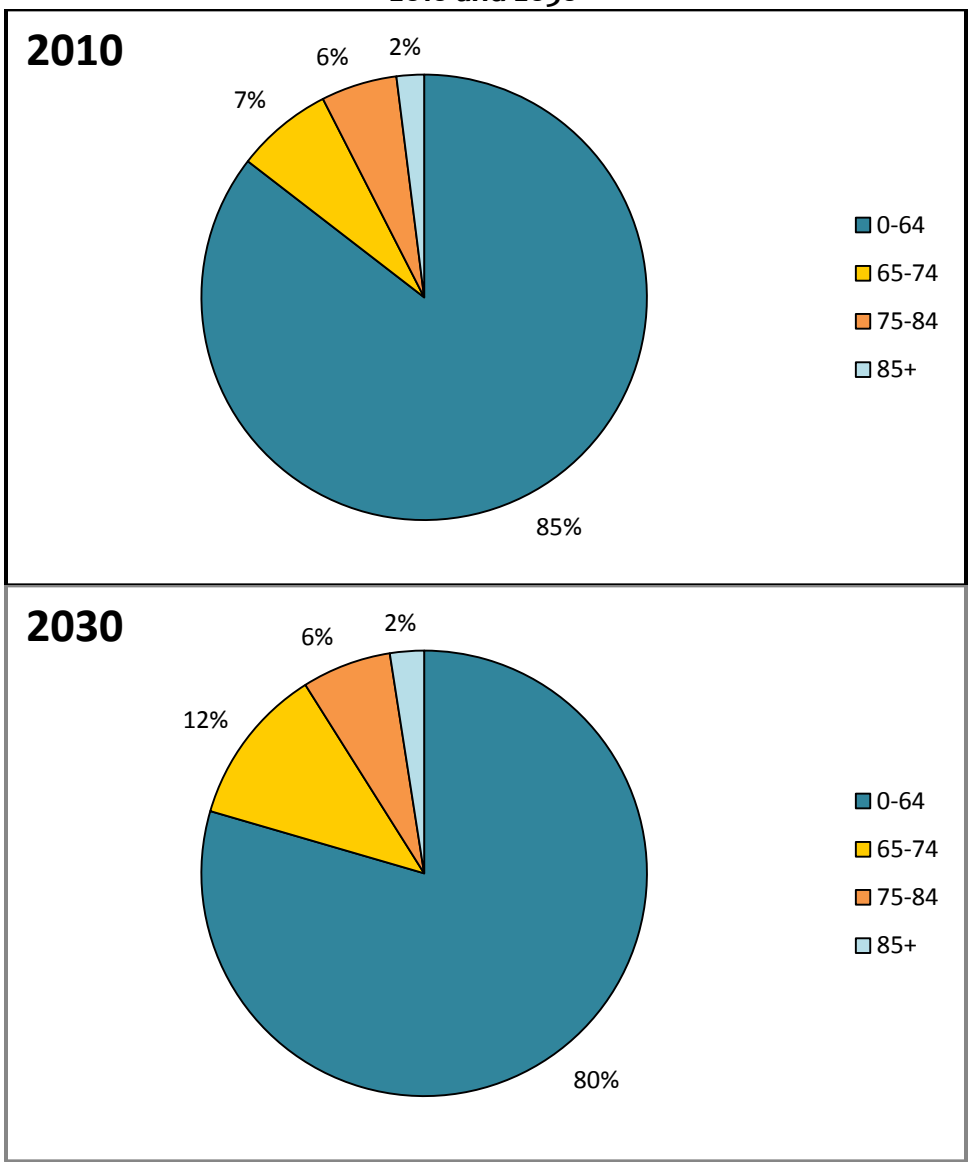


Figure 3 shows projected users of Medicaid long-term services and supports. In 2010, 15,402 individuals are expected to use services, increasing to 18,414 individuals by 2030 (a 20 percent increase).

Figure 3. Baseline Projection Model:
Projected Users of Medicaid Long-Term Services and Supports, 2010-2030

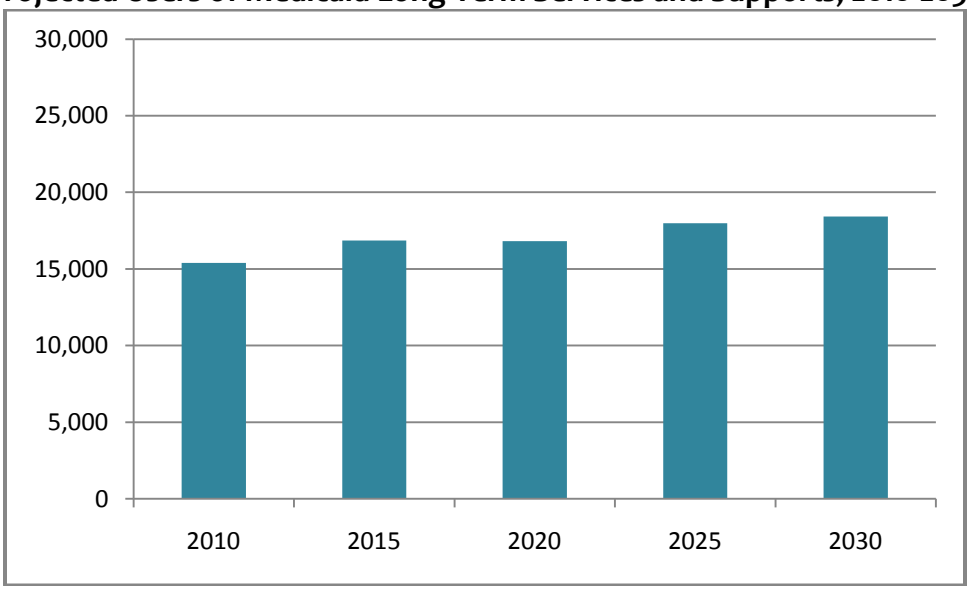


Figure 4 illustrates the projected decline in the number of individuals using Medicaid nursing home services, from 8,155 individuals in 2010 to 5,225 individuals in 2030 (a decline of 36 percent).

Figure 4: Baseline Projection Model:
Projected Users of Medicaid Nursing Home Services, 2010-2030

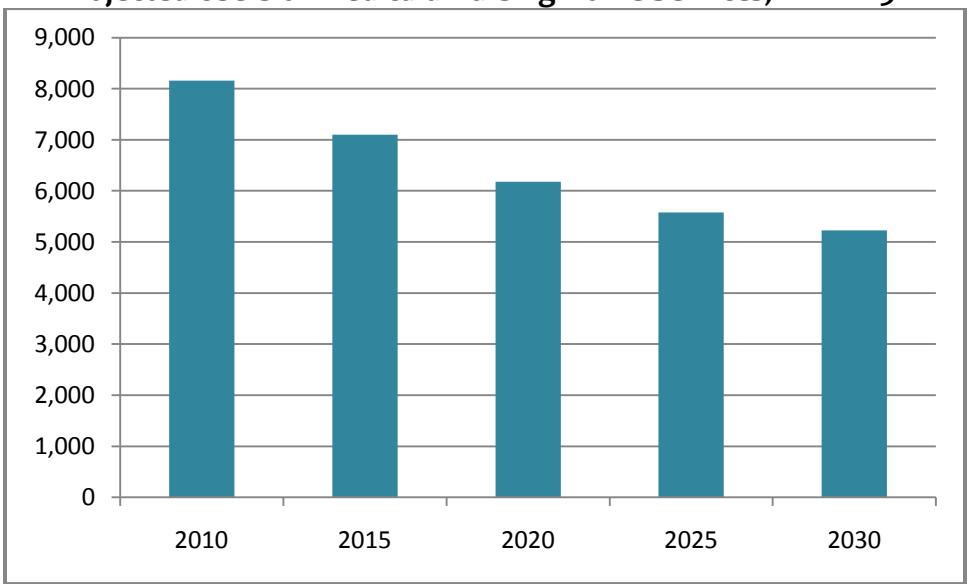


Figure 5 shows projected expenditures for Medicaid long-term services and supports. Expenditures are expected to more than double from 2010 to 2030, from $711.9 million to $1.49 billion. (Note: All projected expenditures in this report are projected actual expenditures in the specified year and reflect inflation. Inflation-adjusted amounts in constant FY 2008 dollars can be found in The Hilltop Institute's April 14, 2010, presentation entitled, *Rhode Island Real Choices Long-Term Services and Supports Resource Mapping*.)

Figure 5: Baseline Projection Model:
Projected Expenditures for Medicaid Long-Term Services and Supports, 2010-2030

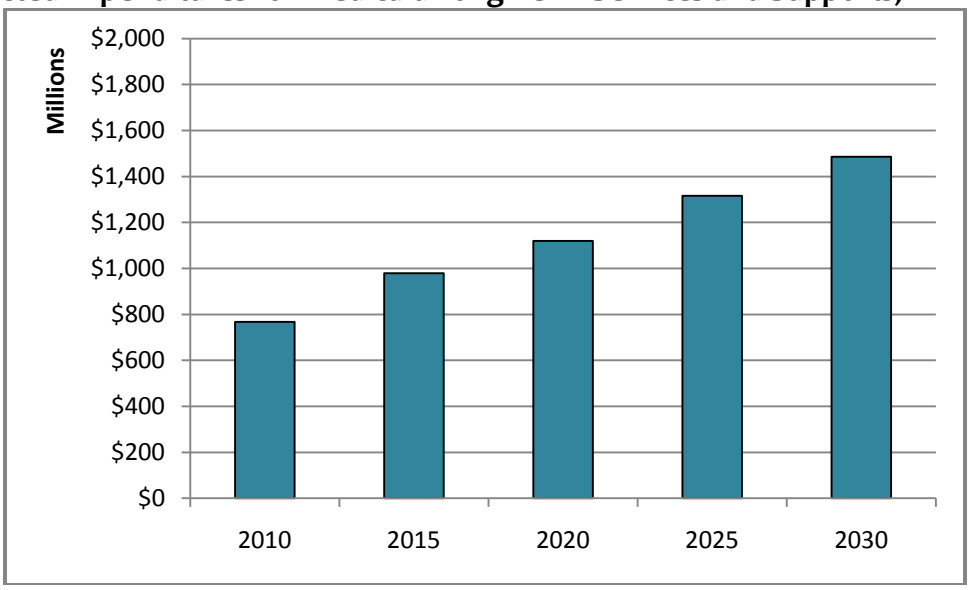
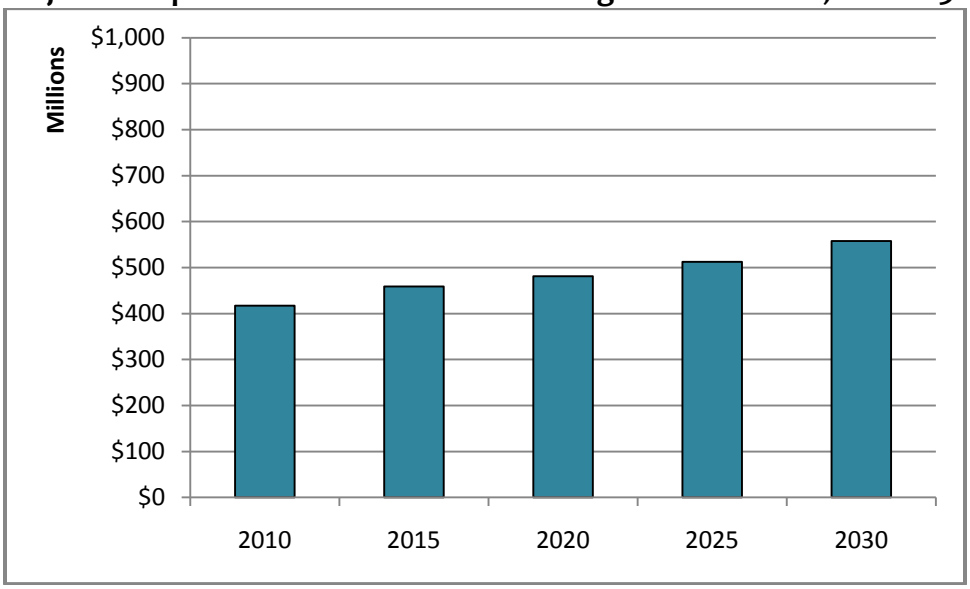


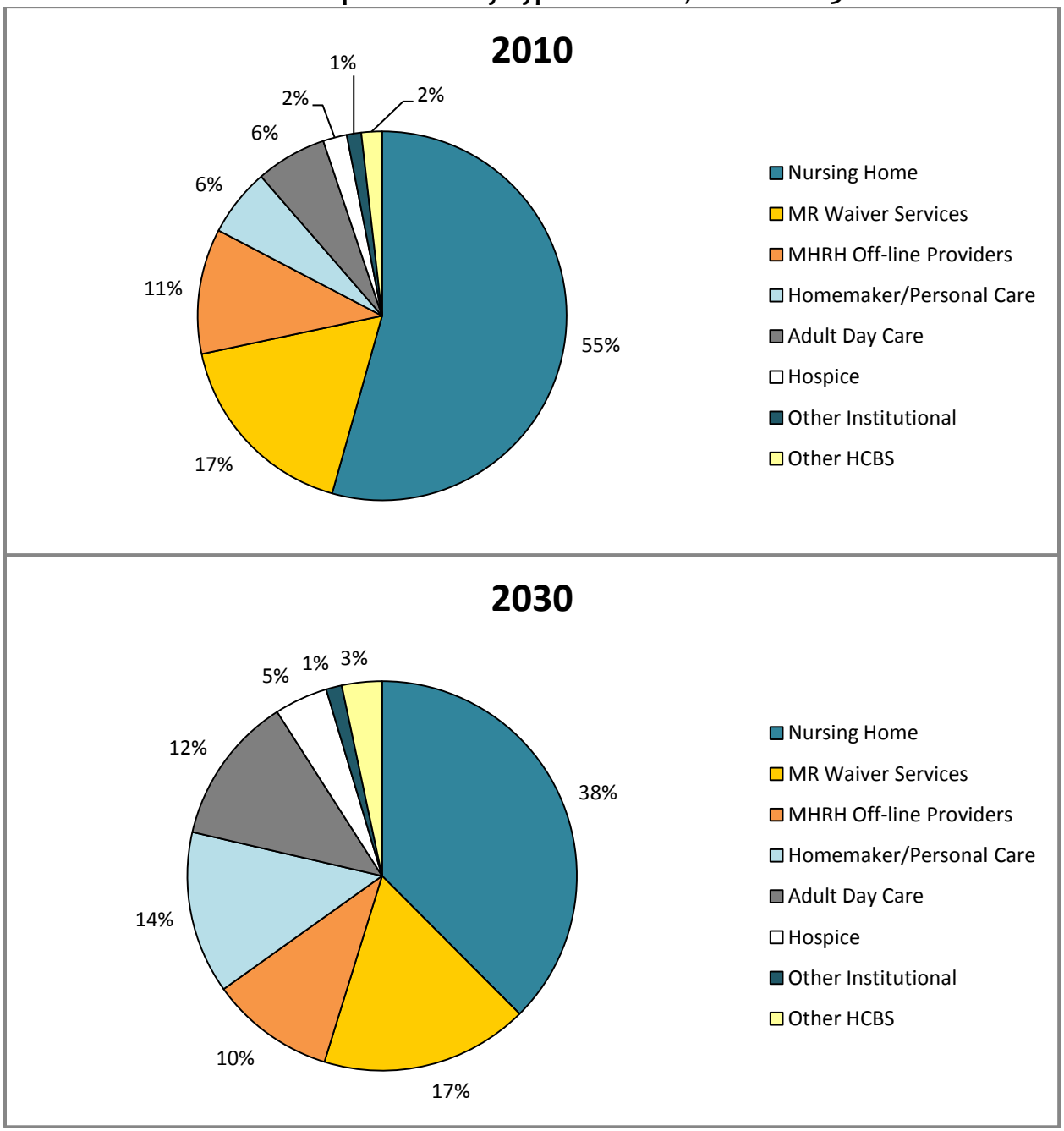
Figure 6 presents projected expenditures for Medicaid nursing home services. Even though the number of users of nursing home services is expected to decline significantly (see Figure 4), expenditures will continue to increase from 2010 to 2030 because of inflation and the expected increase in the average acuity of nursing home users.

Figure 6: Baseline Projection Model:
Projected Expenditures for Medicaid Nursing Home Services, 2010-2030



The pie charts in Figure 7 compare the projected distribution of expenditures by type of service in 2010 and 2030. Most significant is the decline in the percentage of overall spending for nursing home services, from 55 percent in 2010 to 38 percent in 2030. This is in contrast to the increase in the percentage of spending for homemaker/personal care (from 6 percent to 14 percent) and adult day care services (from 6 percent to 12 percent).

Figure 7: Baseline Projection Model: Projected Distribution of Medicaid Expenditures by Type of Service, 2010 and 2030



Alternative Scenarios

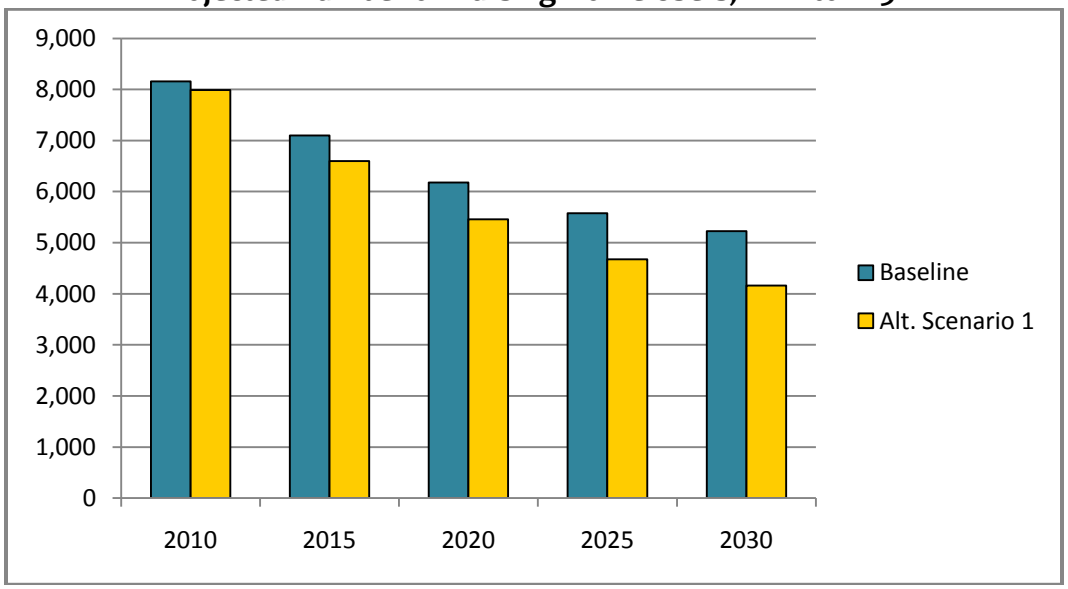
Alternative Scenario 1: Faster Rebalancing

This scenario assumes that the proportion of people using nursing home services decreases faster than in the Baseline Projection Model, while the proportion using non-MR home and community-based services increases more rapidly. As shown in Figure 8, in this scenario the projected number of nursing home users decreases by 48 percent between 2010 and 2030, from just under 8,000 in 2010 to about 4,200 in 2030, compared with a decrease of 36 percent in the Baseline Projection Model.

As Figure 9 shows, the Faster Rebalancing scenario projects total spending for long-term services and supports to be slightly higher than in the Baseline Projection Model during the 2010 to 2025 period, but $5.7 million less than in the Baseline Projection Model by 2030. This is consistent with the research literature indicating that rebalancing usually results in initially higher spending as home and community-based services are being developed and their use grows, but can lead to slower spending growth over time.[25]

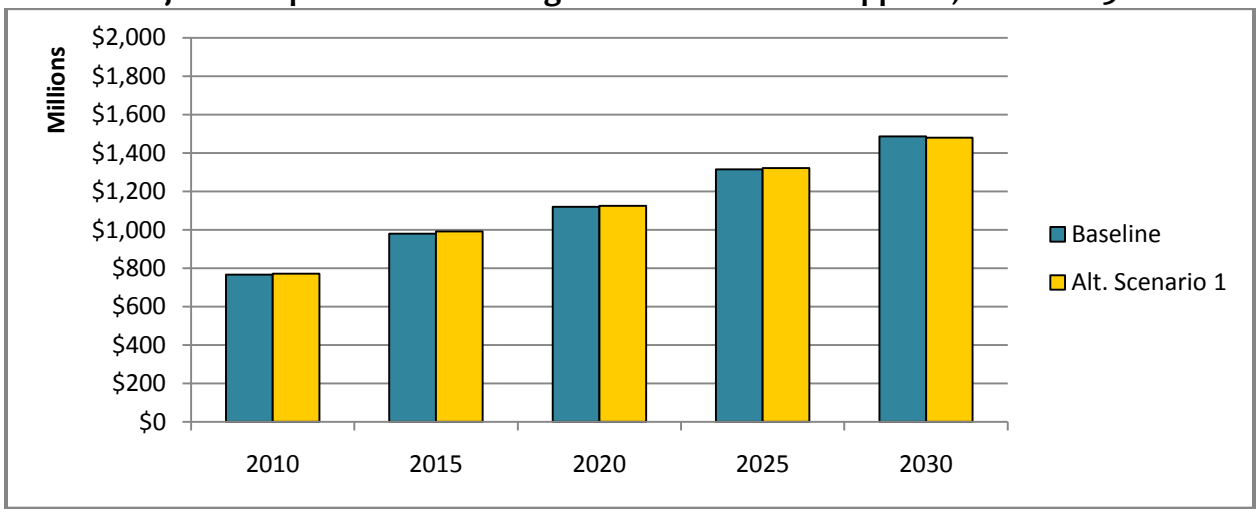
Looking at the spending "balance" between institutional and community services, this scenario projects that spending for nursing home services as a share of total spending for nursing home and non-MR home and community-based services decreases from 75 percent in 2010 to 46 percent in 2030. In comparison, in the Baseline Projection Model, this share decreases from 77 percent in 2010 to 53 percent in 2030.

Figure 8. Alternative Scenario 1 Compared to Baseline Projection Model
Projected Number of Nursing Home Users, 2010 to 2030



[25] Kaye, LaPlante, & Harrington, 2009. (Appendix 13.)

Figure 9: Alternative Scenario 1 Compared to Baseline Projection Model
Projected Expenditures for Long-Term Services and Supports, 2010 to 2030



Alternative Scenario 2: Slower Rebalancing

Alternative Scenario 2 assumes rebalancing will occur at a slower rate than assumed in the Baseline Model. Consistent with this assumption, Figure 10 shows that the projected number of nursing home users in this scenario is higher than in the Baseline Projection Model. The Slower Rebalancing scenario projects that the number of nursing home users will decrease by about 4 percent between 2010 and 2030, compared with a decrease of 36 percent in the Baseline Projection Model.

Total spending for long-term services and supports are slightly lower in this scenario than in the Baseline Projection Model during most of the time period; however, by 2030, this scenario projects 1.5 percent greater expenditures than the Baseline Projection Model (see Figure 11). Because the Baseline Projection Model assumes faster rebalancing than this scenario, it projects greater initial spending as home and community-based service use expands, followed by slower growth once there is a "developed" home and community services system.

With slower rebalancing, nursing home services as a share of total spending for nursing home and non-MR home and community based services are projected to decrease from 81 percent in 2010 to 71 percent in 2030.

Figure 10. Alternative Scenario 2 Compared to Baseline Projection Model Projected Number of Nursing Home Users, 2010 to 2030

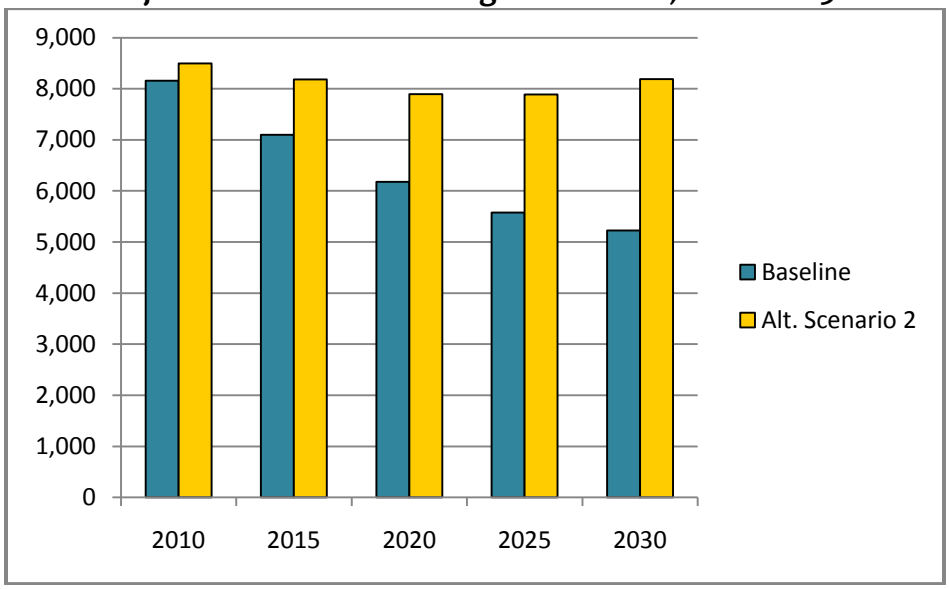
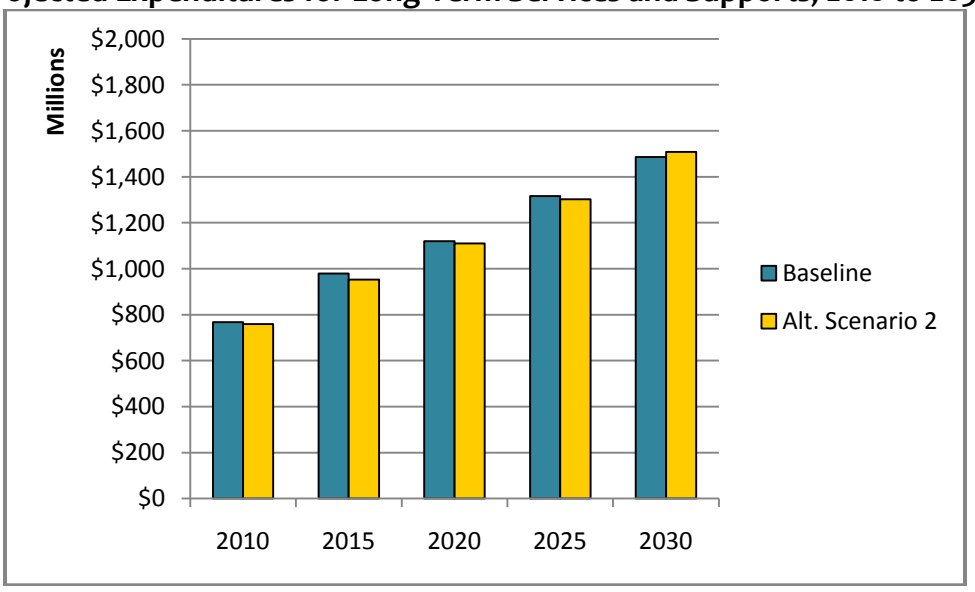


Figure 11: Alternative Scenario 2 Compared to Baseline Projection Model Projected Expenditures for Long-Term Services and Supports, 2010 to 2030



Alternative Scenario 3: Slower Growth in Use of Medicaid Long-Term Services and Supports Because of Demographic Trends

With an alternative assumption of slower growth in the use of Medicaid long-term services and supports, Figure 12 shows 11 percent overall growth between 2010 and 2030 in the number of (unduplicated) users of long-term services and supports for this scenario, compared to 20 percent growth in the Baseline Projection Model. As noted earlier, such a decrease in service use could

occur because of declines in age-specific disability rates, increasing income or assets, or a combination of these factors.

Similarly, the growth of expenditures with this scenario is lower than in the Baseline Model. As shown in Figure 13, total spending for long-term services and supports grows from $768 million in 2010 to $1,431 million in 2030. In comparison, in the Baseline model, spending grows from $768 million to $1,486 million. As a result, projected spending in 2030 is $54.8 million less under this scenario than in the Baseline Projection Model.

Figure 12. Alternative Scenario 3 Compared to Baseline Projection Model
Projected Number of Users of Long-Term Services and Supports, 2010 to 2030

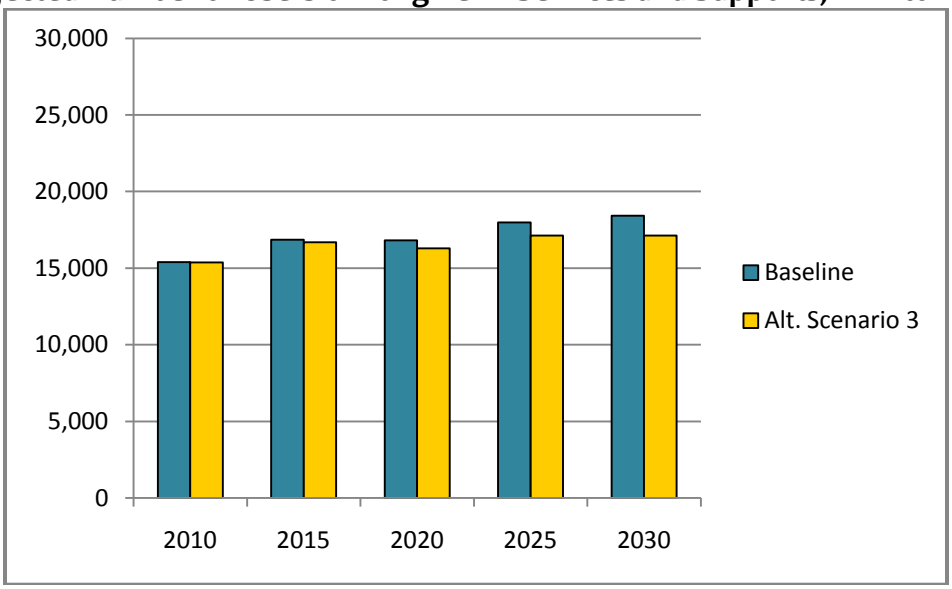
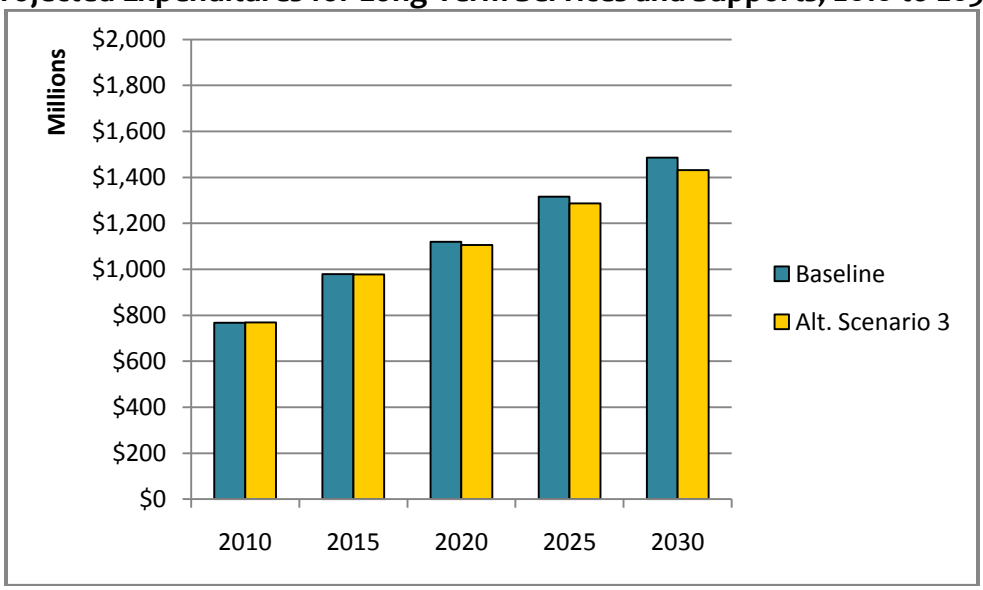


Figure 13: Alternative Scenario 3 Compared to Baseline Projection Model
Projected Expenditures for Long-Term Services and Supports, 2010 to 2030



Alternative Scenario 4: Potential Health Reform Expansion of Medicaid Eligibility

As described earlier, this scenario shows the effect of simplified assumptions for how health reform proposals may expand the use of Medicaid long-term services and supports. The assumptions increase the use of services by adults under age 65, and to a smaller extent by adults aged 65 and over, beginning in 2015.

As Figure 14 shows, the number of users of long-term services and supports is slightly higher in this scenario than in the Baseline Projection Model for all years after 2015; the number of users varies between 2.2 percent and 2.6 percent higher than the Baseline users in the 2015 to 2030 period.

Figure 14. Alternative Scenario 4 Compared to Baseline Projection Model
Projected Number of Users of Long-Term Services and Supports, 2010 to 2030

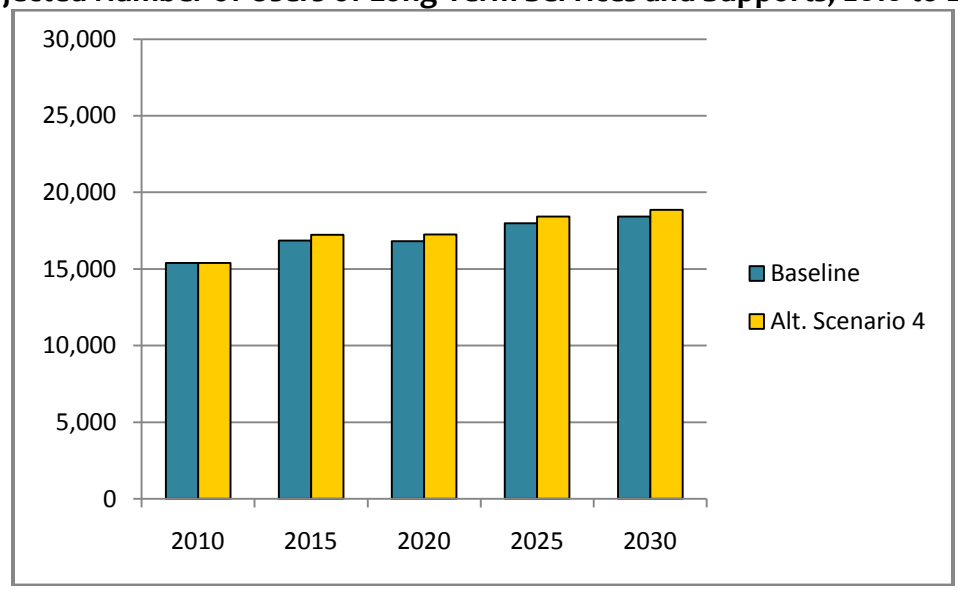
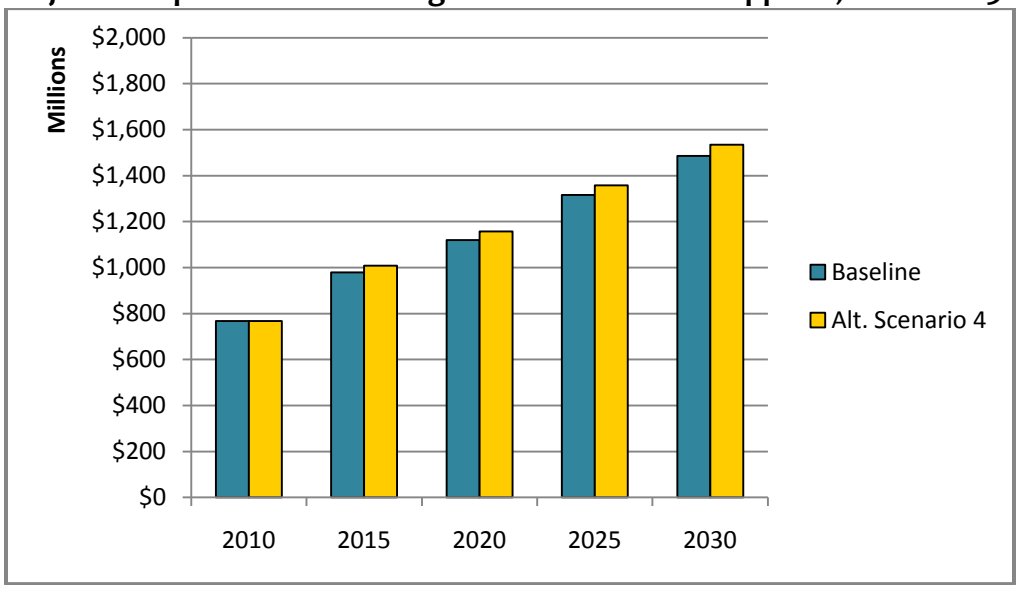


Figure 15 shows a corresponding increase in projected total expenditures for long-term services and supports. Total expenditures under this scenario are 3.0 percent to 3.3 percent higher than in the Baseline Projection Model during the 2015 to 2030 period.

Figure 15: Alternative Scenario 4 Compared to Baseline Projection Model Projected Expenditures for Long-Term Services and Supports, 2010 to 2030



Alternative Scenario 5: Smaller "Woodwork" Effect

To project the possible effects if the state were to develop programs that were even more effective than the Baseline assumptions at targeting home and community-based services benefits to individuals at the highest risk of nursing home use, this scenario assumes a lower "woodwork" effect than in the Baseline Model. This would result in slower growth of home and community-based services as nursing home users decline, and thus fewer users of long-term services and supports compared with the Baseline Projection Model (see Figure 16). Under this scenario, there would be 4.1 percent fewer total consumers of long-term services and supports in 2030 compared with the Baseline Projection Model.

An assumption of a lower "woodwork" effect would also slow spending growth compared with the Baseline Projection Model. As Figure 17 shows, total spending for long-term services and supports would be about $1,449 million in 2030 under this scenario, or about 2.5 percent less than in the Baseline Projection Model.

Figure 16. Alternative Scenario 5 Compared to Baseline Projection Model Projected Number of Users of Long-Term Services and Supports, 2010 to 2030

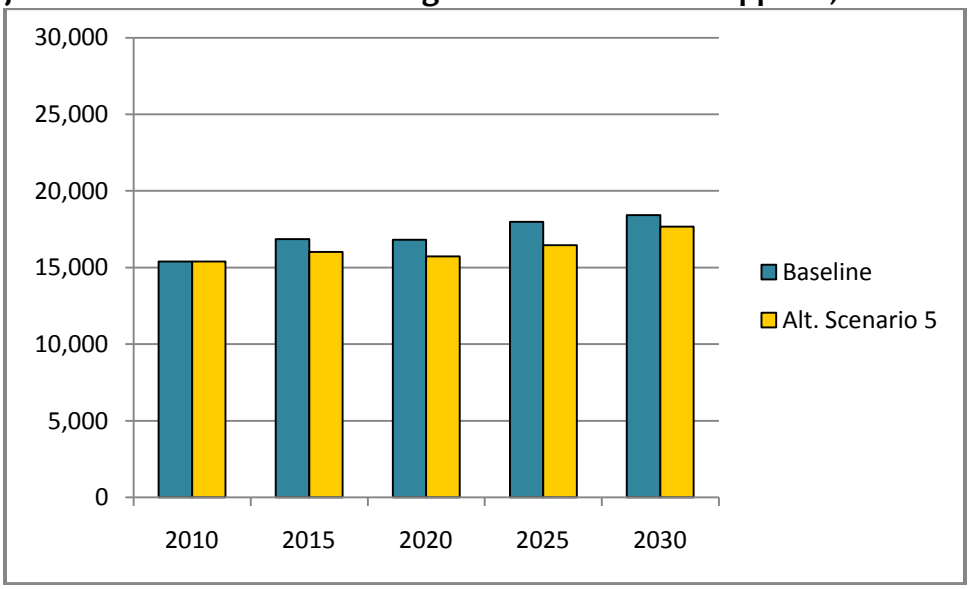
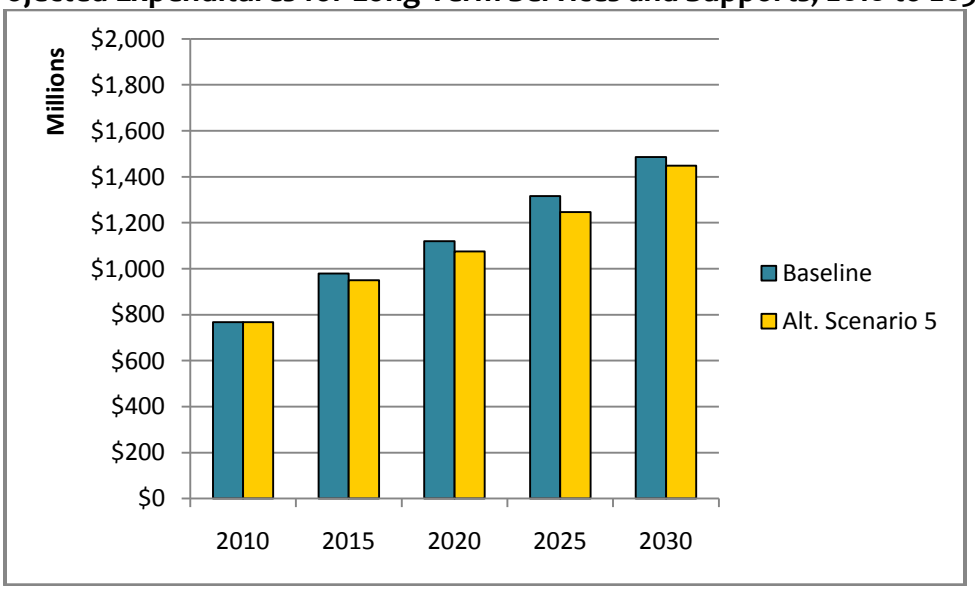


Figure 17: Alternative Scenario 5 Compared to Baseline Projection Model Projected Expenditures for Long-Term Services and Supports, 2010 to 2030



Alternative Scenario 6: Increased Disability Among the Under Age 65 Population

As described above, some research studies report recent growth in disabilities and chronic illnesses among the working-age population and suggest that as this population ages, disability rates will also increase among older cohorts (compared with current rates). This scenario reflects assumptions based on these trends.

As Figure 18 illustrates, this scenario projects 21,800 users of long-term services and supports in 2030, about 18 percent more than in the Baseline Projection Model.

Figure 18. Alternative Scenario 6 Compared to Baseline Projection Model
Projected Number of Nursing Home Users, 2010 to 2030

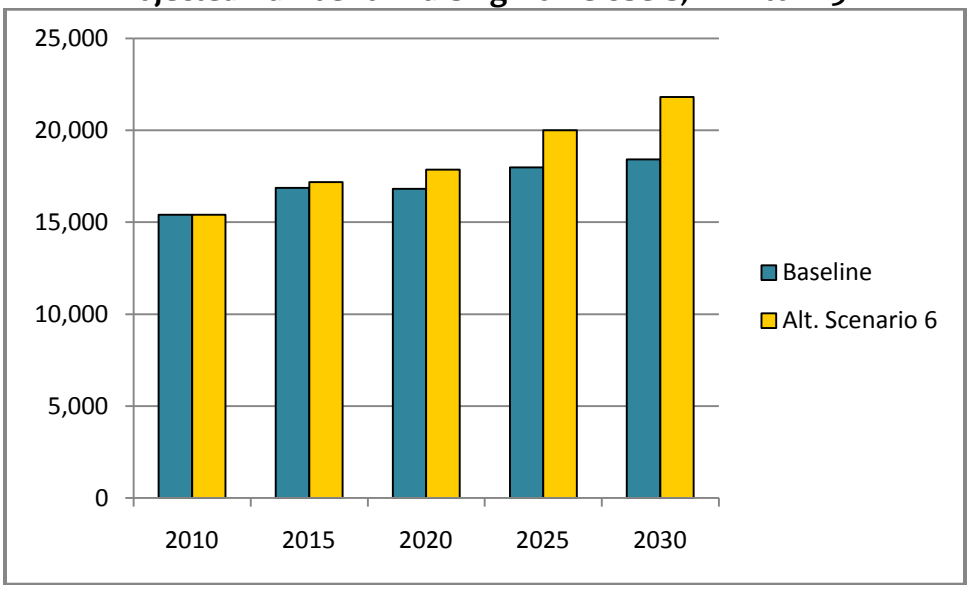
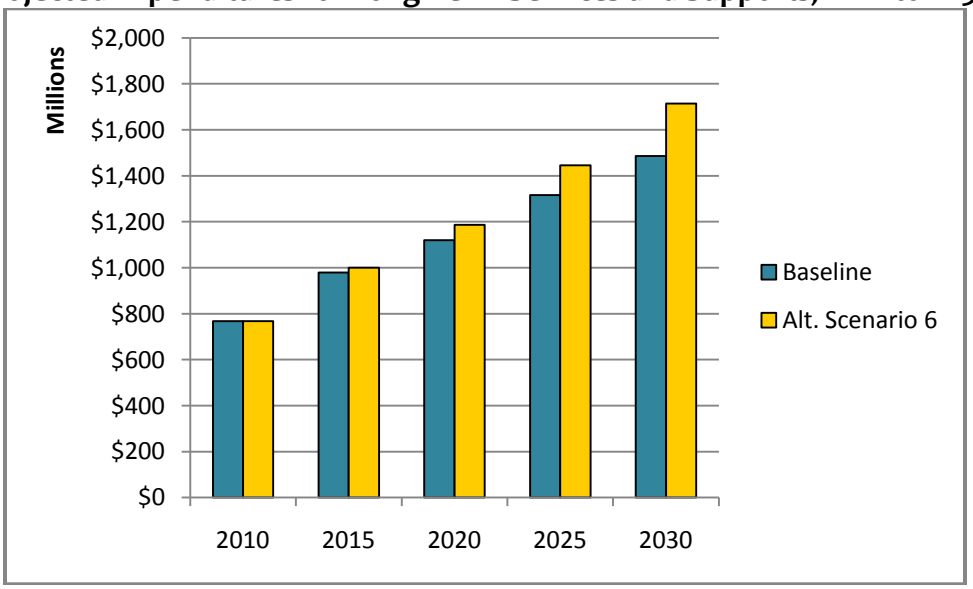


Figure 19 shows the corresponding effect on total spending for long-term services and supports; by 2030, total spending under the scenario is projected to be 15 percent greater than in the Baseline Projection Model.

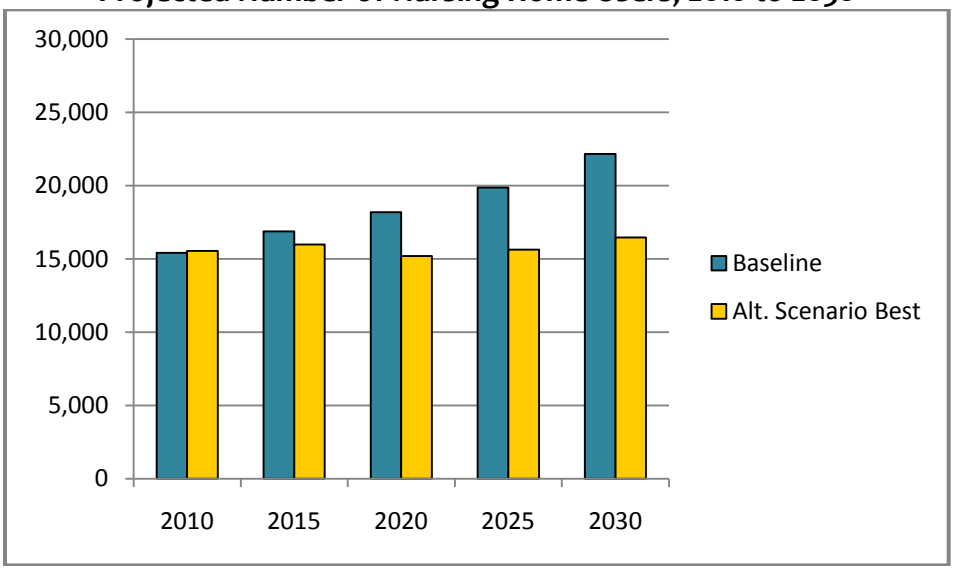
Figure 19: Alternative Scenario 6 Compared to Baseline Projection Model
Projected Expenditures for Long-Term Services and Supports, 2010 to 2030



Alternative Scenario 7: Combined "Best" Scenarios

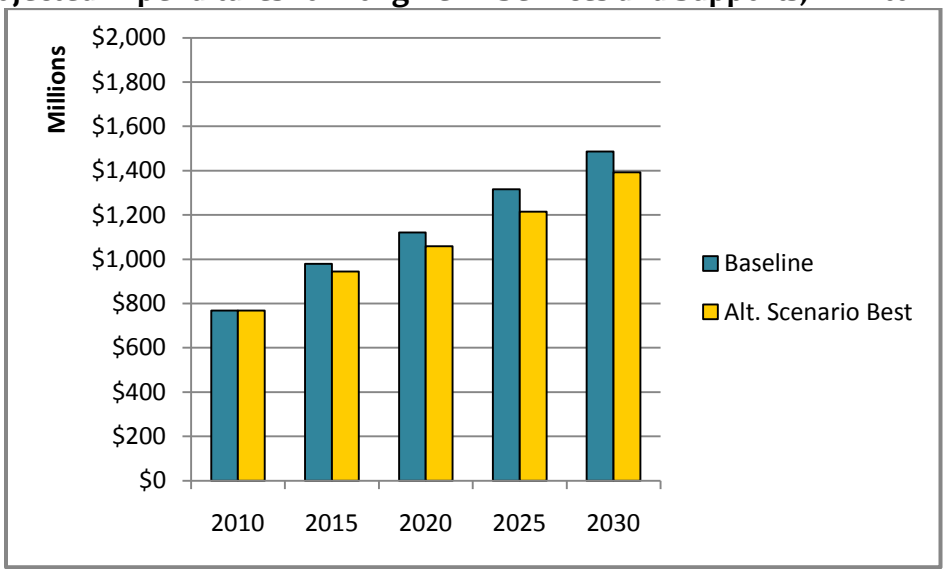
With the combination of slower growth in Medicaid long-term services and supports (Scenario 3) and a smaller "woodwork" effect (Scenario 5), this scenario projects only a 6 percent increase in users of long-term services and supports between 2010 and 2030, compared with a 44 percent increase in the Baseline Projection Model. See Figure 20.

Figure 20. Alternative Scenario 7 Compared to Baseline Projection Model
Projected Number of Nursing Home Users, 2010 to 2030



Under this combined scenario, total spending is projected to be $1,392 million in 2030, or about $93 million less than in the Baseline Projection Model. See Figure 21.

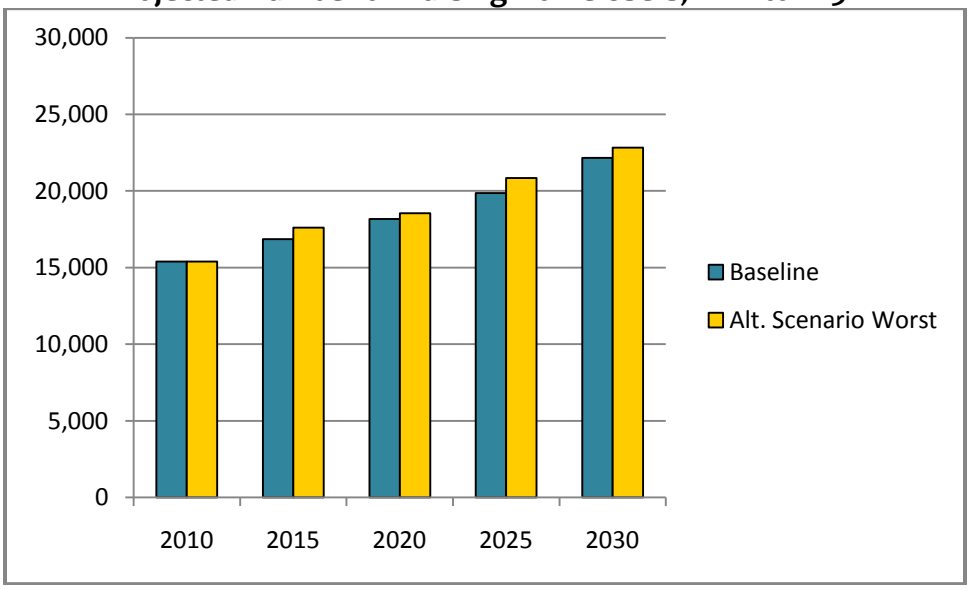
Figure 21: Alternative Scenario 7 Compared to Baseline Projection Model
Projected Expenditures for Long-Term Services and Supports, 2010 to 2030



Alternative Scenario 8: Combined "Worst" Scenarios

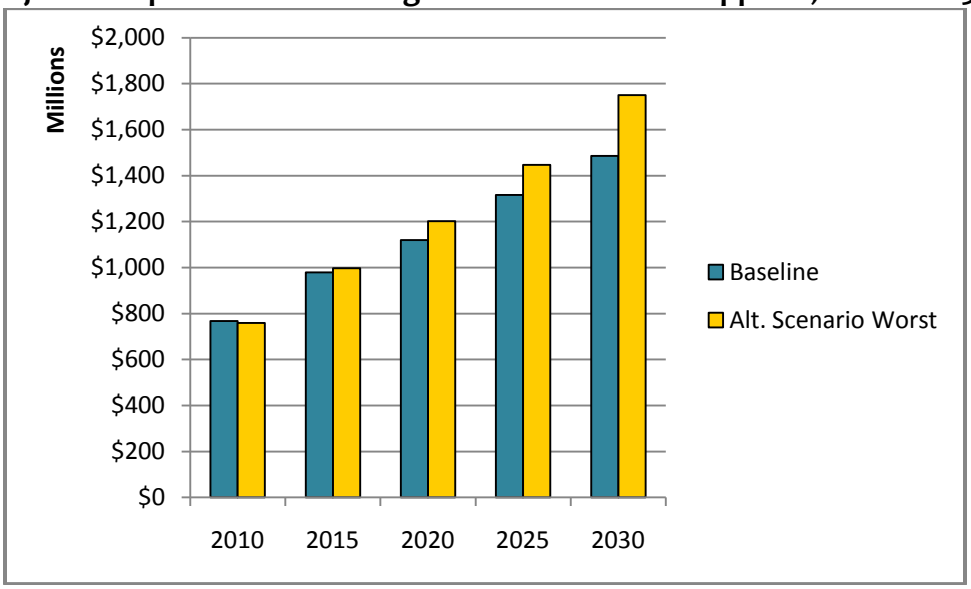
In this scenario, Medicaid expansion (Scenario 4) and increased disability rates among the working-age population (Scenario 6) combine to project an additional 665 unique users of long-term services and supports in 2030 compared with the Baseline Projection Model (see Figure 22). This represents a 48 percent increase in users between 2010 and 2030, compared with a 44 percent increase over that period in the Baseline Projection Model.

Figure 22. Alternative Scenario 8 Compared to Baseline Projection Model
Projected Number of Nursing Home Users, 2010 to 2030



As Figure 23 reflects, under this combination of scenarios, total expenditures for long-term services and supports grow at an average annual rate of 4.3 percent, compared with 3.4 percent in the Baseline Projection Model. This results in expenditures in 2030 that are $264 million higher than in the Baseline Projection Model.

Figure 23: Alternative Scenario 8 Compared to Baseline Projection Model Projected Expenditures for Long-Term Services and Supports, 2010 to 2030



Summary of Expenditures for Different Scenarios

To summarize, Table 24 shows projected Medicaid expenditures for long-term services and supports for each of the alternative scenarios compared to the Baseline Projection Model.

Table 24. Projected Medicaid Expenditures for Long-Term Services and Supports

	2010	2015	2020	2025	2030
Baseline	$767,643,168	$979,294,346	$1,120,063,368	$1,315,296,673	$1,485,587,382
Alt. Scenario 1	$771,637,133	$991,885,963	$1,124,989,269	$1,321,678,151	$1,479,917,302
Alt. Scenario 2	$759,699,304	$952,881,698	$1,109,947,688	$1,302,539,885	$1,508,448,263
Alt. Scenario 3	$768,176,635	$977,885,277	$1,106,328,124	$1,286,685,206	$1,430,813,237
Alt. Scenario 4	$767,643,168	$1,008,804,564	$1,157,224,371	$1,357,957,019	$1,534,274,687
Alt. Scenario 5	$767,643,168	$949,132,584	$1,075,670,327	$1,246,828,535	$1,448,713,176
Alt. Scenario 6	$767,643,168	$1,000,423,641	$1,186,021,750	$1,445,103,744	$1,714,660,198
"Best" Case: Alt. Scenario 8	$768,176,635	$944,343,409	$1,058,331,395	$1,213,975,867	$1,392,429,435
"Worst" Case: At. Scenario 8	$767,643,168	$1,030,585,595	$1,227,024,324	$1,496,698,947	$1,779,708,647

Summary and Recommendations

Findings from the interviews with agency staff and the provider survey, together with Hilltop's analysis of Medicaid utilization and expenditure data, provided a comprehensive look at Rhode Island's system of long-term services and supports and the individuals in need of these services. Major findings are summarized below, followed by recommendations for the state.

Summary of Findings

Provider Capacity

Responses to the provider survey suggest that there is currently some available capacity in the state's long-term services and supports system. For example, with the exception of environmental modifications providers, at least half of the providers of the other 27 services addressed in the survey reported having the staff capacity in 2008 to have served "a few more" or "a lot more" clients. At least half of the providers of adult day services, home health services, homemaker services, private duty nursing, and personal care/assistance said that they could increase units of service by 10 percent or more over the next two years. "State budget constraints" was frequently cited by providers as a barrier to expanding capacity, consistent with the belief of agency staff that the state's rate structure is a barrier to increasing provider capacity.

Among assisted living providers responding to the survey, the most frequently cited barrier to expanding service capacity was "state regulations," which likely reflects the state's former policy for allocating Medicaid assisted living "slots." Agency staff reported that several new assisted living facilities are being planned in the state and existing facilities are moving to increase their bed capacity. Clearly, the assisted living industry is responding to changing demographics and new opportunities that may be presented through the Global Waiver.

While agency staff expressed concern about the long-term services and supports workforce, many agencies participating in the provider survey reported adequate enough staff capacity in 2008 to serve more clients than they were actually serving. Reports about difficulties encountered in hiring and retaining direct care providers varied. The greatest difficulty appears to be in hiring and retaining nursing aides and personal care attendants for adult day care, home health care, and personal care agencies, although typically less than 50 percent of these agencies reported that it is "difficult" or "very difficult" to hire and retain these workers. This may be a reflection of the current economy; as the economy improves and other business sectors begin hiring again, the long-term services and supports system is likely to lose workers if wages and benefits lag behind those in other sectors.

Emerging Special Populations

Agency staff reported that providers are caring for more and more individuals in both institutions and the community with mental health needs. This was confirmed by the provider survey, in which 93 percent of agency respondents reported serving clients with special needs, such as a diagnosis of Alzheimer's disease, dementia, depression, or another mental illness, or challenging behaviors requiring special care or referrals. While many agencies employ specially trained staff

or refer clients to other agencies, 28 percent said that staff with little or no training in behavioral health are managing special needs clients. Agency staff and survey respondents voiced a need to better integrate the mental health and physical health systems.

Agency staff also voiced concern about adults with developmental disabilities who, because they are living longer and developing limitations associated with aging, will no longer be able to be cared for by family members who are growing older as well. This population will need new kinds of living arrangements, as well as age-appropriate services and supports.

A third population identified by agency staff is the population with autism spectrum disorder, many of whom are now aging into early adulthood. These individuals will require a different array of services to help them separate from their families, find employment, and function independently in the community.

Single Point of Entry

The Point: Rhode Island's Resource Place for Seniors and Adults with Disabilities is the state's "single point of entry," but agency staff reported that it is not as consumer-friendly or comprehensive as it could be. As the state implements the Global Waiver and its new clinical eligibility determination process, it will be important to coordinate *The Point's* information and referral functions with the functions of the inter-agency Assessment and Coordination Organization (ACO) being created under the Global Waiver. The Aging and Disability Resource Center (ADRC) models implemented in a number of other states are doing this. In September 2009, Rhode Island was awarded a three-year grant from the U.S. Administration on Aging (AoA) to further develop *The Point*; this grant may provide an opportunity to address coordination with the ACO.

Transitions to the Community

Agency staff voiced concern about inadequate discharge planning and transition management for individuals leaving hospitals and nursing homes. Ensuring that clients are safe and receiving appropriate care and services during the transition is a concern, and many clients experience difficulty connecting with a primary care provider once they move to the community. Under the Global Waiver, the state is implementing an education initiative for hospital discharge planners, which should help improve the discharge process and encourage more transitions to the community instead of to nursing homes. The state's 2009 ADRC grant from the AoA has, as an objective, the implementation of person-centered discharge planning, which should be coordinated with efforts under the Global Waiver. Agency staff reported that Medicaid-only clients have access to primary care physicians through the Connect Care Choice program, but individuals eligible for both Medicare and Medicaid ("dual eligibles") are not eligible for this program and can experience greater difficulty connecting with a community physician.

Affordable and Accessible Housing

Agency staff reported a serious shortage of housing for older adults with low incomes, persons with physical and developmental disabilities, and individuals with dementias and co-occurring

mental health and substance abuse disorders. The state plans to increase access to assisted living under the Global Waiver, which will help. The state is also promoting shared living arrangements and is considering contracting with one or more shared living agencies to recruit, train, and monitor caregivers under a selective contracting arrangement. Agency staff recommended a review of housing payment rates to identify inequities in the payment system that might be incentives for capacity building, with a specific recommendation to examine fee-for-service and hourly payment rates versus per diem rates.

Transportation

The state's transportation system is a patchwork of state- and agency-run programs and does not adequately serve older adults and individuals with disabilities. Agency programs use different contractors, contracting methods, and payment rates, with little or no cross-agency planning.

Projected Growth in Medicaid Utilization and Spending

The rebalancing model Hilltop constructed as part of this resource mapping project enables the state of Rhode Island to project spending for institutional versus home and community-based services based on historical trends in utilization, population projections, and assumptions about future service use. Hilltop's baseline projection estimates that expenditures for Medicaid long-term services and supports will increase from $768 million in 2010 to $1,486 million in 2030, an increase of 93 percent. This assumes that the state's efforts to rebalance institutional and community-based services and supports will continue such that nursing home use per person will continue to decline and users of home and community-based services will continue to increase. Projections for eight alternative scenarios are presented in this report, with projected 2030 expenditures ranging from a low of $1,486 million to a high of $1,780 million.

Recommendations

Based on the findings of the resource mapping project, The Hilltop Institute suggests that the state of Rhode Island consider the following:

1. **Develop a comprehensive one-stop system.** Agency staff reported that consumers often do not know how to access long-term services and supports in the state and *The Point's* location and services are not as user-friendly as they could be.[26] To address this concern, the state should continue to develop *The Point* as a one-stop, single point-of-entry system for consumers. These efforts should be coordinated with establishment of the state's new ACO under the Global Waiver so that a seamless process for consumer information/referral, screening, options counseling, assessment, service planning, and service delivery results.

[26] *The Point: Rhode Island's Resource Place for Seniors and Adults with Disabilities*, the single-point-of-entry system under development in Rhode Island.

2. **Integrate mental/behavioral health and physical health services.** Agency staff voiced concern that the state's systems from providing mental and behavioral health services and physical health services need to be better integrated in order to improve the coordination of services and the quality of care. Agency staff reported an increase in the number of older adults in the community with mental health needs, as well as an increase in patients presenting in emergency rooms with mental and behavioral health issues that would be more appropriately managed through a community-based "medical home." A lack of mental health providers that is evident across all populations and in all care settings compounds this problem. As the state implements the Global Waiver with its goal to provide all Medicaid beneficiaries with a medical home, the state should consider new ways to more effectively integrate mental and behavioral health services into the medical home.

3. **Explore opportunities for integrating long-term services and supports programs across populations and agencies.** Agency staff expressed concern about adults with developmental disabilities who are living longer and developing functional limitations associated with aging. This population will need age-appropriate services and supports and new living arrangements as family caregivers grow older and can no longer serve as caregivers. To address this, the state should consider pursuing more cross-agency efforts to meet the needs of multiple populations, such as recent efforts to promote shared living arrangements. Similarly, programs designed for older adults with physical disabilities (e.g., adult day care) might be adapted to meet the needs of older adults with developmental disabilities. The Global Waiver presents an unprecedented opportunity for such cross-agency collaboration.

4. **Ease the transition of dual eligibles to the community.** Rhode Island has approximately 35,000 individuals who are eligible for both Medicare and Medicaid ("dual eligibles")[27] and the number is likely to grow significantly. Agency staff reported that dual eligibles are not eligible to participate in Rhode Island's Connect Care Choice program, which has been very successful in providing a medical home for Medicaid-only clients and connecting them with support services in the community. Creating a similar program for dual eligibles would help the state achieve its goal of providing a medical home for all clients. This might be accomplished through partnerships with Medicare Advantage Special Needs Plans that operate in the state.

5. **Respond to the needs of young adults with autism spectrum disorder.** Agency staff reported that, in addition to continuing to provide for the needs of the growing population of children with autism spectrum disorder, the state must develop services to support this population as they transition to early adulthood and seek community integration. To address this, cross-agency planning will be required, as well as collaboration with specialty providers in the state. Special programs for this population may be suited to

[27] Kaiser Family Foundation. statehealthfacts.org. Retrieved February 10, 2010, from http://www.statehealthfactsonline.org/profileind.jsp?ind=303&cat=6&rgn=41

selective contracting arrangements, one of the purchasing strategies the state is pursuing under the Global Waiver.

6. **Consolidate transportation programs for older adults and persons with disabilities.** Agency staff reported that transportation services for older adults and individuals with disabilities lack coordination and are duplicated across agencies. Agencies operate multiple programs with different contractors, contracting methods, and payment rates. Agencies should investigate consolidating transportation services for older adults and individuals with disabilities. This might be done through selective contracting, a purchasing strategy the state is pursuing under the Global Waiver.

7. **Update the rate structure for community services.** Findings from the provider survey suggest that assisted living, home health, and adult day care providers are poised to expand capacity to meet future demand, but are concerned about Medicaid reimbursement rates. Agency staff believe that the state's program to provide enhanced reimbursement to home care agencies that meet national accreditation standards has helped to promote quality and capacity building and that this program might serve as a model for other services. In addition, the state might consider other approaches to incentivize capacity building through the rate structure, such as acuity adjustments, which would encourage providers to care for higher-acuity clients.

8. **Maximize Medicaid reimbursement.** Agency staff reported that certain DCYF services for youth and families currently paid for with state-only funds might be restructured to be Medicaid reimbursable and thus receive the federal match. Agency staff also suggested that Early and Periodic Screening and Diagnostic Testing (EPSDT) funding could be a source of funding for young adults aged 18-21 transitioning from the DCYF system to the MHRH system. The state should consider strategies such as these to maximize Medicaid reimbursement.

9. **Develop an electronic client information system.** Agency staff reported that it can take up to 30 days to obtain a client's records from another agency or program, which stalls placement and flow through the system of long-term services and supports. Agency staff said that an electronic "community support" database that is accessible to all agencies and can "follow the person" across care settings would significantly enhance system efficiency and quality of care. Such a system, which a number of states are implementing, would further the goals of the Global Waiver to create a person-centered approach to efficient service delivery.

10. **Align the agency budgeting process with the state's global budget.** Agency staff reported that the annual budgeting process continues to revolve around individual departmental budgets instead of a global budgeting approach aimed at examining program priorities across agencies and maximizing the use of long-term services and supports funds. The Global Waiver, with its aggregate budget ceiling, provides an opportunity for the state to reexamine the annual budgeting process and encourage cross-agency budgeting aimed at achieving rebalancing goals.

Appendix 1.
Rhode Island Agency Staff Interviewees

Charles Alexandre
Chief
Health Professions Regulation
Department of Health

Frederick Aurelio
Assistant Administrator
Children's Behavioral Health
Department of Children, Youth and Families

Lee Baker
Project Coordinator
Director's Office
Department of Children, Youth and Families

Rebecca Boss
Administrator
Division of Behavioral Healthcare
Department of Mental Health, Retardation and Hospitals

Louis Cerbo
Clinical Director
Eleanor Slater Hospital
Department of Mental Health, Retardation and Hospitals

Rosalie Chirico
Principal Resource Specialist
Children's Behavioral Health
Department of Children, Youth and Families

Linda Giarrusso
Chief, Family Health Systems
Center for Adult Health
Department of Human Services

Dona Goldman
Director of Chronic Disease
Department of Health

Joseph Gould
Professional Service Coordinator
Division of Developmental Disabilities
Department of Mental Health, Retardation and Hospitals

Susan Hayward
Social Case Worker
Division of Developmental Disabilities
Department of Mental Health, Retardation and Hospitals

Paula Lipsey
Chief of Program Development
Home and Community Care Programs
Department of Elderly Affairs

Jason Lyon
Principal Resource Specialist
Children's Behavioral Health
Department of Children, Youth and Families

Thomas Martin
Habilitative Services Manager
Division of Behavioral Healthcare
Department of Mental Health, Retardation and Hospitals

Ellen Mauro
Acting Administrator
Department of Human Services

Pamela Parker
Assistant Administrator
Community and Planning Services
Department of Elderly Affairs

Raymond Rusin
Chief
Office of Facilities Regulation
Department of Health

Craig Stenning
Director
Department of Mental Health, Retardation and Hospitals

Michelle Szylin
Chief of Program Development
Department of Elderly Affairs

Maureen Wu
Department of Mental Health, Retardation and Hospitals

John Young
Director
Eleanor Slater Hospital
Department of Mental Health, Retardation and Hospitals

Appendix 2. Provider Survey Instrument

The Hilltop Institute

analysis to advance the health of vulnerable populations

Survey of Providers of Long-Term Supports and Services in Rhode Island

July 17, 2009

UMBC

AN HONORS UNIVERSITY IN MARYLAND

Survey of Providers of Long-Term Supports and Services in Rhode Island

Welcome

Welcome to the Survey of Providers of Long-Term Supports and Services in Rhode Island. The survey is sponsored by the Rhode Island Department of Human Services (DHS). The Hilltop Institute, based at the University of Maryland, Baltimore County (UMBC), is under contract to develop and administer the survey and analyze the results. To learn more about Hilltop, please visit our website at www.hilltopinstitute.org.

In 2006, the Centers for Medicare and Medicaid Services (CMS) awarded the state of Rhode Island a Real Choice Systems Transformation Grant to enable the state to work towards its vision of a long-term care system that prevents avoidable institutionalization and promotes integrated community-based long-term supports and services for older adults and persons with disabilities. As part of this effort, the state is assessing the capacity of providers to deliver community-based long-term supports and services both now and in the future as the population ages and the state strives to rebalance long-term care towards a greater emphasis on community-based alternatives. This survey will provide important information to the state on the capacity of on-the-ground providers like your agency.

The Hilltop Institute will keep all responses confidential. Hilltop requests provider names and identification numbers solely to facilitate the analysis of survey responses; individual responses will not be shared with DHS.

The Hilltop Institute

Instructions for Completing the Survey

To complete the survey, you will need the user name assigned to you in your letter from Gary Alexander, Director of the Rhode Island Department of Human Services.

To save your responses as you complete the survey, click **Save** at the bottom of the page. To return to the prior page, click **Back** at the bottom of the page. To navigate from one page to the next, click **Continue** at the bottom of the page. You may also navigate from one section of the survey to another by clicking on the section titles at the top of the page. Your responses will automatically be saved whenever you click **Continue** to move to the next page.

You may stop and restart the survey at any time. Before exiting the survey, be sure to click Save. To return to the survey at a later time, return to http://risurvey.hilltopinstitute.org and re-enter your user name.

When you have responded to all of the questions, check your responses for accuracy and completeness and then click **Submit Survey** on the final page. You will not be able to return to the survey after clicking **Submit Survey**.

The survey requests information on long-term supports and services provided by your agency in Calendar Year 2008 (January 1 - December 31, 2008). To complete the survey, you will need to have on hand information on the number of people served by your agency, the units of service provided, payment rates, and the number of direct service workers employed. In addition, there is a series of questions seeking your views on challenges and opportunities for meeting the needs of the state's aging population.

If you have questions about the survey or need assistance in completing it, please contact Aaron Tripp (atripp@hilltop.umbc.edu or 410-455-6861) or Shari Youngblood (syoungblood@hilltop.umbc.edu or 410-455-6857) at The Hilltop Institute. They will be glad to assist you.

Ready to begin? Enter your user name below and click **Continue**.

User Name:

The Hilltop Institute

I. Respondent Information

Please provide information on you and your agency.

Provider Agency:

Medicaid Provider Number:

Last Name:

First Name:

Title:

Email Address:

Telephone Number:

Extension:

II. Long-Term Supports and Services Provided By Your Agency

1. For the following list of long-term supports and services, select those provided by your agency in Calendar Year 2008 (January 1 - December 31, 2008). **Include only those services for which your agency is directly reimbursed**. Then, for each of the services you selected, indicate whether you provided that service to Medicaid clients, clients whose services are paid for by another state program, Medicare clients, and/or clients who are self-pay or privately insured.

Please note that subsequent survey questions will only refer to the services that you select below. (For a definition of all services, see Appendix I).

Services Provided in 2008 (Select all that apply)	Clients Served (select all that apply)			
	Medicaid	Other State Programs	Medicare	Private Insurance or Self-Pay
Adult Day Services				
Assisted Living				
Case Management				
Community Transition Services				
Congregate Meals				
Consumer Direction Facilitation/Service Advisement				
Durable Medical Equipment				
Environmental Modifications/Home Accessibility Adaptations				
Fiscal Management/Fiscal Intermediary				
Habilitation – Day				
Habilitation – Residential				
Homemaker Services				
Home Delivered Meals				
Home Health Services				
Hospice				
ICF/MR				
Nursing – Skilled				
Nursing – Private Duty				
Nursing Facility – Custodial				
Nursing Facility – Skilled				
Personal Care/Assistance				
Personal Emergency Response Systems				
Rehabilitation Therapy				

Services Provided in 2008 (Select all that apply)	Clients Served (select all that apply)			
	Medicaid	Other State Programs	Medicare	Private Insurance or Self-Pay
Respite				
Senior/Adult Companion Services				
Specialized Medical Equipment and Supplies/Assistive Devices				
Supported Employment				
Supported Living Arrangements				
Other (specify)				
Other (specify)				

(Continued from p. 2)

III. Units of Service and Payment

Questions 2, 3, and 4 list the services your agency provided to clients in Calendar Year 2008 and request information about these services. If you can, please report the information by type of client: 1) Medicaid clients; 2) clients whose services are paid for by another state program; 3) Medicare clients; and 4) clients who are self-pay or privately insured.

If you are unable to report the information by type of client, you may enter the "total" only.

2. For each service that your agency provided, select the **billing unit** (e.g., 15 minutes, 30 minutes) and enter the **number of units** of that service provided during 2008.

Services*	Billing Unit (15m, 30m, 45m, 1h, Day, Week, Month)	Units of Service Provided, 2008				
		Medicaid	Other State Programs	Medicare	Private Insurance or Self-Pay	Total

*If your agency provides more than eight services, please attach additional sheets of paper as needed.

3. For each service that your agency provided, enter the **average payment rate** per unit of service in 2008.

Services	Average Payment Rate/Unit ($), 2008			
	Medicaid	Other State Programs	Medicare	Private Insurance or Self-Pay
	$	$	$	$
	$	$	$	$
	$	$	$	$
	$	$	$	$
	$	$	$	$
	$	$	$	$
	$	$	$	$
	$	$	$	$

4. For each service that your agency provided, enter the **number of unique (unduplicated) clients** served during 2008.

Services	Number of Clients (Unduplicated), 2008				
	Medicaid	Other State Programs	Medicare	Private Insurance or Self-Pay	Unduplicated Total

5. Select the state agency(s) that your agency had contract(s) with in State Fiscal Year (SFY) 2006, 2007, and 2008 for **the provision of long-term supports and services to clients enrolled in non-Medicaid state programs**. Then enter the amount of the contract(s) and a brief description of the contract purpose. If you do not have any contracts of this type, select "No Contracts."

Contracting Agency		Contract Amount			Purpose
		SFY 2006	SFY 2007	SFY 2008	
☐	Department of Children, Youth and Families (DCYF)				
☐	Department of Elderly Affairs (DEA)				
☐	Department of Health (DOH)				
☐	Department of Human Services (DHS)				
☐	Department of Mental Health, Retardation and Hospitals (MHRH)				
☐	Other Agency (specify):				
☐	No Contracts				

IV. Agency Staffing

6. Enter the **Total Number of FTEs** at your agency who are available to provide each service that your agency offers. This should include **the number of full-time equivalent direct service workers available to provide the service.** Then respond to the question about staff capacity for each service that you provide.

Services	No. Direct Service Workers (FTEs)	In 2008, did you have the staff capacity to serve more clients than you actually served?
		☐ No, we could not have served any more clients. ☐ Yes, we could have served a few more clients. ☐ Yes, we could have served a lot more clients.
		☐ No, we could not have served any more clients. ☐ Yes, we could have served a few more clients. ☐ Yes, we could have served a lot more clients.
		☐ No, we could not have served any more clients. ☐ Yes, we could have served a few more clients. ☐ Yes, we could have served a lot more clients.
		☐ No, we could not have served any more clients. ☐ Yes, we could have served a few more clients. ☐ Yes, we could have served a lot more clients.
		☐ No, we could not have served any more clients. ☐ Yes, we could have served a few more clients. ☐ Yes, we could have served a lot more clients.
		☐ No, we could not have served any more clients. ☐ Yes, we could have served a few more clients. ☐ Yes, we could have served a lot more clients.
		☐ No, we could not have served any more clients. ☐ Yes, we could have served a few more clients. ☐ Yes, we could have served a lot more clients.

If yes, your agency could have served either a few more or a lot more clients (for any service), indicate why you had excess capacity (check all that apply):

- ☐ There are not enough clients in our service area who need our services.
- ☐ There are clients who need our services, but the clients live outside our service area.
- ☐ There are clients who need our services, but they do not have transportation to come to our facility.
- ☐ There are clients who have requested our services once they move to the community, but they are having trouble finding housing.
- ☐ There are clients who need our services, but state funding is not available to enable us to serve them.
- ☐ Our agency is new and still getting established.
- ☐ Our agency is not well known.
- ☐ We are/were waiting for certificate of need (CON) approval.
- ☐ Business was suspended while we awaited state inspections or licensure reviews.
- ☐ We experienced problems with facilities and/or equipment that prevented us from operating at full capacity.
- ☐ We reserve service capacity for certain types of clients and some of that capacity went unutilized. (If yes, please specify client type).
- ☐ Other (specify)

If your agency experienced challenge(s) with any particular service(s) that was not listed above, please explain:

7. How difficult is it to hire and retain the following kinds of workers?

	Not difficult at all	Somewhat difficult	Difficult	Very difficult	N/A
Registered Nurse	○	○	○	○	○
Licensed Practical Nurse	○	○	○	○	○
Nursing Aide	○	○	○	○	○
Personal Care Attendant	○	○	○	○	○
Social Worker	○	○	○	○	○
Case Manager	○	○	○	○	○
Other (specify)	○	○	○	○	○

V. Expanding Capacity to Serve Clients

8. Please enter the **Total Units of Service** provided by your agency in 2008. This number should be calculated for each service based on your responses to Question 2 (page 4).

Please indicate in the subsequent columns whether your agency would be able to increase the number of units of service provided by each of the percentages given **over the next two years**. In responding, please make these assumptions:

- **Fixed Costs:** Assume no increase in fixed costs (i.e., facilities, major equipment, managerial and supervisory staff).
- **Variable Costs:** You may assume an increase in the number of direct service worker FTEs if your agency has the capacity to accommodate additional service workers without increasing fixed costs. You should also assume that additional direct service workers would be readily available for hire in the labor market.
- **State Funding:** Assume that state funding or reimbursement would be available if the service you provide is dependent on state funding or reimbursement.

Services	Total Units Provided	0% Increase		3% Increase		5% Increase		10% Increase		15% Increase		20% Increase	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

9. At any time in 2008, did you have a waiting list for any of your services?

☐ Yes ☐ No

If yes, for which service(s) did you have a waiting list in 2008?

If yes, what was the greatest number of individuals (by service) on the waiting list at any point in time during 2008?

Why did you have to put individuals on the waiting list (check all that apply)?

- ☐ Not enough staff available
- ☐ No available beds or housing units
- ☐ Awaiting medical or financial eligibility determination
- ☐ Awaiting a Medicaid waiver slot
- ☐ Other, (specify)

10. In 2008, did your agency decline services to anyone?

☐ Yes ☐ No

If yes, which of your agency's services did you decline?

Why did you decline services (select all that apply)?

- ☐ Not enough staff available
- ☐ No available beds or housing units
- ☐ No Medicaid waiver slot available
- ☐ No source of payment
- ☐ No staff available who spoke the client's language
- ☐ Client did not meet our eligibility requirements
- ☐ Other, (specify)

11. For each of the past three years, did your agency incur a surplus, break even, or incur a deficit?

2006	☐ Surplus	☐ Break Even	☐ Deficit
2007	☐ Surplus	☐ Break Even	☐ Deficit
2008	☐ Surplus	☐ Break Even	☐ Deficit

12. What are the biggest barriers to expanding the capacity of your agency? Respond on a scale of 1 to 6, with 1 being "not a barrier" and 6 being "a very big barrier."

	Not a Barrier					A Very Big Barrier
	1	2	3	4	5	6
Availability of direct services workers						
Availability of more land or space						
Availability of vendors/suppliers						
Transportation						
Reimbursement rates						
State budget constraints						
Capital costs						
Financing						
State regulations						
Licensure requirements						
Certificate of need regulations						
Accreditation requirements						
Agency owners						
Agency administration						
Uncertain economic climate						

Comments:

13. Does your agency have plans to expand services in the next two years?

☐ Yes ☐ No

If yes, please describe your plans and how many more individuals or units of service you will be able to provide:

VI. Populations Served

14. Which counties in the state does your agency serve? Check all that apply.

- ☐ Bristol County
- ☐ Kent County
- ☐ Newport County
- ☐ Providence County
- ☐ Washington County

15. Which of the following populations does your agency serve? Check all that apply.

	Adult	Children
Age 65+	☐	
Physical Disabilities	☐	☐
Developmental Disabilities	☐	☐
Mental Illness	☐	☐
Brain Injury	☐	☐
HIV/AIDS	☐	☐
Autism	☐	☐
Medically Fragile	☐	☐
Serious Emotional Disturbance	☐	☐
Technology Dependent	☐	☐
Other (specify):	☐	☐

VII. Serving Clients with Special Needs

16. In 2008, approximately what percentage of your clients had:

A diagnosis of Alzheimer's disease or other dementia	%
A diagnosis of depression	%
Another mental illness diagnosis	%
Challenging behaviors that require special care or referrals	%

How were these clients managed (select all that apply)?

- ☐ Clients managed by on-site staff who are licensed behavioral health providers.
- ☐ Clients managed by on-site staff who have little or no training in behavioral health.
- ☐ Clients discharged or transferred to another agency or provider.
- ☐ Clients retained but referred to an off-site behavioral health provider.
- ☐ Other, (specify):

Does your agency provide specialized training for staff on how to work with clients with dementia, mental illness, and/or challenging behaviors?

☐ Yes ☐ No

If yes, please describe:

Rate your staff's overall level of skill in working with clients who have dementia, mental illness, and/or challenging behaviors.

- ☐ Highly Skilled
- ☐ Somewhat Skilled
- ☐ Not Very Skilled
- ☐ Not at all Skilled

17. Are there any services that your clients need, but your agency either cannot provide or has difficulty obtaining through contracting or referrals? Check all that apply.

- ☐ Acute care services
- ☐ Preventive health care
- ☐ Nursing home
- ☐ Assisted living
- ☐ ICF-MR
- ☐ Case management/care coordination
- ☐ Personal care/assistance
- ☐ Adult day care
- ☐ Homemaker
- ☐ Home health
- ☐ Respite
- ☐ Behavioral health
- ☐ Mental health
- ☐ Substance abuse
- ☐ Transportation
- ☐ Other, (specify):

VIII. Looking Towards the Future

18. As the number of older adults increases, what do you believe will be the greatest unmet need for long-term supports or services?

19. Provide any additional comments on the topics covered by the survey here.

Thank you for completing the survey. Please be sure to go back and check your responses for accuracy and completeness. **You will not be able to return to the survey after you submit it to The Hilltop Institute.**

If you would like to print your responses before submitting the survey, click here.

Ready to submit the survey? Click **Submit Survey** button below.

Submit Survey

Appendix I

Adult Day Services — Care and supervision in a safe environment for frail and functionally challenged adults, including those with Alzheimer's disease and related dementia. Includes therapeutic, recreation, and health services and respite for caregivers.

Assisted Living — Personal care and services, homemaker, chore, attendant care, companion services, medication oversight (to the extent permitted under State law), therapeutic social and recreational programming; provided in a home-like environment in a licensed community care facility in conjunction with residing in the facility.

Case Management — Services that assist individuals in gaining access to needed services, including medical, social, educational, and other services, regardless of the funding source for the services to which access is gained.

Community Transition Services — Non-recurring set-up expenses for individuals who are transitioning from an institutional or another provider-operated living arrangement to a living arrangement in a private residence where the person is directly responsible for his or her own living expenses.

Congregate Meals — Provision of nutritionally balanced, hot meals at service or meal sites.

Consumer Direction Facilitation/Service Advisement — Guiding and supporting an individual through the service planning and delivery process; for individuals self-directing personal assistance and other services.

Durable Medical Equipment — Equipment which can 1) withstand repeated use, 2) is primarily and customarily used to serve a medical purpose, 3) generally not useful to a person in the absence of an illness or injury, and 4) is appropriate for use in the home (e.g. wheelchairs, hospital beds, walkers).

Environmental Modifications/Home Accessibility Adaptations — Those physical adaptations to a private home and/or vehicle, required by the individual's service plan, which are necessary to ensure the health, welfare, and safety of the individual, or which enable the individual to function with greater independence in the home and community, and without which the individual would require institutionalization.

Fiscal Management/Fiscal Intermediary — Assistance in allocating funds in accordance with an individual service plan and/or individual budget; facilitating employment of staff by an individual who self-directs services.

Habilitation - Day — Assistance with acquisition, retention, or improvement in self-help, socialization and adaptive skills.

Habilitation - Residential — Assistance with acquisition, retention, or improvement in skills related to activities of daily living, such as personal grooming and cleanliness, bed-making and household chores, eating and the preparation of food, and the social and adaptive skills necessary to enable an individual to reside in his/her own home or a non-institutional setting.

Homemaker Services — General household help (meal preparation and routine household care) provided by a trained homemaker, when the individual regularly responsible for these activities is temporarily absent or unable to manage the home and care for him or herself or others in the home.

Home Delivered Meals — The delivery of hot meals and shelf staples to the recipient's residence.

Home Health Services — Medical services in a home setting. Services may be provided by a nurse, occupational, speech or physical therapist, social worker, or home health aide.

Hospice — The provision of short-term services for pain control and management of symptoms related to terminal illness.

ICF/MR — A licensed facility with the primary purpose of providing health or rehabilitative services for people with mental retardation or people with developmental disabilities.

Nursing - Skilled — Nursing services for individuals requiring care beyond the scope of a Certified Nursing Assistant (CNA); provided under the supervision of a registered nurse. This service is aimed at individuals who have achieved a measure of medical stability despite the need for chronic care nursing interventions.

Nursing - Private Duty — Individual and continuous care (in contrast to part time or intermittent care) provided by licensed nurses.

Nursing Facility - Custodial — Provides 24-hour custodial care for chronically-ill or short-term rehabilitative residents of all ages.

Nursing Facility - Skilled — Provides 24-hour skilled nursing care for chronically-ill or short-term rehabilitative residents of all ages.

Personal Care/Assistance — Direct support to an individual in the home or community in performing tasks the individual is functionally unable to complete independently due to disability.

Personal Emergency Response Systems — An electronic device which enables individuals at risk to secure help in an emergency.

Rehabilitation Therapy — Community based rehabilitation services including physical therapy, occupational therapy, and speech therapy.

Respite — Services furnished on a short-term basis to an individual unable to care for him/herself in order to provide relief for those persons normally providing care to the individual.

Senior/Adult Companion Services — Non-medical care, supervision, and socialization provided to a functionally impaired adult. Companions may assist or supervise the individual with tasks such as meal preparation, laundry, and shopping.

Specialized Medical Equipment and Supplies/Assistive Devices — Devices, controls, or appliances which enable an individual to improve the ability to perform activities of daily living, or to perceive, control or communicate with the environment in which they live.

Supported Employment — Activities needed by individuals with disabilities to sustain paid work, such as supervision, transportation, and training.

Supported Living Arrangements — Personal care, homemaker, chore, attendant care, and companion services, and medication oversight provided in a private home by a care provider who lives in the home.

Appendix 3.
Provider Survey Cover Letter

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Executive Office of Health and Human Services
600 New London Avenue
Cranston, RI 02920
[401] 462-2121

July 1, 2009

Dear Provider of Long-Term Supports and Services:

I am writing to ask for your agency's participation in an endeavor of vital importance to long-term care planning in Rhode Island.

The state is sponsoring an independent survey to assess the capacity of on-the-ground providers in the state to meet both current and future demand for long-term supports and services as the population ages and the state looks to restructure the long-term care system to better meet the needs of Rhode Islanders. The survey is being conducted by The Hilltop Institute at the University of Maryland, Baltimore County (www.hilltopinstitute.org) under Rhode Island's 2006 Real Choice Systems Transformation Grant awarded by the Centers for Medicare and Medicaid Services (CMS).

The survey is important because responses will provide baseline data for a forecasting model that is currently being developed by Hilltop. This will enable the State to model the effects of capacity building strategies and public policy changes on future long-term care costs and utilization. Respondents will include the full spectrum of community-based and institutional providers of long-term supports and services in the state. The survey has taken on renewed importance with the approval of Rhode Island's new Global Waiver.

The survey is an opportunity for your agency to have a voice in state policy. Specifically, the survey queries providers about the specific services they provide, current and future service capacity, and barriers to increasing capacity. Also included are questions about the agency's ability to serve clients with special needs, populations and regions of the state served by the agency, and unmet needs for long-term supports and services.

In addition to guiding state long-term care policy, the survey is expected to produce information that will be valuable to providers for strategic planning and new business development. Survey findings will be shared with all participating providers.

To complete the on-line survey, refer to the instructions in the communication from The Hilltop Institute that accompanies this letter.

Your responses will go directly to The Hilltop Institute and all responses will be kept confidential. The survey requests provider names and Medicaid identification numbers solely to facilitate the analysis of survey responses; individual responses will not be shared with DHS.

May we have your help? **We ask that you complete the survey by Friday, July 24, 2009.**

1

If you have questions about completing the survey, please contact The Hilltop Institute directly. Aaron Tripp (atripp@hilltop.umbc.edu; 410-455-6861) or Shari Youngblood (syoungblood@hilltop.umbc.edu; 410-455-6857) will be glad to assist you. At Hilltop, the survey is under the direction of Cynthia Woodcock, Director of Long-Term Supports and Services (cwoodcock@hilltop.umbc.edu; 410-455-6273).

Thank you for assisting the state with this important undertaking.

Sincerely,

Gary Alexander
Secretary

Appendix 4.
Provider Survey Letter of Instruction

The Hilltop Institute

analysis to advance the health of vulnerable populations

University of Maryland, Baltimore County
Sondheim Hall, Third Floor
1000 Hilltop Circle
Baltimore, Maryland 21250

phone: 410-455-6854
fax: 410-455-6850
www.hilltopinstitute.org

July 1, 2009

Recipient
Recipient's title
Provider Name
Street Address
City, State ZIP

Dear [Salutation]:

As discussed in the enclosed letter from Gary Alexander, Secretary of Rhode Island's Executive Office of Health and Human Services, The Hilltop Institute at UMBC is conducting a survey to assess the capacity of Rhode Island's providers to meet both current and future demand for long-term supports and services. Your responses will provide baseline data for a forecasting model that Hilltop is developing that will enable the state to model the effects of capacity building strategies and public policy changes on future long-term care costs and utilization.

Through this survey, your agency will have a voice in state policy. Furthermore, survey findings—which will include important new information for strategic planning and new business development—will be shared with all participating providers.

Who Should Complete the Survey

The survey should be completed by the **executive director or administrator** of agencies providing long-term supports and services in Rhode Island.

If your agency operates facilities or provides services in more than one location in Rhode Island, **complete the survey once, with responses representing all of your locations**.

Complete the survey once even if your agency provides several different services (e.g., assisted living and home health services). The survey will allow you to report on each service that your agency provides.

Due Date

Please complete the survey **by Friday, July 24, 2009**.

UMBC

AN HONORS UNIVERSITY IN MARYLAND

Access to the Survey

To access the on-line survey, go to http://risurvey.hilltopinstitute.org. When prompted to do so, enter your personal user name:

User Name: [User Name]

Completing the Survey

The survey requests information on long-term supports and services provided by your agency in Calendar Year 2008 (January 1 – December 31, 2008). To complete the first series of questions in the survey, **you will need to have on hand the following information for each of the services for which your agency is directly reimbursed:**

- Billing unit.
- For 2008, units of service provided, average payment rate, and the unduplicated number of clients served. If data is available, please break down by 1) Medicaid clients, 2) clients whose services are paid for by another state program; 3) Medicare clients, and 4) clients who are self-pay or privately insured.
- Purpose and dollar amount of contracts with state agencies in SFY 2006, 2007, and 2008 for the provision of long-term supports and services to clients enrolled in non-Medicaid state programs.
- Number of full-time equivalent (FTE) direct service workers available in 2008 to provide each of your agency's services.

The questions that follow should not require any further data collection on your part.

Confidentiality

Your responses to the survey will go directly to The Hilltop Institute and will be kept confidential. Individual responses will not be shared with the state.

Assistance with the Survey

If you have questions about completing the survey, please contact:

Aaron Tripp: atripp@hilltop.umbc.edu; 410-455-6861
Shari Youngblood: syoungblood@hilltop.umbc.edu; 410-455-6857

At Hilltop, the survey is under my direction. I can be reached at cwoodcock@hilltop.umbc.edu; 410-455-6273. Thank you for your participation.

Sincerely,

Cynthia H. Woodcock
Director
Long-Term Supports and Services

Appendix 5.
Total Units of Service Provided, Average Payment Rates, and Total Number of Unduplicated Clients, by Service, in 2008

	n	Percent of Respondents	Medicaid	Other State Programs	Medicare	Private Insurance or Self-Pay	Total
ADULT DAY SERVICES							
Units of Service Provided (Day)	9	75%	56,851	24,963	0	10,175	91,989
Average Payment Rate			$51.51	$43.26	$0.00	$57.68	$49.95
Number of Unduplicated Clients			627	157	0	163	
ASSISTED LIVING							
Units of Service Provided (Month)*	7	70%	2,208	80	0	8,160	10,448
Average Payment Rate			$1,116.55	$917.30	$0.00	$2,562.83	$2,244.58
Number of Unduplicated Clients			167	7	0	257	
*Providers reported both day and month as units of service. Days were converted to months by converting 30 days into a month.							
CASE MANAGEMENT							
Units of Service Provided (Hour)*	6	38%	13,000	306	173	27,292	46,971
Average Payment Rate			$38.94	$43.41	$0.00	$27.21	$31.09
Number of Unduplicated Clients			799	12	0	561	
*Providers reported both 15 minutes and hours as units of service. 15 minute units were converted to hours.							
HABILITATION - DAY							
Units of Service Provided (Month)*	13	93%	78,291	13,582	0	3	83,912
Average Payment Rate (Day)†			$86.84	$63.77	$0.00	$63.77	
Average Payment Rate (Month)†			$1,532.62	$1,900.20	$0.00	$0.00	
Number of Unduplicated Clients			1048	20	0	2	
*Providers reported both day and month as units of service. Days were converted to months by converting 30 days into a month.							
†Outliers are excluded from the average.							
HABILITATION - RESIDENTIAL							
Units of Service Provided (Month)*	12	80%	101,045	114,233	0	1,683	111,968
Average Payment Rate (Day)†			$255.74	$220.00	$0.00	$226.84	
Average Payment Rate (Month)†			$7,600.71	$6,963.00	$0.00	$0.00	
Number of Unduplicated Clients			667	44	0	1	
*Providers reported both day and month as units of service. Days were converted to months by converting 30 days into a month.							
†Outliers are excluded from the average.							
HOMEMAKER SERVICES							
Units of Service Provided (Hour)*	8	89%	125,635	6,228	0	72,402	204,264
Average Payment Rate (Hour)			$18.16	$17.90	$0.00	$19.20	$18.52
Number of Unduplicated Clients			419	74	0	345	
*Providers reported both 15 minutes and hours as units of service. 15 minute units were converted to hours.							
HOME HEALTH SERVICES							
Units of Service Provided (Hour)*	10	67%	170,293	2,635	0	68,566	390,868
Units of Service Provided (Other)	3	20%	4,295	2,784	42,557	20,876	70,512
Average Payment Rate (Hour)			$21.61	$18.91	$70.00	$23.90	$22.23
Average Payment Rate (Other)†			$66.08	$26.75	$115.00	$137.06	$115.17
Number of Unduplicated Clients			848	30	3,620	2,110	
*Providers reported both 15 minutes and hours as units of service. 15 minute units were converted to hours.							
†Outliers are excluded from the average.							

	n	Percent of Respondents	Medicaid	Other State Programs	Medicare	Private Insurance or Self-Pay	Total
HOSPICE							
Units of Service Provided (Day)	10	59%	1,569	0	69,830	2,258	86,475
Average Payment Rate (Day)†			$163.23	$0.00	$151.55	$230.64	$154.22
Number of Unduplicated Clients			39	0	917	48	
†Outliers are excluded from the average.							
ICF/MR							
Units of Service Provided (Day)	1	33%	8,295	0	0	0	8,295
Average Payment Rate (Day)			$733.99	$0.00	$0.00	$0.00	$733.99
Number of Unduplicated Clients			25	0	0	0	
NURSING - SKILLED							
Units of Service Provided (Hour)*	6	33%	2,369	0	128	755	16,176
Units of Service Provided (Day)	4	22%	68,903	4,175	19,196	33,034	125,308
Units of Service Provided (Other)	3	17%	50	0	4,799	350	5,199
Average Payment Rate (Hour)			$50.26	$40.00	$105.00	$71.67	$102.23
Average Payment Rate (Day)			$205.57	$208.26	$430.39	$307.20	$341.69
Average Payment Rate (Other)			$67.00	$0.00	$85.00	$85.00	$81.08
Number of Unduplicated Clients			392	119	799	201	
*Providers reported both 15 minutes and hours as units of service. 15 minute units were converted to hours.							
NURSING FACILITY - CUSTODIAL							
Units of Service Provided (Day)	13	59%	439,802	0	0	98,987	619,162
Average Payment Rate (Day)			$176.73	$0.00	$0.00	$223.20	$185.27
Number of Unduplicated Clients			38,928	0	0	292	
NURSING FACILITY - SKILLED							
Units of Service Provided (Day)	27	79%	224,463	2,047	56,947	128,483	419,245
Average Payment Rate (Day)			$202.42	$271.08	$414.13	$298.23	$261.87
Number of Unduplicated Clients			538	18	4,571	947	
REHABILITATION THERAPY							
Units of Service Provided (Hour)*	6	33%	0	0	3,326	1,241	11,267
Units of Service Provided (Day)	2	11%	0	0	2,365	1,598	3,963
Units of Service Provided (Other)	4	22%	0	0	5,166	200	5,366
Average Payment Rate (Hour)*†			$67.09	$65.00	$121.51	$101.87	
Average Payment Rate (Day)			$0.00	$0.00	$435.00	$328.00	
Average Payment Rate (Other)			$0.00	$0.00	$0.00	$0.00	
Number of Unduplicated Clients			17	0	376	47	
*Providers reported both 15 minutes and hours as units of service. 15 minute units were converted to hours.							
†Outliers are excluded from the average.							
RESPITE							
Units of Service Provided (Hour)	4	15%	0	858	0	2,000	2,858
Units of Service Provided (Day)	11	41%	307	0	0	235	554
Average Payment Rate (Hour)			$0.00	$13.18	$0.00	$0.00	$13.18
Average Payment Rate (Day)†			$169.92	$100.00	$0.00	$203.61	$184.53
Number of Unduplicated Clients			29	6	0	14	
†Outliers are excluded from the average.							

	n	Percent of Respondents	Medicaid	Other State Programs	Medicare	Private Insurance or Self-Pay	Total
PERSONAL CARE							
Units of Service Provided (Hour)	4	33%	184,825	32,700	0	98,165	315,638
Units of Service Provided (Day)	11	92%	37	0	0	0	10,117
Average Payment Rate (Hour)			$18.77	$20.03	$0.00	$24.55	$20.70
Number of Unduplicated Clients			699	244	0	295	
COMMUNITY TRANSITION SERVICES							
Units of Service Provided (As Needed)	1	20%	0	0	0	0	0
Average Payment Rate			$0.00	$0.00	$0.00	$0.00	Unknown
Number of Unduplicated Clients			20	0	0	0	
CONGREGATE MEALS							
Units of Service Provided (Other)	1	17%	0	3,390	0	67,000	73,390
Average Payment Rate			$6.11	$0.00	$0.00	$3.60	$3.43
Number of Unduplicated Clients			65	7	0	1,209	
CONSUMER DIRECTION FACILITATION							
Units of Service Provided (As Needed)	1	20%	0	0	0	0	0
Average Payment Rate			$0.00	$0.00	$0.00	$0.00	Unknown
Number of Unduplicated Clients			280	0	0	0	
DURABLE MEDICAL EQUIPMENT							
Units of Service Provided (As Needed)	1	25%	0	0	0	0	0
Average Payment Rate			$0.00	$0.00	$0.00	$0.00	Unknown
Number of Unduplicated Clients			15	0	0	0	
ENVIRONMENTAL MODIFICATIONS							
Units of Service Provided (As Needed)	1	50%	0	0	0	0	0
Average Payment Rate			$0.00	$0.00	$0.00	$0.00	Unknown
Number of Unduplicated Clients			10	0	0	0	
FISCAL MANAGEMENT							
Units of Service Provided (Month)	3	60%	3	0	0	0	987
Average Payment Rate			$0.00	$0.00	$0.00	$0.00	Unknown
Number of Unduplicated Clients			282	0	0	0	
HOME DELIVERED MEALS							
Units of Service Provided (Item)	2	67%	115,259	4,120	0	330,143	449,522
Average Payment Rate			$4.50	$1.00	$0.00	$1.58	$2.32
Number of Unduplicated Clients			755	44	0	2,921	
NURSING - PRIVATE DUTY							
Units of Service Provided (Hour)	4	67%	12,838	0	0	15,200	28,038
Average Payment Rate			$35.00	$0.00	$0.00	$52.92	$44.71
Number of Unduplicated Clients			25	0	0	64	
NURSING - PRIVATE DUTY							
Units of Service Provided (Hour)	4	67%	12,838	0	0	15,200	28,038
Average Payment Rate			$35.00	$0.00	$0.00	$52.92	$44.71
Number of Unduplicated Clients			25	0	0	64	

	n	Percent of Respondents	Medicaid	Other State Programs	Medicare	Private Insurance or Self-Pay	Total
PACE							
Units of Service Provided (Month)	1	100%	0	0	0	0	1,501
Average Payment Rate			$4,900.00	$0.00	$5,400.00	$5,400.00	Unknown
Number of Unduplicated Clients			125*	0	0	0	
*Average number of unduplicated enrollees in a month							
PERSONAL EMERGENCY RESPONSE SYSTEMS							
Units of Service Provided (Month)	2	33%	2,321	0	0	2,142	23,327
Units of Service Provided (Item)	1	17%	5,169	0	0	2,040	7,209
Average Payment Rate			$35.00	$0.00	$0.00	$37.00	$35.96
Number of Unduplicated Clients			496	0	0	647	
SENIOR/ADULT COMPANION SERVICES							
Units of Service Provided (15 minutes)	1	25%	0	0	0	0	0
Units of Service Provided (Hour)	1	25%	0	0	0	7,130	7,130
Units of Service Provided (Month)	1	25%	0	0	0	0	0
Average Payment Rate			$0.00	$0.00	$0.00	$21.00	$21.00
Number of Unduplicated Clients			50	0	0	18	
SPECIALIZED MEDICAL EQUIPMENT AND SUPPLIES							
Units of Service Provided (Day)	1	25%	0	0	0	0	0
Units of Service Provided (As Needed)	1	25%	0	0	0	0	0
Units of Service Provided (Item)	1	25%	420	0	0	0	420
Average Payment Rate			$0.00	$0.00	$0.00	$0.00	Unknown
Number of Unduplicated Clients			19	0	0	0	
SUPPORTED EMPLOYMENT							
Units of Service Provided (Month)	5	50%	5,262	1,921	0	0	7,320
Units of Service Provided (Day)	2	20%	16,299	0	0	0	16,299
Units of Service Provided (Hour)	1	10%	0	0	0	0	200
Average Payment Rate (Month)			$1,099.52	$2,020.10	$0.00	$0.00	$1,345.72
Average Payment Rate (Day)			$85.50	$0.00	$0.00	$0.00	$85.50
Average Payment Rate (Hour)			$30.00	$0.00	$0.00	$0.00	$30.00
Number of Unduplicated Clients			130	17	0	0	
SUPPORTED LIVING ARRANGEMENTS							
Units of Service Provided (Month)	5	100%	4,986	0	0	0	4,986
Average Payment Rate†			$4,618.00	$0.00	$0.00	$0.00	$4,618.00
Number of Unduplicated Clients			54	0	0	0	
†Outliers are excluded from the average.							

n=number of survey respondents

Appendix 6.
Ratings of Barriers to Expanding Capacity, by Provider Type (Q.12)

Barriers to Expanding Capacity	Adult Day Care		Assisted Living		DD Services		Home Health		Home Meals		Hospice	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Availability of Direct Service Workers												
1 (not a barrier)	3	33%	7	100%	2	20%	1	25%	0	0%	1	100%
2	3	33%	0	0%	1	10%	0	0%	0	0%	0	0%
3	0	0%	0	0%	1	10%	1	25%	1	100%	0	0%
4	0	0%	0	0%	4	40%	0	0%	0	0%	0	0%
5	2	22%	0	0%	2	20%	2	50%	0	0%	0	0%
6 (a very big barrier)	1	11%	0	0%	0	0%	0	0%	0	0%	0	0%
Total	9	100%	7	100%	10	100%	4	100%	1	100%	1	100%
Availability of more land or space												
1 (not a barrier)	4	44%	5	71%	3	30%	4	100%	1	100%	1	100%
2	1	11%	0	0%	3	30%	0	0%	0	0%	0	0%
3	2	22%	0	0%	2	20%	0	0%	0	0%	0	0%
4	1	11%	0	0%	1	10%	0	0%	0	0%	0	0%
5	1	11%	0	0%	1	10%	0	0%	0	0%	0	0%
6 (a very big barrier)	0	0%	2	29%	0	0%	0	0%	0	0%	0	0%
Total	9	100%	7	100%	10	100%	4	100%	1	100%	1	100%
Availability of Vendors/Suppliers												
1 (not a barrier)	8	89%	7	100%	7	70%	3	75%	1	100%	1	100%
2	1	11%	0	0%	2	20%	1	25%	0	0%	0	0%
3	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
4	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
5	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
6 (a very big barrier)	0	0%	0	0%	1	10%	0	0%	0	0%	0	0%
Total	9	100%	7	100%	10	100%	4	100%	1	100%	1	100%
Transportation												
1 (not a barrier)	1	11%	7	100%	2	20%	4	100%	0	0%	1	100%
2	0	0%	0	0%	0	0%	0	0%	0	0%	0%	0%
3	1	11%	0	0%	4	40%	0	0%	1	100%	0%	0%
4	2	22%	0	0%	2	20%	0	0%	0	0%	0%	0%
5	3	33%	0	0%	1	10%	0	0%	0	0%	0%	0%
6 (a very big barrier)	2	22%	0	0%	1	10%	0	0%	0	0%	0%	0%
Total	9	100%	7	100%	10	100%	4	100%	1	100%	1	100%
Reimbursement Rates												
1 (not a barrier)	0	0%	3	43%	0	0%	0	0%	0	0%	1	100%
2	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
3	0	0%	1	14%	1	10%	1	25%	0	0%	0	0%
4	1	11%	1	14%	2	20%	0	0%	0	0%	0	0%
5	2	22%	0	0%	1	10%	3	75%	0	0%	0	0%
6 (a very big barrier)	6	67%	2	29%	6	60%	0	0%	1	100%	0	0%
Total	9	100%	7	100%	10	100%	4	100%	1	100%	1	100%

	MHRH Offline		Nursing Home		PACE		Personal Care		Sub. Housing		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Availability of Direct Service Workers												
1 (not a barrier)	3	50%	15	46%	0	0%	2	18%	1	100%	35	42%
2	0	0%	5	15%	1	100%	2	18%	0	0%	12	14%
3	1	17%	6	18%	0	0%	0	0%	0	0%	10	12%
4	2	33%	5	15%	0	0%	1	9%	0	0%	12	14%
5	0	0%	2	6%	0	0%	2	18%	0	0%	10	12%
6 (a very big barrier)	0	0%	0	0%	0	0%	4	36%	0	0%	5	6%
Total	6	100%	33	100%	1	100%	11	100%	1	100%	84	100%
Availability of more land or space												
1 (not a barrier)	3	50%	17	52%	0	0%	10	91%	1	100%	49	58%
2	0	0%	3	9%	1	100%	0	0%	0	0%	8	10%
3	2	33%	1	3%	0	0%	0	0%	0	0%	7	8%
4	0	0%	1	3%	0	0%	1	9%	0	0%	4	5%
5	0	0%	4	12%	0	0%	0	0%	0	0%	6	7%
6 (a very big barrier)	1	17%	7	21%	0	0%	0	0%	0	0%	10	12%
Total	6	100%	33	100%	1	100%	11	100%	1	100%	84	100%
Availability of Vendors/Suppliers												
1 (not a barrier)	5	83%	24	73%	0	0%	10	91%	1	100%	67	80%
2	1	17%	6	18%	1	100%	1	9%	0	0%	13	16%
3	0	0%	2	6%	0	0%	0	0%	0	0%	2	2%
4	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
5	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
6 (a very big barrier)	0	0%	1	3%	0	0%	0	0%	0	0%	2	2%
Total	6	100%	33	100%	1	100%	11	100%	1	100%	84	100%
Transportation												
1 (not a barrier)	2	33%	20	61%	0	0%	4	36%	1	100%	42	50%
2	0	0%	4	12%	0	0%	3	27%	0	0%	7	8%
3	1	17%	4	12%	1	100%	3	27%	0	0%	15	18%
4	0	0%	3	9%	0	0%	0	0%	0	0%	7	8%
5	2	33%	0	0%	0	0%	0	0%	0	0%	6	7%
6 (a very big barrier)	1	17%	2	6%	0	0%	1	9%	0	0%	7	8%
Total	6	100%	33	100%	1	100%	11	100%	1	100%	84	100%
Reimbursement Rates												
1 (not a barrier)	0	0%	3	9%	0	0%	0	0%	1	100%	8	10%
2	1	17%	0	0%	0	0%	1	9%	0	0%	2	2%
3	1	17%	3	9%	0	0%	1	9%	0	0%	8	10%
4	2	33%	2	6%	0	0%	2	18%	0	0%	10	12%
5	0	0%	5	15%	1	100%	0	0%	0	0%	12	14%
6 (a very big barrier)	2	33%	20	61%	0	0%	7	64%	0	0%	44	52%
Total	6	100%	33	100%	1	100%	11	100%	1	100%	84	100%

Barriers to Expanding Capacity	Adult Day Care		Assisted Living		DD Services		Home Health		Home Meals		Hospice	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
State Budget Constraints												
1 (not a barrier)	0	0%	4	57%	0	0%	0	0%	0	0%	1	100%
2	0	0%	1	14%	0	0%	0	0%	0	0%	0%	0%
3	0	0%	0	0%	0	0%	1	25%	0	0%	0%	0%
4	1	11%	0	0%	0	0%	0	0%	0	0%	0%	0%
5	2	22%	0	0%	2	20%	2	50%	0	0%	0%	0%
6 (a very big barrier)	6	67%	2	29%	8	80%	1	25%	1	100%	0%	0%
Total	9	100%	7	100%	10	100%	4	100%	1	100%	1	100%
Capital Costs												
1 (not a barrier)	1	11%	3	43%	2	20%	1	25%	0	0%	1	100%
2	0	0%	0	0%	0	0%	0	0%	1	100%	0	0%
3	4	44%	2	29%	0	0%	2	50%	0	0%	0	0%
4	1	11%	0	0%	2	20%	0	0%	0	0%	0	0%
5	1	11%	0	0%	4	40%	1	25%	0	0%	0	0%
6 (a very big barrier)	2	22%	2	29%	2	20%	0	0%	0	0%	0	0%
Total	9	100%	7	100%	10	100%	4	100%	1	100%	1	100%
Financing												
1 (not a barrier)	2	22%	3	43%	3	30%	1	25%	1	100%	1	100%
2	0	0%	1	14%	2	20%	0	0%	0	0%	0	0%
3	3	33%	1	14%	2	20%	2	50%	0	0%	0	0%
4	1	11%	0	0%	1	0%	1	25%	0	0%	0	0%
5	1	11%	0	0%	0	0%	0	0%	0	0%	0	0%
6 (a very big barrier)	2	22%	2	29%	2	20%	0	0%	0	0%	0	0%
Total	9	100%	7	100%	10	90%	4	100%	1	100%	1	100%
State Regulations												
1 (not a barrier)	4	44%	1	57%	2	20%	1	25%	1	100%	1	100%
2	2	22%	0	0%	0	0%	0	0%	0	0%	0	0%
3	2	22%	0	0%	2	20%	2	50%	0	0%	0	0%
4	1	11%	0	0%	5	50%	0	0%	0	0%	0	0%
5	0	0%	2	29%	1	10%	0	0%	0	0%	0	0%
6 (a very big barrier)	0	0%	1	14%	0	0%	1	25%	0	0%	0	0%
Total	9	100%	4	100%	10	100%	4	100%	1	100%	1	100%
Licensure Requirements												
1 (not a barrier)	4	44%	5	71%	3	30%	2	50%	1	100%	1	100%
2	2	22%	0	0%	0	0%	1	25%	0	0%	0	0%
3	2	22%	0	0%	4	40%	1	25%	0	0%	0	0%
4	1	11%	0	0%	2	20%	0	0%	0	0%	0	0%
5	0	0%	1	14%	1	10%	0	0%	0	0%	0	0%
6 (a very big barrier)	0	0%	1	14%	0	0%	0	0%	0	0%	0	0%
Total	9	100%	7	100%	10	100%	4	100%	1	100%	1	100%
Certificate of Need Regulations												
1 (not a barrier)	6	67%	5	71%	7	70%	2	50%	1	100%	1	100%
2	2	22%	0	0%	0	0%	1	25%	0	0%	0	0%
3	0	0%	1	14%	3	30%	1	25%	0	0%	0	0%
4	1	11%	0	0%	0	0%	0	0%	0	0%	0	0%
5	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
6 (a very big barrier)	0	0%	1	14%	0	0%	0	0%	0	0%	0	0%
Total	9	100%	7	100%	10	100%	4	100%	1	100%	1	100%

	MHRH Offline		Nursing Home		PACE		Personal Care		Sub. Housing		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
State Budget Constraints												
1 (not a barrier)	0	0%	2	6%	0	0%	0	0%	1	100%	8	10%
2	0	0%	0	0%	0	0%	1	9%	0	0%	2	2%
3	1	17%	2	6%	0	0%	1	9%	0	0%	5	6%
4	0	0%	2	6%	0	0%	2	18%	0	0%	5	6%
5	1	17%	3	9%	0	0%	2	18%	0	0%	12	14%
6 (a very big barrier)	4	67%	24	73%	1	100%	5	46%	0	0%	52	62%
Total	6	100%	33	100%	1	100%	11	100%	1	100%	84	100%
Capital Costs												
1 (not a barrier)	2	33%	4	12%	0	0%	3	27%	1	100%	18	21%
2	1	17%	1	3%	0	0%	1	9%	0	0%	4	5%
3	1	17%	7	21%	0	0%	2	18%	0	0%	18	21%
4	2	33%	7	21%	0	0%	3	27%	0	0%	15	18%
5	0	0%	4	12%	1	100%	1	9%	0	0%	12	14%
6 (a very big barrier)	0	0%	10	30%	0	0%	1	9%	0	0%	17	20%
Total	6	100%	33	100%	1	100%	11	100%	1	100%	84	100%
Financing												
1 (not a barrier)	4	67%	8	24%	0	0%	2	18%	1	100%	26	31%
2	1	17%	3	9%	0	0%	1	9%	0	0%	8	10%
3	1	17%	8	24%	0	0%	3	27%	0	0%	20	24%
4	0	0%	6	18%	1	100%	1	9%	0	0%	11	13%
5	0	0%	5	15%	0	0%	2	18%	0	0%	8	10%
6 (a very big barrier)	0	0%	3	9%	0	0%	2	18%	0	0%	11	13%
Total	6	100%	33	100%	1	100%	11	100%	1	100%	84	100%
State Regulations												
1 (not a barrier)	3	50%	6	18%	0	0%	3	27%	1	100%	23	31%
2	1	17%	2	6%	0	0%	3	27%	0	0%	8	10%
3	1	17%	3	9%	1	100%	1	9%	0	0%	12	14%
4	1	17%	4	12%	0	0%	2	18%	0	0%	13	16%
5	0	0%	7	21%	0	0%	2	18%	0	0%	12	14%
6 (a very big barrier)	0	0%	10	30%	0	0%	0	0%	0	0%	12	14%
Total	6	100%	32	97%	1	0%	11	100%	1	100%	80	99%
Licensure Requirements												
1 (not a barrier)	3	50%	13	39%	0	0%	4	36%	1	100%	37	44%
2	2	33%	3	9%	0	0%	4	36%	0	0%	12	14%
3	0	0%	4	12%	1	100%	2	18%	0	0%	14	17%
4	1	17%	2	6%	0	0%	0	0%	0	0%	6	7%
5	0	0%	6	18%	0	0%	1	9%	0	0%	9	11%
6 (a very big barrier)	0	0%	5	15%	0	0%	0	0%	0	0%	6	7%
Total	6	100%	33	100%	1	100%	11	100%	1	100%	84	100%
Certificate of Need Regulations												
1 (not a barrier)	4	67%	11	33%	0	0%	5	46%	1	100%	43	51%
2	1	17%	2	6%	0	0%	2	18%	0	0%	8	10%
3	0	0%	5	15%	1	100%	1	9%	0	0%	12	14%
4	1	17%	2	6%	0	0%	0	0%	0	0%	4	5%
5	0	0%	5	15%	0	0%	0	0%	0	0%	5	6%
6 (a very big barrier)	0	0%	6	18%	0	0%	3	27%	0	0%	10	12%
Total	6	100%	31	94%	1	100%	11	100%	1	100%	82	98%

Barriers to Expanding Capacity	Adult Day Care		Assisted Living		DD Services		Home Health		Home Meals		Hospice	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Accreditation Requirements												
1 (not a barrier)	7	78%	5	71%	9	90%	2	50%	1	100%	1	100%
2	1	11%	0	0%	0	0%	1	25%	0	0%	0	0%
3	0	0%	0	0%	0	0%	1	25%	0	0%	0	0%
4	1	11%	1	14%	0	0%	0	0%	0	0%	0	0%
5	0	0%	0	0%	1	10%	0	0%	0	0%	0	0%
6 (a very big barrier)	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Total	9	100%	6	86%	10	100%	4	100%	1	100%	1	100%
Agency Owners												
1 (not a barrier)	7	78%	7	100%	9	90%	2	50%	1	100%	1	100%
2	1	11%	0	0%	1	10%	1	25%	0	0%	0	0%
3	1	11%	0	0%	0	0%	0	0%	0	0%	0	0%
4	0	0%	0	0%	0	0%	1	25%	0	0%	0	0%
5	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
6 (a very big barrier)	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Total	9	100%	7	100%	10	100%	4	100%	1	100%	1	100%
Agency Administration												
1 (not a barrier)	7%	78%	7	100%	9	90%	2	50%	1	100%	1	100%
2	1%	11%	0	0%	0	0%	1	25%	0	0%	0	0%
3	1%	11%	0	0%	0	0%	0	0%	0	0%	0	0%
4	0%	0%	0	0%	1	10%	1	25%	0	0%	0	0%
5	0%	0%	0	0%	0	0%	0	0%	0	0%	0	0%
6 (a very big barrier)	0%	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Total	9%	100%	7	100%	10	100%	4	100%	1	100%	1	100%
Uncertain Economic Climate												
1 (not a barrier)	2	22%	4	57%	0	0%	0	0%	0	0%	1	100%
2	0	0%	0	0%	1	10%	0	0%	0	0%	0	0%
3	2	22%	2	29%	0	0%	0	0%	0	0%	0	0%
4	2	22%	0	0%	1	10%	4	100%	0	0%	0	0%
5	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
6 (a very big barrier)	3	33%	1	14%	8	80%	0	0%	1	100%	0	0%
Total	9	100%	7	100%	10	100%	4	100%	1	100%	1	100%

	MHRH Offline		Nursing Home		PACE		Personal Care		Sub. Housing		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Accreditation Requirements												
1 (not a barrier)	4	67%	21	64%	1	100%	5	46%	1	100%	57	68%
2	0	0%	7	21%	0	0%	2	18%	0	0%	11	13%
3	1	17%	3	9%	0	0%	2	18%	0	0%	7	8%
4	1	17%	1	3%	0	0%	0	0%	0	0%	4	5%
5	0	0%	0	0%	0	0%	1	9%	0	0%	2	2%
6 (a very big barrier)	0	0%	1	3%	0	0%	1	9%	0	0%	2	2%
Total	6	100%	33	100%	1	100%	11	100%	1	100%	83	99%
Agency Owners												
1 (not a barrier)	6	100%	24	73%	0	0%	9	82%	1	100%	67	4%
2	0	0%	4	12%	1	100%	1	9%	0	0%	9	80%
3	0	0%	1	3%	0	0%	0	0%	0	0%	2	11%
4	0	0%	0	0%	0	0%	0	0%	0	0%	1	2%
5	0	0%	2	6%	0	0%	0	0%	0	0%	2	1%
6 (a very big barrier)	0	0%	0	0%	0	0%	0	0%	0	0%	0	2%
Total	6	100%	31	94%	1	100%	10	91%	1	100%	81	100%
Agency Administration												
1 (not a barrier)	6	100%	26	79%	0	0%	10	91%	1	0%	63.07	83%
2	0	0%	5	15%	0	0%	1	9%	0	0%	7.01	10%
3	0	0%	1	3%	1	100%	0	0%	0	0%	2.01	4%
4	0	0%	0	0%	0	0%	0	0%	0	0%	2	2%
5	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
6 (a very big barrier)	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Total	6	100%	32	97%	1	100%	11	100%	1	0%	74.09	99%
Uncertain Economic Climate												
1 (not a barrier)	1	17%	7	21%	0	0%	2	18%	1	100%	18	21%
2	0	0%	2	6%	0	0%	1	9%	0	0%	4	5%
3	2	33%	6	18%	0	0%	4	36%	0	0%	16	19%
4	2	33%	4	12%	1	100%	2	18%	0	0%	16	19%
5	1	17%	6	18%	0	0%	1	9%	0	0%	8	10%
6 (a very big barrier)	0	0%	7	21%	0	0%	1	9%	0	0%	21	25%
Total	6	100%	32	97%	1	100%	11	100%	1	100%	83	99%

Note: Percentages may not add up to 100 percent due to missing responses.

Appendix 7. Rhode Island Medicaid Long-Term Services and Supports Expenditures, Units of Service, and Unique Users, FY 2008

SERVICE TYPE	CATEGORY OF SERVICE	EXPENDITURES	UNITS	UNIQUE USERS
GRAND TOTAL		**$709,759,970.58**	--	--
INSTITUTIONAL SERVICES		**$403,060,877.99**	**2,156,010**	--
NURSING HOME		$394,309,956.19	2,130,283	8,075
NH MEDICARE PARTICIPATING	NH MEDICARE PARTICIPATING	$296,821,677.80	2,024,766	7,744
NH RHODE ISLAND STATE HOSPITAL	NH RHODE ISLAND STATE HOSPITAL	$97,422,902.39	104,834	357
NH RI CROSSOVER PART A	NH RI CROSSOVER PART A	$65,376.00	683	7
MR FACILITY		$8,508,259.01	13,807	43
ICF/MR PRIVATE	ICF/MR PRIVATE	$4,964,521.98	7,530	25
ICF/MR STATE	ICF/MR STATE	$3,543,737.03	6,277	18
MH FACILITY		$242,662.79	11,920	37
MH FACILITY AGED	MH FACILITY AGED	$19,180.32	677	3
MH FACILITY AGED CROSSOVER PART A	MH FACILITY AGED CROSSOVER PART A	$57,895.92	8,117	28
MH FACILITY UNDER 22	MH FACILITY UNDER 22	$164,029.70	2,073	3
MH FACILITY UNDER 22 CROSSOVER PART A	MH FACILITY UNDER 22 CROSSOVER PART A	$1,556.85	1,053	3
HOSPICE		**$14,063,128.73**	**98,098**	**1,192**
T2042: HOSPICE ROUTINE HOME CARE; PER DEIM	HOSPICE	$352,017.11	2,483	55
T2045: HOSPICE GENERAL INPATIENT CARE; PER DIEM	HOSPICE	$162,338.82	303	36
T2046: HOSPICE LONG TERM CARE, ROOM AND BOARD ONLY; PER DIEM	HOSPICE	$13,548,772.80	95,312	1,155
ASSISTED LIVING		**$2,148,851.44**	**61,149**	**228**
T2031: ASSISTED LIVING, WAIVER, PER DIEM	Assisted Living Facility	$2,148,851.44	61,149	228
ADULT DAY CARE		**$34,247,999.54**	--	--
ADULT DAY PROGRAM - MR/DD		$29,395,137.82	--	1,854
X0339: ADULT DAY CARE - MR/DD	MR Rehab	$7,926,035.86	160,818	354
X6000: ADULT DAY PROGRAM - MR/DD MONTHLY	MR Rehab	$21,332,535.67	16,843	1,505
X6010: ADULT DAY PROGRAM - MR/DD PARTIAL MONTH	MR Rehab	$136,566.29	1,925	128
S5102: DAY CARE SERVICES, ADULT; PER DIEM	DAY CARE	$4,852,861.72	109,415	1,010
HOME HEALTH		**$1,507,174.41**	--	--
X0043: HOME HEALTH NURSING AND THERAPY VISITS	HOME HEALTH PRIVATE	$1,492,232.91	22,858	493
G0156: SERVICES OF HOME HEALTH AIDE IN HOME HEALTH SETTING, EACH 15 MINUTES	HOME HEALTH PRIVATE	$14,941.50	4,169	36

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SERVICE TYPE	CATEGORY OF SERVICE	EXPENDITURES	UNITS	UNIQUE USERS
HOMEMAKER/PERSONAL CARE		**$32,352,184.63**	--	--
S5125: ATTENDANT CARE SERVICES; PER 15 MINUTES		$28,273,131.68	5,896,221	2,517
S5125: ATTENDANT CARE SERVICES; PER 15 MINUTES	HCBS AGED/DISABLED WAIVER	$22,653,980.07	4,694,643	1,883
S5125: ATTENDANT CARE SERVICES; PER 15 MINUTES	HCBS DEA WAIVER	$5,331,318.52	1,140,603	629
S5125: ATTENDANT CARE SERVICES; PER 15 MINUTES	PERSONAL CARE ATTENDANT	$285,631.06	60,132	70
S5125: ATTENDANT CARE SERVICES; PER 15 MINUTES	HCBS PARI WAIVER	$2,202.03	843	8
COMBINED HOMEMAKER AND PERSONAL CARE - MR/DD WAIVER (HOUR)		$1,819,397.74	159,447	93
W1300: COMBINED HOMEMAKER AND PERSONAL CARE - MR/DD WAIVER (1 HOUR)	HCBS MR/DD WAIVER	$1,517,969.10	98,521	75
W1301: COMBINED HOMEMAKER AND PERSONAL CARE-MR/DD WAIVER (1/2 HOUR)	HCBS MR/DD WAIVER	$301,428.64	30,463	56
PERSONAL CARE ONLY - MR/DD WAIVER (HOUR)		$1,247,926.02	89,820	61
W1200: PERSONAL CARE ONLY - MR/DD WAIVER (1 HOUR)	HCBS MR/DD WAIVER	$1,069,482.63	52,096	53
W1201: PERSONAL CARE ONLY - MR/DD WAIVER (1/2 HOUR)	HCBS MR/DD WAIVER	$178,443.39	18,862	36
S5130: HOMEMAKER SERVICE, NOS; PER 15 MINUTES		351,241	88,384	134
S5130: HOMEMAKER SERVICE, NOS; PER 15 MINUTES	HCBS AGED/DISABLED WAIVER	$266,741.84	67,265	106
S5130: HOMEMAKER SERVICE, NOS; PER 15 MINUTES	PERSONAL CARE ATTENDANT	$78,210.47	19,299	41
S5130: HOMEMAKER SERVICE, NOS; PER 15 MINUTES	HCBS DEA WAIVER	$6,288.87	1,820	3
T1019: PERSONAL CARE SVCS, PER 15 MIN., NOT FOR PERSON IN HOSP, NF, ICF/MR		$328,211.29	59,995	31
T1019: PERSONAL CARE SVCS, PER 15 MIN., NOT FOR PERSON IN HOSP, NF, ICF/MR	HBTS	$328,211.29	59,995	31
W1400: HOMEMAKER, LPN - MR/DD WAIVER	PERSONAL CARE ATTENDANT	$211,212.98	6,833	8
HOMEMAKER ONLY - MR/DD WAIVER (HOUR)		$121,063.74	11,837	17
W1100: HOMEMAKER ONLY - MR/DD WAIVER (1 HOUR)	HCBS MR/DD WAIVER	$97,822.82	6,031	10
W1101: HOMEMAKER ONLY - MR/DD WAIVER (1/2 HOUR)	HCBS MR/DD WAIVER	$23,240.92	2,903	8

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SERVICE TYPE	CATEGORY OF SERVICE	EXPENDITURES	UNITS	UNIQUE USERS
OTHER COMMUNITY SERVICES		**$1,662,051.63**	--	--
CASE MANAGEMENT (15 MINUTES)		$551,149.61	60,610	865
T1016: CASE MANAGEMENT, EACH 15 MINUTES	TARGETED CASE MANAGEMENT MH	$159,020.98	30,711	297
T1016: CASE MANAGEMENT, EACH 15 MINUTES	HBTS	$67,808.63	8,274	53
T1017: TARGETED CASE MANAGEMENT, EACH 15 MINUTES	TARGETED CASE MANAGEMENT MH	$324,320.00	21,625	570
T1024: TEAM EVALUATION & MGT. PER ENCOUNTER	HBTS	$391,798.32	30,518	30
COMPREHENSIVE COMMUNITY SUPPORT SERVICES		$229,579.96	--	75
H2000: COMPREHENSIVE MULTIDISCIPLINARY EVALUATION	TARGETED CASE MANAGEMENT MH	$85,489.50	3,296	73
H2015: COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER 15 MINUTES	TARGETED CASE MANAGEMENT MH	$49,925.31	3,963	62
H2016: COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER DIEM	TARGETED CASE MANAGEMENT MH	$47,994.60	12,255	62
H2016: COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER DIEM	HBTS	$46,065.55	8,446	33
H2021: COMMUNITY BASED WRAP AROUND SERVICES, PER 15 MINUTES	TARGETED CASE MANAGEMENT MH	$105.00	6	3
NON-MEDICAL CASE MANAGEMENT (1/4 HR ASSUMED)		$176,249.00	11,907	173
X0377: NON-MEDICAL CASE MANAGEMENT - HIV, PER 1/4 HOUR UNIT	TARGETED CASE MANAGEMENT MH	$145,695.00	9,722	38
X0620: NON-MEDICAL CASE MANAGEMENT - SERVICES FOR BLIND & VISUALLY IMPAIRED (SBVI)	TARGETED CASE MANAGEMENT MH	$29,610.00	2,126	129
X0150: CASE MANAGEMENT-CHILD ADVOCACY NON-MEDICAL PER 1/4 HOUR	TARGETED CASE MANAGEMENT MH	$944.00	59	7
H0046: MENTAL HEALTH SVC, NOT OTHERWISE SPEC.	HBTS	$69,571.90	2,485	32
T2003: NON-EMER. TRANSPORTATION; ENCOUNTER/TRIP	HBTS	$60,528.00	4,068	22
T1023: SCREENING TO DETERMINE APPRO. OF CONSIDERATION FOR PARTICIPATION		$55,154.00	$1,223.00	71
T1023: SCREENING TO DETERMINE APPRO. OF CONSIDERATION FOR PARTICIPATION	HBTS	$28,322.00	104	52
T1023: SCREENING TO DETERMINE APPRO. OF CONSIDERATION FOR PARTICIPATION	TARGETED CASE MANAGEMENT MH	$26,832.00	1,119	54
T1005: RESPITE SERVICES 15 MINUTES	HBTS	$43,661.49	10,105	38
H2014: SKILLS TRAINING AND DEVELOPMENT, PER 15 MINUTES		$35,132.86	2,313	24
H2014: SKILLS TRAINING AND DEVELOPMENT, PER 15 MINUTES	HBTS	$34,361.89	2,268	21

SERVICE TYPE		CATEGORY OF SERVICE	EXPENDITURES	UNITS	UNIQUE USERS
OTHER COMMUNITY SERVICES (CONT.)					
	H2014: SKILLS TRAINING AND DEVELOPMENT, PER 15 MINUTES	TARGETED CASE MANAGEMENT MH	$770.97	45	5
97150: THERAPEUTIC PROCEDURE(S), GROUP (2+)		HBTS	$25,064.70	4,255	2
PATIENT EDUCATION, NOT OTHERWISE CLASSIFIED, NON-PHYSICIAN PROVIDER			$9,839.40	--	17
	S9445: PATIENT EDUCATION, NOT OTHERWISE CLASSIFIED, NON-PHYSICIAN PROVIDER	HBTS	$9,450.00	239	17
	S9446: PATIENT EDUCATION, NOT OTHERWISE CLASSIFIED, NON-PHYSICIAN PROVIDER, GROUP, PER SESSION	HBTS	$389.40	36	2
T2024: SERVICE ASSESS/ PLAN OF CARE DEV., WAIVER		HBTS	$5,285.00	68	35
T1027: FAMILY TRAIN/COUNSELING-CHILD DEV., 15 MIN.		HBTS	$4,545.95	264	26
T1002: RN NURSE SERVICE/15 MINUTES		HBTS	$3,406.16	212	1
G0008: ADMIN. INFLUENZA VIRUS VACCINE		HOME HEALTH PRIVATE	$1,085.28	133	132
MR WAIVER			**$125,642,465.64**	**374,050**	**1,106**
	MR WAIVER	MR WAIVER	$125,642,465.64	374,050	1,106
MHRH OFF-LINE PROVIDERS			**$89,597,942.05**	**25,119**	**2,166**
	X9999: TEMPORARY MHRH OFFLINE SERVICES- ALL PROCEDURES	MHRH INTERIM SOLUTION FOR OFF-LINE SERVICES	$89,597,942.05	25,119	2,166
DURABLE MEDICAL EQUIPMENT			**$5,477,294.52**	**3,836,496**	**4,873**
		DME OTHER	$3,907,369.46	3,810,833	4,342
		DURABLE MEDICAL EQUIPMENT	$795,935.01	10,832	590
		DME A&D WAIVER	$517,644.37	11,141	1,245
		DME DEA WAIVER	$132,677.01	3,590	387
		DME MR/DD WAIVER	$96,810.38	84	68
		DME PARI WAIVER	$26,858.29	16	11

NOTES:

1) All figures were calculated using Medicaid UNISYS data provided by EDS. The September 2009 data pull captured claims data for all individuals who, at some point during FY 2006-FY 2008, had at least one claim for either institutional long-term care or home and community-based services. The data were refined further by keeping only those claims with a "long-term care" category of service.

2) Service types have been defined at the procedure code level **unless** the procedure code is missing, in which case the formatted category of service is used. When the procedure code is available, the five character value precedes the definition.

3) The data received from EDS do not have Medicaid paid amounts distributed amongst lines on a multi-line claim. In these cases cost cannot reliably be split between the multiple procedure codes associated with a given claim, so only the 'header' code is assigned any dollars. While much more prevalent in hospital and physician claims, this situation still occurs on a minority of long-term care claims.

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Appendix 8.
Data Request Specifications

For the resource mapping project, The Hilltop Institute requested data from Rhode Island's Medicaid Management Information System (MMIS) for FYs 2006-2008. In addition, Hilltop requested Medicaid payment rates for institutional and home and community-based services for the same period. These files were transferred to Hilltop using Hilltop's HIPAA-compliant secure FTP site.

The data request was guided by two assumptions. First, the only individuals receiving Medicaid home and community-based services during the study period who were included in the study were those participating in the following Section 1915(c) waivers:

Aged and Disabled
Assisted Living
Department of Elderly Affairs (DEA)
Habilitation
Mental Retardation/Developmental Disabilities (MR/DD)
Personal Choice (formerly PARI)

Second, the only institutionalized individuals included in the study are those who resided in one of the following settings during the study period:

Nursing facility (NF)
Intermediate care facility for the mentally retarded (ICF-MR)
Eleanor Slater Unified Hospital System (ESH)
Institution for mental disease (IMD)
Chronic hospital

MMIS Data

For waiver participants and institutionalized individuals, Hilltop requested all Medicaid claims[28] during the study period for which the date of service falls within an individual's long-term services and supports span. For waiver participants, this included all claims with a date of service between the beginning and ending dates of waiver enrollment. For institutionalized individuals, this included claims with a date of service concurrent with a long-term services and supports institutional claim. The data request included these specific files and data elements:

[28] Long-term care claims as well as claims for outpatient, inpatient, physician, home health, dental, pharmacy services, and capitation payments.

Claims Files: All claims during a long-term services and supports span

Claim identifier
Recipient identifier
Provider identifier
Beginning and ending dates of service
Date of payment
Category of service
Procedure/revenue code (including modifiers if present)
Units of service
Line number
Medicaid payment amount
Medicare payment amount (for crossover claims)
Third-party liability amount

Recipient File: One record for each unique individual in the claims files

Recipient identifier
Identifying information: name, social security number, address
Birth date
Race
Gender
County of residence
Dually eligible indicator

Eligibility/Enrollment File: One or more records for each unique individual in the claims files

Medicaid eligibility category
Waiver enrollment category (if applicable)
Beginning and ending dates of eligibility/enrollment

Provider Files: One record for each unique provider

Provider identifier
Provider type
Provider name
Name of provider's contact (if available)
Provider phone number
Provider address

Medicaid Reimbursement Rates

Hilltop requested Medicaid payment rate information for long-term services and supports as follows:

Name of service
Billing code (procedure code/revenue code)
Unit of service
Payment rate

Medicaid payment rate information was requested for these services:

Institutional Services

Nursing Home
ICF-MR
ESH
IMD
Chronic Hospital

Waiver Services

Aged and Disabled Waiver
- Homemaker
- Personal Care
- Meals on Wheels
- Environmental Modifications
- Specialized Equipment
- Emergency Response
- Community Transition Services

Assisted Living Waiver
- Assisted Living
- Case Management
- Specialized Equipment

DEA Waiver
- Homemaker
- Case Management
- Personal Care
- Assisted Living
- Meals on Wheels
- Senior Companion
- Environmental Modifications
- Specialized Equipment

- Emergency Response
- Respite

Habilitation Waiver

- Case Management
- Private Duty Nursing
- Rehabilitation Therapy
- Personal Care
- Environmental Modification
- Specialized Medical Equipment
- Residential Habilitation
- Day Habilitation
- Supported Employment
- Personal Emergency Response Systems

MR/DD Waiver

- Specialized Homemaker
- Adult Foster Care
- Homemaker
- Personal Care
- Respite
- Environmental Modification
- Specialized Medical Equipment
- Residential Habilitation
- Day Habilitation
- Supported Employment
- Emergency Response

Personal Choice Waiver

- Service Advisement
- Fiscal Agent
- Direct Care Worker
- Environmental Accessibility
- Specialized Equipment
- Emergency Response
- Meals on Wheels
- Other Goods and Services

Appendix 9.
Expenditures, Units of Service, and Unique Users by Population, FY 2008

	SERVICE CATEGORY	Total Population EXPENDITURES	UNITS	UNIQUE USERS
GRAND TOTAL		**$711,941,505.09**		**14,496**
INSTITUTIONAL SERVICES		**$403,060,877.99**	**2,156,010**	**8,126**
NURSING HOME		**$394,309,956.19**	**2,130,283**	**8,075**
	NH MEDICARE PARTICIPATING	$296,821,677.80	2,024,766	7,744
	NH RHODE ISLAND STATE HOSPITAL	$97,422,902.39	104,834	357
	NH RI CROSSOVER PART A	$65,376.00	683	7
MR FACILITY		**$8,508,259.01**	**13,807**	**43**
	ICF/MR PRIVATE	$4,964,521.98	7,530	25
	ICF/MR STATE	$3,543,737.03	6,277	18
MH FACILITY		**$242,662.79**	**11,920**	**37**
	MH FACILITY AGED CROSSOVER PART A	$57,895.92	8,117	28
	MH FACILITY AGED	$19,180.32	677	3
	MH FACILITY UNDER 22 CROSSOVER PART A	$1,556.85	1,053	3
	MH FACILITY UNDER 22	$164,029.70	2,073	3
HOSPICE		**$14,063,128.73**	**98,098**	**1,192**
	T2046: HOSPICE LONG TERM CARE, ROOM AND BOARD ONLY; PER DIEM	$13,548,772.80	95,312	1,155
	T2042: HOSPICE ROUTINE HOME CARE; PER DEIM	$352,017.11	2,483	55
	T2045: HOSPICE GENERAL INPATIENT CARE; PER DIEM	$162,338.82	303	36
ASSISTED LIVING		**$2,148,851.44**	**61,149**	**228**
	T2031: ASSISTED LIVING, WAIVER, PER DIEM	$2,148,851.44	61,149	228
ADULT DAY CARE		**$34,247,999.54**	**289,001**	**2,851**
	X6000: ADULT DAY PROGRAM - MR/DD MONTHLY	$21,332,535.67	16,843	1,505
	X0339: ADULT DAY CARE - MR/DD	$7,926,035.86	160,818	354
	X6010: ADULT DAY PROGRAM - MR/DD PARTIAL MONTH	$136,566.29	1,925	128
	S5102: DAY CARE SERVICES, ADULT; PER DIEM	$4,852,861.72	109,415	1,010
HOME HEALTH		**$1,995,040.12**	**41,071**	**1,816**
	X0043: HOME HEALTH NURSING AND THERAPY VISITS	$1,492,232.91	22,858	493
	G0156: SERVICES OF HOME HEALTH AIDE IN HOME HEALTH SETTING, EACH 15 MINUTES	$14,941.50	4,169	36
	S5161: EMERGENCY RESPONSE SYSTEM; SERVICE FEE, PER MONTH (EXCLUDES INSTALLATION	$487,865.71	14,044	1,562
HOMEMAKER/PERSONAL CARE		**$34,322,609.68**	**6,688,800**	**2,821**
	S5125: ATTENDANT CARE SERVICES; PER 15 MINUTES	$29,693,238.23	6,202,419	2,580
	W1300: COMBINED HOMEMAKER AND PERSONAL CARE - MR/DD WAIVER (1HOUR)	$1,517,969.10	98,521	75
	W1200: PERSONAL CARE ONLY - MR/DD WAIVER (1 HOUR)	$1,069,482.63	52,096	53
	S5170: HOME DELIVERED MEALS, INCLUDING PREPARATION; PER MEAL	$550,318.50	122,293	789
	S5130: HOMEMAKER SERVICE, NOS; PER 15 MINUTES	$351,241.18	88,384	134
	T1019: PERSONAL CARE SERVICES, PER 15 MINUTES, NOT FOR AN INPATIENT OR RESIDENT	$328,211.29	59,995	31
	W1301: COMBINED HOMEMAKER AND PERSONAL CARE-MR/DD WAIVER (1/2 HOUR)	$301,428.64	30,463	56
	W1400: HOMEMAKER, LPN - MR/DD WAIVER	$211,212.98	6,833	8
	W1201: PERSONAL CARE ONLY - MR/DD WAIVER (1/2 HOUR)	$178,443.39	18,862	36
	W1100: HOMEMAKER ONLY - MR/DD WAIVER (1 HOUR)	$97,822.82	6,031	10
	W1101: HOMEMAKER ONLY - MR/DD WAIVER (1/2 HOUR)	$23,240.92	2,903	8

		Total Population continued		
OTHER COMMUNITY SERVICES		**$1,873,161.09**	**184,205**	**1,716**
	T1024: TEAM EVALUATION & MANAGEMENT PER ENCOUNTER	$394,034.40	30,732	31
	T1017: TARGETED CASE MANAGEMENT, EACH 15 MINUTES	$324,320.00	21,625	570
	T1016: CASE MANAGEMENT, EACH 15 MINUTES	$228,341.54	39,128	300
	T1002: RN NURSE SERVICE/15 MINUTES	$175,673.31	21,296	16
	X0377: NON-MEDICAL CASE MANAGEMENT - HIV, PER 1/4 HOUR UNIT	$145,695.00	9,722	38
	H2016: COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER DIEM	$94,150.90	20,976	67
	H2000: COMPREHENSIVE MULTIDISCIPLINARY EVALUATION	$85,983.74	3,300	73
	T2003: NON-EMERGENCY TRANSPORTATION; ENCOUNTER/TRIP	$82,995.52	8,238	56
	H0046: MENTAL HEALTH SERVICES, NOT OTHERWISE SPECIFIED	$71,376.40	2,543	44
	T1023: SCREENING TO DETERMINE THE APPROPRIATENESS OF CONSIDERATION OF AN INDIVID	$55,308.44	1,226	71
	H2015: COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER 15 MINUTES	$51,938.31	4,073	62
	T1005: RESPITE SERVICES 15 MINUTES	$43,661.49	10,105	38
	H2014: SKILLS TRAINING AND DEVELOPMENT, PER 15 MINUTES	$35,912.86	2,365	25
	97150: THERAPEUTIC PROCEDURE(S), GROUP (2 OR MORE INDIVIDUALS)	$29,885.06	5,250	41
	X0620: NON-MEDICAL CASE MANAGEMENT - SERVICES FOR BLIND & VISUALLY IMPAIRED (SBV	$29,610.00	2,126	129
	S9445: PATIENT EDUCATION, NOT OTHERWISE CLASSIFIED, NON-PHYSICIAN PROVIDER	$9,450.00	239	17
	T2024: SERVICE ASSESMENT/ PLAN OF CARE DEVELOPMENT, WAIVER	$5,285.00	68	35
	T1027: FAMILY TRAINING AND COUNSELING FOR CHILD DEVELOPMENT, PER 15 MINUTES	$4,638.59	270	27
	G0008: ADMINISTRATION OF INFLUENZA VIRUS VACCINE	$2,443.37	730	726
	S9446: PATIENT EDUCATION, NOT OTHERWISE CLASSIFIED, NON-PHYSICIAN PROVIDER, GROU	$1,408.16	128	8
	X0150: CASE MANAGEMENT-CHILD ADVOCACY NON-MEDICAL PER 1/4 HOUR	$944.00	59	7
	H2021: COMMUNITY BASED WRAP AROUND SERVICES, PER 15 MINUTES	$105.00	6	3
MR WAIVER SERVICES		**$125,642,465.64**	**374,050**	**1,106**
	MR WAIVER	$125,642,465.64	374,050	1,106
MHRH OFF-LINE PROVIDERS		**$89,597,942.05**	**25,119**	**2,166**
	X9999: TEMPORARY MHRH OFFLINE SERVICES- ALL PROCEDURES	$89,597,942.05	25,119	2,166
DURABLE MEDICAL EQUIPMENT		**$4,989,428.81**	**3,822,452**	**4,616**
	DME Other	$3,900,820.71	3,810,645	4,336
	DURABLE MEDICAL EQUIPMENT	$795,935.01	10,832	590
	DME MR/DD WAIVER	$96,810.38	84	68
	DME A&D WAIVER	$33,258.01	577	438
	DME DEA WAIVER	$8,195.63	162	113
	DME PARI WAIVER	$575.27	5	5
	S5165: HOME MODIFICATIONS; PER SERVICE	$153,833.80	147	139

		Children with Special Healthcare Needs		
SERVICE CATEGORY		EXPENDITURES	UNITS	UNIQUE USERS
GRAND TOTAL		**$9,777,862.27**		**160**
INSTITUTIONAL SERVICES		**$4,643,084.92**	**8,390**	
NURSING HOME		**$959,400.80**	**983**	
	NH MEDICARE PARTICIPATING	$3,386.51	20	1
	NH RHODE ISLAND STATE HOSPITAL	$956,014.29	963	3
	NH RI CROSSOVER PART A	$0.00	0	0
MR FACILITY		**$3,519,654.42**	**5,334**	
	ICF/MR PRIVATE	$3,519,654.42	5,334	19
	ICF/MR STATE	$0.00	0	0
MH FACILITY		**$164,029.70**	**2,073**	
	MH FACILITY AGED CROSSOVER PART A	$0.00	0	0
	MH FACILITY AGED	$0.00	0	0
	MH FACILITY UNDER 22 CROSSOVER PART A	$0.00	0	0
	MH FACILITY UNDER 22	$164,029.70	2,073	3
HOSPICE		**$0.00**	**0**	
	T2046: HOSPICE LONG TERM CARE, ROOM AND BOARD ONLY; PER DIEM	$0.00	0	0
	T2042: HOSPICE ROUTINE HOME CARE; PER DEIM	$0.00	0	0
	T2045: HOSPICE GENERAL INPATIENT CARE; PER DIEM	$0.00	0	0
ASSISTED LIVING		**$0.00**	**0**	
	T2031: ASSISTED LIVING, WAIVER, PER DIEM	$0.00	0	0
ADULT DAY CARE		**$37,514.68**	**142**	
	X6000: ADULT DAY PROGRAM - MR/DD MONTHLY	$31,976.28	27	3
	X0339: ADULT DAY CARE - MR/DD	$0.00	0	0
	X6010: ADULT DAY PROGRAM - MR/DD PARTIAL MONTH	$0.00	0	0
	S5102: DAY CARE SERVICES, ADULT; PER DIEM	$5,538.40	115	1
HOME HEALTH		**$25,060.82**	**759**	
	X0043: HOME HEALTH NURSING AND THERAPY VISITS	$23,042.74	343	7
	G0156: SERVICES OF HOME HEALTH AIDE IN HOME HEALTH SETTING, EACH 15 MINUTES	$2,018.08	416	2
	S5161: EMERGENCY RESPONSE SYSTEM; SERVICE FEE, PER MONTH (EXCLUDES INSTALLATION			0
HOMEMAKER/PERSONAL CARE		**$2,233,025.81**	**393,375**	
	S5125: ATTENDANT CARE SERVICES; PER 15 MINUTES	$1,433,597.70	308,854	64
	W1300: COMBINED HOMEMAKER AND PERSONAL CARE - MR/DD WAIVER (1HOUR)	$123,644.81	9,246	9
	W1200: PERSONAL CARE ONLY - MR/DD WAIVER (1 HOUR)	$159,149.09	7,842	10
	S5170: HOME DELIVERED MEALS, INCLUDING PREPARATION; PER MEAL	$0.00	0	0
	S5130: HOMEMAKER SERVICE, NOS; PER 15 MINUTES	$0.00	0	0
	T1019: PERSONAL CARE SERVICES, PER 15 MINUTES, NOT FOR AN INPATIENT OR RESIDENT	$319,979.89	58,465	29
	W1301: COMBINED HOMEMAKER AND PERSONAL CARE-MR/DD WAIVER (1/2 HOUR)	$5,431.23	547	1
	W1400: HOMEMAKER, LPN - MR/DD WAIVER	$136,544.74	4,429	5
	W1201: PERSONAL CARE ONLY - MR/DD WAIVER (1/2 HOUR)	$14,971.79	1,544	7
	W1100: HOMEMAKER ONLY - MR/DD WAIVER (1 HOUR)	$39,706.56	2,448	4
	W1101: HOMEMAKER ONLY - MR/DD WAIVER (1/2 HOUR)	$0.00	0	0

		Children with Special Healthcare Needs continued		
OTHER COMMUNITY SERVICES		**$1,219,778.01**	**138,679**	
	T1024: TEAM EVALUATION & MANAGEMENT PER ENCOUNTER	$376,861.86	29,434	30
	T1017: TARGETED CASE MANAGEMENT, EACH 15 MINUTES	$0.00	0	0
	T1016: CASE MANAGEMENT, EACH 15 MINUTES	$105,122.96	30,372	75
	T1002: RN NURSE SERVICE/15 MINUTES	$175,673.31	21,296	16
	X0377: NON-MEDICAL CASE MANAGEMENT - HIV, PER 1/4 HOUR UNIT	$0.00	0	0
	H2016: COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER DIEM	$91,022.40	20,272	63
	H2000: COMPREHENSIVE MULTIDISCIPLINARY EVALUATION	$85,751.74	3,289	69
	T2003: NON-EMERGENCY TRANSPORTATION; ENCOUNTER/TRIP	$79,706.91	7,973	53
	H0046: MENTAL HEALTH SERVICES, NOT OTHERWISE SPECIFIED	$68,200.90	2,426	33
	T1023: SCREENING TO DETERMINE THE APPROPRIATENESS OF CONSIDERATION OF AN INDIVID	$54,168.44	1,221	68
	H2015: COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER 15 MINUTES	$50,193.31	3,936	58
	T1005: RESPITE SERVICES 15 MINUTES	$43,359.57	10,037	37
	H2014: SKILLS TRAINING AND DEVELOPMENT, PER 15 MINUTES	$35,440.36	2,338	24
	97150: THERAPEUTIC PROCEDURE(S), GROUP (2 OR MORE INDIVIDUALS)	$29,756.84	5,120	25
	X0620: NON-MEDICAL CASE MANAGEMENT - SERVICES FOR BLIND & VISUALLY IMPAIRED (SBV	$2,800.00	200	9
	S9445: PATIENT EDUCATION, NOT OTHERWISE CLASSIFIED, NON-PHYSICIAN PROVIDER	$9,450.00	239	17
	T2024: SERVICE ASSESMENT/ PLAN OF CARE DEVELOPMENT, WAIVER	$5,285.00	68	35
	T1027: FAMILY TRAINING AND COUNSELING FOR CHILD DEVELOPMENT, PER 15 MINUTES	$4,551.09	265	26
	G0008: ADMINISTRATION OF INFLUENZA VIRUS VACCINE	$8.16	2	2
	S9446: PATIENT EDUCATION, NOT OTHERWISE CLASSIFIED, NON-PHYSICIAN PROVIDER, GROU	$1,408.16	128	8
	X0150: CASE MANAGEMENT-CHILD ADVOCACY NON-MEDICAL PER 1/4 HOUR	$912.00	57	6
	H2021: COMMUNITY BASED WRAP AROUND SERVICES, PER 15 MINUTES	$105.00	6	3
MR WAIVER SERVICES		**$216,104.09**	**729**	
	MR WAIVER	$216,104.09	729	4
MHRH OFF-LINE PROVIDERS		**$1,065,673.59**	**347**	
	X9999: TEMPORARY MHRH OFFLINE SERVICES- ALL PROCEDURES	$1,065,673.59	347	53
DURABLE MEDICAL EQUIPMENT		**$337,620.35**	**230,161**	
	DME Other	$231,302.32	228,638	82
	DURABLE MEDICAL EQUIPMENT	$103,841.23	1,515	52
	DME MR/DD WAIVER	$2,470.80	2	2
	DME A&D WAIVER	$0.00	0	0
	DME DEA WAIVER	$1.00	1	0
	DME PARI WAIVER	$2.00	2	0
	S5165: HOME MODIFICATIONS; PER SERVICE	$3.00	3	0

		MR/DD		
	SERVICE CATEGORY	EXPENDITURES	UNITS	UNIQUE USERS
GRAND TOTAL		**$253,274,889.11**		**3,125**
INSTITUTIONAL SERVICES		**$4,705,939.13**	**12,361**	
NURSING HOME		**$1,906,146.35**	**7,125**	
	NH MEDICARE PARTICIPATING	$917,815.21	6,114	53
	NH RHODE ISLAND STATE HOSPITAL	$988,331.14	1,011	6
	NH RI CROSSOVER PART A	$0.00	0	0
MR FACILITY		**$2,799,282.59**	**5,046**	
	ICF/MR PRIVATE	$0.00	0	0
	ICF/MR STATE	$2,799,282.59	5,046	14
MH FACILITY		**$510.19**	**190**	
	MH FACILITY AGED CROSSOVER PART A	$0.00	0	0
	MH FACILITY AGED	$0.00	0	0
	MH FACILITY UNDER 22 CROSSOVER PART A	$510.19	190	1
	MH FACILITY UNDER 22	$0.00	0	0
HOSPICE		**$46,822.38**	**289**	
	T2046: HOSPICE LONG TERM CARE, ROOM AND BOARD ONLY; PER DIEM	$15,340.97	100	4
	T2042: HOSPICE ROUTINE HOME CARE; PER DEIM	$23,668.15	176	2
	T2045: HOSPICE GENERAL INPATIENT CARE; PER DIEM	$7,813.26	13	1
ASSISTED LIVING		**$0.00**	**0**	
	T2031: ASSISTED LIVING, WAIVER, PER DIEM	$0.00	0	0
ADULT DAY CARE		**$29,533,214.50**	**183,090**	
	X6000: ADULT DAY PROGRAM - MR/DD MONTHLY	$21,300,559.39	16,816	1,502
	X0339: ADULT DAY CARE - MR/DD	$7,926,035.86	160,818	354
	X6010: ADULT DAY PROGRAM - MR/DD PARTIAL MONTH	$136,566.29	1,925	128
	S5102: DAY CARE SERVICES, ADULT; PER DIEM	$170,052.96	3,531	33
HOME HEALTH		**$82,033.12**	**1,418**	
	X0043: HOME HEALTH NURSING AND THERAPY VISITS	$80,754.08	1,212	50
	G0156: SERVICES OF HOME HEALTH AIDE IN HOME HEALTH SETTING, EACH 15 MINUTES	$859.04	194	3
	S5161: EMERGENCY RESPONSE SYSTEM; SERVICE FEE, PER MONTH (EXCLUDES INSTALLATION	$420.00	12	1
HOMEMAKER/PERSONAL CARE		**$2,959,050.20**	**197,510**	
	S5125: ATTENDANT CARE SERVICES; PER 15 MINUTES	$30,666.54	6,327	5
	W1300: COMBINED HOMEMAKER AND PERSONAL CARE - MR/DD WAIVER (1HOUR)	$1,394,324.29	89,275	66
	W1200: PERSONAL CARE ONLY - MR/DD WAIVER (1 HOUR)	$910,333.54	44,254	43
	S5170: HOME DELIVERED MEALS, INCLUDING PREPARATION; PER MEAL	$0.00	0	0
	S5130: HOMEMAKER SERVICE, NOS; PER 15 MINUTES	$0.00	0	0
	T1019: PERSONAL CARE SERVICES, PER 15 MINUTES, NOT FOR AN INPATIENT OR RESIDENT	$8,231.40	1,530	2
	W1301: COMBINED HOMEMAKER AND PERSONAL CARE-MR/DD WAIVER (1/2 HOUR)	$295,997.41	29,916	55
	W1400: HOMEMAKER, LPN - MR/DD WAIVER	$74,668.24	2,404	3
	W1201: PERSONAL CARE ONLY - MR/DD WAIVER (1/2 HOUR)	$163,471.60	17,318	29
	W1100: HOMEMAKER ONLY - MR/DD WAIVER (1 HOUR)	$58,116.26	3,583	6
	W1101: HOMEMAKER ONLY - MR/DD WAIVER (1/2 HOUR)	$23,240.92	2,903	8

		MR/DD continued		
OTHER COMMUNITY SERVICES		**$36,046.81**	**3,912**	
	T1024: TEAM EVALUATION & MANAGEMENT PER ENCOUNTER	$17,172.54	1,298	1
	T1017: TARGETED CASE MANAGEMENT, EACH 15 MINUTES	$0.00	0	0
	T1016: CASE MANAGEMENT, EACH 15 MINUTES	$1,418.58	636	6
	T1002: RN NURSE SERVICE/15 MINUTES	$0.00	0	0
	X0377: NON-MEDICAL CASE MANAGEMENT - HIV, PER 1/4 HOUR UNIT	$0.00	0	0
	H2016: COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER DIEM	$3,128.50	704	4
	H2000: COMPREHENSIVE MULTIDISCIPLINARY EVALUATION	$232.00	11	4
	T2003: NON-EMERGENCY TRANSPORTATION; ENCOUNTER/TRIP	$3,288.61	265	3
	H0046: MENTAL HEALTH SERVICES, NOT OTHERWISE SPECIFIED	$1,716.00	75	2
	T1023: SCREENING TO DETERMINE THE APPROPRIATENESS OF CONSIDERATION OF AN INDIVID	$1,140.00	5	3
	H2015: COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER 15 MINUTES	$1,745.00	137	4
	T1005: RESPITE SERVICES 15 MINUTES	$301.92	68	1
	H2014: SKILLS TRAINING AND DEVELOPMENT, PER 15 MINUTES	$472.50	27	1
	97150: THERAPEUTIC PROCEDURE(S), GROUP (2 OR MORE INDIVIDUALS)	$119.55	28	3
	X0620: NON-MEDICAL CASE MANAGEMENT - SERVICES FOR BLIND & VISUALLY IMPAIRED (SBV	$3,318.00	237	7
	S9445: PATIENT EDUCATION, NOT OTHERWISE CLASSIFIED, NON-PHYSICIAN PROVIDER	$0.00	0	0
	T2024: SERVICE ASSESMENT/ PLAN OF CARE DEVELOPMENT, WAIVER	$0.00	0	0
	T1027: FAMILY TRAINING AND COUNSELING FOR CHILD DEVELOPMENT, PER 15 MINUTES	$87.50	5	1
	G0008: ADMINISTRATION OF INFLUENZA VIRUS VACCINE	$1,874.11	414	410
	S9446: PATIENT EDUCATION, NOT OTHERWISE CLASSIFIED, NON-PHYSICIAN PROVIDER, GROU	$0.00	0	0
	X0150: CASE MANAGEMENT-CHILD ADVOCACY NON-MEDICAL PER 1/4 HOUR	$32.00	2	1
	H2021: COMMUNITY BASED WRAP AROUND SERVICES, PER 15 MINUTES	$0.00	0	0
MR WAIVER SERVICES		**$125,426,361.55**	**373,321**	
	MR WAIVER	$125,426,361.55	373,321	1,102
MHRH OFF-LINE PROVIDERS		**$88,532,268.46**	**24,772**	
	X9999: TEMPORARY MHRH OFFLINE SERVICES- ALL PROCEDURES	$88,532,268.46	24,772	2,113
DURABLE MEDICAL EQUIPMENT		**$1,953,152.96**	**1,651,623**	
	DME Other	$1,588,995.47	1,646,046	1,227
	DURABLE MEDICAL EQUIPMENT	$269,811.91	5,489	217
	DME MR/DD WAIVER	$94,339.58	82	66
	DME A&D WAIVER	$0.00	0	0
	DME DEA WAIVER	$1.00	1	0
	DME PARI WAIVER	$2.00	2	0
	S5165: HOME MODIFICATIONS; PER SERVICE	$3.00	3	0

		Severe Persistent Mentally Ill		
	SERVICE CATEGORY	EXPENDITURES	UNITS	UNIQUE USERS
GRAND TOTAL		**$9,849,743.01**		**311**
INSTITUTIONAL SERVICES		**$7,671,859.23**	**19,932**	
NURSING HOME		**$7,640,900.67**	**19,150**	
	NH MEDICARE PARTICIPATING	$1,892,821.30	13,015	99
	NH RHODE ISLAND STATE HOSPITAL	$5,743,983.37	6,134	41
	NH RI CROSSOVER PART A	$4,096.00	1	1
MR FACILITY		**$0.00**	**0**	
	ICF/MR PRIVATE	$0.00	0	0
	ICF/MR STATE	$0.00	0	0
MH FACILITY		**$30,958.56**	**782**	
	MH FACILITY AGED CROSSOVER PART A	$30,958.56	782	1
	MH FACILITY AGED	$0.00	0	0
	MH FACILITY UNDER 22 CROSSOVER PART A	$0.00	0	0
	MH FACILITY UNDER 22	$0.00	0	0
HOSPICE		**$24,767.19**	**136**	
	T2046: HOSPICE LONG TERM CARE, ROOM AND BOARD ONLY; PER DIEM	$15,283.74	90	4
	T2042: HOSPICE ROUTINE HOME CARE; PER DEIM	$5,276.31	39	1
	T2045: HOSPICE GENERAL INPATIENT CARE; PER DIEM	$4,207.14	7	1
ASSISTED LIVING		**$132,894.88**	**3,659**	
	T2031: ASSISTED LIVING, WAIVER, PER DIEM	$132,894.88	3,659	15
ADULT DAY CARE		**$123,771.20**	**2,570**	
	X6000: ADULT DAY PROGRAM - MR/DD MONTHLY	$0.00	0	0
	X0339: ADULT DAY CARE - MR/DD	$0.00	0	0
	X6010: ADULT DAY PROGRAM - MR/DD PARTIAL MONTH	$0.00	0	0
	S5102: DAY CARE SERVICES, ADULT; PER DIEM	$123,771.20	2,570	33
HOME HEALTH		**$145,423.15**	**3,259**	
	X0043: HOME HEALTH NURSING AND THERAPY VISITS	$114,748.74	1,727	41
	G0156: SERVICES OF HOME HEALTH AIDE IN HOME HEALTH SETTING, EACH 15 MINUTES	$403.16	659	2
	S5161: EMERGENCY RESPONSE SYSTEM; SERVICE FEE, PER MONTH (EXCLUDES INSTALLATION	$30,271.25	873	99
HOMEMAKER/PERSONAL CARE		**$1,549,203.57**	**324,565**	
	S5125: ATTENDANT CARE SERVICES; PER 15 MINUTES	$1,498,130.13	312,833	172
	W1300: COMBINED HOMEMAKER AND PERSONAL CARE - MR/DD WAIVER (1HOUR)	$0.00	0	0
	W1200: PERSONAL CARE ONLY - MR/DD WAIVER (1 HOUR)	$0.00	0	0
	S5170: HOME DELIVERED MEALS, INCLUDING PREPARATION; PER MEAL	$35,586.00	7,908	55
	S5130: HOMEMAKER SERVICE, NOS; PER 15 MINUTES	$15,487.44	3,824	12
	T1019: PERSONAL CARE SERVICES, PER 15 MINUTES, NOT FOR AN INPATIENT OR RESIDENT	$0.00	0	0
	W1301: COMBINED HOMEMAKER AND PERSONAL CARE-MR/DD WAIVER (1/2 HOUR)	$0.00	0	0
	W1400: HOMEMAKER, LPN - MR/DD WAIVER	$0.00	0	0
	W1201: PERSONAL CARE ONLY - MR/DD WAIVER (1/2 HOUR)	$0.00	0	0
	W1100: HOMEMAKER ONLY - MR/DD WAIVER (1 HOUR)	$0.00	0	0
	W1101: HOMEMAKER ONLY - MR/DD WAIVER (1/2 HOUR)	$0.00	0	0

		Severe Persistent Mentally Ill continued		
OTHER COMMUNITY SERVICES		**$24,437.96**	**1,662**	
	T1024: TEAM EVALUATION & MANAGEMENT PER ENCOUNTER	$0.00	0	0
	T1017: TARGETED CASE MANAGEMENT, EACH 15 MINUTES	$6,795.00	453	12
	T1016: CASE MANAGEMENT, EACH 15 MINUTES	$4,350.00	290	14
	T1002: RN NURSE SERVICE/15 MINUTES	$0.00	0	0
	X0377: NON-MEDICAL CASE MANAGEMENT - HIV, PER 1/4 HOUR UNIT	$13,155.00	877	3
	H2016: COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER DIEM	$0.00	0	0
	H2000: COMPREHENSIVE MULTIDISCIPLINARY EVALUATION	$0.00	0	0
	T2003: NON-EMERGENCY TRANSPORTATION; ENCOUNTER/TRIP	$0.00	0	0
	H0046: MENTAL HEALTH SERVICES, NOT OTHERWISE SPECIFIED	$0.00	0	0
	T1023: SCREENING TO DETERMINE THE APPROPRIATENESS OF CONSIDERATION OF AN INDIVID	$0.00	0	0
	H2015: COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER 15 MINUTES	$0.00	0	0
	T1005: RESPITE SERVICES 15 MINUTES	$0.00	0	0
	H2014: SKILLS TRAINING AND DEVELOPMENT, PER 15 MINUTES	$0.00	0	0
	97150: THERAPEUTIC PROCEDURE(S), GROUP (2 OR MORE INDIVIDUALS)	$0.00	3	2
	X0620: NON-MEDICAL CASE MANAGEMENT - SERVICES FOR BLIND & VISUALLY IMPAIRED (SBV	$70.00	5	2
	S9445: PATIENT EDUCATION, NOT OTHERWISE CLASSIFIED, NON-PHYSICIAN PROVIDER	$0.00	0	0
	T2024: SERVICE ASSESMENT/ PLAN OF CARE DEVELOPMENT, WAIVER	$0.00	0	0
	T1027: FAMILY TRAINING AND COUNSELING FOR CHILD DEVELOPMENT, PER 15 MINUTES	$0.00	0	0
	G0008: ADMINISTRATION OF INFLUENZA VIRUS VACCINE	$67.96	34	34
	S9446: PATIENT EDUCATION, NOT OTHERWISE CLASSIFIED, NON-PHYSICIAN PROVIDER, GROU	$0.00	0	0
	X0150: CASE MANAGEMENT-CHILD ADVOCACY NON-MEDICAL PER 1/4 HOUR	$0.00	0	0
	H2021: COMMUNITY BASED WRAP AROUND SERVICES, PER 15 MINUTES	$0.00	0	0
MR WAIVER SERVICES		**$0.00**	**0**	
	MR WAIVER	$0.00	0	0
MHRH OFF-LINE PROVIDERS		**$0.00**	**0**	
	X9999: TEMPORARY MHRH OFFLINE SERVICES- ALL PROCEDURES	$0.00	0	0
DURABLE MEDICAL EQUIPMENT		**$177,385.83**	**90,199**	
	DME Other	$130,684.28	89,735	181
	DURABLE MEDICAL EQUIPMENT	$43,477.18	400	44
	DME MR/DD WAIVER	$0.00	0	0
	DME A&D WAIVER	$2,579.83	49	42
	DME DEA WAIVER	100.00	2	2
	DME PARI WAIVER	0.00	$0.00	0
	S5165: HOME MODIFICATIONS; PER SERVICE	$544.54	13	13

		Elderly		
	SERVICE CATEGORY	EXPENDITURES	UNITS	UNIQUE USERS
GRAND TOTAL		**$329,420,205.64**		**9,019**
INSTITUTIONAL SERVICES		**$290,254,816.05**	**1,873,395**	
NURSING HOME		**$290,207,651.71**	**1,864,520**	
	NH MEDICARE PARTICIPATING	$268,429,324.48	1,840,610	6,881
	NH RHODE ISLAND STATE HOSPITAL	$21,778,327.23	23,910	78
	NH RI CROSSOVER PART A	$0.00	0	0
MR FACILITY		**$0.00**	**0**	
	ICF/MR PRIVATE	$0.00	0	0
	ICF/MR STATE	$0.00	0	0
MH FACILITY		**$47,164.34**	**8,875**	
	MH FACILITY AGED CROSSOVER PART A	$26,937.36	7,335	27
	MH FACILITY AGED	$19,180.32	677	3
	MH FACILITY UNDER 22 CROSSOVER PART A	$1,046.66	863	2
	MH FACILITY UNDER 22	$0.00	0	0
HOSPICE		**$13,184,604.66**	**92,858**	
	T2046: HOSPICE LONG TERM CARE, ROOM AND BOARD ONLY; PER DIEM	$12,959,768.84	91,420	1,102
	T2042: HOSPICE ROUTINE HOME CARE; PER DEIM	$188,269.60	1,372	32
	T2045: HOSPICE GENERAL INPATIENT CARE; PER DIEM	$36,566.22	66	15
ASSISTED LIVING		**$1,926,508.40**	**55,027**	
	T2031: ASSISTED LIVING, WAIVER, PER DIEM	$1,926,508.40	55,027	203
ADULT DAY CARE		**$2,834,572.44**	**67,507**	
	X6000: ADULT DAY PROGRAM - MR/DD MONTHLY	$0.00	0	0
	X0339: ADULT DAY CARE - MR/DD	$0.00	0	0
	X6010: ADULT DAY PROGRAM - MR/DD PARTIAL MONTH	$0.00	0	0
	S5102: DAY CARE SERVICES, ADULT; PER DIEM	$2,834,572.44	67,507	608
HOME HEALTH		**$946,754.77**	**19,658**	
	X0043: HOME HEALTH NURSING AND THERAPY VISITS	$599,523.09	9,267	162
	G0156: SERVICES OF HOME HEALTH AIDE IN HOME HEALTH SETTING, EACH 15 MINUTES	$5,084.72	545	8
	S5161: EMERGENCY RESPONSE SYSTEM; SERVICE FEE, PER MONTH (EXCLUDES INSTALLATION	$342,146.96	9,846	1,097
HOMEMAKER/PERSONAL CARE		**$18,550,626.45**	**3,895,366**	
	S5125: ATTENDANT CARE SERVICES; PER 15 MINUTES	$17,978,175.32	3,762,870	1,689
	W1300: COMBINED HOMEMAKER AND PERSONAL CARE - MR/DD WAIVER (1HOUR)	$0.00	0	0
	W1200: PERSONAL CARE ONLY - MR/DD WAIVER (1 HOUR)	$0.00	0	0
	S5170: HOME DELIVERED MEALS, INCLUDING PREPARATION; PER MEAL	$400,675.50	89,039	567
	S5130: HOMEMAKER SERVICE, NOS; PER 15 MINUTES	$171,775.63	43,457	73
	T1019: PERSONAL CARE SERVICES, PER 15 MINUTES, NOT FOR AN INPATIENT OR RESIDENT	$0.00	0	0
	W1301: COMBINED HOMEMAKER AND PERSONAL CARE-MR/DD WAIVER (1/2 HOUR)	$0.00	0	0
	W1400: HOMEMAKER, LPN - MR/DD WAIVER	$0.00	0	0
	W1201: PERSONAL CARE ONLY - MR/DD WAIVER (1/2 HOUR)	$0.00	0	0
	W1100: HOMEMAKER ONLY - MR/DD WAIVER (1 HOUR)	$0.00	0	0
	W1101: HOMEMAKER ONLY - MR/DD WAIVER (1/2 HOUR)	$0.00	0	0

		Elderly continued		
OTHER COMMUNITY SERVICES		**$455,919.08**	**30,716**	
	T1024: TEAM EVALUATION & MANAGEMENT PER ENCOUNTER	$0.00	0	0
	T1017: TARGETED CASE MANAGEMENT, EACH 15 MINUTES	$317,525.00	21,172	558
	T1016: CASE MANAGEMENT, EACH 15 MINUTES	$111,735.00	7,449	197
	T1002: RN NURSE SERVICE/15 MINUTES	$0.00	0	0
	X0377: NON-MEDICAL CASE MANAGEMENT - HIV, PER 1/4 HOUR UNIT	$3,600.00	240	2
	H2016: COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER DIEM	$0.00	0	0
	H2000: COMPREHENSIVE MULTIDISCIPLINARY EVALUATION	$0.00	0	0
	T2003: NON-EMERGENCY TRANSPORTATION; ENCOUNTER/TRIP	$0.00	0	0
	H0046: MENTAL HEALTH SERVICES, NOT OTHERWISE SPECIFIED	$1,146.75	33	7
	T1023: SCREENING TO DETERMINE THE APPROPRIATENESS OF CONSIDERATION OF AN INDIVID	$0.00	0	0
	H2015: COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER 15 MINUTES	$0.00	0	0
	T1005: RESPITE SERVICES 15 MINUTES	$0.00	0	0
	H2014: SKILLS TRAINING AND DEVELOPMENT, PER 15 MINUTES	$0.00	0	0
	97150: THERAPEUTIC PROCEDURE(S), GROUP (2 OR MORE INDIVIDUALS)	$8.67	75	8
	X0620: NON-MEDICAL CASE MANAGEMENT - SERVICES FOR BLIND & VISUALLY IMPAIRED (SBV	$21,798.00	1,568	106
	S9445: PATIENT EDUCATION, NOT OTHERWISE CLASSIFIED, NON-PHYSICIAN PROVIDER	$0.00	0	0
	T2024: SERVICE ASSESMENT/ PLAN OF CARE DEVELOPMENT, WAIVER	$0.00	0	0
	T1027: FAMILY TRAINING AND COUNSELING FOR CHILD DEVELOPMENT, PER 15 MINUTES	$0.00	0	0
	G0008: ADMINISTRATION OF INFLUENZA VIRUS VACCINE	$105.66	179	179
	S9446: PATIENT EDUCATION, NOT OTHERWISE CLASSIFIED, NON-PHYSICIAN PROVIDER, GROU	$0.00	0	0
	X0150: CASE MANAGEMENT-CHILD ADVOCACY NON-MEDICAL PER 1/4 HOUR	$0.00	0	0
	H2021: COMMUNITY BASED WRAP AROUND SERVICES, PER 15 MINUTES	$0.00	0	0
MR WAIVER SERVICES		**$0.00**	**0**	
	MR WAIVER	$0.00	0	0
MHRH OFF-LINE PROVIDERS		**$0.00**	**0**	
	X9999: TEMPORARY MHRH OFFLINE SERVICES- ALL PROCEDURES	$0.00	0	0
DURABLE MEDICAL EQUIPMENT		**$1,266,403.79**	**1,123,718**	
	DME Other	$1,181,639.26	1,122,970	2,143
	DURABLE MEDICAL EQUIPMENT	$25,489.43	194	46
	DME MR/DD WAIVER	$0.00	0	0
	DME A&D WAIVER	$19,008.17	326	244
	DME DEA WAIVER	$8,095.63	160	111
	DME PARI WAIVER	$278.27	2	2
	S5165: HOME MODIFICATIONS; PER SERVICE	$31,893.03	66	64

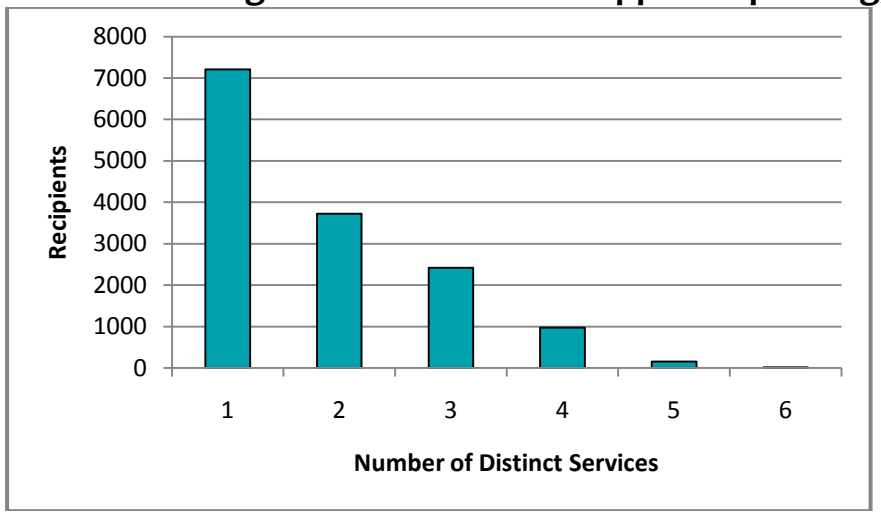
		Other Adults with Disabilities		
	SERVICE CATEGORY	EXPENDITURES	UNITS	UNIQUE USERS
GRAND TOTAL		**$109,618,817.06**		**1,881**
INSTITUTIONAL SERVICES		**$95,785,178.66**	**241,932**	
NURSING HOME		**$93,595,856.66**	**238,505**	
	NH MEDICARE PARTICIPATING	$25,578,330.30	165,007	710
	NH RHODE ISLAND STATE HOSPITAL	$67,956,246.36	72,816	229
	NH RI CROSSOVER PART A	$61,280.00	682	6
MR FACILITY		**$2,189,322.00**	**3,427**	
	ICF/MR PRIVATE	$1,444,867.56	2,196	6
	ICF/MR STATE	$744,454.44	1,231	4
MH FACILITY		**$0.00**	**0**	
	MH FACILITY AGED CROSSOVER PART A	$0.00	0	0
	MH FACILITY AGED	$0.00	0	0
	MH FACILITY UNDER 22 CROSSOVER PART A	$0.00	0	0
	MH FACILITY UNDER 22	$0.00	0	0
HOSPICE		**$806,934.50**	**4,815**	
	T2046: HOSPICE LONG TERM CARE, ROOM AND BOARD ONLY; PER DIEM	$558,379.25	3,702	45
	T2042: HOSPICE ROUTINE HOME CARE; PER DEIM	$134,803.05	896	20
	T2045: HOSPICE GENERAL INPATIENT CARE; PER DIEM	$113,752.20	217	19
ASSISTED LIVING		**$89,448.16**	**2,463**	
	T2031: ASSISTED LIVING, WAIVER, PER DIEM	$89,448.16	2,463	10
ADULT DAY CARE		**$1,718,926.72**	**35,692**	
	X6000: ADULT DAY PROGRAM - MR/DD MONTHLY	$0.00	0	0
	X0339: ADULT DAY CARE - MR/DD	$0.00	0	0
	X6010: ADULT DAY PROGRAM - MR/DD PARTIAL MONTH	$0.00	0	0
	S5102: DAY CARE SERVICES, ADULT; PER DIEM	$1,718,926.72	35,692	335
HOME HEALTH		**$795,768.26**	**15,977**	
	X0043: HOME HEALTH NURSING AND THERAPY VISITS	$674,164.26	10,309	233
	G0156: SERVICES OF HOME HEALTH AIDE IN HOME HEALTH SETTING, EACH 15 MINUTES	$6,576.50	2,355	21
	S5161: EMERGENCY RESPONSE SYSTEM; SERVICE FEE, PER MONTH (EXCLUDES INSTALLATION	$115,027.50	3,313	365
HOMEMAKER/PERSONAL CARE		**$9,030,703.65**	**1,877,984**	
	S5125: ATTENDANT CARE SERVICES; PER 15 MINUTES	$8,752,668.54	1,811,535	650
	W1300: COMBINED HOMEMAKER AND PERSONAL CARE - MR/DD WAIVER (1HOUR)	$0.00	0	0
	W1200: PERSONAL CARE ONLY - MR/DD WAIVER (1 HOUR)	$0.00	0	0
	S5170: HOME DELIVERED MEALS, INCLUDING PREPARATION; PER MEAL	$114,057.00	25,346	167
	S5130: HOMEMAKER SERVICE, NOS; PER 15 MINUTES	$163,978.11	41,103	49
	T1019: PERSONAL CARE SERVICES, PER 15 MINUTES, NOT FOR AN INPATIENT OR RESIDENT	$0.00	0	0
	W1301: COMBINED HOMEMAKER AND PERSONAL CARE-MR/DD WAIVER (1/2 HOUR)	$0.00	0	0
	W1400: HOMEMAKER, LPN - MR/DD WAIVER	$0.00	0	0
	W1201: PERSONAL CARE ONLY - MR/DD WAIVER (1/2 HOUR)	$0.00	0	0
	W1100: HOMEMAKER ONLY - MR/DD WAIVER (1 HOUR)	$0.00	0	0
	W1101: HOMEMAKER ONLY - MR/DD WAIVER (1/2 HOUR)	$0.00	0	0

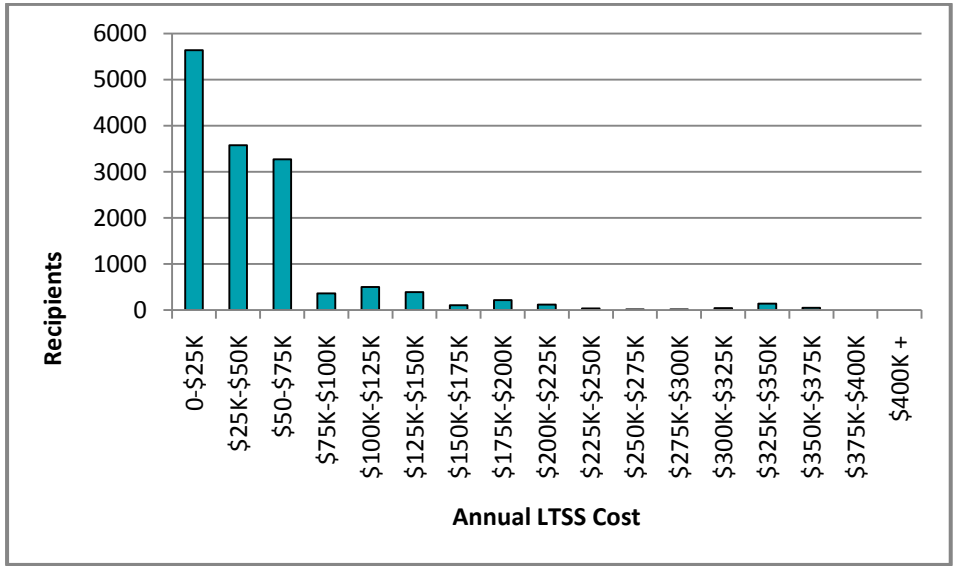
		Other Adults with Disabilities continued		
OTHER COMMUNITY SERVICES		**$136,979.23**	**9,236**	
	T1024: TEAM EVALUATION & MANAGEMENT PER ENCOUNTER	$0.00	0	0
	T1017: TARGETED CASE MANAGEMENT, EACH 15 MINUTES	$0.00	0	0
	T1016: CASE MANAGEMENT, EACH 15 MINUTES	$5,715.00	381	8
	T1002: RN NURSE SERVICE/15 MINUTES	$0.00	0	0
	X0377: NON-MEDICAL CASE MANAGEMENT - HIV, PER 1/4 HOUR UNIT	$128,940.00	8,605	33
	H2016: COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER DIEM	$0.00	0	0
	H2000: COMPREHENSIVE MULTIDISCIPLINARY EVALUATION	$0.00	0	0
	T2003: NON-EMERGENCY TRANSPORTATION; ENCOUNTER/TRIP	$0.00	0	0
	H0046: MENTAL HEALTH SERVICES, NOT OTHERWISE SPECIFIED	$312.75	9	2
	T1023: SCREENING TO DETERMINE THE APPROPRIATENESS OF CONSIDERATION OF AN INDIVID	$0.00	0	0
	H2015: COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER 15 MINUTES	$0.00	0	0
	T1005: RESPITE SERVICES 15 MINUTES	$0.00	0	0
	H2014: SKILLS TRAINING AND DEVELOPMENT, PER 15 MINUTES	$0.00	0	0
	97150: THERAPEUTIC PROCEDURE(S), GROUP (2 OR MORE INDIVIDUALS)	$0.00	24	3
	X0620: NON-MEDICAL CASE MANAGEMENT - SERVICES FOR BLIND & VISUALLY IMPAIRED (SBV	$1,624.00	116	5
	S9445: PATIENT EDUCATION, NOT OTHERWISE CLASSIFIED, NON-PHYSICIAN PROVIDER	$0.00	0	0
	T2024: SERVICE ASSESMENT/ PLAN OF CARE DEVELOPMENT, WAIVER	$0.00	0	0
	T1027: FAMILY TRAINING AND COUNSELING FOR CHILD DEVELOPMENT, PER 15 MINUTES	$0.00	0	0
	G0008: ADMINISTRATION OF INFLUENZA VIRUS VACCINE	$387.48	101	101
	S9446: PATIENT EDUCATION, NOT OTHERWISE CLASSIFIED, NON-PHYSICIAN PROVIDER, GROU	$0.00	0	0
	X0150: CASE MANAGEMENT-CHILD ADVOCACY NON-MEDICAL PER 1/4 HOUR	$0.00	0	0
	H2021: COMMUNITY BASED WRAP AROUND SERVICES, PER 15 MINUTES	$0.00	0	0
MR WAIVER SERVICES		**$0.00**	**0**	
	MR WAIVER	$0.00	0	0
MHRH OFF-LINE PROVIDERS		**$0.00**	**0**	
	X9999: TEMPORARY MHRH OFFLINE SERVICES- ALL PROCEDURES	$0.00	0	0
DURABLE MEDICAL EQUIPMENT		**$1,254,877.88**	**726,763**	
	DME Other	$768,199.38	723,256	703
	DURABLE MEDICAL EQUIPMENT	$353,315.26	3,234	231
	DME MR/DD WAIVER	$0.00	0	0
	DME A&D WAIVER	$11,670.01	202	152
	DME DEA WAIVER	$0.00	0	0
	DME PARI WAIVER	$297.00	3	3
	S5165: HOME MODIFICATIONS; PER SERVICE	$121,396.23	68	62

Appendix 10. Distribution of Long-Term Services and Supports Users by Number of Services Used and Long-Term Services and Supports Spending, FY 2008

Total LTSS Population

	Recipients
Distinct Services	
1	7207
2	3722
3	2416
4	972
5	158
6	15
Costs	
0-$25K	5636
$25K-$50K	3575
$50-$75K	3269
$75K-$100K	366
$100K-$125K	505
$125K-$150K	388
$150K-$175K	105
$175K-$200K	219
$200K-$225K	122
$225K-$250K	38
$250K-$275K	14
$275K-$300K	14
$300K-$325K	46
$325K-$350K	143
$350K-$375K	50
$375K-$400K	0
$400K +	0





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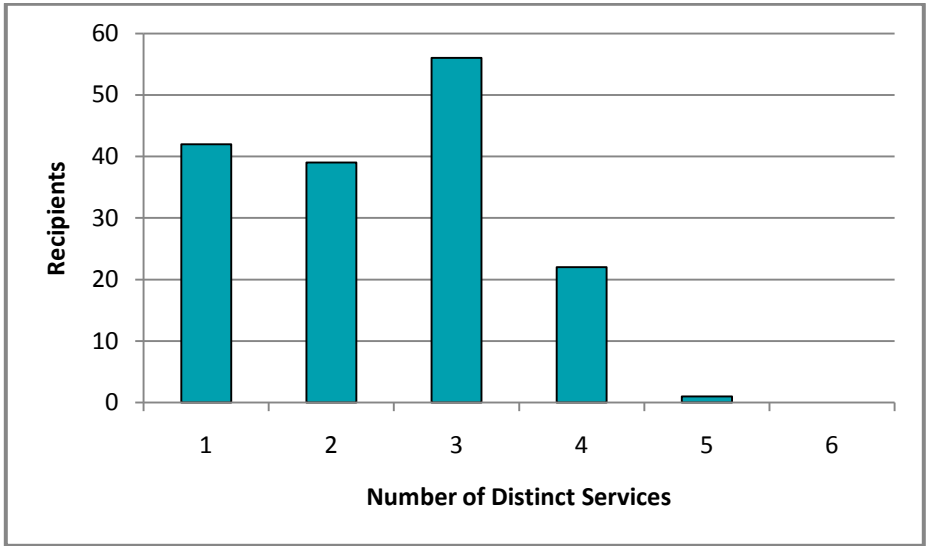
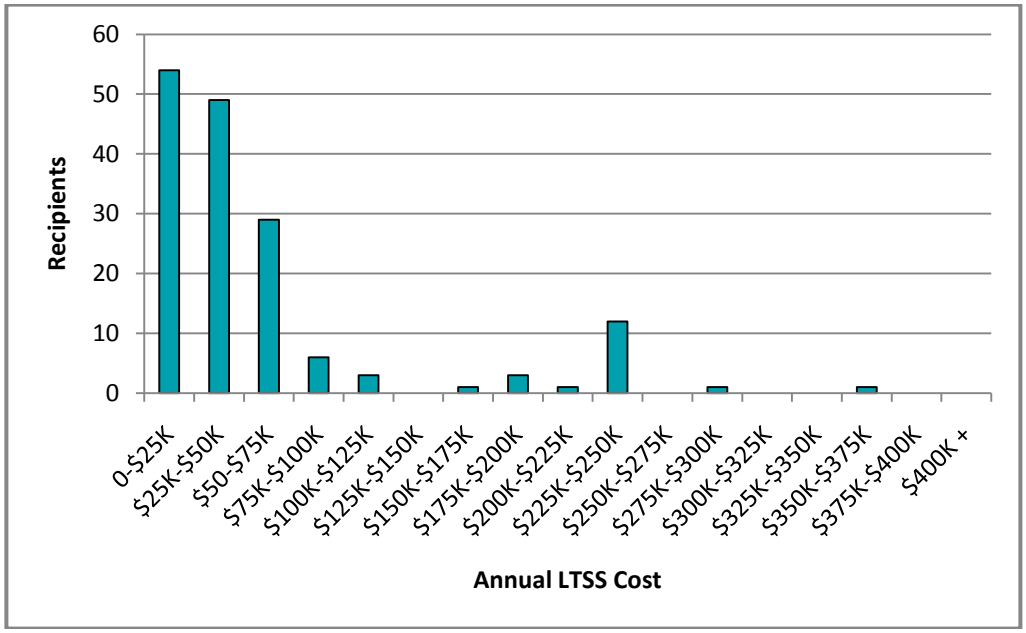
Children with Special Needs

	Recipients
Distinct Services	
1	42
2	39
3	56
4	22
5	1
6	0
Costs	
0-$25K	54
$25K-$50K	49
$50-$75K	29
$75K-$100K	6
$100K-$125K	3
$125K-$150K	0
$150K-$175K	1
$175K-$200K	3
$200K-$225K	1
$225K-$250K	12
$250K-$275K	0
$275K-$300K	1
$300K-$325K	0
$325K-$350K	0
$350K-$375K	1
$375K-$400K	0
$400K +	0





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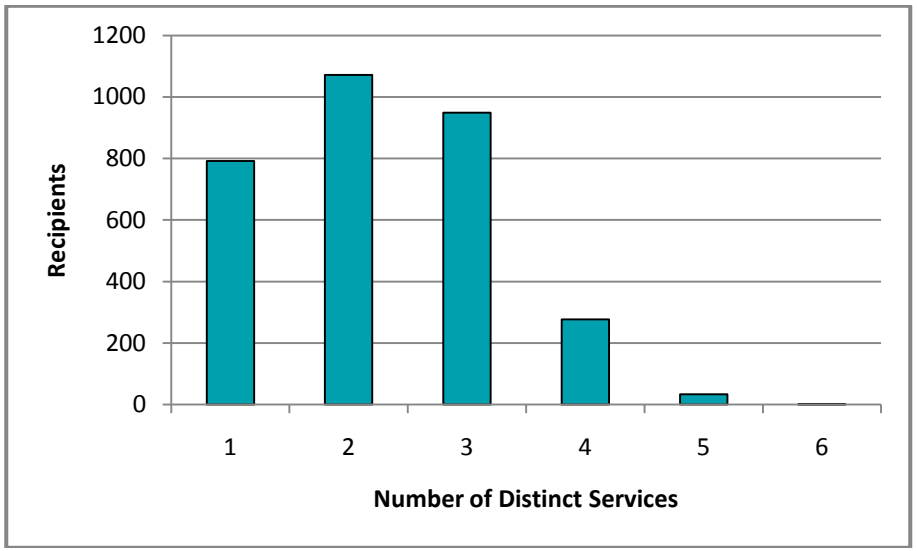
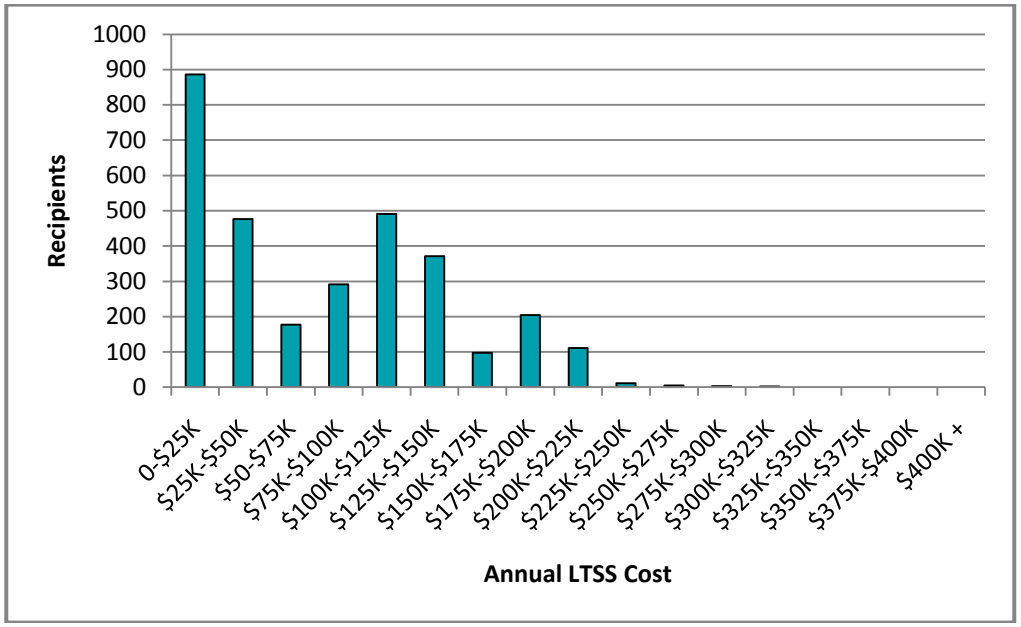
MR/DD

	Recipients
Distinct Services	
1	792
2	1072
3	949
4	277
5	34
6	1
Costs	
0-$25K	886
$25K-$50K	476
$50-$75K	177
$75K-$100K	291
$100K-$125K	491
$125K-$150K	371
$150K-$175K	97
$175K-$200K	204
$200K-$225K	111
$225K-$250K	11
$250K-$275K	5
$275K-$300K	3
$300K-$325K	2
$325K-$350K	0
$350K-$375K	0
$375K-$400K	0
$400K +	0





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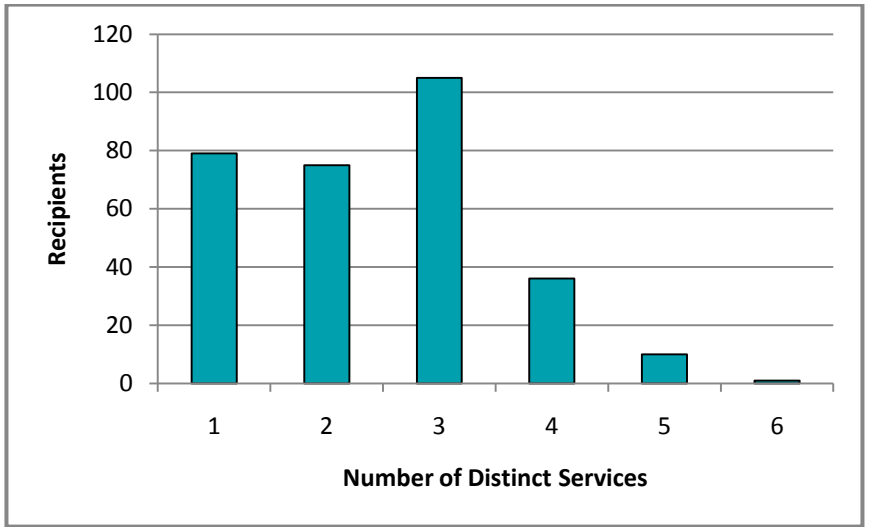
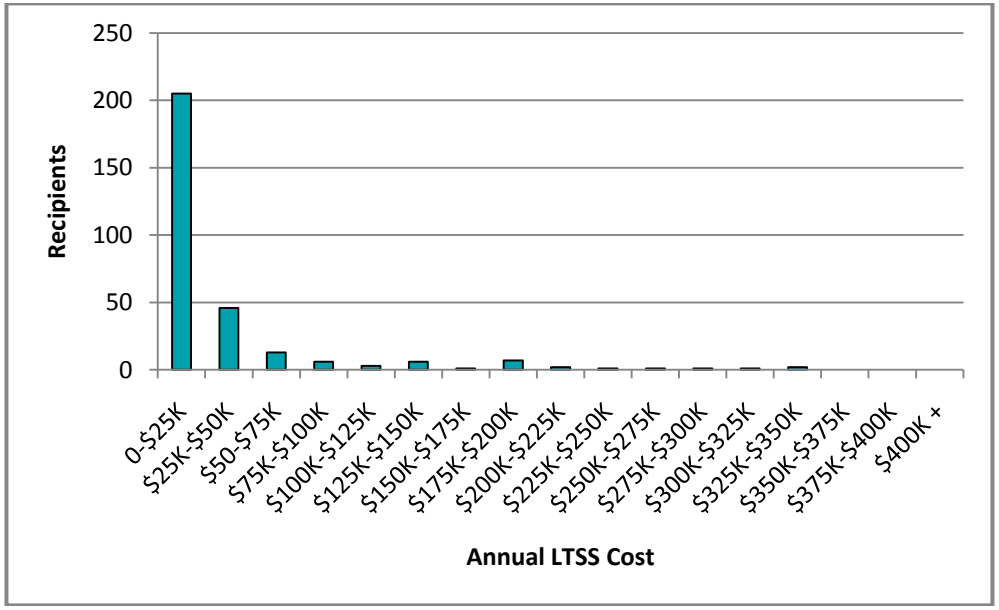
Severe and Persistent Mental Illness

	Recipients
Distinct Services	
1	79
2	75
3	105
4	36
5	10
6	1
Costs	
0-$25K	205
$25K-$50K	46
$50-$75K	13
$75K-$100K	6
$100K-$125K	3
$125K-$150K	6
$150K-$175K	1
$175K-$200K	7
$200K-$225K	2
$225K-$250K	1
$250K-$275K	1
$275K-$300K	1
$300K-$325K	1
$325K-$350K	2
$350K-$375K	0
$375K-$400K	0
$400K +	0





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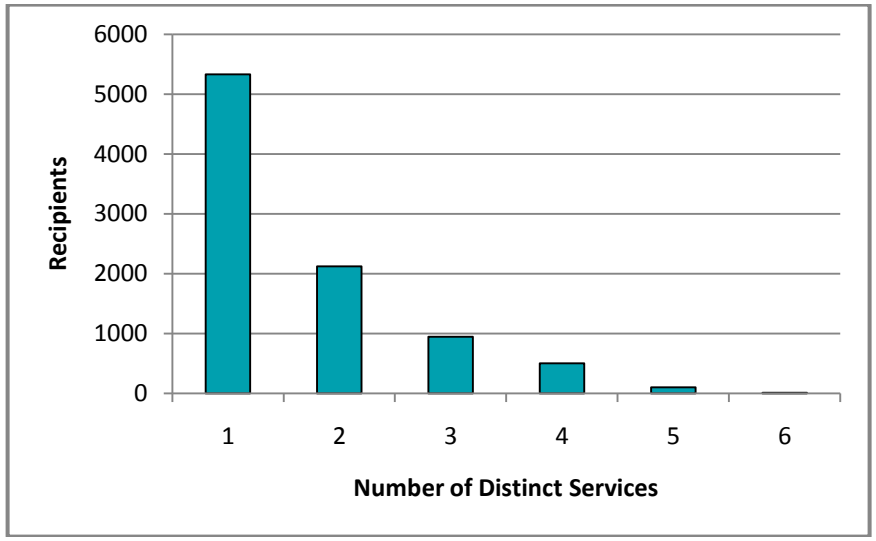
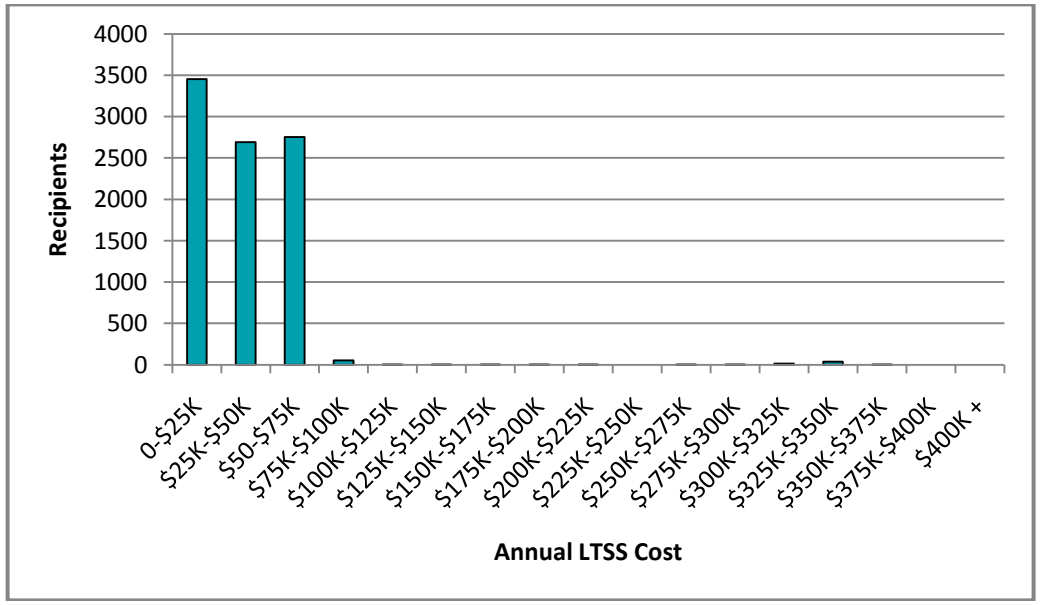
Elderly

	Recipients
Distinct Services	
1	5332
2	2122
3	944
4	504
5	103
6	13
Costs	
0-$25K	3451
$25K-$50K	2690
$50-$75K	2751
$75K-$100K	52
$100K-$125K	4
$125K-$150K	4
$150K-$175K	1
$175K-$200K	2
$200K-$225K	2
$225K-$250K	0
$250K-$275K	2
$275K-$300K	3
$300K-$325K	13
$325K-$350K	39
$350K-$375K	4
$375K-$400K	0
$400K +	0





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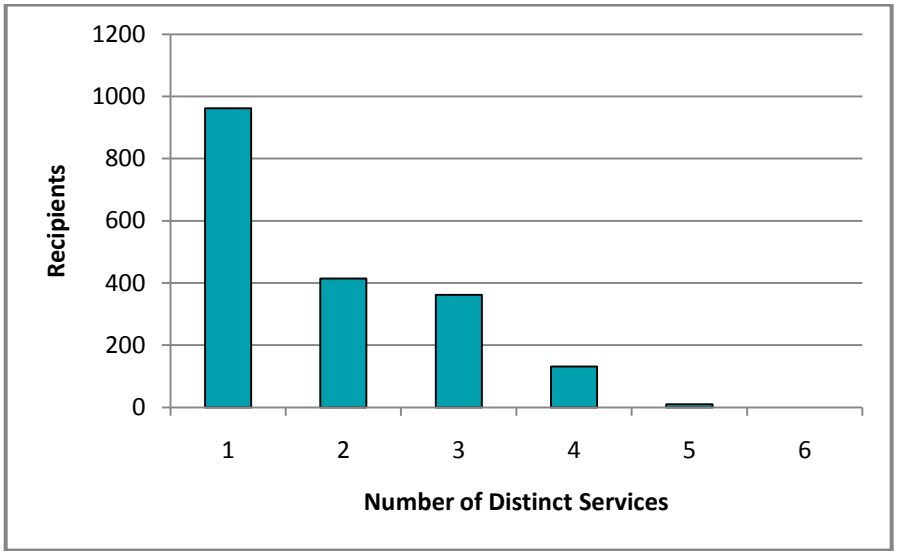
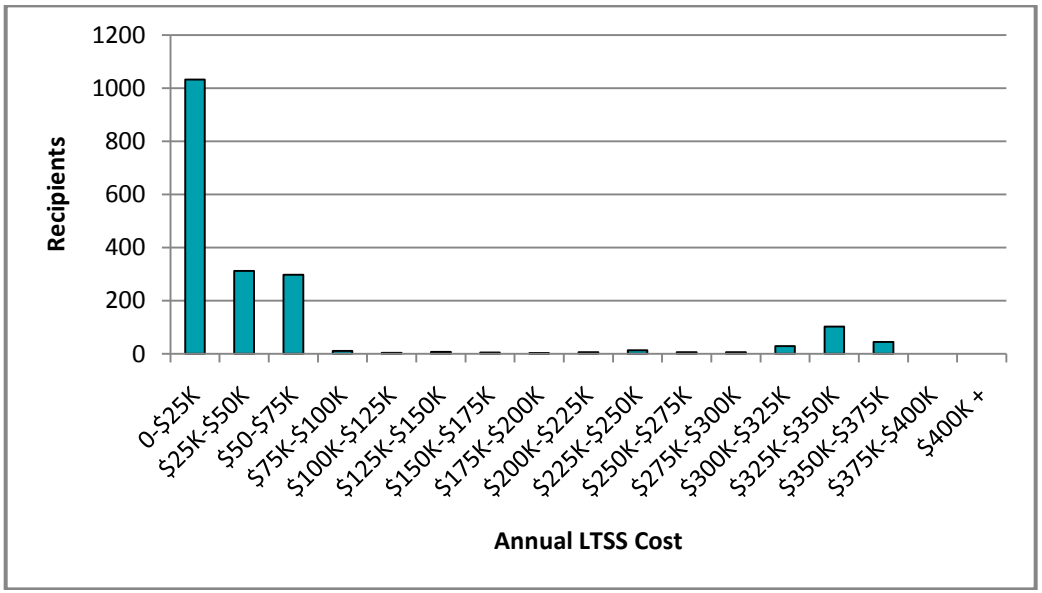
Other Adults with Disabilities

	Recipients
Distinct Services	
1	962
2	414
3	362
4	132
5	10
6	0
Costs	
0-$25K	1032
$25K-$50K	312
$50-$75K	298
$75K-$100K	11
$100K-$125K	4
$125K-$150K	7
$150K-$175K	5
$175K-$200K	3
$200K-$225K	6
$225K-$250K	14
$250K-$275K	6
$275K-$300K	6
$300K-$325K	29
$325K-$350K	102
$350K-$375K	45
$375K-$400K	0
$400K +	0





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Appendix 11.
Most Frequently Used Pairs of Long-Term Services and Supports, FY 2008

Total LTSS Population

Service Pair	Frequency	Percentage
Homemaker / Personal Care : DME	2149	11.55
Homemaker / Personal Care : Home Health	1668	8.96
Home Health : DME	1515	8.14
Nursing Home : DME	1509	8.11
Nursing Home : Hospice	1074	5.77
Other Community Services : DME	1059	5.69
Other Community Services : Homemaker / Personal Care	942	5.06
DME : Adult Day Care	912	4.90
MHRH Off-Line Providers : Adult Day Care	883	4.75
MHRH Off-Line Providers : DME	849	4.56
MR Waiver Services : Adult Day Care	821	4.41
MR Waiver Services : DME	641	3.44
Other Community Services : Home Health	585	3.14
MR Waiver Services : MHRH Off-Line Providers	493	2.65
Nursing Home : Homemaker / Personal Care	485	2.61
Nursing Home : Home Health	381	2.05
Other Community Services : MHRH Off-Line Providers	332	1.78
Other Community Services : Adult Day Care	330	1.77
Other Community Services : Nursing Home	323	1.74
Other Community Services : Assisted Living	221	1.19
Homemaker / Personal Care : Adult Day Care	193	1.04
Hospice : DME	161	0.87
Other Community Services : MR Waiver Services	143	0.77
Nursing Home : Adult Day Care	138	0.74
DME : Assisted Living	121	0.65
MHRH Off-Line Providers : Homemaker / Personal Care	112	0.60
Home Health : Adult Day Care	102	0.55
Hospice : Homemaker / Personal Care	61	0.33
Nursing Home : Assisted Living	55	0.30
Hospice : Home Health	46	0.25
MHRH Off-Line Providers : Home Health	46	0.25
Other Community Services : Hospice	38	0.20
Nursing Home : MHRH Off-Line Providers	33	0.18
Nursing Home : MH Facility	28	0.15

Total LTSS Population

Service Pair	Frequency	Percentage
Nursing Home : MR Waiver Services	22	0.12
MR Facility : Adult Day Care	14	0.08
MR Waiver Services : Home Health	12	0.06
MH Facility : DME	11	0.06
Hospice : Adult Day Care	10	0.05
MH Facility : Homemaker / Personal Care	9	0.05
Other Community Services : MR Facility	9	0.05
Other Community Services : MH Facility	8	0.04
Homemaker / Personal Care : Assisted Living	7	0.04
MR Facility : DME	7	0.04
Assisted Living : Adult Day Care	6	0.03
Home Health : Assisted Living	6	0.03
Hospice : Assisted Living	5	0.03
MH Facility : Hospice	5	0.03
MHRH Off-Line Providers : Hospice	4	0.02
MR Facility : Homemaker / Personal Care	4	0.02
MH Facility : Adult Day Care	3	0.02
MR Facility : Home Health	3	0.02
MR Waiver Services : Homemaker / Personal Care	3	0.02
MR Waiver Services : Hospice	3	0.02
MH Facility : Assisted Living	2	0.01
MH Facility : Home Health	2	0.01
MHRH Off-Line Providers : MH Facility	1	0.01
MR Facility : MHRH Off-Line Providers	1	0.01
Nursing Home : MR Facility	1	0.01

Children with Special Needs

Service Pair	Frequency	Percentage
Other Community Services : Homemaker / Personal Care	77	22.06
Other Community Services : DME	69	19.77
Homemaker / Personal Care : DME	67	19.20
Other Community Services : MHRH Off-Line Providers	31	8.88
MHRH Off-Line Providers : Homemaker / Personal Care	21	6.02
MHRH Off-Line Providers : DME	19	5.44
Other Community Services : MR Facility	9	2.58
Home Health : DME	7	2.01
MR Facility : DME	7	2.01
Homemaker / Personal Care : Home Health	5	1.43
Other Community Services : Home Health	5	1.43
MR Facility : Homemaker / Personal Care	4	1.15
MR Waiver Services : MHRH Off-Line Providers	4	1.15
MR Facility : Home Health	3	0.86
Other Community Services : MH Facility	3	0.86
Other Community Services : MR Waiver Services	3	0.86
MH Facility : DME	2	0.57
MH Facility : Homemaker / Personal Care	2	0.57
MR Waiver Services : DME	2	0.57
MR Waiver Services : Homemaker / Personal Care	2	0.57
Nursing Home : DME	2	0.57
MHRH Off-Line Providers : Adult Day Care	1	0.29
MHRH Off-Line Providers : Home Health	1	0.29
MR Facility : MHRH Off-Line Providers	1	0.29
Other Community Services : Adult Day Care	1	0.29
Other Community Services : Nursing Home	1	0.29

MR/DD

Service Pair	Frequency	Percentage
MHRH Off-Line Providers : Adult Day Care	882	14.86
MHRH Off-Line Providers : DME	830	13.98
MR Waiver Services : Adult Day Care	821	13.83
DME : Adult Day Care	787	13.26
MR Waiver Services : DME	639	10.76
MR Waiver Services : MHRH Off-Line Providers	489	8.24
Other Community Services : MHRH Off-Line Providers	301	5.07
Other Community Services : Adult Day Care	254	4.28
Other Community Services : DME	196	3.30
Other Community Services : MR Waiver Services	140	2.36
Homemaker / Personal Care : DME	109	1.84
MHRH Off-Line Providers : Homemaker / Personal Care	91	1.53
Homemaker / Personal Care : Adult Day Care	47	0.79
Nursing Home : Adult Day Care	46	0.77
MHRH Off-Line Providers : Home Health	45	0.76
Home Health : DME	39	0.66
Nursing Home : DME	37	0.62
Nursing Home : MHRH Off-Line Providers	33	0.56
Other Community Services : Homemaker / Personal Care	26	0.44
Nursing Home : MR Waiver Services	22	0.37
Home Health : Adult Day Care	17	0.29
MR Facility : Adult Day Care	14	0.24
MR Waiver Services : Home Health	12	0.20
Homemaker / Personal Care : Home Health	10	0.17
Other Community Services : Nursing Home	9	0.15
Nursing Home : Home Health	7	0.12
Other Community Services : Home Health	7	0.12
Hospice : Adult Day Care	4	0.07
Hospice : DME	4	0.07
MHRH Off-Line Providers : Hospice	4	0.07
Nursing Home : Homemaker / Personal Care	4	0.07
MR Waiver Services : Hospice	3	0.05
Nursing Home : Hospice	2	0.03
Hospice : Home Health	1	0.02
Hospice : Homemaker / Personal Care	1	0.02
MHRH Off-Line Providers : MH Facility	1	0.02
MR Waiver Services : Homemaker / Personal Care	1	0.02
Other Community Services : Hospice	1	0.02

Severe and Persistent Mental Illness

Service Pair	Frequency	Percentage
Homemaker / Personal Care : DME	142	19.53
Homemaker / Personal Care : Home Health	107	14.72
Home Health : DME	106	14.58
Nursing Home : DME	62	8.53
Other Community Services : DME	48	6.60
Other Community Services : Homemaker / Personal Care	41	5.64
Nursing Home : Homemaker / Personal Care	33	4.54
Other Community Services : Home Health	29	3.99
Nursing Home : Home Health	28	3.85
DME : Adult Day Care	19	2.61
Other Community Services : Nursing Home	19	2.61
Other Community Services : Assisted Living	14	1.93
Nursing Home : Adult Day Care	13	1.79
Homemaker / Personal Care : Adult Day Care	12	1.65
DME : Assisted Living	11	1.51
Other Community Services : Adult Day Care	10	1.38
Home Health : Adult Day Care	9	1.24
Nursing Home : Hospice	6	0.83
Hospice : DME	4	0.55
Nursing Home : Assisted Living	4	0.55
Hospice : Home Health	3	0.41
Assisted Living : Adult Day Care	2	0.28
Hospice : Homemaker / Personal Care	2	0.28
MH Facility : DME	1	0.14
Nursing Home : MH Facility	1	0.14
Other Community Services : Hospice	1	0.14

Elderly

Service Pair	Frequency	Percentage
Homemaker / Personal Care : DME	1275	13.85
Nursing Home : DME	1126	12.24
Homemaker / Personal Care : Home Health	1118	12.15
Nursing Home : Hospice	1021	11.09
Home Health : DME	933	10.14
Other Community Services : Homemaker / Personal Care	688	7.48
Other Community Services : DME	635	6.90
Other Community Services : Home Health	469	5.10
Nursing Home : Homemaker / Personal Care	378	4.11
Other Community Services : Nursing Home	265	2.88
Nursing Home : Home Health	238	2.59
Other Community Services : Assisted Living	197	2.14
Hospice : DME	132	1.43
Homemaker / Personal Care : Adult Day Care	113	1.23
DME : Assisted Living	102	1.11
DME : Adult Day Care	81	0.88
Nursing Home : Adult Day Care	73	0.79
Other Community Services : Adult Day Care	61	0.66
Home Health : Adult Day Care	55	0.60
Nursing Home : Assisted Living	49	0.53
Hospice : Homemaker / Personal Care	45	0.49
Other Community Services : Hospice	35	0.38
Hospice : Home Health	30	0.33
Nursing Home : MH Facility	27	0.29
MH Facility : DME	8	0.09
Homemaker / Personal Care : Assisted Living	7	0.08
MH Facility : Homemaker / Personal Care	7	0.08
Hospice : Adult Day Care	6	0.07
Hospice : Assisted Living	5	0.05
MH Facility : Hospice	5	0.05
Other Community Services : MH Facility	5	0.05
Home Health : Assisted Living	4	0.04
Assisted Living : Adult Day Care	3	0.03
MH Facility : Adult Day Care	3	0.03
MH Facility : Assisted Living	2	0.02
MH Facility : Home Health	2	0.02

Other Adults with Disabilities

Service Pair	Frequency	Percentage
Homemaker / Personal Care : DME	556	23.24
Home Health : DME	430	17.98
Homemaker / Personal Care : Home Health	428	17.89
Nursing Home : DME	282	11.79
Other Community Services : DME	111	4.64
Other Community Services : Homemaker / Personal Care	110	4.60
Nursing Home : Home Health	108	4.52
Other Community Services : Home Health	75	3.14
Nursing Home : Homemaker / Personal Care	70	2.93
Nursing Home : Hospice	45	1.88
Other Community Services : Nursing Home	29	1.21
DME : Adult Day Care	25	1.05
Home Health : Adult Day Care	21	0.88
Homemaker / Personal Care : Adult Day Care	21	0.88
Hospice : DME	21	0.88
Hospice : Homemaker / Personal Care	13	0.54
Hospice : Home Health	12	0.50
Other Community Services : Assisted Living	10	0.42
DME : Assisted Living	8	0.33
Nursing Home : Adult Day Care	6	0.25
Other Community Services : Adult Day Care	4	0.17
Home Health : Assisted Living	2	0.08
Nursing Home : Assisted Living	2	0.08
Assisted Living : Adult Day Care	1	0.04
Nursing Home : MR Facility	1	0.04
Other Community Services : Hospice	1	0.04

Appendix 12.
Number of Users, Units of Service, and Payments by Medicaid Provider, FY 2008

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Appendix 13.
Rebalancing Model: Research Literature Consulted

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Appendix 14. Output from Rebalancing Model

Baseline Projection Model

	2008 (Base)	2010	2015	2020	2025	2030
Transitions		513	1,687	2,727	3,783	4,987
Woodwork		513	1,687	1,364	1,892	1,247
New HCBS: Total		**1,026**	**3,374**	**4,091**	**5,675**	**6,234**
Medicaid LTSS Users						
Nursing Home	8,075	8,155	7,096	6,178	5,576	5,225
MR Facility	43	45	43	41	41	42
MH Facility	37	39	42	45	50	57
Hospice	1,192	1,277	1,994	2,147	2,614	2,917
Assisted Living	228	300	468	514	635	709
Adult Day Care	2,851	3,680	5,849	6,472	7,722	7,992
Home Health	494	662	1,084	1,218	1,461	1,494
Homemaker/ Personal Care	2,821	3,554	5,743	6,520	8,109	8,764
DME	4,873	5,654	7,182	7,775	8,896	9,455
Other Community Services	1,716	2,121	3,364	3,743	4,607	4,996
MR Waiver Services	1,106	1,127	1,166	1,188	1,195	1,187
MHRH Off-Line Providers	2,166	1,967	2,013	2,006	1,989	1,970
LTSS: Total	**14,490**	**15,402**	**16,864**	**16,809**	**17,977**	**18,414**
Medicaid LTSS Units						
Nursing Home	2,130,288	2,152,275	1,867,121	1,621,667	1,463,940	1,376,143
MR Facility	13,807	14,704	13,974	13,279	13,279	13,643
MH Facility	11,920	11,708	12,403	13,215	14,568	16,888
Hospice	98,098	107,870	168,178	180,163	218,279	242,933
Assisted Living	61,149	82,637	128,488	140,336	172,600	192,666
Adult Day Care	289,064	381,188	610,097	685,039	821,379	848,351
Home Health	27,027	36,879	60,088	67,525	82,503	85,791
Homemaker/ Personal Care	6,688,800	8,591,329	13,860,615	15,678,129	19,410,905	20,884,617
DME	3,836,496	4,460,636	5,685,513	6,121,076	6,903,282	7,170,975
Other Community Services	184,205	196,087	296,764	321,771	387,433	414,461
MR Waiver Services	374,050	380,830	393,879	401,516	403,784	400,948
MHRH Off-Line Providers	25,119	22,803	23,347	23,260	23,027	22,832
LTSS: Total	**13,740,023**	**16,438,946**	**23,120,467**	**25,266,976**	**29,914,979**	**31,670,248**
Medicaid LTSS Expenditures						
Nursing Home	$394,310,139	$417,368,971	$458,630,396	$481,415,951	$512,533,151	$557,463,583
MR Facility	$8,508,259	$9,564,785	$11,445,153	$13,194,260	$15,743,480	$19,035,209
MH Facility	$242,663	$147,034	$185,891	$236,848	$308,812	$413,649
Institutional	**$403,061,060**	**$427,080,790**	**$470,261,440**	**$494,847,060**	**$528,585,443**	**$576,912,441**
Hospice	$14,063,129	$16,076,024	$30,464,291	$37,925,506	$52,541,393	$65,761,496
Assisted Living	$2,148,851	$3,019,342	$5,711,730	$7,261,376	$10,224,216	$12,843,151
Adult Day Care	$34,251,034	$47,677,277	$92,261,517	$118,519,890	$160,129,124	$183,079,817
Home Health	$1,507,174	$2,131,903	$4,202,504	$5,515,154	$7,763,821	$9,162,368
Homemaker/ Personal Care	$34,322,610	$45,816,979	$89,927,723	$117,794,061	$166,086,960	$200,301,614
DME	$5,477,295	$6,609,294	$10,242,687	$12,778,111	$16,419,380	$19,089,966
Other Community Services	$1,873,161	$2,121,481	$3,928,741	$4,968,793	$6,884,738	$8,329,007
MR Waiver Services	$125,642,466	$132,880,646	$167,337,610	$198,728,645	$229,090,345	$256,442,494
MHRH Off-Line Providers	$89,597,942	$84,229,431	$104,956,105	$121,724,773	$137,571,253	$153,665,029
HCBS	**$308,883,661**	**$340,562,378**	**$509,032,906**	**$625,216,309**	**$786,711,230**	**$908,674,941**
LTSS: Total	**$711,944,722**	**$767,643,168**	**$979,294,346**	**$1,120,063,368**	**$1,315,296,673**	**$1,485,587,382**

Summary Projections	2010	2015	2020	2025	2030
Expenditures					
Institutional	$427,080,790	$470,261,440	$494,847,060	$528,585,443	$576,912,441
HCBS	$340,562,378	$509,032,906	$625,216,309	$786,711,230	$908,674,941
LTSS: Total	$767,643,168	$979,294,346	$1,120,063,368	$1,315,296,673	$1,485,587,382
Percent of Total Expenditures					
Institutional	56%	48%	44%	40%	39%
HCBS	44%	52%	56%	60%	61%
Non-MR/DD Expenditures					
Nursing Home	$417,368,971	$458,630,396	$481,415,951	$512,533,151	$557,463,583
Non-MR/DD HCBS	$123,452,301	$236,739,191	$304,762,890	$420,049,632	$498,567,419
Non-MR/DD: Total	$540,821,272	$695,369,587	$786,178,841	$932,582,783	$1,056,031,001
Percent of Non-MR/DD Expenditures					
Nursing Home	77%	66%	61%	55%	53%
Non-MR/DD HCBS	23%	34%	39%	45%	47%

Alternative Scenario 1: Faster Rebalancing

	2008 (Base)	2010	2015	2020	2025	2030
Transitions		679	2,184	3,449	4,683	6,053
Woodwork		679	2,184	1,725	2,342	1,513
New HCBS: Total		**1,358**	**4,368**	**5,174**	**7,025**	**7,566**
Medicaid LTSS Users						
Nursing Home	8,075	7,989	6,599	5,456	4,676	4,159
MR Facility	43	45	43	41	41	42
MH Facility	37	39	42	45	50	57
Hospice	1,192	1,379	2,299	2,463	3,000	3,307
Assisted Living	228	324	543	590	728	806
Adult Day Care	2,851	3,981	6,742	7,425	8,863	9,065
Home Health	494	715	1,249	1,397	1,674	1,694
Homemaker/ Personal Care	2,821	3,844	6,619	7,478	9,307	9,942
DME	4,873	5,844	7,754	8,393	9,654	10,188
Other Community Services	1,716	2,294	3,879	4,295	5,289	5,669
MR Waiver Services	1,106	1,127	1,166	1,188	1,195	1,187
MHRH Off-Line Providers	2,166	1,967	2,013	2,006	1,989	1,970
LTSS: Total	**14,490**	**15,567**	**17,357**	**17,171**	**18,427**	**18,678**
Medicaid LTSS Units						
Nursing Home	2,130,288	2,108,449	1,736,305	1,432,160	1,227,821	1,095,429
MR Facility	13,807	14,704	13,974	13,279	13,279	13,643
MH Facility	11,920	11,708	12,403	13,215	14,568	16,888
Hospice	98,098	117,071	195,016	207,865	251,914	276,959
Assisted Living	61,149	89,828	149,949	161,962	198,957	220,175
Adult Day Care	289,064	414,569	707,128	790,152	947,979	967,623
Home Health	27,027	40,134	69,540	77,952	95,093	97,868
Homemaker/ Personal Care	6,688,800	9,345,796	16,057,927	18,077,666	22,400,311	23,825,168
DME	3,836,496	4,637,207	6,174,914	6,644,102	7,534,888	7,768,301
Other Community Services	184,205	213,301	346,444	372,155	446,404	472,907
MR Waiver Services	374,050	380,830	393,879	401,516	403,784	400,948
MHRH Off-Line Providers	25,119	22,803	23,347	23,260	23,027	22,832
LTSS: Total	**13,740,023**	**17,396,400**	**25,880,826**	**28,215,284**	**33,558,025**	**35,178,741**
Medicaid LTSS Expenditures						
Nursing Home	$394,310,139	$410,836,637	$434,065,203	$439,960,607	$454,340,540	$481,128,590
MR Facility	$8,508,259	$9,606,834	$11,648,625	$13,657,031	$16,639,878	$20,635,075
MH Facility	$242,663	$147,681	$189,196	$245,155	$326,395	$448,416
Institutional	**$403,061,060**	**$420,591,152**	**$445,903,024**	**$453,862,793**	**$471,306,814**	**$502,212,081**
Hospice	$14,063,129	$17,442,384	$35,324,871	$43,766,066	$60,641,226	$74,970,792
Assisted Living	$2,148,851	$3,282,317	$6,666,608	$8,380,234	$11,784,756	$14,677,600
Adult Day Care	$34,251,034	$51,862,423	$106,945,309	$136,709,971	$184,808,170	$208,797,096
Home Health	$1,507,174	$2,319,826	$4,862,798	$6,367,711	$8,949,052	$10,451,052
Homemaker/ Personal Care	$34,322,610	$49,844,459	$104,178,680	$135,830,117	$191,669,552	$228,514,022
DME	$5,477,295	$6,874,761	$11,128,211	$13,872,722	$17,920,671	$20,682,105
Other Community Services	$1,873,161	$2,309,733	$4,582,747	$5,746,235	$7,936,314	$9,505,031
MR Waiver Services	$125,642,466	$132,880,646	$167,337,610	$198,728,645	$229,090,345	$256,442,494
MHRH Off-Line Providers	$89,597,942	$84,229,431	$104,956,105	$121,724,773	$137,571,253	$153,665,029
HCBS	**$308,883,661**	**$351,045,980**	**$545,982,939**	**$671,126,476**	**$850,371,337**	**$977,705,221**
LTSS: Total	**$711,944,722**	**$771,637,133**	**$991,885,963**	**$1,124,989,269**	**$1,321,678,151**	**$1,479,917,302**

Summary Projections	2010	2015	2020	2025	2030
Expenditures					
Institutional	$420,591,152	$445,903,024	$453,862,793	$471,306,814	$502,212,081
HCBS	$351,045,980	$545,982,939	$671,126,476	$850,371,337	$977,705,221
LTSS: Total	$771,637,133	$991,885,963	$1,124,989,269	$1,321,678,151	$1,479,917,302
Percent of Total Expenditures					
Institutional	55%	45%	40%	36%	34%
HCBS	45%	55%	60%	64%	66%
Non-MR/DD Expenditures					
Nursing Home	$410,836,637	$434,065,203	$439,960,607	$454,340,540	$481,128,590
Non-MR/DD HCBS	$133,935,903	$273,689,223	$350,673,057	$483,709,740	$567,597,699
Non-MR/DD: Total	$544,772,541	$707,754,427	$790,633,664	$938,050,280	$1,048,726,289
Percent of Non-MR/DD Expenditures					
Nursing Home	75%	61%	56%	48%	46%
Non-MR/DD HCBS	25%	39%	44%	52%	54%

Alternative Scenario 2: Slower Rebalancing

	2008 (Base)	2010	2015	2020	2025	2030
Transitions		173	598	1,012	1,471	2,023
Woodwork		173	598	506	736	506
New HCBS: Total		**346**	**1,196**	**1,518**	**2,207**	**2,529**
Medicaid LTSS Users						
Nursing Home	8,075	8,495	8,185	7,893	7,888	8,189
MR Facility	43	45	43	41	41	42
MH Facility	37	39	42	45	50	57
Hospice	1,192	1,063	1,325	1,395	1,620	1,831
Assisted Living	228	248	310	333	394	445
Adult Day Care	2,851	3,067	3,890	4,208	4,789	5,011
Home Health	494	551	722	793	904	938
Homemaker/ Personal Care	2,821	2,959	3,817	4,239	5,026	5,495
DME	4,873	5,267	5,938	6,314	6,948	7,405
Other Community Services	1,716	1,767	2,238	2,433	2,859	3,130
MR Waiver Services	1,106	1,127	1,166	1,188	1,195	1,187
MHRH Off-Line Providers	2,166	1,967	2,013	2,006	1,989	1,970
LTSS: Total	**14,490**	**15,062**	**15,773**	**15,951**	**16,819**	**17,670**
Medicaid LTSS Units						
Nursing Home	2,130,288	2,242,142	2,153,666	2,071,968	2,071,054	2,156,493
MR Facility	13,807	14,704	13,974	13,279	13,279	13,643
MH Facility	11,920	11,708	12,403	13,215	14,568	16,888
Hospice	98,098	88,465	110,211	115,429	133,312	150,194
Assisted Living	61,149	67,331	84,028	89,681	105,633	119,336
Adult Day Care	289,064	313,017	399,735	438,758	502,035	524,197
Home Health	27,027	30,290	39,440	43,372	50,304	53,096
Homemaker/ Personal Care	6,688,800	7,046,778	9,073,733	10,045,733	11,853,032	12,903,562
DME	3,836,496	4,094,672	4,633,307	4,897,532	5,314,235	5,534,938
Other Community Services	184,205	161,170	193,738	206,340	237,901	256,264
MR Waiver Services	374,050	380,830	393,879	401,516	403,784	400,948
MHRH Off-Line Providers	25,119	22,803	23,347	23,260	23,027	22,832
LTSS: Total	**13,740,023**	**14,473,910**	**17,131,461**	**18,360,083**	**20,722,164**	**22,152,391**
Medicaid LTSS Expenditures						
Nursing Home	$394,310,139	$431,018,939	$512,623,320	$579,533,602	$661,998,778	$770,148,269
MR Facility	$8,508,259	$9,484,478	$11,085,116	$12,435,106	$14,379,324	$16,775,126
MH Facility	$242,663	$145,800	$180,044	$223,221	$282,054	$364,536
Institutional	**$403,061,060**	**$440,649,216**	**$523,888,479**	**$592,191,929**	**$676,660,155**	**$787,287,932**
Hospice	$14,063,129	$13,185,380	$19,962,791	$24,301,493	$32,087,039	$40,664,983
Assisted Living	$2,148,851	$2,459,886	$3,735,374	$4,640,249	$6,257,286	$7,955,273
Adult Day Care	$34,251,034	$39,150,849	$60,461,673	$75,922,435	$97,866,725	$113,126,403
Home Health	$1,507,174	$1,749,989	$2,757,757	$3,543,172	$4,734,236	$5,670,743
Homemaker/ Personal Care	$34,322,610	$37,582,248	$58,866,185	$75,484,466	$101,414,523	$123,749,218
DME	$5,477,295	$6,067,606	$8,347,210	$10,225,114	$12,634,557	$14,737,786
Other Community Services	$1,873,161	$1,744,051	$2,568,513	$3,185,410	$4,223,766	$5,148,404
MR Waiver Services	$125,642,466	$132,880,646	$167,337,610	$198,728,645	$229,090,345	$256,442,494
MHRH Off-Line Providers	$89,597,942	$84,229,431	$104,956,105	$121,724,773	$137,571,253	$153,665,029
HCBS	**$308,883,661**	**$319,050,087**	**$428,993,219**	**$517,755,759**	**$625,879,730**	**$721,160,331**
LTSS: Total	**$711,944,722**	**$759,699,304**	**$952,881,698**	**$1,109,947,688**	**$1,302,539,885**	**$1,508,448,263**

Summary Projections	2010	2015	2020	2025	2030
Expenditures					
Institutional	$440,649,216	$523,888,479	$592,191,929	$676,660,155	$787,287,932
HCBS	$319,050,087	$428,993,219	$517,755,759	$625,879,730	$721,160,331
LTSS: Total	$759,699,304	$952,881,698	$1,109,947,688	$1,302,539,885	$1,508,448,263
Percent of Total Expenditures					
Institutional	58%	55%	53%	52%	52%
HCBS	42%	45%	47%	48%	48%
Non-MR/DD Expenditures					
Nursing Home	$431,018,939	$512,623,320	$579,533,602	$661,998,778	$770,148,269
Non-MR/DD HCBS	$101,940,010	$156,699,504	$197,302,340	$259,218,132	$311,052,808
Non-MR/DD: Total	$532,958,949	$669,322,823	$776,835,942	$921,216,910	$1,081,201,078
Percent of Non-MR/DD Expenditures					
Nursing Home	81%	77%	75%	72%	71%
Non-MR/DD HCBS	19%	23%	25%	28%	29%

Alternative Scenario 3: Slower Growth in Use of Medicaid Long-Term Services and Supports Because of Demographic Trends

	2008 (Base)	2010	2015	2020	2025	2030
Transitions		583	1,900	3,039	4,185	5,478
Woodwork		583	1,900	1,520	2,093	1,370
New HCBS: Total		**1,166**	**3,800**	**4,559**	**6,278**	**6,848**
Medicaid LTSS Users						
Nursing Home	8,075	8,085	6,883	5,866	5,174	4,734
MR Facility	43	45	43	41	41	42
MH Facility	37	39	40	43	46	50
Hospice	1,192	1,307	2,056	2,158	2,571	2,790
Assisted Living	228	306	484	517	625	678
Adult Day Care	2,851	3,797	6,169	6,756	8,000	8,152
Home Health	494	682	1,140	1,264	1,504	1,511
Homemaker/ Personal Care	2,821	3,653	5,983	6,665	8,152	8,596
DME	4,873	5,701	7,279	7,760	8,757	9,106
Other Community Services	1,716	2,181	3,507	3,835	4,648	4,923
MR Waiver Services	1,106	1,125	1,158	1,172	1,171	1,152
MHRH Off-Line Providers	2,166	1,966	2,007	1,995	1,972	1,947
LTSS: Total	**14,490**	**15,368**	**16,682**	**16,293**	**17,136**	**17,119**
Medicaid LTSS Units						
Nursing Home	2,130,288	2,133,524	1,810,342	1,538,715	1,357,192	1,245,530
MR Facility	13,807	14,704	13,974	13,279	13,279	13,643
MH Facility	11,920	11,708	11,657	12,470	13,451	14,983
Hospice	98,098	110,729	173,940	181,640	215,310	233,010
Assisted Living	61,149	84,558	133,242	141,607	170,402	184,805
Adult Day Care	289,064	394,404	645,148	716,836	852,949	866,952
Home Health	27,027	38,134	63,253	70,065	84,805	86,404
Homemaker/ Personal Care	6,688,800	8,862,628	14,500,594	16,107,073	19,625,760	20,623,513
DME	3,836,496	4,520,387	5,816,394	6,192,058	6,916,094	7,056,349
Other Community Services	184,205	201,056	314,721	338,185	406,981	430,366
MR Waiver Services	374,050	380,161	391,205	396,129	395,719	389,156
MHRH Off-Line Providers	25,119	22,790	23,281	23,138	22,841	22,581
LTSS: Total	**13,740,023**	**16,774,783**	**23,897,751**	**25,731,195**	**30,074,783**	**31,167,292**
Medicaid LTSS Expenditures						
Nursing Home	$394,310,139	$414,305,556	$446,793,656	$460,375,143	$480,052,288	$510,733,285
MR Facility	$8,508,259	$9,564,785	$11,445,153	$13,194,260	$15,743,480	$19,035,209
MH Facility	$242,663	$147,034	$177,838	$227,132	$290,786	$382,783
Institutional	**$403,061,060**	**$424,017,376**	**$458,416,646**	**$473,796,535**	**$496,086,555**	**$530,151,277**
Hospice	$14,063,129	$16,502,863	$31,520,207	$38,259,803	$51,867,063	$63,131,064
Assisted Living	$2,148,851	$3,089,280	$5,924,034	$7,327,845	$10,095,830	$12,321,502
Adult Day Care	$34,251,034	$49,397,506	$97,964,851	$124,865,190	$167,934,230	$189,732,380
Home Health	$1,507,174	$2,203,504	$4,418,344	$5,715,163	$7,965,532	$9,202,379
Homemaker/ Personal Care	$34,322,610	$47,279,809	$94,186,717	$121,262,489	$168,411,523	$198,529,736
DME	$5,477,295	$6,703,805	$10,494,356	$12,944,213	$16,481,943	$18,835,130
Other Community Services	$1,873,161	$2,177,135	$4,156,043	$5,198,827	$7,171,639	$8,553,269
MR Waiver Services	$125,642,466	$132,625,315	$166,147,846	$195,870,823	$224,216,756	$248,404,380
MHRH Off-Line Providers	$89,597,942	$84,180,042	$104,656,231	$121,087,236	$136,454,135	$151,952,119
HCBS	**$308,883,661**	**$344,159,259**	**$519,468,631**	**$632,531,589**	**$790,598,651**	**$900,661,959**
LTSS: Total	**$711,944,722**	**$768,176,635**	**$977,885,277**	**$1,106,328,124**	**$1,286,685,206**	**$1,430,813,237**

Summary Projections	2010	2015	2020	2025	2030
Expenditures					
Institutional	$424,017,376	$458,416,646	$473,796,535	$496,086,555	$530,151,277
HCBS	$344,159,259	$519,468,631	$632,531,589	$790,598,651	$900,661,959
LTSS: Total	$768,176,635	$977,885,277	$1,106,328,124	$1,286,685,206	$1,430,813,237
Percent of Total Expenditures					
Institutional	55%	47%	43%	39%	37%
HCBS	45%	53%	57%	61%	63%
Non-MR/DD Expenditures					
Nursing Home	$414,305,556	$446,793,656	$460,375,143	$480,052,288	$510,733,285
Non-MR/DD HCBS	$127,353,903	$248,664,554	$315,573,531	$429,927,761	$500,305,461
Non-MR/DD: Total	$541,659,459	$695,458,210	$775,948,673	$909,980,049	$1,011,038,746
Percent of Non-MR/DD Expenditures					
Nursing Home	76%	64%	59%	53%	51%
Non-MR/DD HCBS	24%	36%	41%	47%	49%

Alternative Scenario 4: Potential Health Reform Expansion of Medicaid Eligibility

	2008 (Base)	2010	2015	2020	2025	2030
Transitions		513	1,558	2,617	3,688	4,902
Woodwork		513	1,558	1,309	1,844	1,226
New HCBS: Total		**1,026**	**3,116**	**3,926**	**5,532**	**6,128**
Medicaid LTSS Users						
Nursing Home	8,075	8,155	7,225	6,288	5,671	5,310
MR Facility	43	45	44	43	42	45
MH Facility	37	39	43	45	51	58
Hospice	1,192	1,277	1,940	2,128	2,608	2,924
Assisted Living	228	300	457	509	633	710
Adult Day Care	2,851	3,680	5,917	6,650	7,970	8,269
Home Health	494	662	1,090	1,246	1,501	1,539
Homemaker/ Personal Care	2,821	3,554	5,688	6,564	8,206	8,889
DME	4,873	5,654	7,288	7,942	9,094	9,665
Other Community Services	1,716	2,121	3,340	3,776	4,672	5,079
MR Waiver Services	1,106	1,127	1,235	1,257	1,259	1,247
MHRH Off-Line Providers	2,166	1,967	2,144	2,135	2,115	2,091
LTSS: Total	**14,490**	**15,402**	**17,239**	**17,246**	**18,422**	**18,859**
Medicaid LTSS Units						
Nursing Home	2,130,288	2,152,275	1,899,623	1,649,529	1,488,061	1,397,498
MR Facility	13,807	14,704	14,340	14,009	13,643	14,661
MH Facility	11,920	11,708	12,593	13,215	14,857	17,175
Hospice	98,098	107,870	163,596	178,558	217,747	243,481
Assisted Living	61,149	82,637	125,448	138,956	172,103	192,972
Adult Day Care	289,064	381,188	616,714	703,440	847,345	877,253
Home Health	27,027	36,879	60,149	68,906	84,463	88,049
Homemaker/ Personal Care	6,688,800	8,591,329	13,750,355	15,814,085	19,678,438	21,223,514
DME	3,836,496	4,460,636	5,833,507	6,315,127	7,123,229	7,398,497
Other Community Services	184,205	196,087	303,910	333,188	401,775	431,062
MR Waiver Services	374,050	380,830	417,259	424,837	425,471	421,263
MHRH Off-Line Providers	25,119	22,803	24,873	24,763	24,494	24,244
LTSS: Total	**13,740,023**	**16,438,946**	**23,222,367**	**25,678,613**	**30,491,626**	**32,329,669**
Medicaid LTSS Expenditures						
Nursing Home	$394,310,139	$417,368,971	$470,698,962	$493,131,011	$524,401,338	$569,949,109
MR Facility	$8,508,259	$9,564,785	$11,763,725	$13,902,628	$16,129,829	$20,502,377
MH Facility	$242,663	$147,034	$186,568	$236,848	$310,894	$419,062
Institutional	**$403,061,060**	**$427,080,790**	**$482,649,254**	**$507,270,487**	**$540,842,062**	**$590,870,548**
Hospice	$14,063,129	$16,076,024	$29,646,170	$37,612,278	$52,440,308	$65,945,952
Assisted Living	$2,148,851	$3,019,342	$5,577,577	$7,190,850	$10,195,638	$12,864,372
Adult Day Care	$34,251,034	$47,677,277	$93,880,776	$122,489,881	$166,275,982	$190,658,349
Home Health	$1,507,174	$2,131,903	$4,199,264	$5,621,215	$7,938,459	$9,391,911
Homemaker/ Personal Care	$34,322,610	$45,816,979	$89,390,438	$119,050,651	$168,713,469	$203,919,613
DME	$5,477,295	$6,609,294	$10,528,736	$13,199,623	$16,963,869	$19,727,355
Other Community Services	$1,873,161	$2,121,481	$4,000,082	$5,119,185	$7,106,596	$8,621,155
MR Waiver Services	$125,642,466	$132,880,646	$177,125,098	$210,094,319	$241,160,074	$269,148,378
MHRH Off-Line Providers	$89,597,942	$84,229,431	$111,807,170	$129,575,882	$146,320,563	$163,127,054
HCBS	**$308,883,661**	**$340,562,378**	**$526,155,310**	**$649,953,884**	**$817,114,958**	**$943,404,139**
LTSS: Total	**$711,944,722**	**$767,643,168**	**$1,008,804,564**	**$1,157,224,371**	**$1,357,957,019**	**$1,534,274,687**

Summary Projections	2010	2015	2020	2025	2030
Expenditures					
Institutional	$427,080,790	$482,649,254	$507,270,487	$540,842,062	$590,870,548
HCBS	$340,562,378	$526,155,310	$649,953,884	$817,114,958	$943,404,139
LTSS: Total	$767,643,168	$1,008,804,564	$1,157,224,371	$1,357,957,019	$1,534,274,687
Percent of Total Expenditures					
Institutional	56%	48%	44%	40%	39%
HCBS	44%	52%	56%	60%	61%
Non-MR/DD Expenditures					
Nursing Home	$417,368,971	$470,698,962	$493,131,011	$524,401,338	$569,949,109
Non-MR/DD HCBS	$123,452,301	$237,223,043	$310,283,683	$429,634,322	$511,128,707
Non-MR/DD: Total	$540,821,272	$707,922,004	$803,414,694	$954,035,660	$1,081,077,816
Percent of Non-MR/DD Expenditures					
Nursing Home	77%	66%	61%	55%	53%
Non-MR/DD HCBS	23%	34%	39%	45%	47%

Alternative Scenario 5: Smaller Woodwork Effect

	2008 (Base)	2010	2015	2020	2025	2030
Transitions		513	1,687	2,727	3,783	4,987
Woodwork		513	844	273	378	499
New HCBS: Total		**1,026**	**2,531**	**3,000**	**4,161**	**5,486**
Medicaid LTSS Users						
Nursing Home	8,075	8,155	7,096	6,178	5,576	5,225
MR Facility	43	45	43	41	41	42
MH Facility	37	39	42	45	50	57
Hospice	1,192	1,277	1,735	1,826	2,182	2,699
Assisted Living	228	300	409	437	531	656
Adult Day Care	2,851	3,680	5,087	5,511	6,441	7,391
Home Health	494	662	942	1,039	1,219	1,384
Homemaker/ Personal Care	2,821	3,554	4,996	5,552	6,763	8,104
DME	4,873	5,654	6,703	7,159	8,044	9,039
Other Community Services	1,716	2,121	2,927	3,188	3,844	4,620
MR Waiver Services	1,106	1,127	1,166	1,188	1,195	1,187
MHRH Off-Line Providers	2,166	1,967	2,013	2,006	1,989	1,970
LTSS: Total	**14,490**	**15,402**	**16,018**	**15,720**	**16,464**	**17,664**
Medicaid LTSS Units						
Nursing Home	2,130,288	2,152,275	1,867,121	1,621,667	1,463,940	1,376,143
MR Facility	13,807	14,704	13,974	13,279	13,279	13,643
MH Facility	11,920	11,708	12,403	13,215	14,568	16,888
Hospice	98,098	107,870	146,291	153,217	182,174	224,725
Assisted Living	61,149	82,637	112,493	119,514	144,266	178,284
Adult Day Care	289,064	381,188	530,539	583,278	685,266	784,595
Home Health	27,027	36,879	52,232	57,729	68,908	79,494
Homemaker/ Personal Care	6,688,800	8,591,329	12,056,649	13,349,373	16,189,688	19,314,762
DME	3,836,496	4,460,636	5,307,175	5,637,229	6,242,098	6,856,272
Other Community Services	184,205	196,087	257,520	274,559	323,484	381,983
MR Waiver Services	374,050	380,830	393,879	401,516	403,784	400,948
MHRH Off-Line Providers	25,119	22,803	23,347	23,260	23,027	22,832
LTSS: Total	**13,740,023**	**16,438,946**	**20,773,623**	**22,247,836**	**25,754,482**	**29,650,569**
Medicaid LTSS Expenditures						
Nursing Home	$394,310,139	$417,368,971	$458,630,396	$481,415,951	$512,533,151	$557,463,583
MR Facility	$8,508,259	$9,564,785	$11,445,153	$13,194,260	$15,743,480	$19,035,209
MH Facility	$242,663	$147,034	$185,891	$236,848	$308,812	$413,649
Institutional	**$403,061,060**	**$427,080,790**	**$470,261,440**	**$494,847,060**	**$528,585,443**	**$576,912,441**
Hospice	$14,063,129	$16,076,024	$26,501,524	$32,249,998	$43,851,960	$60,831,327
Assisted Living	$2,148,851	$3,019,342	$5,001,337	$6,183,572	$8,545,721	$11,884,709
Adult Day Care	$34,251,034	$47,677,277	$80,244,135	$100,912,188	$133,580,464	$169,317,552
Home Health	$1,507,174	$2,131,903	$3,651,510	$4,715,711	$6,482,579	$8,490,399
Homemaker/ Personal Care	$34,322,610	$45,816,979	$78,203,773	$100,294,804	$138,525,968	$185,233,285
DME	$5,477,295	$6,609,294	$9,563,306	$11,770,214	$14,844,037	$18,252,845
Other Community Services	$1,873,161	$2,121,481	$3,411,845	$4,243,362	$5,750,765	$7,683,096
MR Waiver Services	$125,642,466	$132,880,646	$167,337,610	$198,728,645	$229,090,345	$256,442,494
MHRH Off-Line Providers	$89,597,942	$84,229,431	$104,956,105	$121,724,773	$137,571,253	$153,665,029
HCBS	**$308,883,661**	**$340,562,378**	**$478,871,145**	**$580,823,267**	**$718,243,092**	**$871,800,735**
LTSS: Total	**$711,944,722**	**$767,643,168**	**$949,132,584**	**$1,075,670,327**	**$1,246,828,535**	**$1,448,713,176**

Summary Projections	2010	2015	2020	2025	2030
Expenditures					
Institutional	$427,080,790	$470,261,440	$494,847,060	$528,585,443	$576,912,441
HCBS	$340,562,378	$478,871,145	$580,823,267	$718,243,092	$871,800,735
LTSS: Total	$767,643,168	$949,132,584	$1,075,670,327	$1,246,828,535	$1,448,713,176
Percent of Total Expenditures					
Institutional	56%	50%	46%	42%	40%
HCBS	44%	50%	54%	58%	60%
Non-MR/DD Expenditures					
Nursing Home	$417,368,971	$458,630,396	$481,415,951	$512,533,151	$557,463,583
Non-MR/DD HCBS	$123,452,301	$206,577,430	$260,369,848	$351,581,494	$461,693,213
Non-MR/DD: Total	$540,821,272	$665,207,825	$741,785,800	$864,114,645	$1,019,156,796
Percent of Non-MR/DD Expenditures					
Nursing Home	77%	69%	65%	59%	55%
Non-MR/DD HCBS	23%	31%	35%	41%	45%

Alternative Scenario 6: Increased Disability Among the Under Age 65 Population

	2008 (Base)	2010	2015	2020	2025	2030
Transitions		513	1,534	2,309	3,067	3,960
Woodwork		513	1,534	1,155	1,534	990
New HCBS: Total		**1,026**	**3,068**	**3,464**	**4,601**	**4,950**
Medicaid LTSS Users						
Nursing Home	8,075	8,155	7,249	6,596	6,292	6,252
MR Facility	43	45	43	46	45	50
MH Facility	37	39	43	49	58	67
Hospice	1,192	1,277	1,934	2,093	2,600	3,036
Assisted Living	228	300	455	501	631	736
Adult Day Care	2,851	3,680	5,804	6,460	7,824	8,419
Home Health	494	662	1,073	1,214	1,477	1,572
Homemaker/ Personal Care	2,821	3,554	5,632	6,418	8,124	9,164
DME	4,873	5,654	7,229	8,007	9,435	10,511
Other Community Services	1,716	2,121	3,301	3,689	4,621	5,229
MR Waiver Services	1,106	1,127	1,217	1,303	1,376	1,440
MHRH Off-Line Providers	2,166	1,967	2,106	2,210	2,304	2,396
LTSS: Total	**14,490**	**15,402**	**17,179**	**17,857**	**20,001**	**21,800**
Medicaid LTSS Units						
Nursing Home	2,130,288	2,152,275	1,906,629	1,730,666	1,651,420	1,646,020
MR Facility	13,807	14,704	13,974	14,912	14,527	16,300
MH Facility	11,920	11,708	12,690	14,162	16,739	19,727
Hospice	98,098	107,870	163,116	175,613	217,052	252,816
Assisted Living	61,149	82,637	124,890	136,770	171,545	200,053
Adult Day Care	289,064	381,188	605,077	683,448	831,981	893,513
Home Health	27,027	36,879	59,367	67,243	83,232	90,160
Homemaker/ Personal Care	6,688,800	8,591,329	13,606,761	15,451,955	19,465,588	21,854,444
DME	3,836,496	4,460,636	5,756,866	6,347,235	7,363,758	8,001,569
Other Community Services	184,205	196,087	294,837	322,420	392,043	440,016
MR Waiver Services	374,050	380,830	411,166	440,399	465,034	486,459
MHRH Off-Line Providers	25,119	22,803	24,431	25,633	26,675	27,778
LTSS: Total	**13,740,023**	**16,438,946**	**22,979,804**	**25,410,456**	**30,699,594**	**33,928,855**
Medicaid LTSS Expenditures						
Nursing Home	$394,310,139	$417,368,971	$470,546,167	$516,223,329	$580,134,521	$668,699,633
MR Facility	$8,508,259	$9,564,785	$11,445,153	$14,820,360	$17,242,310	$22,852,785
MH Facility	$242,663	$147,034	$189,075	$247,842	$339,112	$462,327
Institutional	**$403,061,060**	**$427,080,790**	**$482,180,395**	**$531,291,531**	**$597,715,943**	**$692,014,744**
Hospice	$14,063,129	$16,076,024	$29,556,251	$36,987,269	$52,266,969	$68,454,304
Assisted Living	$2,148,851	$3,019,342	$5,552,523	$7,077,402	$10,162,347	$13,335,178
Adult Day Care	$34,251,034	$47,677,277	$91,856,406	$118,772,023	$162,814,921	$193,370,568
Home Health	$1,507,174	$2,131,903	$4,147,116	$5,487,641	$7,827,200	$9,623,980
Homemaker/ Personal Care	$34,322,610	$45,816,979	$88,378,650	$116,250,558	$166,731,687	$209,749,760
DME	$5,477,295	$6,609,294	$10,381,516	$13,260,459	$17,528,999	$21,314,724
Other Community Services	$1,873,161	$2,121,481	$3,892,607	$4,960,544	$6,950,929	$8,813,679
MR Waiver Services	$125,642,466	$132,880,646	$174,660,476	$217,818,105	$263,738,303	$311,047,258
MHRH Off-Line Providers	$89,597,942	$84,229,431	$109,817,702	$134,116,217	$159,366,446	$186,936,003
HCBS	**$308,883,661**	**$340,562,378**	**$518,243,246**	**$654,730,218**	**$847,387,801**	**$1,022,645,454**
LTSS: Total	**$711,944,722**	**$767,643,168**	**$1,000,423,641**	**$1,186,021,750**	**$1,445,103,744**	**$1,714,660,198**

Summary Projections	2010	2015	2020	2025	2030
Expenditures					
Institutional	$427,080,790	$482,180,395	$531,291,531	$597,715,943	$692,014,744
HCBS	$340,562,378	$518,243,246	$654,730,218	$847,387,801	$1,022,645,454
LTSS: Total	$767,643,168	$1,000,423,641	$1,186,021,750	$1,445,103,744	$1,714,660,198
Percent of Total Expenditures					
Institutional	56%	48%	45%	41%	40%
HCBS	44%	52%	55%	59%	60%
Non-MR/DD Expenditures					
Nursing Home	$417,368,971	$470,546,167	$516,223,329	$580,134,521	$668,699,633
Non-MR/DD HCBS	$123,452,301	$233,765,068	$302,795,896	$424,283,052	$524,662,193
Non-MR/DD: Total	$540,821,272	$704,311,235	$819,019,225	$1,004,417,573	$1,193,361,826
Percent of Non-MR/DD Expenditures					
Nursing Home	77%	67%	63%	58%	56%
Non-MR/DD HCBS	23%	33%	37%	42%	44%

Alternative Scenario 7: Combined "Best" Scenarios

	2008 (Base)	2010	2015	2020	2025	2030
Transitions		583	1,900	3,039	4,185	5,478
Woodwork		583	950	304	419	548
New HCBS: Total		**1,166**	**2,850**	**3,343**	**4,604**	**6,026**
Medicaid LTSS Users						
Nursing Home	8,075	8,085	6,883	5,866	5,174	4,734
MR Facility	43	45	43	41	41	42
MH Facility	37	39	40	43	46	50
Hospice	1,192	1,307	1,774	1,825	2,131	2,572
Assisted Living	228	306	418	438	517	627
Adult Day Care	2,851	3,797	5,323	5,709	6,623	7,517
Home Health	494	682	984	1,070	1,246	1,395
Homemaker/ Personal Care	2,821	3,653	5,158	5,629	6,752	7,926
DME	4,873	5,701	6,744	7,096	7,867	8,684
Other Community Services	1,716	2,181	3,027	3,237	3,847	4,539
MR Waiver Services	1,106	1,125	1,158	1,172	1,171	1,152
MHRH Off-Line Providers	2,166	1,966	2,007	1,995	1,972	1,947
LTSS: Total	**14,490**	**15,368**	**15,753**	**15,127**	**15,558**	**16,361**
Medicaid LTSS Units						
Nursing Home	2,130,288	2,133,524	1,810,342	1,538,715	1,357,192	1,245,530
MR Facility	13,807	14,704	13,974	13,279	13,279	13,643
MH Facility	11,920	11,708	11,657	12,470	13,451	14,983
Hospice	98,098	110,729	150,012	153,554	178,470	214,805
Assisted Living	61,149	84,558	115,341	119,810	140,883	170,906
Adult Day Care	289,064	394,404	556,629	605,729	706,254	799,381
Home Health	27,027	38,134	54,566	59,353	70,150	79,733
Homemaker/ Personal Care	6,688,800	8,862,628	12,498,565	13,604,355	16,258,667	19,016,269
DME	3,836,496	4,520,387	5,391,097	5,663,985	6,215,357	6,729,754
Other Community Services	184,205	201,056	271,821	285,792	335,758	397,307
MR Waiver Services	374,050	380,161	391,205	396,129	395,719	389,156
MHRH Off-Line Providers	25,119	22,790	23,281	23,138	22,841	22,581
LTSS: Total	**13,740,023**	**16,774,783**	**21,288,490**	**22,476,309**	**25,708,021**	**29,094,048**
Medicaid LTSS Expenditures						
Nursing Home	$394,310,139	$414,305,556	$446,793,656	$460,375,143	$480,052,288	$510,733,285
MR Facility	$8,508,259	$9,564,785	$11,445,153	$13,194,260	$15,743,480	$19,035,209
MH Facility	$242,663	$147,034	$177,838	$227,132	$290,786	$382,783
Institutional	**$403,061,060**	**$424,017,376**	**$458,416,646**	**$473,796,535**	**$496,086,555**	**$530,151,277**
Hospice	$14,063,129	$16,502,863	$27,180,558	$32,348,630	$42,985,659	$58,196,935
Assisted Living	$2,148,851	$3,089,280	$5,128,272	$6,200,543	$8,346,393	$11,395,268
Adult Day Care	$34,251,034	$49,397,506	$84,521,490	$105,519,605	$139,045,823	$174,935,573
Home Health	$1,507,174	$2,203,504	$3,810,992	$4,840,331	$6,588,326	$8,491,618
Homemaker/ Personal Care	$34,322,610	$47,279,809	$81,170,056	$102,432,538	$139,515,964	$183,038,520
DME	$5,477,295	$6,703,805	$9,720,638	$11,843,858	$14,817,059	$17,967,788
Other Community Services	$1,873,161	$2,177,135	$3,590,680	$4,391,297	$5,919,198	$7,895,957
MR Waiver Services	$125,642,466	$132,625,315	$166,147,846	$195,870,823	$224,216,756	$248,404,380
MHRH Off-Line Providers	$89,597,942	$84,180,042	$104,656,231	$121,087,236	$136,454,135	$151,952,119
HCBS	**$308,883,661**	**$344,159,259**	**$485,926,763**	**$584,534,861**	**$717,889,313**	**$862,278,158**
LTSS: Total	**$711,944,722**	**$768,176,635**	**$944,343,409**	**$1,058,331,395**	**$1,213,975,867**	**$1,392,429,435**

Summary Projections	2010	2015	2020	2025	2030
Expenditures					
Institutional	$424,017,376	$458,416,646	$473,796,535	$496,086,555	$530,151,277
HCBS	$344,159,259	$485,926,763	$584,534,861	$717,889,313	$862,278,158
LTSS: Total	$768,176,635	$944,343,409	$1,058,331,395	$1,213,975,867	$1,392,429,435
Percent of Total Expenditures					
Institutional	55%	49%	45%	41%	38%
HCBS	45%	51%	55%	59%	62%
Non-MR/DD Expenditures					
Nursing Home	$414,305,556	$446,793,656	$460,375,143	$480,052,288	$510,733,285
Non-MR/DD HCBS	$127,353,903	$215,122,686	$267,576,802	$357,218,422	$461,921,660
Non-MR/DD: Total	$541,659,459	$661,916,342	$727,951,945	$837,270,710	$972,654,945
Percent of Non-MR/DD Expenditures					
Nursing Home	76%	68%	63%	57%	53%
Non-MR/DD HCBS	24%	32%	37%	43%	47%

Alternative Scenario 8: Combined "Worst" Scenarios

	2008 (Base)	2010	2015	2020	2025	2030
Transitions		513	1,321	2,031	2,762	3,646
Woodwork		513	1,321	1,016	1,381	912
New HCBS: Total		**1,026**	**2,642**	**3,047**	**4,143**	**4,558**
Medicaid LTSS Users						
Nursing Home	8,075	8,155	7,462	6,874	6,597	6,566
MR Facility	43	45	48	48	49	52
MH Facility	37	39	45	50	61	71
Hospice	1,192	1,277	1,851	2,041	2,569	3,044
Assisted Living	228	300	436	490	624	739
Adult Day Care	2,851	3,680	5,700	6,398	7,788	8,470
Home Health	494	662	1,050	1,200	1,467	1,579
Homemaker/ Personal Care	2,821	3,554	5,447	6,306	8,051	9,196
DME	4,873	5,654	7,272	8,132	9,617	10,781
Other Community Services	1,716	2,121	3,199	3,627	4,583	5,249
MR Waiver Services	1,106	1,127	1,291	1,379	1,453	1,518
MHRH Off-Line Providers	2,166	1,967	2,244	2,344	2,436	2,531
LTSS: Total	**14,490**	**15,402**	**17,612**	**18,543**	**20,840**	**22,818**
Medicaid LTSS Units						
Nursing Home	2,130,288	2,152,275	1,961,552	1,803,209	1,731,386	1,728,618
MR Facility	13,807	14,704	15,639	15,590	15,934	16,953
MH Facility	11,920	11,708	13,041	14,352	17,696	20,921
Hospice	98,098	107,870	156,057	171,237	214,468	253,488
Assisted Living	61,149	82,637	119,666	133,782	169,601	200,704
Adult Day Care	289,064	381,188	593,856	676,707	828,106	898,840
Home Health	27,027	36,879	57,938	66,341	82,666	90,573
Homemaker/ Personal Care	6,688,800	8,591,329	13,176,458	15,191,983	19,298,679	21,934,712
DME	3,836,496	4,460,636	5,837,306	6,472,185	7,519,032	8,213,594
Other Community Services	184,205	196,087	291,406	320,218	390,923	441,210
MR Waiver Services	374,050	380,830	436,199	466,135	491,062	512,847
MHRH Off-Line Providers	25,119	22,803	26,036	27,188	28,207	29,340
LTSS: Total	**13,740,023**	**16,438,946**	**22,685,154**	**25,358,927**	**30,787,760**	**34,341,800**
Medicaid LTSS Expenditures						
Nursing Home	$394,310,139	$417,368,971	$487,070,284	$539,318,938	$608,619,339	$702,568,572
MR Facility	$8,508,259	$9,564,785	$12,812,427	$15,477,361	$18,903,250	$23,737,864
MH Facility	$242,663	$147,034	$193,242	$248,658	$352,142	$487,362
Institutional	**$403,061,060**	**$427,080,790**	**$500,075,953**	**$555,044,958**	**$627,874,731**	**$726,793,798**
Hospice	$14,063,129	$16,076,024	$28,289,376	$36,072,899	$51,651,361	$68,638,108
Assisted Living	$2,148,851	$3,019,342	$5,320,832	$6,923,354	$10,047,874	$13,379,019
Adult Day Care	$34,251,034	$47,677,277	$90,590,073	$117,905,121	$162,263,772	$194,669,769
Home Health	$1,507,174	$2,131,903	$4,041,772	$5,409,909	$7,771,531	$9,668,163
Homemaker/ Personal Care	$34,322,610	$45,816,979	$85,700,498	$114,397,727	$165,360,901	$210,564,180
DME	$5,477,295	$6,609,294	$10,540,029	$13,534,850	$17,905,740	$21,879,110
Other Community Services	$1,873,161	$2,121,481	$3,830,953	$4,915,654	$6,923,054	$8,839,155
MR Waiver Services	$125,642,466	$132,880,646	$185,183,244	$230,550,416	$278,406,382	$327,838,246
MHRH Off-Line Providers	$89,597,942	$84,229,431	$117,012,865	$142,269,437	$168,493,601	$197,439,098
HCBS	**$308,883,661**	**$340,562,378**	**$530,509,641**	**$671,979,367**	**$868,824,216**	**$1,052,914,849**
LTSS: Total	**$711,944,722**	**$767,643,168**	**$1,030,585,595**	**$1,227,024,324**	**$1,496,698,947**	**$1,779,708,647**

Summary Projections	2010	2015	2020	2025	2030
Expenditures					
Institutional	$427,080,790	$500,075,953	$555,044,958	$627,874,731	$726,793,798
HCBS	$340,562,378	$530,509,641	$671,979,367	$868,824,216	$1,052,914,849
LTSS: Total	$767,643,168	$1,030,585,595	$1,227,024,324	$1,496,698,947	$1,779,708,647
Percent of Total Expenditures					
Institutional	56%	49%	45%	42%	41%
HCBS	44%	51%	55%	58%	59%
Non-MR/DD Expenditures					
Nursing Home	$417,368,971	$487,070,284	$539,318,938	$608,619,339	$702,568,572
Non-MR/DD HCBS	$123,452,301	$228,313,532	$299,159,513	$421,924,233	$527,637,505
Non-MR/DD: Total	$540,821,272	$715,383,817	$838,478,451	$1,030,543,572	$1,230,206,077
Percent of Non-MR/DD Expenditures					
Nursing Home	77%	68%	64%	59%	57%
Non-MR/DD HCBS	23%	32%	36%	41%	43%

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