

MINUTES OF THE HOUSE AGING AND LONG TERM CARE COMMITTEE

The meeting was called to order by Chairman Bob Bethell at 3:30 p.m. on January 21, 2010, in Room 784 of the Docking State Office Building.

All members were present except:

Representative Owen Donohoe- excused  
Representative Don Hill- excused

Committee staff present:

Doug Taylor, Office of the Revisor of Statutes  
Terri Weber, Kansas Legislative Research Department  
Estelle Montgomery, Kansas Legislative Research Department  
Iraida Orr, Kansas Legislative Research Department  
Kathie Sparks, Kansas Legislative Research Department  
Judith Holliday, Committee Assistant

Conferees appearing before the Committee:

Jane Rhys, Executive Director, Kansas Council on Developmental Disabilities  
Tom Laing, Executive Director, InterHab  
Pat Terick, Director, Governmental Activities, Cerebral Palsy Research Foundation

Others attending:

See attached list.

Chairman Bethell called attention to the national report from United Cerebral Palsy, "The Case for Inclusion: An Analysis of Medicaid for Americans with Intellectual and Developmental Disabilities" provided to each Committee member. ([Attachment 1](#)) This report benchmarks a state's efforts in providing services for the developmentally disabled and inclusion of those individuals into society. Kansas ranks 24<sup>th</sup> on the list, and while we're not the best and not the worst, he feels we can do better.

Jane Rhys, Executive Director, Kansas Council on Developmental Disabilities, provided background information of the Kansas Council on Developmental Disabilities. ([Attachment 2](#)) The Council is federally mandated and funded under the Developmental Disabilities Assistance and Bill of Rights Act of 2000. Members are appointed by the Governor and include primary consumers, immediate family, and representatives of the major agencies providing services for individuals with developmental disabilities (DD). Their mission is advocacy for individuals with DD to receive supports to make life choices such as where to live, work, and learn. The Council is a member of the Big Tent Coalition and supports the 2010 Priorities developed by the Big Tent.

A Developmental Disability occurs before age 22, is lifelong, and results in major substantial functional limitations in three or more areas such as self-care, mobility, and economic self-sufficiency. These disabilities require lifelong supports, are not curable and individuals do not improve with age. Examples of DD include autism, cognitive disabilities, and severe cerebral palsy.

Ms. Rhys pointed out that the data contained in the national report is from 2007 and does not show the effects of the current reduction in funding including the 10% rate decrease in Medicaid rates. The last page of the report shows the data source and a web link for each data referenced.

The report contains rankings for what each state achieved in four areas:

1) Allocating resources to those in the community. Kansas ranks 15th among all states in this category because state policy has been to reduce the size of immediate care facilities for those with DD, except for the two state DD hospitals in Parsons and KNI in Topeka.

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2) Supporting individuals in the community and home-like settings. Kansas ranks 33rd on the list. This area includes funding, but also looks at the settings in which people live and the available waivers that promote self-determination. Self determination includes providing services that are self-directed, or determined by the individual and his family what services are needed and who provides them. This includes personal budgets and client satisfaction surveys. From 1999 to 2010, the increase of people on the DD waiting list has grown from 292 to 2,182.

3) Keeping families together through family support. Kansas ranks 24<sup>th</sup> with 129 families per 100,000. This will drop because families depend on respite care which was eliminated from services. Other family services include in-home support, direct financial support, equipment modifications, wellness monitoring and medical alert.

4) Supporting meaningful work. Kansas ranks 46th. Meaningful work is work that occurs in the community and may be both supported (i.e., the person needs some support on the job) and competitive employment.

Ms. Rhys called the Committees attention to attachments to her testimony which provided information on the different community developmental disability organizations in the counties. She explained the charts on the number of persons served in the community; the DD waiting list; a waiting list for the under served; and those receiving no services.

Also attached to her testimony was a page from the Governor's Budget Report that shows proposed funding for both DD and Autism. The Council supports the proposal, recognizing it as a maintenance budget. For additional funding, the Council recommends adoption of the Governor's Facilities Closure and Realignment Commission that recommend the closure of Kansas Neurological Institution (KNI) and downsizing Parsons State Hospital. This would allow better distribution of state and federal funds so additional people could be served. Winfield closure was a success story for the residents and the closure savings were put into DD community services.

Ms. Rhys concluded by telling the Committee that Kansas was a leader in services for persons with DD, but now it is dropping, and services are of lower quality due to lack of adequate funding and policies in place had not been modified to reflect current needs and/or new methodology.

Ms. Rhys responded to numerous questions regarding the charts provided with her testimony.

Tom Laing, Executive Director, InterHab, presented testimony to the Committee on the role of Home and Community Based Services in the progress realized for persons with DD. (Attachment 3) The Federal match allows Kansas to finance a wide array of community supports and services for persons and families of children at least five years of age. These services have allowed choice to thousands of persons with DD in where to live, work, play and worship.

Mr. Laing referenced the report and its affect on this population. He noted that after several years of Kansas being among the leaders among all states, there is a steady decline in the three years studied in the report. He attributes this decline to lack of commitment on the part of the Administration and the Legislature.

The HCBS system: is favored by families, the persons served, and professionals; keeps families in closer proximity as natural supports for their children; downsizes expensive program models (state hospitals) and offers preferred models in the community; distributes state resources to all 105 counties; creates more employment opportunities for those served in the community; and draws other community resources, such as local tax dollars and charitable giving, to support the community system and hold down costs of state-financed services.

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The community DD system is Kansas' most successful model of a Federal/State/Community partnership and we simply cannot allow recent decades of progress for persons with DD to be forgotten and wasted.

The Governor's 10% cut from every Medicaid reimbursement may save the State \$2.2 million, but will cost the community DD system \$5.4 million in federal matching funds. Despite the recommendation to the Governor that the State could cut an identical \$2.2 million from un-matched funds, the full \$7.9 million cut is still in place. Mr. Laing asked the Committee to urge the Appropriations Committee and respective party leaders to address and reverse this issue either through advocacy with the Administration or in the Senate's rescission bill.

Two lessons contained in the report are about the progress made in the field of DD, and how quickly the agency can lose focus and momentum if State leaders are not in tune with the program's needs. The report could be used as a reminder for legislative efforts to serve persons with common sense, compassion, and financial wisdom.

Pat Terick, Governmental Activities Director, United Cerebral Palsy of Kansas (UCP), presented testimony to the Committee. (Attachment 4). United Cerebral Palsy of Kansas has been providing assistance for assistive technology for Kansans with disabilities for over a decade with funding from sources such as United Way, private contributions, and a grant from the Kansas Rehabilitation Services.

The report ranks all 50 states on how well they provide community-based supports to Americans with intellectual and developmental disabilities served by Medicaid. The findings are mixed.

- Positives: Fewer Americans living in large state institutions; more than 80 percent of those served living in home-like settings; seven states direct more than 95 percent of all related funds to HCBS rather than large institutions and nationally, 29 states direct more than 80 percent of all funding to HCBS; 39 states have a Medicaid Buy-In program supporting individuals as they go to work and increase earnings.
- Negatives: Only nine states report more than 2,000 residents living in large public or private institutions; one state reduced the number of people served on the HCBS waiver by more than five percent.

Mr. Terick's handout included a copy of the Employer Work Incentive Act for Individuals with Severe Disabilities, sponsored by U.S. Senators Pat Roberts and Edward Kennedy, and co-sponsored by U.S. Senators Susan Collins, Joseph Lieberman and Richard Burr. This program will generate tens of thousands of jobs and save the Federal Treasury nearly \$50 billion over a 10-year period. With the Social Security Benefits assisting people with DD approaching insolvency, it is imperative to put a program in place to assist in turning the tide.

There are no incentives for private sector employers to hire people with disabilities. An incentive must be put in place for businesses to hire people with disabilities who receive Social Security benefits. All business entities should be allowed to participate, whether profit or non-profit, and regardless of size or ownership, as long as a required set percentage of people with severe disabilities would be employed at a competitive wage and a minimum of 50% of health insurance costs be paid the employing company.

This initiative would not require new dollars but would establish a "directive" to have 2.5% of existing outsourced procurement contracts go to eligible business entities. Further, it does not harm or change existing Federal set-aside programs and proposes that 1% of the requested 2.5% be held for AbilityOne providers.

As a result of the initiative, providing competitive employment for only 1% of the current SSD beneficiaries would generate a savings of nearly \$50 billion to the Federal Treasury over a 10-year period. It allows people with severe disabilities a real option for upward mobility and a productive, independent lifestyle.

Mr. Terick told the Committee he is a "graduate" of KNI. He gave several examples of individuals with disabilities who are gainfully employed. There are many places that could employ these individuals if they

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could get creative.

Chairman Bethell told of the Walgreen's plant that employed the disabled at a ratio of 40% disabled to 60% able-bodied individuals; the plant has a 22% higher efficiency than any other Walgreen's plant. He encouraged everyone attending the meeting to talk to employers in the community about employing people with disabilities.

The next meeting is scheduled for January 26, 2010.

The meeting was adjourned at 4:40 p.m.

**AGING AND LONG-TERM CARE COMMITTEE  
GUEST LIST**

DATE: 1-21-2010

NAME	FIRM REPRESENTED
PAT TERICK	UCP
Tom Laine	interTab
John Rhea	KCD
Sharon Johnson	ZHPA
David Palmer	Kearney & Assoc.
Martha Hodgesmith	KU RTC/IL - Big Tent
	KU CDO

Please sign in Black ink

THE CASE FOR

# Inclusion

# 2009

An Analysis of Medicaid for Americans with  
Intellectual and Developmental Disabilities



**UCP** United  
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Palsy™

*Life without limits for people with disabilities™*

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DATE: 1-21-2010  
ATTACHMENT: j

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### About UCP

United Cerebral Palsy (UCP) is one of the nation's leading organizations serving and advocating for the more than 54 million Americans with disabilities. Most UCP consumers are people with disabilities other than cerebral palsy. Through its nationwide network, United Cerebral Palsy assists more than 176,000 individuals, as well as their families and communities each day, with services such as job training and placement, physical therapy, individual and family support, early intervention, social and recreation programs, community living, state and local referrals, and instruction on how to use technology to perform everyday tasks. For more information, visit [www.ucp.org](http://www.ucp.org) or call (800) 872-5827.

### About the Author

Tarren Bragdon has been involved in healthcare policy research and analysis for over a decade. His work has been featured in dozens of newspapers and media outlets nationwide including the *Wall Street Journal*, *New York Post*, *New York Sun* and PBS. Past and present clients include United Cerebral Palsy; the MELMAC Education Foundation; the Maine Heritage Policy Center; the Heritage Foundation in Washington, DC; the Manhattan Institute; the Home Care Alliance of Maine; and the National College Access Network. He has testified before the US Senate's Committee on Small Business and Entrepreneurship and presented to numerous legislative committees and physician, hospital, Medicaid, business, social service and policy research organizations. He served two terms in the Maine House of Representatives on the Health and Human Services Committee. He serves as chair of the board of directors of Spurrwink Services, one of the largest social service providers in Maine with over 850 employees.

### Introduction

What a difference a year can make!

In spring 2009, federal health reform owns the headlines across the country. Medicaid spending pressures at the state level to a large extent have been alleviated by the Federal Stimulus package passed earlier this year. But Medicaid shortfalls are projected to come roaring back in fiscal year 2012, when the Stimulus Medicaid funds run out.

Sadly, actual program outcomes for Americans with intellectual and developmental disabilities are too often not discussed or even considered as part of Medicaid budget cuts and spending debates. States focus solely on how much is spent for various Medicaid services or populations, rather than on what that spending is actually achieving.

President Barack Obama has championed the advancement of individuals with developmental disabilities. During his campaign, he released a comprehensive four-part plan “to provide Americans with disabilities with the greatest possible access to the same opportunities as those without disabilities.” This agenda included: (1) providing Americans with disabilities the educational opportunities they need to succeed; (2) ending discrimination and promoting equal opportunity; (3) increasing the employment rate of workers with disabilities; and (4) supporting independent, community-based living for Americans with disabilities.

The United Cerebral Palsy (UCP) annual *Case for Inclusion* is so important for benchmarking states' actual performance in improving lives for individuals with intellectual and developmental disabilities. More than how much or how little is being spent, the *Case for Inclusion* shows what is being achieved.

As the University of Minnesota's Research and Training Center on Community Living concisely states: "The promise of access to and support for integrated community lives and roles for persons with [intellectual and developmental disabilities] is clearly expressed in national legislative, judicial, administrative and other sources that, collectively, make four basic commitments:

- People with disabilities will live in and participate in their communities;
- People with disabilities will have satisfying lives and valued social roles;
- People with disabilities will have sufficient access to needed support, and control over that support so that the assistance they receive contributes to lifestyles they desire; and
- People will be safe and healthy in the environments in which they live.

These commitments have been articulated in a number of legislative, administrative and judicial statements describing national policy."<sup>1</sup>

Medicaid is the safety net program that can assist in supporting individuals with intellectual and developmental disabilities with their acute and long term care service needs. Other state programs can assist in providing other comprehensive supports to individuals. However, some Medicaid long term care policies and state programs can play a negative role by promoting isolation and seclusion.

Beginning in 2006, UCP has annually released rankings of the 50 states and the District of Columbia to show what they are actually achieving. **Too often the goals of independence, productivity and community inclusion are at odds with reality.** The 2009 rankings use the same methodology and core data sets as the 2007 and 2008 rankings, allowing readers to appreciate how individual states have improved, regressed or remained the same.

United Cerebral Palsy conducts this holistic analysis to chart each state's ranking and progress in creating a quality, meaningful and community-inclusive life for those Americans with intellectual and developmental disabilities served by that state's Medicaid program.

Nationwide, Medicaid served almost 588,000 individuals with intellectual and developmental disabilities in 2007, up 43,000 in just two years. Medicaid spending on people with disabilities rose to \$32.3 billion, from \$28.8 billion in 2005, or about \$55,000 per person for 2007. Although this is a tiny portion of the 58.7 million individuals enrolled in Medicaid and the total \$320 billion spent in 2007, Americans with

intellectual and developmental disabilities are some of the most vulnerable Medicaid recipients. Individuals with intellectual and developmental disabilities make up one percent of all Medicaid recipients, but 10 percent of Medicaid spending.

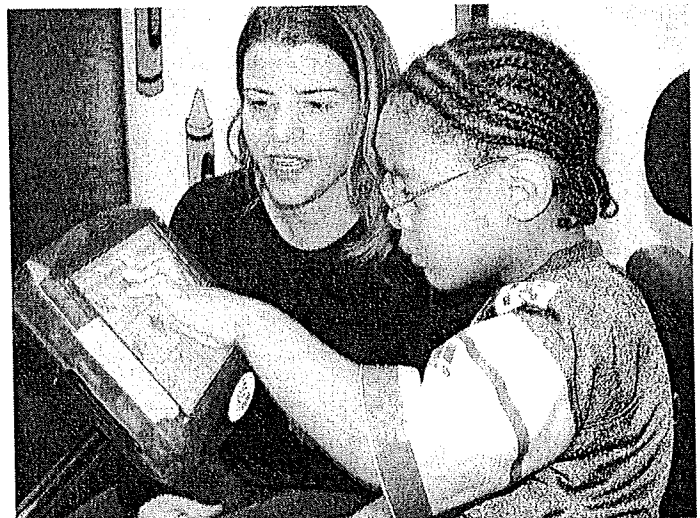
In addition to the noted Medicaid spending, states collectively spend an additional \$17.2 billion to support individuals with intellectual and developmental disabilities in the community.

Although this report is a set of statistics, it is a collective summary of the impact and outcomes of Medicaid services to over half a million unique individuals with intellectual and developmental disabilities. Ideally such assessments should not be considered in the aggregate, but at the individual level.

As always, the state rankings in this report are a snapshot in time. Most data is from 2007, although all data is the most recent available from credible national sources. Unfortunately, the data sourced is only as good as that provided directly by the states to the federal government or in response to surveys.

Although some states rank better than others, every state has room for improvement. The *Case for Inclusion* uses data and outcomes to clearly show where states' Medicaid programs are performing well and where improvement is needed.

<sup>1</sup> The University of Minnesota Research and Training Center on Community Living, "Medicaid Home and Community Based Services for Persons with Intellectual and Developmental Disabilities - Interim Report," September 26, 2005. Page 3. Available at: <http://www.cms.hhs.gov/reports/downloads/UnivOfMinn.pdf>





## What We Don't Know but Should

Unfortunately, some of the most important outcome data is not nationally collected or reported regularly. For example, to more completely assess key outcomes, states should report regularly and be scored on:

- Are services self-directed and how many individuals are participating in self-directed services?
- Are individual budgets used?
- What is the pay and turnover rate of direct support staff?
- What school-to-work transition programming exists for this population?
- What are the detailed results of standard client satisfaction surveys?
- What is each state's long term plan to close large institutions (public and private), if any?

But advocates should always be looking at quality of life for the individual, irrespective of rankings and overall scoring. Aggregate data is important, but the true key to a state's performance is what quality of life each individual is living. The ideal is for outcomes to be reviewed at the individual level.

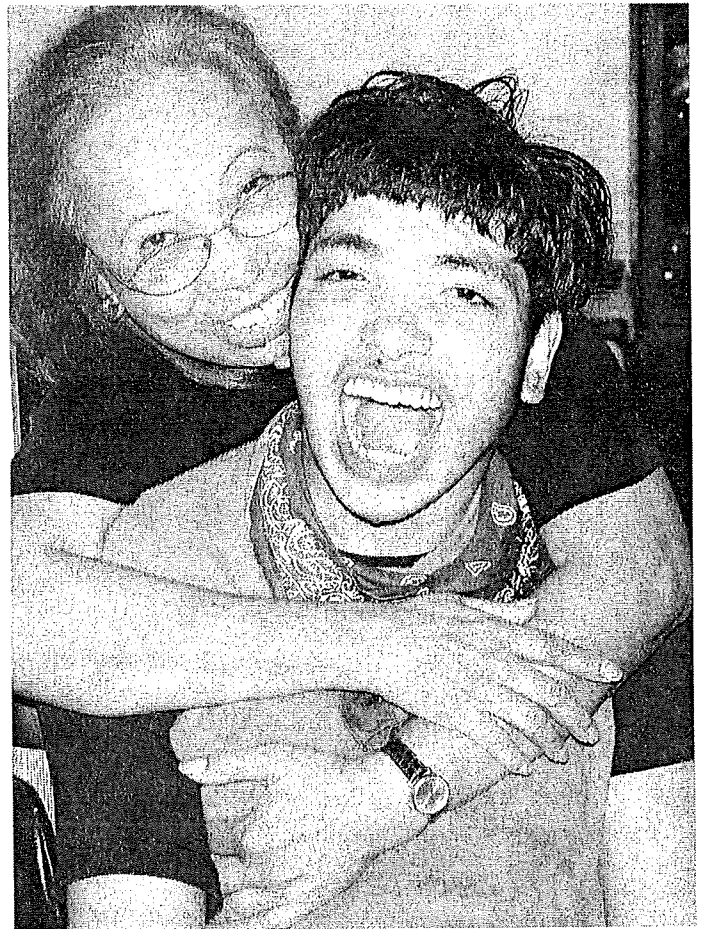
Hopefully, these *Case for Inclusion* reports, coupled with other advocacy initiatives, will encourage national groups to begin collecting and reporting on the above data measures so that a more complete picture can be presented and scored in future rankings.

## Using This Report

This report is intended to help advocates and policymakers understand:

- How their state performs overall in serving individuals with intellectual and developmental disabilities
- What services and outcomes need attention and improvement in their state
- Which states are top performers in key areas, so that advocates and officials in those top performing states can be a resource for those desiring to improve

This report puts into a national context how each individual state is doing. Advocates should use this information to educate other advocates, providers, families and individuals, policymakers and their state administration on key achievements and areas needing improvement within their own state. These facts and figures can support policy reforms and frame debates about resource allocation for this population. Advocates can also use these facts to prioritize those areas that need the most immediate attention. Lastly, advocates can use these facts to support adequate and



necessary ongoing funding and increasing resources in order to maintain their high quality outcomes, eliminate waiting lists, and close large institutions.

Elected officials should use this report as a guiding document on what needs time and attention and, possibly, additional resources or more inclusive state policies in order to improve outcomes for individuals with intellectual and developmental disabilities.

Those within federal and state administrations should use this report to put their work and accomplishments in context and to chart the course for the next focus area in the quest for continuous improvement and improved quality of life. The state should replicate this data reporting in more detail at the state and county level to identify areas of excellence and target critical issues needing attention.

## What the Rankings Revealed – More Work Needs to Be Done but Improvements Made within the Past Year

### 1) All states have room to improve outcomes and services for individuals with intellectual and developmental disabilities.

### 2) Too many Americans with intellectual and developmental disabilities still do not live in the community, although real and notable progress has been made in just one year:

- Now three states, up from two – Vermont, Nevada and Alaska – have more than 95 percent of individuals served living in home-like settings (at home, in their family's home or in settings with three or fewer residents).
- Still 19 states – same as last year, but up from 16 in 2007 - have more than 80 percent of those served living in home-like settings.
- Positively, there are 1,536 fewer Americans living in large state institutions (more than 16 beds). This is a bigger drop than seen last year. However, there remain 169 large institutions (4 fewer) housing 36,175 Americans.
- Now only nine states (down from 11) report more than 2,000 residents living in large public or private institutions – California, Florida, Illinois, New Jersey, New York, North Carolina, Ohio, Pennsylvania & Texas.
- The number of Americans with intellectual and developmental disabilities served in their own home skyrocketed by about 11,000 (to 115,700 from 101,100 two years prior) and the number served in community settings, with one to six beds, remained almost the same.
- Nine states – Alaska, Hawaii, Maine, New Hampshire, New Mexico, Rhode Island, Vermont and West Virginia, and the District of Columbia - have no large state institutions. Thirteen states have only one large state facility remaining.
- While the overall number of people served in the community increased just 2 percent, several states had a large increase in number of Americans reached. Five states – Idaho, Louisiana, North Carolina, Ohio and Texas – as well as the District of Columbia had at least a five percent increase in people served in the community (HCBS waiver). Wisconsin reduced number of people served in the community (HCBS waiver) by more than five percent.

### 3) Too much money is still spent isolating people in large institutions, with nominal change from last year:

- Nationally, 16.5 percent (down from 19 percent in two years) of those living in institutions consume over a third of all Medicaid funding spent on those with intellectual and developmental disabilities.
- Seven states – Alaska, Arizona, Michigan, New Hampshire, Oregon, Rhode Island, and Vermont– direct more than 95 percent of all related funds to those living in the community

rather than in large institutions. Colorado directs a very close 94.6% of funds.

- Nationally, 29 states direct more than 80 percent of all related funding to those living in the community.

### 4) Waiting list are increasing overall, but performance is quite mixed by state. Most states are not serving all those in need:

- Only seven states – California, Hawaii, Idaho, Massachusetts, Michigan, Rhode Island, and Vermont - report maintaining a waiting list with no one waiting for residential services.
- Fifteen states report having a residential services waiting list so large that their programs would have to grow by at least 25 percent to accommodate the need.
- 24 states – up from 18 the previous year - report maintaining a waiting list with no one waiting for Home and Community-Based Services (HCBS).
- However, eighteen states report having a HCBS waiting list so large that their programs would have to grow by at least 25 percent to accommodate the need.
- There is a real divide among states – those meeting the need and those documenting the unmet need through a waiting list.

## How the Rankings Were Developed

These rankings were developed through a broad, data-driven effort. Demographic, cost, utilization, key data elements, and outcomes statistics were assembled for all 50 states and the District of Columbia. Ninety-nine individual data elements from numerous governmental non-profit and advocacy organizations were reviewed. Dozens of Medicaid, disability and intellectual and developmental disability policy experts, were consulted as well as members of national advocacy and research organizations. They were asked to consider the attributes of top performing Medicaid programs and offer opinions and recommendations on the project in general.

To comprehensively determine the top-performing states, a weighted scoring methodology was developed. Twenty key outcome measures and data elements were selected and individually scored in five major categories on a total 100-point scale. If a person is living in the community, it is a key indicator of inclusion; therefore the “Promoting Independence” category received a majority of the points, as noted in the table on page 10.

In general, the top-performing state for each measure was assigned the highest possible score in that category. The worst-performing state was assigned a zero score in that category. All other states were apportioned accordingly based on their outcome between the top and worst-performing.

As noted, most data is from 2007, but all data is the most recent available from credible national sources. Therefore, these state rankings are a snapshot in time. Changes and reforms enacted or

beginning in 2008 or later have not been considered. When reviewing an individual state's ranking, it is important to consider action taken since 2007, if any, to accurately understand both where that state was and where it is presently. Also, it is important to note that not all individuals with disabilities were considered. To limit the scope of the effort and to focus subsequent initiatives on meaningful, achievable improvement, only individuals with intellectual and developmental disabilities served were considered.

**A note of caution:** Although over 60 points separate the top performing state from the poorest performing state, less than 12 points separate the top ten states, about 19 points separate the top 25 states but only 10 points separate the 25 states in the middle. Therefore, minor changes in state policy or outcomes could significantly affect how a state ranks on future or past *Case for Inclusion* reports.

## Movers and Shakers

Only five states shifted by at least five places in the rankings from 2008 to 2009. However, 15 states shifted at least five places in the rankings from 2007 to 2009. As previously noted, the variation in scoring among most states is very small. Therefore, small changes in outcomes can mean a significant change in rankings.

In total, 15 states had a sizable change in rankings over last two years. These states include:

State	2009	2008	2007	Change from 2007 to 2009 (positive=improved)
Idaho	15	18	25	10
Indiana	42	41	37	-5
Maine	35	30	24	-11
Minnesota	13	12	7	-6
Missouri	29	28	41	12
Montana	27	26	19	-8
Nevada	34	34	27	-7
New Hampshire	4	9	11	7
Oklahoma	30	36	35	5
Pennsylvania	16	15	29	13
Rhode Island	19	27	28	9
Washington	25	21	20	-5
West Virginia	23	20	16	-7
Wisconsin	22	24	31	9
Wyoming	28	25	17	-11

**Why?** The answer is different for each state.

**Idaho**- improved so dramatically because it directs a larger share of funding directly to the community and it enacted a Medicaid Buy-In program

**Indiana** – dropped in ranking due to the large increase in the number of individuals served in residential setting with 7-15 individuals and a large reduction in the number served in settings with fewer than 7 residents. Also, the percent of individuals with competitive employment dropped by more than half – to 22 percent in 2006 from 48 percent in 2004.

**Maine** – no one measure explains the big drop in the rankings. States in the middle are clustered very closely and a slight change in total scoring (in Maine's case from 68.4 in 2007 to 66.9 in 2009) can result in a substantial difference in the rankings

**Minnesota** – drop in rankings due to the substantial decline in portion of individuals in competitive employment – to 15 percent in 2006 from 29 percent in 2004.

**Missouri** – ranking improved as a result of a dramatic increase in the portion of resources being directed at community services (to 78 percent in 2007 from 50 percent in 2005). Missouri is also beginning to participate in a noteworthy quality assurance program, the National Core Indicators. On the negative, Missouri repealed its Medicaid Buy-in program.

**Montana** – drop in rankings mostly due to not keeping pace with national increases in the number of families receiving family support (although Montana already had a robust program).

**Nevada** –dropped in rankings due to drop in the portion of people in competitive employment (to 16 percent of recipients from 33 percent) and due to growth in its waiting lists.

**New Hampshire** – improved in rankings due to beginning to participate in a noteworthy quality assurance program and a drop in the number of individuals served having a reported abuse complaint

**Oklahoma** – improved in rankings not due to any single factor but as a result of slight improvements almost across the board

**Pennsylvania** – improved in rankings due to substantial improvement in several areas including a dramatic increase in the number of individuals served (to almost 52,000 from less than 30,000), a substantial shift in more individual in community settings (less than 7 residents per setting, to 92 percent from 85 percent), a drop in population in large settings of 350???

Confusing statistic, the closure of one state institution, fewer cases of reported abuse and a reduction in its waiting lists

**Rhode Island** – improved in rankings due to adding a Medicaid Buy-in program and a drop in the number of cases of reported abuse

**Washington** – change in ranking a result of a very modest change in overall score among several states that are closely clustered

**West Virginia** – dropped in rankings mostly due to not keeping pace with the rest of the country and due to not serving more families in family support

**Wisconsin** – improved in rankings due to a substantial increase in the number and overall portion of individuals served in the community and a higher share of spending directed toward community services.

**Wyoming** – dropped in ranking as a result of modest change in overall score and mostly attributed to a drop in individuals in competitive employment (to 21 percent from 25 percent).

## Subrankings of States in Four Key Outcomes And Data Elements

### Allocating Resources to Those in the Community (Non-ICF-MR)

% of ID/DD Expenditures on non-ICF-MR		Rank
100%	Alaska	1
99%	Vermont	2
99%	New Hampshire	3
98%	Oregon	4
97%	Rhode Island	5
97%	Arizona	6
96%	Michigan	7
95%	Colorado	8
94%	Hawaii	9
94%	New Mexico	10
92%	Maryland	11
91%	Montana	12
90%	Minnesota	13
90%	Alabama	14
86%	Kansas	15
85%	Massachusetts	16
85%	Washington	17
85%	California	18
84%	Nevada	19
84%	Missouri	20
84%	South Dakota	21
84%	Wyoming	22
83%	Wisconsin	23
82%	West Virginia	24
82%	Delaware	25
82%	Connecticut	26
82%	Maine	27
81%	Georgia	28
80%	Florida	29
79%	Pennsylvania	30
77%	Idaho	31
75%	Nebraska	32
75%	Tennessee	33
75%	Oklahoma	34
74%	Utah	35
74%	Ohio	36
71%	Indiana	37
71%	South Carolina	38
70%	Dist. of Columbia	39
70%	Virginia	40
69%	New York	41
68%	North Carolina	42
68%	North Dakota	43
66%	Arkansas	44
62%	Iowa	45
61%	New Jersey	46
59%	Louisiana	47
58%	Illinois	48
57%	Kentucky	49
54%	Texas	50
33%	Mississippi	51
76%	US Average	

### Supporting Individuals in the Community and Home-like Settings

% Living in Settings with 1-3 Residents		Rank
100%	Vermont	1
97%	Alaska	2
97%	Nevada	3
94%	New Hampshire	4
93%	Arizona	5
92%	Idaho	6
89%	California	7
88%	New Mexico	8
86%	Hawaii	9
85%	Georgia	10
85%	Kentucky	11
85%	Colorado	12
84%	Washington	13
84%	West Virginia	14
83%	Michigan	15
81%	Delaware	16
81%	Florida	17
80%	New Jersey	18
80%	Maryland	19
80%	Montana	20
80%	South Carolina	21
79%	Tennessee	22
79%	Virginia	23
79%	Ohio	24
78%	Iowa	25
78%	Alabama	26
77%	Massachusetts	27
77%	Missouri	28
77%	Oregon	29
76%	North Carolina	30
75%	Utah	31
74%	Oklahoma	32
74%	Kansas	33
74%	New York	34
72%	Connecticut	35
71%	Indiana	36
69%	Wisconsin	37
67%	Maine	38
67%	North Dakota	39
66%	Nebraska	40
65%	Louisiana	41
65%	South Dakota	42
65%	Pennsylvania	43
64%	Rhode Island	44
64%	Minnesota	45
60%	Texas	46
60%	Wyoming	47
58%	Dist. of Columbia	48
49%	Arkansas	49
47%	Illinois	50
45%	Mississippi	51
76%	US Average	

### Keeping Families Together through Family Support

Families Supported with Family Support per 100k of Population		Rank
537	New Mexico	1
348	New Hampshire	2
309	Arizona	3
308	Montana	4
261	South Dakota	5
228	Alaska	6
228	New Jersey	6
227	Connecticut	8
224	California	9
216	Massachusetts	10
216	New York	10
214	Vermont	12
213	Hawaii	13
211	South Carolina	14
206	Delaware	15
199	Wisconsin	16
199	Wyoming	16
185	Pennsylvania	18
181	Louisiana	19
157	Minnesota	20
139	Maryland	21
139	Mississippi	21
131	Oklahoma	23
129	Kansas	24
129	Missouri	24
123	West Virginia	26
117	Washington	27
113	Florida	28
113	Michigan	28
105	Ohio	30
105	Tennessee	30
103	Nevada	32
100	Texas	33
95	North Dakota	34
87	Illinois	35
76	Georgia	36
74	Colorado	37
69	Rhode Island	38
67	Iowa	39
66	Indiana	40
62	Alabama	41
52	Utah	42
50	Idaho	43
49	North Carolina	44
42	Kentucky	45
41	Maine	46
38	Virginia	47
35	Oregon	48
32	Nebraska	49
28	Arkansas	50
0	Dist. of Columbia	51
144	US Average	

### Supporting Meaningful Work

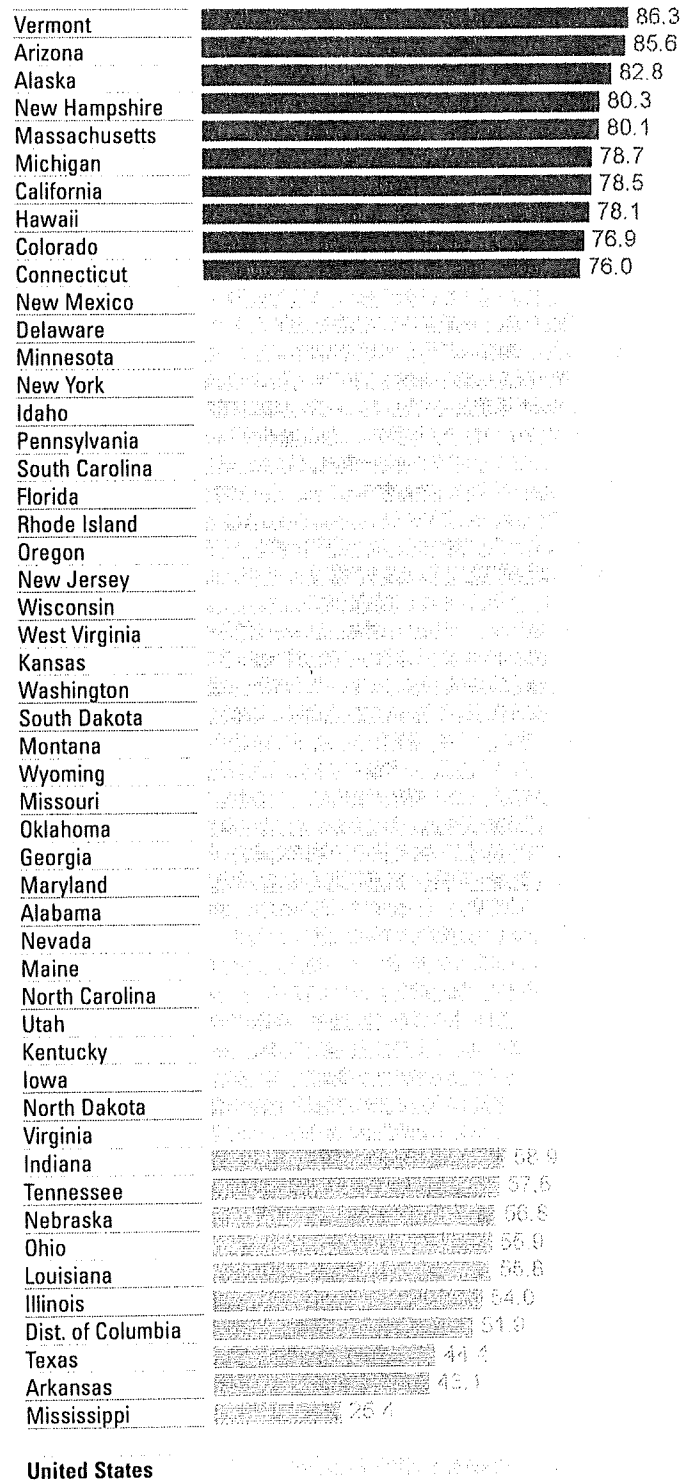
% in Supportive or Competitive Employment		Rank
77%	Oklahoma	1
61%	Washington	2
51%	Connecticut	3
48%	Vermont	4
45%	Louisiana	5
44%	Massachusetts	6
38%	Maryland	7
38%	Pennsylvania	7
35%	Alaska	9
35%	Colorado	9
34%	New Mexico	11
34%	Oregon	11
32%	Utah	13
30%	South Dakota	14
29%	Nebraska	15
29%	New Hampshire	15
28%	Iowa	17
26%	Delaware	18
26%	Georgia	18
24%	Michigan	20
23%	Virginia	21
22%	Florida	22
22%	Indiana	22
22%	Ohio	22
21%	Kentucky	25
21%	Maine	25
21%	Wyoming	25
20%	Rhode Island	28
20%	Tennessee	28
20%	Texas	28
19%	North Carolina	31
16%	Nevada	32
16%	Wisconsin	32
15%	Idaho	34
15%	Minnesota	34
15%	Mississippi	34
15%	North Dakota	34
14%	Arizona	38
14%	Montana	38
14%	New Jersey	38
13%	California	41
13%	Illinois	41
12%	New York	43
12%	South Carolina	43
11%	West Virginia	45
10%	Dist. of Columbia	46
10%	Kansas	46
9%	Missouri	48
8%	Hawaii	49
5%	Alabama	50
2%	Arkansas	51
21%	US Average	

### States' Ranking of Medicaid for Americans with Intellectual and Developmental Disabilities

Best performing state ranks #1

State	2009	2008	2007
Alabama	33	31	32
Alaska	3	3	2
Arizona	2	1	1
Arkansas	50	46	46
California	7	5	5
Colorado	9	7	8
Connecticut	10	10	6
Delaware	12	14	14
Dist. of Columbia	48	48	49
Florida	18	16	18
Georgia	31	32	30
Hawaii	8	8	12
Idaho	15	18	25
Illinois	47	49	47
Indiana	42	41	37
Iowa	39	39	39
Kansas	24	23	22
Kentucky	38	38	40
Louisiana	46	45	44
Maine	35	30	24
Maryland	32	33	33
Massachusetts	5	4	4
Michigan	6	6	9
Minnesota	13	12	7
Mississippi	51	51	51
Missouri	29	28	41
Montana	27	26	19
Nebraska	44	42	43
Nevada	34	34	27
New Hampshire	4	9	11
New Jersey	21	22	23
New Mexico	11	11	13
New York	14	13	10
North Carolina	36	35	34
North Dakota	40	43	38
Ohio	45	44	48
Oklahoma	30	36	35
Oregon	20	19	21
Pennsylvania	16	15	29
Rhode Island	19	27	28
South Carolina	17	17	15
South Dakota	26	29	26
Tennessee	43	40	42
Texas	49	50	50
Utah	37	37	36
Vermont	1	2	3
Virginia	41	47	45
Washington	25	21	20
West Virginia	23	20	16
Wisconsin	22	24	31
Wyoming	28	25	17

### Scoring of States



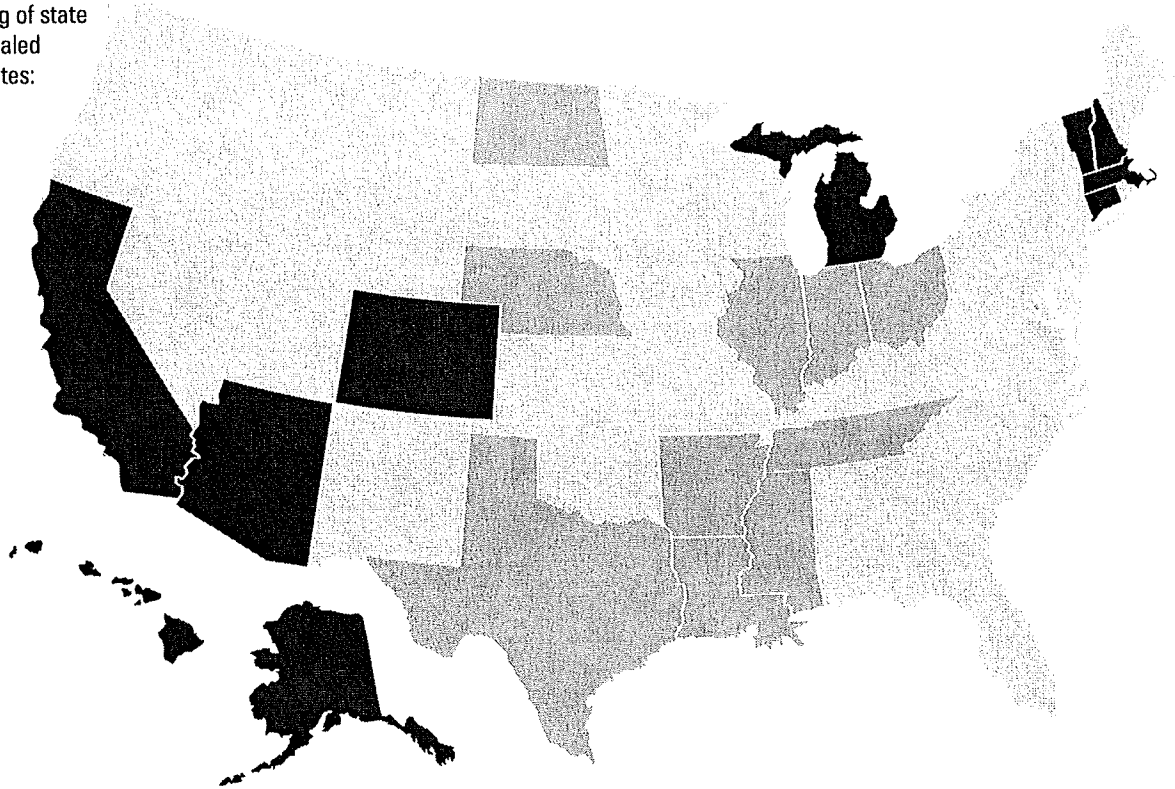
## Map of Best and Worst Performing States

The results of this scoring of state Medicaid programs revealed the following Top Ten states:

1. Vermont
2. Arizona
3. Alaska
4. New Hampshire
5. Massachusetts
6. Michigan
7. California
8. Hawaii
9. Colorado
10. Connecticut

... and Bottom Ten:

42. Indiana
43. Tennessee
44. Nebraska
45. Ohio
46. Louisiana
47. Illinois
48. Dist. of Columbia
49. Texas
50. Arkansas
51. Mississippi



## Facts about the Top Ten States

Further examining the top 10 states shows that a state does not need to look a certain way in order to best serve individuals with intellectual and developmental disabilities through Medicaid.

What matters is how a state acts and what is achieved.

In fact, the top 10 states are quite diversified. Consider these facts about the top ten states:

### Large and Small Population

- Includes the most populous - California (#1), and Michigan (#8) – as well as the least populous states – Alaska (#47), Hawaii (#42), New Hampshire (#41) and Vermont (#48)

### Rich and Poor

- Includes some of the wealthiest states in median household income – Alaska (#6), Connecticut (#5), Hawaii (#4),

Massachusetts (#7) and New Hampshire (#3) – and less affluent states – Arizona (#30) and Michigan (#23)

### High and Low Tax

- Includes high tax burden states – Vermont (#1), Hawaii (#7) and Connecticut (#9) – and low tax burden states – Massachusetts (#31), Arizona (#32), New Hampshire (#50) and Alaska (#51)

### High and Low Spenders (spending per individual with intellectual and developmental disabilities served)

- Includes states with some of the highest spending per person served by the HCBS waiver – Connecticut (#10), Alaska (#9) and Massachusetts (#10) – as well as some that spend considerably less – Colorado (#32), Arizona (#42) and California (#48)

## Ranking Methodology

<i>Major Category</i>	<i>Data Element</i>	<i>Weight</i>	<i>Total Weight of all Measures in the Category</i>	
<i>Promoting Independence</i>	Community-based	Percent of recipients with ID/DD on HCBS	9	24
		Percent of ID/DD expenditures on HCBS	7	
		Percent of ID/DD expenditures on non-ICF-MR	8	
	Residential services in the community (includes all types)	Percent living in 1-3 residents settings	13	24
		Percent living in 1-6 residents settings	11	
		Percent living in 16+ residents settings (negative)	-4	
		Percent living in large state facilities (negative)	-3	
	Waivers promoting self-determination	2	2	
<i>Tracking Quality and Safety</i>	Noted quality assurance program	6	12	
	Percent of clients with abuse or protection report	6		
<i>Keeping Families Together</i>	Family support per 100,000 of population	6	12	
	Percent served living in a family home	6		
<i>Promoting Productivity</i>	Medicaid buy-in program operating	2	10	
	Percent in supported or competitive employment	6.5		
	Vocational rehab per 100k of population	1		
	Percent VR wages to state average	.25		
	Mean weekly hours worked	.25		
<i>Reaching Those in Need</i>	Average percent growth of program for residential and HCBS waiting list	9	16	
	Individuals with ID/DD served per 100,000 of population	3		
	Ratio of prevalence to individuals served	4		
<b>TOTAL</b>	20 measures		100	

Appendix I

# Key Data on States' Medicaid Programs for Those with Intellectual and Developmental Disabilities

Promoting Independence														
State	Community-based			Residential										
	% of Recipients with ID/DD on HCBS	% of ID/DD Expenditures on HCBS	% of ID/DD Expenditures on non-ICF-MR	Own Home	Family Home	Family Foster Care			Congregate Care (includes ICF-MR)					
				1	1	1-3	4-6	Total	1-3	4-6	1-6	7-15	16+	Total
ABBR														
AL Alabama	96%	89%	90%	269	3,140	220	8	228	1,507	387	1,894	823	206	2,923
AK Alaska	100%	100%	100%	293	3,500	293	0	293	178	109	287	11	0	298
AZ Arizona	99%	97%	97%	489	21,567	978	0	978	1,081	1,470	2,471	40	173	2,684
AR Arkansas	67%	38%	66%	643	1,515	418	16	434	89	52	1089	1,649	2,879	
CA California	88%	66%	85%	19,158	117,907	4,023	0	4,023	72,887	72,889	24,377	1,343	5,065	80,785
CO Colorado	98%	92%	92%	817	5,703	0	0	0	46	648	694	452	184	1,250
CT Connecticut	87%	65%	82%	669	7,566	408	0	408	1047	2,576	3,623	421	794	4,838
DE Delaware	15%	74%	82%	8	1,930	174	0	174	293	498	701	0	141	912
DC Dist. of Columbia	63%	19%	70%	35	614	64	4	68	385	596	981	156	0	1,177
FL Florida	91%	74%	80%	4,386	35,439	0	0	0	268	5,020	5,288	1,209	3,185	9,682
GA Georgia	90%	73%	81%	2,673	6,014	418	17	435	1,136	710	1,866	0	1,024	2,900
HI Hawaii	97%	92%	94%	179	2,167	478	338	766	5	145	148	8	0	156
ID Idaho	79%	49%	77%	1,227	11,280	1,512	0	1,512	25	190	215	524	478	1,217
IL Illinois	58%	37%	56%	3,550	10,762	183	18	201	173	3,543	3,716	7,067	6,178	16,961
IN Indiana	71%	56%	71%	3,300	3,643	16	0	16	3,358	1,214	4,572	2436	490	7,478
IA Iowa	100%	50%	62%	5,361	4,949	7	0	7	356	357	713	991	1,645	3,449
KS Kansas	92%	70%	86%	2,154	2,542	201	0	201	759	945	1,704	492	441	2,637
KY Kentucky	83%	52%	57%	983	2,378	420	0	420	1,704	242	1,946	109	635	2,681
LA Louisiana	57%	43%	50%	1,889	8,108	46	0	46	61	2,003	2,064	1,324	1,099	5,387
ME Maine	93%	75%	82%	413	311	624	119	743	1089	839	1,919	210	20	2,149
MD Maryland	67%	89%	92%	1,728	2,369	216	0	216	3,518	1,326	4,844	259	336	5,439
MA Massachusetts	93%	77%	85%	2,122	20,111	988	0	988	1,242	5,054	6,296	1,156	576	8,130
MI Michigan	98%	88%	96%	3,619	13,210	801	0	801	5,744	5,544	10,688	0	151	10,839
MN Minnesota	85%	81%	90%	2,213	13,574	1,001	0	1,001	1,023	8,299	9,322	955	979	11,256
MS Mississippi	43%	13%	33%	153	1,731	0	9	9	420	127	547	708	1,088	3,243
MO Missouri	69%	78%	86%	2,728	8,032	30	0	30	361	1006	1,367	1,182	1,214	3,763
MT Montana	98%	87%	91%	634	2,275	200	10	210	191	362	553	397	67	1,017
NE Nebraska	85%	68%	75%	749	427	327	0	327	994	596	1,589	162	573	2,255
NV Nevada	92%	74%	84%	1,232	2,595	77	0	77	0	34	34	0	84	418
NH New Hampshire	99%	98%	99%	551	484	1,809	5	1,814	278	71	349	31	25	403
NJ New Jersey	77%	44%	61%	768	25,470	1,272	0	1,272	1,414	3,103	4,517	860	3,069	8,446
NM New Mexico	95%	92%	94%	501	1,048	605	16	621	732	263	995	124	0	1,119
NY New York	88%	56%	69%	7,771	78,804	1,902	966	2,868	3,234	9,981	13,215	18,831	3,185	35,231
NC North Carolina	69%	45%	60%	1,870	14,869	600	0	600	2907	2,908	5,815	1,067	2,132	9,334
ND North Dakota	80%	53%	60%	1,083	666	29	0	29	0	214	214	501	179	894
OH Ohio	71%	49%	74%	10,602	17,602	630	0	630	1,294	1,295	2,580	2,517	4,409	9,515
OK Oklahoma	77%	67%	75%	1,559	4,892	444	0	444	0	786	786	356	1,225	2,367
OR Oregon	100%	97%	99%	743	5,423	2,786	0	2,786	218	2,120	2,338	406	91	2,838
PA Pennsylvania	87%	68%	79%	5,206	20,130	0	2087	2,087	286	11,900	12,186	1,296	2,877	16,353
RI Rhode Island	99%	97%	97%	601	839	56	8	64	292	887	1,179	162	23	1,364
SC South Carolina	76%	54%	71%	630	12,711	145	0	145	469	1,719	2,178	871	971	4,020
SD South Dakota	94%	89%	84%	587	726	4	4	8	643	304	1,007	515	174	1,626
TN Tennessee	86%	69%	75%	2,907	3,702	308	4	312	230	337	567	827	699	2,093
TX Texas	89%	37%	84%	2,398	4,505	3,911	0	3,911	424	4,237	8,513	668	6,256	15,417
UT Utah	83%	66%	74%	700	1,876	234	0	234	830	316	1,146	149	767	2,062
VT Vermont	100%	99%	99%	194	1,633	1083	0	1083	122	6	128	0	0	128
VA Virginia	82%	61%	70%	1,569	9,584	739	0	739	1,136	1,449	2,585	564	1,477	4,626
WA Washington	92%	73%	85%	3,644	13,725	157	0	157	38	1,843	1,881	194	1,215	3,290
WV West Virginia	89%	70%	82%	753	2,488	312	0	312	215	171	386	500	47	933
WI Wisconsin	92%	76%	83%	5,807	5,706	2,471	0	2,471	0	2,724	2,724	2,681	1,016	6,421
WY Wyoming	96%	81%	84%	181	733	209	0	209	158	675	833	96	94	1,023
United States	84%	63%	76%	115,659	552,859	24,228	3,508	16,929	30,681	64,929	148,496	55,435	7,944	278,228
United States - Est.				115,659	552,859	24,229	4,681	16,929	30,681	64,965	147,763	59,002	61,561	278,228

Source: Research and Training Center on Community Living; Collaborative Initiative; Research and Training Center on Community Living

Table/Page: T-39, P-39; Calculated: T-28, P-16; T-29, P-47; T-27, P-45; T-26, P-44

Year of Data: 2007; 2007; 2007; 2007



Appendix I Continued

State	Promoting Independence										Large State Facilities					
	All Individuals by Size of Residence:										Large State Facilities					
	Totals (includes own home, family home, family foster care and congregate care)										% in Large State Facilities	Residents in Large State Facilities per 100,000 population	Number of Large State Facilities	Residents at Large State Facilities	FY2006 Aver per diem	Persons with ID/DD in Specialized Nursing Facilities
	1-3	%	4-6	1-6	%	7-15	16+	%	Total	16+						
Alabama	5,076	78%	395	5,471	84%	823	206	3%	6,500	3.2%	4.5	1	206	\$ 404	922	
Alaska	4,171	97%	109	4,280	100%	11	0	0%	4,291	0.1%	0	0	0	NA	6	
Arizona	24,026	93%	1,479	25,496	99%	40	173	1%	25,709	0.9%	2.1	1	133	\$ 304	43	
Arkansas	2,665	49%	68	2,733	80%	1,889	1,649	30%	5,471	19.8%	38.5	6	1,885	\$ 271	1,037	
California	153,276	89%	12,189	165,465	96%	1,343	5,065	3%	171,873	1.6%	7.5	7	2,761	\$ 718	1,389	
Colorado	6,566	85%	648	7,214	93%	152	191	1%	7,770	1.3%	2.1	2	103	\$ 540	123	
Connecticut	9,690	72%	2,376	12,066	91%	421	794	6%	13,481	5.9%	22.7	7	792	\$ 695	431	
Delaware	2,465	81%	408	2,873	95%	0	141	5%	2,954	2.7%	10.3	1	80	\$ 692	76	
District of Columbia	1,096	50%	600	1,698	90%	196	0	0%	1,894	0.0%	0	0	0	NA	3	
Florida	40,692	81%	5,920	46,612	91%	1,209	5,185	6%	49,566	2.4%	6.5	6	1,126	\$ 457	293	
Georgia	10,261	85%	727	10,988	91%	0	1,034	9%	12,022	8.2%	9.7	5	990	\$ 365	1,575	
Hawaii	2,827	86%	453	3,280	100%	5	0	0%	3,288	0.0%	0	0	0	NA	101	
Idaho	10,044	92%	190	10,234	93%	524	478	3%	15,236	0.6%	6.2	1	93	\$ 681	115	
Illinois	14,668	47%	3,561	18,229	58%	7,967	6,178	20%	31,174	8.2%	20	9	2,569	\$ 448	604	
Indiana	10,417	71%	1,314	11,731	80%	2,436	470	3%	14,437	1.1%	2.6	4	462	\$ 809	1,708	
Iowa	16,673	78%	357	17,030	81%	991	1,645	12%	13,666	4.2%	19.2	2	372	\$ 378	0	
Kansas	5,456	24%	945	6,401	87%	492	441	6%	7,334	5.0%	13.1	2	364	\$ 671	500	
Kentucky	5,485	85%	242	5,727	89%	103	675	10%	6,462	2.7%	4.2	2	173	\$ 409	500	
Louisiana	10,895	65%	2,803	12,698	78%	1,324	1,999	13%	15,421	8.4%	29.6	8	1,289	\$ 409	500	
Maine	2,428	67%	258	2,686	94%	210	20	1%	3,616	0.6%	0	0	0	NA	103	
Maryland	7,031	80%	1,326	8,357	94%	259	536	3%	9,732	3.4%	6	4	336	\$ 497	DNF	
Massachusetts	24,433	77%	5,854	30,287	93%	1,156	978	3%	31,621	3.1%	15.2	6	971	\$ 556	387	
Michigan	25,974	83%	5,344	31,318	100%	0	151	0%	31,469	0.5%	1.5	1	151	\$ 633	724	
Minnesota	17,811	64%	8,299	26,110	93%	955	979	3%	28,041	0.1%	0.8	1	41	\$ 827	221	
Mississippi	2,304	45%	127	2,431	47%	708	1,988	39%	5,127	26.1%	45.2	5	1,339	\$ 287	234	
Missouri	11,151	77%	1,096	12,247	83%	1,182	1,214	8%	14,553	6.7%	23.1	7	971	\$ 511	DNF	
Montana	1,300	80%	372	1,672	89%	397	67	2%	4,136	1.0%	7	1	67	\$ 511	121	
Nebraska	2,497	66%	386	3,083	82%	106	573	15%	3,616	9.0%	19	1	338	\$ 332	350	
Nevada	5,904	97%	34	5,938	98%	0	84	2%	4,022	1.6%	2.6	2	66	\$ 544	93	
New Hampshire	2,122	94%	76	2,198	98%	31	25	1%	2,254	0.6%	0	0	0	NA	107	
New Jersey	28,924	80%	3,103	32,027	89%	860	5,069	9%	35,956	8.3%	34.5	7	2,968	\$ 612	793	
New Mexico	2,886	88%	279	3,165	96%	124	0	0%	3,289	0.0%	0	0	0	NA	109	
New York	91,711	74%	10,917	102,658	82%	18,831	3,185	3%	124,674	1.3%	11.2	10	1,606	\$ 945	DNF	
North Carolina	20,246	76%	2,908	23,154	87%	1,467	2,432	9%	26,673	6.3%	19.5	5	1,673	\$ 436	424	
North Dakota	1,778	67%	214	1,992	75%	301	179	7%	2,672	4.6%	19.9	1	127	\$ 420	104	
Ohio	50,128	79%	1,295	51,423	82%	2,517	4,499	11%	58,349	4.2%	14	10	1,605	\$ 391	DNF	
Oklahoma	6,385	74%	786	7,171	83%	356	1,225	13%	9,252	3.4%	8.7	2	314	\$ 510	529	
Oregon	3,570	77%	2,120	5,690	96%	406	94	1%	11,190	0.4%	1.1	1	40	\$ 811	63	
Pennsylvania	53,622	65%	13,987	67,609	92%	1,296	2,871	6%	51,776	2.5%	10.7	5	1,530	\$ 575	DNF	
Rhode Island	1,888	64%	895	2,783	91%	162	23	1%	2,968	0.1%	0	0	0	NA	78	
South Carolina	13,945	80%	1,719	15,664	89%	871	971	6%	17,506	5.0%	22	5	883	\$ 297	231	
South Dakota	1,960	65%	368	2,328	77%	315	174	6%	3,017	5.2%	23.9	1	156	\$ 379	155	
Tennessee	7,147	79%	341	7,488	83%	927	699	8%	9,014	6.3%	9.3	3	560	\$ 657	1,441	
Texas	16,566	60%	4,257	20,823	75%	668	6,256	23%	27,747	17.7%	20.4	13	4,900	\$ 319	DNF	
Utah	3,720	75%	316	4,036	82%	149	767	15%	4,952	4.7%	8.9	1	235	\$ 419	121	
Vermont	2,832	100%	0	2,832	100%	0	0	0%	2,838	0.0%	DNF	0	0	NA	26	
Virginia	13,028	29%	1,449	14,477	89%	564	1,477	9%	16,518	8.3%	19.9	5	1,373	\$ 456	634	
Washington	12,561	34%	1,803	14,364	93%	191	1,215	6%	20,813	4.8%	14.7	5	1,806	\$ 459	331	
West Virginia	3,768	84%	471	4,239	88%	508	47	1%	4,386	6.0%	2.2	0	0	NA	DNF	
Wisconsin	13,968	69%	2,724	16,692	82%	2,631	1,916	3%	20,339	2.4%	6.5	2	474	\$ 578	87	
Wyoming	1,281	60%	675	1,956	91%	96	94	4%	2,146	4.3%	18	1	93	\$ 569	49	
United States	723,827	89%	68,510	792,337	87%	55,435	57,944	6%	908,716	4.0%	12.4	169	36,175	\$ 484	17,566	
United States - Est.	751,257	70%	111,646	862,903	68%	59,962	61,561	6%	983,466						26,013	

Source

Research and Training Center on Community Living

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2007 2007

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2007

1-12

State	Promoting Independence			Ensuring Community Involvement and Safety				
	Waivers that Can Promote Self-Determination			Quality Assurance			Abuse	
	Independence Plus Waivers	Other Self-Directed - 1115 or 1915(c) Waiver for ID/DD	Money Follows the Person Award or Apply	Council on Quality and Leadership	National Core Indicators (HSRI)	Noteworthy State QA Initiatives	Protection and Advocacy Clients	% of all those served
Alabama				Yes			30	1%
Alaska						Yes	117	3%
Arizona		Yes			Yes		54	0%
Arkansas		Yes	Yes		Yes		734	13%
California	Yes	Yes	Yes		Yes		1,517	1%
Colorado	Yes	Yes				Yes	60	1%
Connecticut	Yes		Yes		Yes	Yes	45	0%
Delaware	Yes		Yes		Yes		26	1%
Dist. of Columbia			Yes				78	4%
Florida	Yes	Yes		Yes			180	0%
Georgia	Yes		Yes		Yes		96	1%
Hawaii			Yes	Yes	Yes		182	6%
Idaho	Yes						85	1%
Illinois			Yes		Yes		105	0%
Indiana			Yes		Yes		92	1%
Iowa			Yes				114	1%
Kansas			Yes	Yes			40	1%
Kentucky			Yes		Yes		69	1%
Louisiana	Yes	Yes	Yes	Yes	Yes		105	1%
Maine	Yes				Yes		166	5%
Maryland	Yes	Yes	Yes				75	1%
Massachusetts	Yes				Yes		116	0%
Michigan	Yes	Yes				Yes	55	0%
Minnesota		Yes		Yes		Yes	319	1%
Mississippi							162	3%
Missouri	Yes		Yes		Yes		143	1%
Montana	Yes						35	1%
Nebraska			Yes				91	2%
Nevada							117	1%
New Hampshire		Yes				Yes	48	2%
New Jersey	Yes	Yes	Yes	Yes	Yes		130	0%
New Mexico					Yes	Yes	259	8%
New York		Yes	Yes	Yes	Yes	Yes	55	0%
North Carolina	Yes		Yes		Yes		84	0%
North Dakota	Yes	Yes	Yes				40	1%
Ohio	Yes		Yes		Yes		310	2%
Oklahoma			Yes		Yes		335	4%
Oregon		Yes	Yes				51	0%
Pennsylvania			Yes		Yes	Yes	1,137	2%
Rhode Island					Yes	Yes	43	1%
South Carolina	Yes			Yes	Yes		74	0%
South Dakota					Yes		63	2%
Tennessee							76	1%
Texas			Yes	Yes	Yes		379	2%
Utah				Yes			270	5%
Vermont		Yes			Yes	Yes	68	2%
Virginia			Yes				86	1%
Washington			Yes		Yes		46	0%
West Virginia					Yes		156	3%
Wisconsin			Yes	Yes		Yes	88	0%
Wyoming					Yes	Yes	111	5%
United States	19	15	28	11	30	13	10,386	1%
United States - Est.								

Source: CMS, PAS Center, CMS & Mathematica, Council on Quality and Leadership, Human Services Research Institute, Quality Alliance, Administration on Developmental Disabilities, Outcome

Table/Page: ONLY MRD/CALL

Year of Data: 2006, Nov-06, 2007, 2008, Sep-06, 2005, 2004

Appendix I Continued

State	Keeping Families Together								
	Family Support			Cash Subsidy		Other Family Subsidy		% Individuals Living in Family Home	
	Families	Spending	Spending per Family	Families	Spending per Family	Families	Spending per Family		
				Families Supported per 100k of Population					
Alabama	2,800	\$ 648,389	\$ 232	62	0	N/A	2,800	\$ 232	46%
Alaska	1,516	\$ 4,660,800	\$ 3,079	228	1,516	\$ 3,099	3	\$ 15,000	82%
Arizona	18,361	\$ 213,935,750	\$ 11,652	309	573	\$ 1,826	17,788	\$ 11,968	84%
Arkansas	790	\$ 278,107	\$ 352	28	92	\$ 1,555	698	\$ 623	28%
California	81,096	\$ 437,010,818	\$ 5,389	224	0	N/A	81,096	\$ 5,389	69%
Colorado	3,432	\$ 6,235,187	\$ 1,817	74	0	N/A	3,432	\$ 1,817	73%
Connecticut	7,904	\$ 49,121,264	\$ 6,215	227	3,525	\$ 931	4,439	\$ 9,384	56%
Delaware	1,735	\$ 1,657,775	\$ 955	206	126	\$ 1,856	1,735	\$ 821	65%
Dist. of Columbia	0	\$ 0	\$ 0	0	0	N/A	0	N/A	32%
Florida	20,633	\$ 321,925,659	\$ 15,603	113	219	\$ 2,255	19,825	\$ 16,214	72%
Georgia	6,801	\$ 23,244,497	\$ 3,418	76	0	N/A	6,801	\$ 3,418	59%
Hawaii	2,749	\$ 31,276,613	\$ 11,419	214	0	N/A	2,739	\$ 11,419	66%
Idaho	709	\$ 302,722	\$ 427	50	0	N/A	709	\$ 427	74%
Illinois	11,114	\$ 62,531,939	\$ 5,626	87	2,611	\$ 13,915	8,503	\$ 3,112	34%
Indiana	4,139	\$ 29,515,681	\$ 7,132	66	0	N/A	4,139	\$ 7,132	25%
Iowa	2,492	\$ 30,565,329	\$ 12,267	67	178	\$ 4,239	1,624	\$ 17,834	36%
Kansas	3,549	\$ 43,291,821	\$ 12,198	129	1,418	\$ 2,469	2,131	\$ 18,712	32%
Kentucky	1,735	\$ 3,324,247	\$ 1,916	42	0	N/A	1,735	\$ 1,916	37%
Louisiana	6,211	\$ 116,768,849	\$ 18,800	181	1,705	\$ 2,718	6,506	\$ 12,543	53%
Maine	545	\$ 1,109,660	\$ 2,019	41	545	\$ 1,101	545	\$ 917	7%
Maryland	7,846	\$ 38,235,667	\$ 4,873	139	0	N/A	7,846	\$ 4,873	24%
Massachusetts	14,114	\$ 38,711,910	\$ 2,743	216	0	N/A	14,114	\$ 2,743	64%
Michigan	11,559	\$ 54,108,014	\$ 4,689	113	6,722	\$ 2,620	4,817	\$ 7,576	48%
Minnesota	8,183	\$ 32,768,481	\$ 3,992	157	2,346	\$ 5,709	5,837	\$ 29,918	48%
Mississippi	4,052	\$ 20,645,970	\$ 5,095	139	0	N/A	4,052	\$ 5,095	34%
Missouri	7,463	\$ 12,534,793	\$ 1,679	129	0	N/A	7,463	\$ 1,679	53%
Montana	2,885	\$ 11,066,188	\$ 3,836	308	0	N/A	2,885	\$ 3,836	55%
Nebraska	566	\$ 4,634,959	\$ 8,189	32	0	N/A	566	\$ 8,189	11%
Nevada	2,451	\$ 6,649,537	\$ 2,713	103	454	\$ 4,136	1,997	\$ 2,305	69%
New Hampshire	4,695	\$ 6,981,245	\$ 1,487	248	0	N/A	4,695	\$ 1,487	21%
New Jersey	20,013	\$ 59,123,073	\$ 2,954	228	7,881	\$ 1,529	12,162	\$ 3,874	71%
New Mexico	19,262	\$ 34,058,940	\$ 1,768	537	161	\$ 3,463	10,098	\$ 3,317	32%
New York	41,571	\$ 56,317,000	\$ 1,355	216	0	N/A	41,571	\$ 1,355	63%
North Carolina	4,255	\$ 27,044,416	\$ 6,417	49	0	N/A	4,255	\$ 6,417	56%
North Dakota	604	\$ 5,607,243	\$ 9,282	95	142	\$ 4,279	462	\$ 10,823	25%
Ohio	12,467	\$ 10,482,428	\$ 841	105	0	N/A	12,467	\$ 841	46%
Oklahoma	4,615	\$ 43,682,678	\$ 9,465	131	2,077	\$ 2,384	2,533	\$ 15,252	53%
Oregon	1,275	\$ 4,551,938	\$ 3,572	75	0	N/A	1,275	\$ 3,572	48%
Pennsylvania	22,990	\$ 64,882,837	\$ 2,822	185	0	N/A	22,990	\$ 2,822	54%
Rhode Island	733	\$ 10,343,464	\$ 14,111	69	59	\$ 3,402	703	\$ 14,471	28%
South Carolina	4,989	\$ 34,696,972	\$ 6,955	211	1,151	\$ 2,809	7,838	\$ 4,003	73%
South Dakota	2,019	\$ 3,161,365	\$ 1,566	261	0	N/A	2,019	\$ 1,566	24%
Tennessee	6,285	\$ 11,563,109	\$ 1,840	105	2,018	N/A	4,267	\$ 1,796	41%
Texas	22,990	\$ 50,174,833	\$ 2,183	199	2,674	\$ 1,870	20,306	\$ 2,225	16%
Utah	1,268	\$ 14,548,828	\$ 11,474	52	5	\$ 3,181	1,263	\$ 11,507	38%
Vermont	1,351	\$ 15,819,422	\$ 11,699	214	0	N/A	1,351	\$ 11,737	50%
Virginia	2,917	\$ 2,469,613	\$ 850	38	0	N/A	2,917	\$ 850	58%
Washington	7,292	\$ 48,177,292	\$ 6,607	117	2,513	\$ 2,019	6,392	\$ 6,743	66%
West Virginia	2,232	\$ 20,057,784	\$ 8,986	125	0	N/A	2,232	\$ 8,986	55%
Wisconsin	11,464	\$ 23,235,497	\$ 2,030	199	0	N/A	11,464	\$ 2,100	28%
Wyoming	1,010	\$ 13,037,112	\$ 12,908	199	0	N/A	1,010	\$ 12,908	31%
United States	428,804	\$ 2,305,142,428	\$ 5,376	144	40,866	\$ 3,046	389,684	\$ 5,506	61%
United States - Est.									

Source

Colman Institute

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12-14-17

2016

Promoting Productivity										
State	Medicaid Buy-In		Supported or Competitive Employment				Voc Rehab			
	Has†	Enrollment	Participants	Utilization	Spending	%	Total Number in Competitive Employment	per 100K of population	% VR Wages to State Aver	Mean Weekly Hours Worked
Alabama			245	5	\$ 2,104,982	5%	7,576	167	50%	34
Alaska	Yes	352	316	48	\$ 3,812,415	35%	508	78	68%	33
Arizona	Yes	1276	1,138	19	\$ 5,738,045	14%	1,761	28	54%	33
Arkansas	Yes	105	130	5	\$ 368,882	2%	2,344	84	62%	36
California	Yes	3,990	8,705	23	\$ 62,219,080	13%	11,508	32	49%	32
Colorado			1,982	43	\$ 138M	33%	1,741	36	51%	31
Connecticut	Yes	5,512	4,061	116	\$ 61,035,054	51%	1,207	35	59%	31
Delaware			373	44	\$ 4,464,605	26%	828	97	45%	33
Dist. of Columbia			151	28	\$ 3,689,477	10%	732	127	36%	38
Florida			3,456	24	\$ 9,609,717	22%	9,736	54	57%	34
Georgia			3,202	36	\$ 14,897,915	26%	4,388	47	49%	34
Hawaii	Yes		114	9	\$ 196,908	8%	679	55	57%	31
Idaho	Yes		698	63	\$ 3,356,375	15%	1,902	128	62%	32
Illinois	Yes	1909	3,518	28	\$ 19,652,872	13%	5,533	44	44%	30
Indiana	Yes	8,563	2,317	37	\$ 13,062,679	22%	5,609	91	66%	32
Iowa	Yes	12,389	2,825	95	\$ 5,617,385	28%	2,079	71	61%	32
Kansas	Yes	1273	408	15	\$ 4,965,000	10%	1,711	63	52%	30
Kentucky			1,164	28	\$ 2,883,381	21%	4,473	117	63%	34
Louisiana	Yes	1275	1,641	36	\$ 9,344,098	45%	1,691	40	69%	36
Maine	Yes	1204	1,301	76	\$ 5,142,578	21%	653	48	61%	28
Maryland	Yes	85	3,564	63	\$ 47,167,713	38%	2,901	52	43%	31
Massachusetts	Yes	14,866	5,769	85	\$ 76,990,802	44%	3,412	52	47%	28
Michigan	Yes	1296	4,554	44	\$ 25,130,350	24%	7,418	75	55%	32
Minnesota	Yes	8,213	2,246	57	\$ 13,161,136	15%	2,133	41	51%	29
Mississippi	Yes	??	300	14	\$ 1,968,841	15%	4,390	152	70%	36
Missouri			366	6	\$ 1,917,241	9%	3,819	66	52%	31
Montana			235	25	\$ 1,744,979	14%	863	93	66%	30
Nebraska	Yes	142	1,818	38	\$ 7,625,361	29%	1,389	79	56%	33
Nevada	Yes	29	288	12	\$ 3,871,686	16%	1,022	40	54%	34
New Hampshire	Yes	2,882	324	25	\$ 4,507,016	29%	1,313	100	52%	29
New Jersey	Yes	2,734	1,363	16	\$ 10,643,135	10%	4,161	48	44%	32
New Mexico	Yes	2,413	1,224	64	\$ 8,533,696	34%	1,676	86	64%	32
New York	Yes	??	8,363	43	\$ 45,547,000	12%	12,695	66	39%	31
North Carolina	Yes	??	1,853	21	\$ 9,209,128	19%	8,683	97	50%	32
North Dakota	Yes	473	306	48	\$ 2,121,796	15%	893	146	68%	35
Ohio			9,528	83	\$ 32,846,005	22%	7,952	70	60%	33
Oklahoma			3,029	86	\$ 23,408,414	77%	2,037	58	61%	36
Oregon	Yes	78	1,264	35	\$ 15,388,300	34%	2,795	75	58%	31
Pennsylvania	Yes	19,646	9,118	73	\$ 39,597,014	38%	10,460	85	53%	33
Rhode Island	Yes	19	622	57	\$ 3,749,529	20%	634	61	54%	28
South Carolina	Yes	46	847	29	\$ 5,832,103	12%	3,508	198	61%	36
South Dakota	Yes	1	675	87	\$ 4,827,779	30%	893	103	57%	29
Tennessee			1,211	20	\$ 7,448,860	20%	3,131	52	56%	33
Texas	Yes	??	2,956	13	\$ 14,440,292	20%	13,707	59	56%	35
Utah	Yes	1084	735	30	\$ 5,196,124	32%	3,062	318	66%	35
Vermont	Yes	931	851	131	\$ 7,212,384	49%	1,331	224	69%	29
Virginia	Yes	??	2,460	32	\$ 21,670,937	23%	3,323	44	45%	33
Washington	Yes	1221	4,149	66	\$ 26,376,603	61%	1,704	27	53%	28
West Virginia	Yes	540	617	23	\$ 1,912,507	11%	2,188	121	62%	35
Wisconsin	Yes	12,952	2,336	49	\$ 16,450,726	16%	2,070	54	57%	29
Wyoming	Yes	28	250	49	\$ 2,125,286	21%	656	128	61%	32
United States - Est.	39	79,140	110,539	37	\$ 708,872,399	21%	189,115	63		

Source: CMS & Mathematica; Coleman Institute; US Dept of Education, Office of Special Education and Rehabilitation Services

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Year of Data: Sep 07, 2006, 2005

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State	Reaching Those in Need						Individuals with ID/DD served per 100k of population	Ratio of Prevalence to Individuals Served	
	Waiting Lists				Prevalence				
	Waiting List for Residential Services	% Growth in Residential Services Required to Meet Waiting List	Waiting List ID/DD HCBS - Kaiser	% Growth in HCBS Services Required to Meet Waiting List	Waiting List - Average	% Children with Mental Disability			% Adults with Mental Disability
Alabama	594	15%	-	0%	25%	6.0%	6.9%	143	2%
Alaska	943	119%	1,500	149%	134%	4.7%	4.6%	637	14%
Arizona	46	1%	-	0%	1%	4.8%	4.3%	406	10%
Arkansas	DNF	DNF	876	26%	26%	7.6%	7.3%	197	3%
California	0	0%	-	0%	0%	3.6%	4.0%	475	12%
Colorado	1212	25%	-	0%	12%	4.2%	4.0%	161	4%
Connecticut	680	125%	1,730	23%	17%	4.3%	3.9%	390	10%
Delaware	235	23%	-	0%	11%	5.0%	4.9%	344	7%
Dist. of Columbia	1	0%	-	0%	0%	6.6%	4.1%	329	8%
Florida	4,250	30%	21,200	64%	47%	4.9%	4.7%	275	6%
Georgia	661	14%	10,364	116%	65%	4.5%	4.7%	126	3%
Hawaii	0	0%	-	0%	0%	3.6%	3.6%	266	7%
Idaho	0	0%	-	0%	0%	4.6%	5.4%	1,027	19%
Illinois	DNF	DNF	-	0%	0%	4.5%	3.7%	249	7%
Indiana	136%	129%	32,927	339%	234%	6.2%	4.8%	229	5%
Iowa	27	1%	1,215	10%	5%	5.7%	4.5%	465	10%
Kansas	1,301	26%	1,435	20%	23%	5.7%	4.0%	271	6%
Kentucky	234	6%	2,753	95%	50%	6.7%	7.7%	156	2%
Louisiana	DNF	DNF	7,487	121%	DNF	6.1%	6.4%	367	6%
Maine	105	3%	122	4%	4%	6.3%	7.3%	276	4%
Maryland	9,670	131%	-	0%	66%	5.0%	3.7%	175	5%
Massachusetts	0	0%	-	0%	0%	5.9%	4.2%	499	12%
Michigan	0	0%	-	0%	0%	6.1%	5.7%	317	6%
Minnesota	2,525	17%	-	0%	9%	5.2%	4.1%	543	13%
Mississippi	DNF	DNF	-	0%	DNF	6.4%	7.9%	177	2%
Missouri	507	5%	-	0%	4%	5.8%	5.7%	251	4%
Montana	613	33%	1,372	64%	10%	5.4%	5.6%	444	8%
Nebraska	1,582	48%	-	0%	24%	4.7%	3.8%	211	6%
Nevada	461	33%	540	39%	30%	2.9%	3.4%	158	5%
New Hampshire	268	15%	-	0%	8%	5.3%	4.8%	172	4%
New Jersey	3,844	34%	-	0%	17%	4.5%	3.4%	418	12%
New Mexico	3,991	178%	-	0%	89%	4.8%	5.8%	170	3%
New York	4,139	9%	-	0%	3%	4.8%	4.0%	655	16%
North Carolina	1355	12%	-	0%	0%	5.7%	5.4%	297	6%
North Dakota	DNF	DNF	-	0%	0%	5.8%	3.8%	436	11%
Ohio	198F	DNF	44,666	291%	291%	6.2%	5.3%	440	6%
Oklahoma	3,314	76%	3,315	64%	70%	5.0%	6.6%	265	4%
Oregon	3,616	63%	3,526	36%	49%	5.3%	5.5%	300	5%
Pennsylvania	2,023	9%	20,460	71%	43%	6.1%	5.0%	420	8%
Rhode Island	0	0%	-	0%	0%	6.2%	5.0%	284	6%
South Carolina	1,923	40%	1,086	22%	31%	5.0%	5.6%	407	7%
South Dakota	3	0%	23	1%	0%	4.7%	4.0%	388	15%
Tennessee	1,170	22%	2,316	33%	27%	5.5%	6.8%	130	2%
Texas	DNF	DNF	8,1515	333%	333%	5.3%	4.5%	119	3%
Utah	159	5%	1,654	41%	27%	4.3%	4.1%	191	3%
Vermont	0	0%	-	0%	0%	7.3%	5.3%	464	8%
Virginia	DNF	DNF	9,334	129%	129%	5.2%	4.0%	220	5%
Washington	DNF	DNF	363	4%	4%	5.3%	5.6%	327	6%
West Virginia	576	19%	304	8%	17%	6.4%	8.3%	249	3%
Wisconsin	DNF	DNF	3,948	30%	30%	5.8%	4.4%	373	9%
Wyoming	21	2%	113	5%	3%	5.9%	3.2%	417	8%
United States	65,921	20%	224,147	46%	33%	5.1%	4.8%	304	6%
United States - Est.	88,349	20%	-	-	-	-	-	-	-

Source: Research and Training Center on Community Living; Kaiser Family Foundation; US Census Bureau, ACS

Table/Page: HC 25, P. 42; Year of Data: 2007; Waiting List: 2007; Table: HC 25, P. 42; Year of Data: 2006, 2006

State	Serving at a Reasonable Cost										
	ICF-MR			HCBS			Other I/DD Community Spending			Overall Spending	
	Total Expenditures-2007	Residents	Cost per Resident	Total Expenditures-2007	Residents	Cost per Resident	Total Community-2006	Total Non-HCBS Community Expenditures (2006 total community-2006 HCBS)	% of total I/DD Spending	I/DD Spending per 1k personal income	I/DD Spending per capita
Alabama	\$ 31,522,229	240	\$ 131,617	\$ 253,289,495	5,197	\$ 48,732	\$ 267,716,930	\$ 18,621,983	6%	\$ 2.13	\$ 67
Alaska	\$ -	0	\$ -	\$ 70,954,834	1010	\$ 70,287	\$ 95,262,003	\$ 28,379,700	29%	\$ 3.79	\$ 132
Arizona	\$ 20,278,138	148	\$ 108,150	\$ 556,449,700	18,456	\$ 30,151	\$ 611,738,095	\$ 134,074,195	19%	\$ 3.36	\$ 113
Arkansas	\$ 146,961,679	1,596	\$ 92,110	\$ 21,379,808	3,349	\$ 27,286	\$ 276,787,397	\$ 12,656,620	4%	\$ 5.23	\$ 156
California	\$ 777,520,467	9,231	\$ 79,901	\$ 1,532,880,000	71,403	\$ 21,468	\$ 4,090,348,336	\$ 2,752,166,336	54%	\$ 3.48	\$ 100
Colorado	\$ 21,415,390	139	\$ 187,315	\$ 269,090,321	6,999	\$ 38,303	\$ 412,706,622	\$ 159,613,712	35%	\$ 2.37	\$ 94
Connecticut	\$ 240,164,975	1,174	\$ 204,687	\$ 454,124,513	7,462	\$ 60,858	\$ 1,040,106,925	\$ 619,642,504	47%	\$ 7.66	\$ 360
Delaware	\$ 26,617,205	148	\$ 180,639	\$ 759,899,815	766	\$ 98,028	\$ 117,237,222	\$ 48,323,615	32%	\$ 4.47	\$ 175
Dist. of Columbia	\$ 85,050,758	659	\$ 129,158	\$ 19,678,920	990	\$ 19,877	\$ 189,270,454	\$ 181,737,921	62%	\$ 6.14	\$ 398
Florida	\$ 328,234,163	3,237	\$ 101,415	\$ 968,572,439	51,375	\$ 28,959	\$ 1,166,409,741	\$ 105,016,918	25%	\$ 2.19	\$ 91
Georgia	\$ 96,130,926	1,069	\$ 91,299	\$ 263,542,265	8,906	\$ 29,593	\$ 398,712,442	\$ 144,137,891	29%	\$ 1.96	\$ 58
Hawaii	\$ 4,683,368	79	\$ 110,617	\$ 97,030,800	2,422	\$ 40,054	\$ 133,115,676	\$ 48,115,676	31%	\$ 4.78	\$ 124
Idaho	\$ 62,397,097	543	\$ 115,019	\$ 60,937,200	1,914	\$ 31,838	\$ 264,236,401	\$ 151,869,359	55%	\$ 5.46	\$ 185
Illinois	\$ 705,351,906	9,308	\$ 75,783	\$ 416,240,490	12,695	\$ 33,020	\$ 972,605,586	\$ 571,181,456	34%	\$ 3.17	\$ 104
Indiana	\$ 315,284,710	4,110	\$ 76,721	\$ 492,896,549	9,704	\$ 41,499	\$ 778,788,798	\$ 385,252,718	35%	\$ 4.41	\$ 175
Iowa	\$ 276,941,750	2,221	\$ 124,720	\$ 275,727,517	12,287	\$ 22,441	\$ 438,579,351	\$ 132,328,712	30%	\$ 4.43	\$ 164
Kansas	\$ 64,298,461	612	\$ 105,149	\$ 247,333,699	7,032	\$ 35,174	\$ 361,951,990	\$ 35,548,367	10%	\$ 2.30	\$ 81
Kentucky	\$ 159,315,269	647	\$ 232,553	\$ 163,060,190	2,991	\$ 56,219	\$ 269,170,944	\$ 228,227,040	27%	\$ 6.61	\$ 198
Louisiana	\$ 346,197,991	5,462	\$ 63,023	\$ 298,219,940	6,280	\$ 41,652	\$ 472,558,646	\$ 325,594,979	32%	\$ 6.80	\$ 312
Maine	\$ 75,512,962	217	\$ 348,706	\$ 220,661,475	2,721	\$ 84,693	\$ 325,594,979	\$ 194,587,141	25%	\$ 2.93	\$ 132
Maryland	\$ 69,133,324	331	\$ 171,564	\$ 495,385,519	10,133	\$ 48,991	\$ 629,823,461	\$ 489,721,617	35%	\$ 4.78	\$ 221
Massachusetts	\$ 206,594,917	982	\$ 210,381	\$ 793,361,749	11,711	\$ 68,061	\$ 1,126,803,882	\$ 781,185,032	68%	\$ 3.53	\$ 115
Michigan	\$ 44,729,344	139	\$ 321,794	\$ 516,274,000	7,999	\$ 39,542	\$ 1,126,803,882	\$ 659,499,062	38%	\$ 6.91	\$ 344
Minnesota	\$ 175,692,911	2,516	\$ 69,830	\$ 889,932,916	14,442	\$ 61,612	\$ 1,398,592,168	\$ 85,519,565	22%	\$ 4.31	\$ 132
Mississippi	\$ 255,284,280	2,616	\$ 97,604	\$ 39,460,620	1,908	\$ 20,682	\$ 128,778,304	\$ 215,142,724	31%	\$ 4.01	\$ 125
Missouri	\$ 10,186,884	1,037	\$ 106,255	\$ 279,435,294	8,290	\$ 45,773	\$ 625,769,812	\$ 35,991,550	31%	\$ 4.29	\$ 153
Montana	\$ 10,521,257	63	\$ 167,094	\$ 68,411,681	2,199	\$ 31,819	\$ 96,538,285	\$ 61,087,283	23%	\$ 3.72	\$ 152
Nebraska	\$ 66,940,333	592	\$ 113,075	\$ 140,171,512	3,271	\$ 42,853	\$ 106,449,850	\$ 54,970,552	40%	\$ 3.85	\$ 186
Nevada	\$ 21,399,455	124	\$ 172,504	\$ 113,298,714	3,272	\$ 43,768	\$ 185,205,628	\$ 470,012,206	29%	\$ 5.67	\$ 177
New Hampshire	\$ 2,521,518	25	\$ 109,361	\$ 496,612,600	9,767	\$ 50,846	\$ 908,822,206	\$ 74,389,457	22%	\$ 7.93	\$ 453
New Jersey	\$ 628,420,862	2,992	\$ 210,099	\$ 247,597,401	3,698	\$ 66,954	\$ 5,647,227,656	\$ 699,861,502	42%	\$ 4.36	\$ 162
New Mexico	\$ 21,245,967	182	\$ 117,058	\$ 344,009,061	55,226	\$ 62,341	\$ 5,647,227,656	\$ 1,407,626,259	40%	\$ 6.22	\$ 236
New York	\$ 2,715,637,045	8,069	\$ 336,951	\$ 377,746,642	8,578	\$ 44,058	\$ 4,793,328,436	\$ 1,407,626,259	40%	\$ 4.03	\$ 143
North Carolina	\$ 469,289,209	4,108	\$ 114,252	\$ 71,823,467	3,416	\$ 21,026	\$ 126,555,829	\$ 61,925,698	31%	\$ 4.65	\$ 152
North Dakota	\$ 64,042,332	593	\$ 108,086	\$ 669,978,417	15,366	\$ 43,616	\$ 1,908,330,121	\$ 119,019,862	24%	\$ 5.51	\$ 204
Ohio	\$ 695,440,486	6,662	\$ 104,397	\$ 253,480,544	5,941	\$ 36,842	\$ 369,031,118	\$ 199,031,118	37%	\$ 5.09	\$ 166
Oklahoma	\$ 127,234,669	1,609	\$ 79,077	\$ 395,761,698	9,852	\$ 39,158	\$ 532,997,917	\$ 167,578,196	30%	\$ 4.65	\$ 152
Oregon	\$ 12,271,884	41	\$ 299,314	\$ 185,789,000	5,941	\$ 36,842	\$ 369,031,118	\$ 199,031,118	37%	\$ 5.09	\$ 166
Pennsylvania	\$ 557,623,598	3,788	\$ 147,208	\$ 1,199,738,817	26,101	\$ 45,966	\$ 1,981,698,383	\$ 878,527,134	53%	\$ 5.51	\$ 204
Rhode Island	\$ 7,835,388	41	\$ 193,466	\$ 199,071,348	2,151	\$ 50,707	\$ 126,115,919	\$ 17,870,416	14%	\$ 5.72	\$ 208
South Carolina	\$ 157,179,948	1,613	\$ 97,476	\$ 575,963,523	7,103	\$ 74,048	\$ 621,831,279	\$ 159,928,405	17%	\$ 4.35	\$ 153
South Dakota	\$ 21,148,861	169	\$ 125,939	\$ 81,244,579	2,366	\$ 31,941	\$ 103,274,093	\$ 26,659,643	21%	\$ 2.02	\$ 89
Tennessee	\$ 233,574,841	1,259	\$ 186,115	\$ 564,475,993	15,180	\$ 37,391	\$ 1,930,757,221	\$ 559,266,004	27%	\$ 2.02	\$ 89
Texas	\$ 949,328,686	11,332	\$ 82,325	\$ 113,867,900	3,995	\$ 28,506	\$ 198,616,950	\$ 54,103,560	24%	\$ 2.99	\$ 87
Utah	\$ 58,133,589	794	\$ 73,216	\$ 109,071,348	2,151	\$ 50,707	\$ 126,115,919	\$ 17,870,416	14%	\$ 5.72	\$ 208
Vermont	\$ 978,638	6	\$ 163,106	\$ 394,326,044	7,257	\$ 54,337	\$ 530,076,174	\$ 196,089,459	23%	\$ 2.58	\$ 112
Virginia	\$ 250,653,294	1,713	\$ 146,324	\$ 315,623,788	9,866	\$ 33,591	\$ 614,982,333	\$ 315,380,911	42%	\$ 3.33	\$ 117
Washington	\$ 114,313,706	773	\$ 147,883	\$ 203,371,121	3,794	\$ 53,603	\$ 234,281,093	\$ 66,940,619	20%	\$ 3.86	\$ 132
West Virginia	\$ 57,575,454	477	\$ 120,703	\$ 439,292,106	13,221	\$ 33,227	\$ 765,173,254	\$ 293,041,157	33%	\$ 5.12	\$ 162
Wisconsin	\$ 150,911,869	1,203	\$ 124,591	\$ 87,040,867	3,056	\$ 32,345	\$ 95,093,173	\$ 15,858,077	13%	\$ 5.81	\$ 239
Wyoming	\$ 29,006,774	91	\$ 219,855	\$ 26,593,873,572	490,343	\$ 41,387	\$ 35,592,522,143	\$ 17,220,293,558	35%	\$ 4.12	\$ 166
United States	\$ 12,645,786,632	97,486	\$ 129,565								
United States - Est.											

Source

Research and Training Center on Community Living

Colson Institute

Table/Page  
Year of Data

T. 3.4, P. 66  
2007

T. 3.7, P. 73  
2007

T. 3.8, P. 81  
2006

T. 17, P. 58  
2006

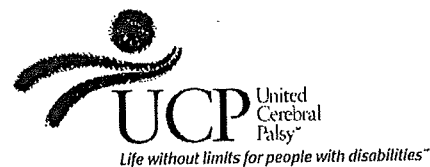
## Report Data Sources

### Organization

Council on Quality and Leadership  
 Research and Training Center on Community Living  
 Administration on Children and Families  
 Centers for Medicare and Medicaid Services  
 Coleman Institute  
 Department of Education  
 Human Services Research Institute  
 PAS Center  
 Kaiser Family Foundation  
 US Census Bureau  
 Quality Mall

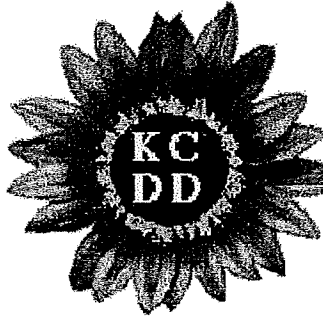
### Link for Data Referenced

[map.c-q-l.org/about](http://map.c-q-l.org/about)  
[rtc.umn.edu/misc/pubcount.asp?publicationid=186](http://rtc.umn.edu/misc/pubcount.asp?publicationid=186)  
[www.acf.hhs.gov/programs/add/reports/Clients06.html](http://www.acf.hhs.gov/programs/add/reports/Clients06.html)  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
[www.colemaninstitute.org/](http://www.colemaninstitute.org/)  
[www.ed.gov/rschstat/eval/rehab/2005-tables](http://www.ed.gov/rschstat/eval/rehab/2005-tables)  
[www.hsri.org/nci/](http://www.hsri.org/nci/)  
[www.pascenter.org/demo\\_waivers/demoWaiverTable\\_2006.php](http://www.pascenter.org/demo_waivers/demoWaiverTable_2006.php)  
[www.statehealthfacts.org](http://www.statehealthfacts.org)  
[www.Census.gov](http://www.Census.gov)  
[www.QualityMall.org](http://www.QualityMall.org)



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# ***Kansas Council on Developmental Disabilities***

MARK PARKINSON, Governor  
KRISTIN FAIRBANK, Chairperson  
JANE RHYS, Ph. D., Executive Director  
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*"To ensure the opportunity to make choices regarding participation in society and quality of life for individuals with developmental disabilities"*

## **HOUSE COMMITTEE ON AGING AND LONG TERM CARE**

**January 21, 2010**

Regarding *The Case for Inclusion 2009: An Analysis of Medicaid for Americans with Intellectual and Developmental Disabilities.*

Mr. Chairman, Members of the Committee, I work for the Kansas Council on Developmental Disabilities and will be speaking today about the report by United Cerebral Palsy regarding the inclusion of persons with developmental disabilities in society. With me are Tom Laing, Executive Director of Interhab and Pat Terick Director of Governmental Activities of United Cerebral Palsy of Kansas. We will be discussing different areas of the report.

The Kansas Council is federally mandated and funded under the Developmental Disabilities Assistance and Bill of Rights Act of 2000. Members are appointed by the Governor and include primary consumers, immediate family, and representatives of the major agencies who provide services for individuals with developmental disabilities. Our mission is to advocate for individuals with developmental disabilities to receive adequate supports to make choices about where they live, work, and learn. We are also members of the Big Tent Coalition support the 2010 Priorities developed by the Big Tent.

A Developmental Disability occurs before age 22, is lifelong, and results in major substantial functional limitations in three or more areas of major life activity such as self-care, mobility, and economic self-sufficiency. These disabilities require lifelong supports, they are not curable nor do persons get better as they get older. Examples of developmental disabilities include autism, cognitive disabilities, and severe cerebral palsy.



The caveat for the data included in the report is that it is from **2007**. It does not show the effects of the current reduction in funding including the 10% rate decrease in Medicaid rates. Unfortunately, our rankings for next year will probably be below what this report shows.

The report is an annual one that, instead of simply looking at what is spent by each state (and the District of Columbia), benchmarks states' actual performance in improving the lives of people with developmental disabilities. The last page of the report shows where the data was obtained and also a web link for each data referenced.

The report contains rankings for what each state achieved in four different areas. The rankings for Kansas range from a high of 15 to a low of 46 and can be found on page 7 of the report. Further explanation is on page 10.

The first ranking is **Allocating Resources to Those in the Community (Non-ICF-MR)**. Kansas is in the 86% or 15<sup>th</sup> among all states. Kansas ranks highest in this category because state policy has been to reduce the size of ICF/MRs (Intermediate Care Facilities for those with developmental disabilities). Except for the two state DD hospitals (Parsons and Kansas Neurological Institute), Kansas currently has no ICF/MRs that are large (over 17 bed) facilities. There are 47 persons served in medium size (9-16 bed) and 101 served in small (4 – 8 bed) facilities. This data is from the Social and Rehabilitation Services (SRS) **Developmental Disabilities Monthly Summary for December, 2009**. Again, please note that this data was collected before the reductions in funding.

The second area is **Supporting Individuals in the Community and Home-like Settings**. Kansas is considerably worse in this category (74% and Number 33 on the list). This area not only includes funding but also looks at the settings in which people live and the available waivers that promote self determination. Self determination includes providing services that are self-directed. This means that the individual and his/her family are determining what services are needed and who provides the services. It also includes the use of individual budgets as well as client satisfaction surveys. It also includes the state's efforts to reach those in need. For example, the DD Waiting list was 292 in 1999. It is now 2,182 - Attachment 1 shows the increase and percentage of increase from 1999 to 2010.

The third area is **Keeping Families Together through Family Support**. This includes Family support provided per 100,000 of the total population and percent served who are living in a family home. Kansas ranked 24<sup>th</sup> with 129 families per 100,000. This will drop because families do depend on respite care and this has been eliminated from services. Other family services include in home support, direct financial support equipment/modifications, wellness monitoring and medical alert.

The last area is **Supporting Meaningful Work** in which Kansas ranks 46<sup>th</sup> at 10%. Kansas has for several years been known as one of the worst states for employment of persons with developmental disabilities. Meaningful work is work that occurs in the community and may be both supported (i.e., the person needs some support on the job) and competitive employment.

To give you a picture of the Kansas Developmental Disabilities System, I have provided additional information – Attachment 2 shows you the different Community Developmental Disabilities Organizations so you can easily see your counties. Attachment 3 contains part of the most recent SRS DD Monthly Summary (December, 2009). The first chart shows you the number of persons being served in the community, in Community ICF/MRs, and the number in the two State Hospitals is roughly 358 for a total of 9,835. The second chart shows the status of service requests, also known as the DD Waiting list. These are individuals who receive no services. There are 2,182 adults and families with children waiting for Developmental Disabilities services. How long have they been waiting? The next chart shows them broken out by adults and families with children – Note the increase in numbers who are and have been waiting over 60 days. Some have been waiting for years for services.

The next sheet shows a summary of where these adults and children live by Community Developmental Disabilities Organization (CDDO) who is responsible for determination of eligibility under Kansas law. Immediately following this is a Kansas map showing each CDDO area.

The last sheet shows another waiting list, that of the under served. These individuals get some but not all of the services they need. An example would be the young adult who has graduated or aged out of public education. They may have received some family support but now need assistance during the day and are not receiving it.

Finally there is Attachment 4 from the 2010 Governor's Budget Report that shows proposed funding for both Developmental Disabilities and Autism. We definitely support the proposal, recognizing that it will be a maintenance budget; few if any additional people will receive services. Our recommendation for additional funding is the adoption of the Governor's Facilities Closure and Realignment Commission that recommend the closure of Kansas Neurological Institution (KNI) and downsizing of Parsons State Hospital. This would better distribute Kansas and federal funds so that additional people could be served. We closed Winfield State Hospital with great success for their residents and were able to put the closure savings into DD Community Services. We can do the same with KNI.

For many years I have been proud of Kansas, we were a leader in services for persons who have developmental disabilities. Now we are dropping, our services are of lower quality in large part because we do not provide adequate funding and in part because our policies and procedures have not been modified to reflect current needs and/or new methodology. Even the areas in which we rank in the middle are not acceptable. When I was in school and with the next generation, a C is not a good grade. We have a C in two areas, a B in one, and an F in the last area. We can and must do better for some of our most vulnerable Kansans and their families.

As always, we appreciate your time and patience and would be happy to answer any questions.

Jane Rhys, Ph.D., Executive Director  
Kansas Council on Developmental Disabilities  
Docking State Office Building, Room 141  
915 SW Harrison  
Topeka, KS 66612-1570  
785 296-2608                      jrhys@kcdd.org

# Attachment 1

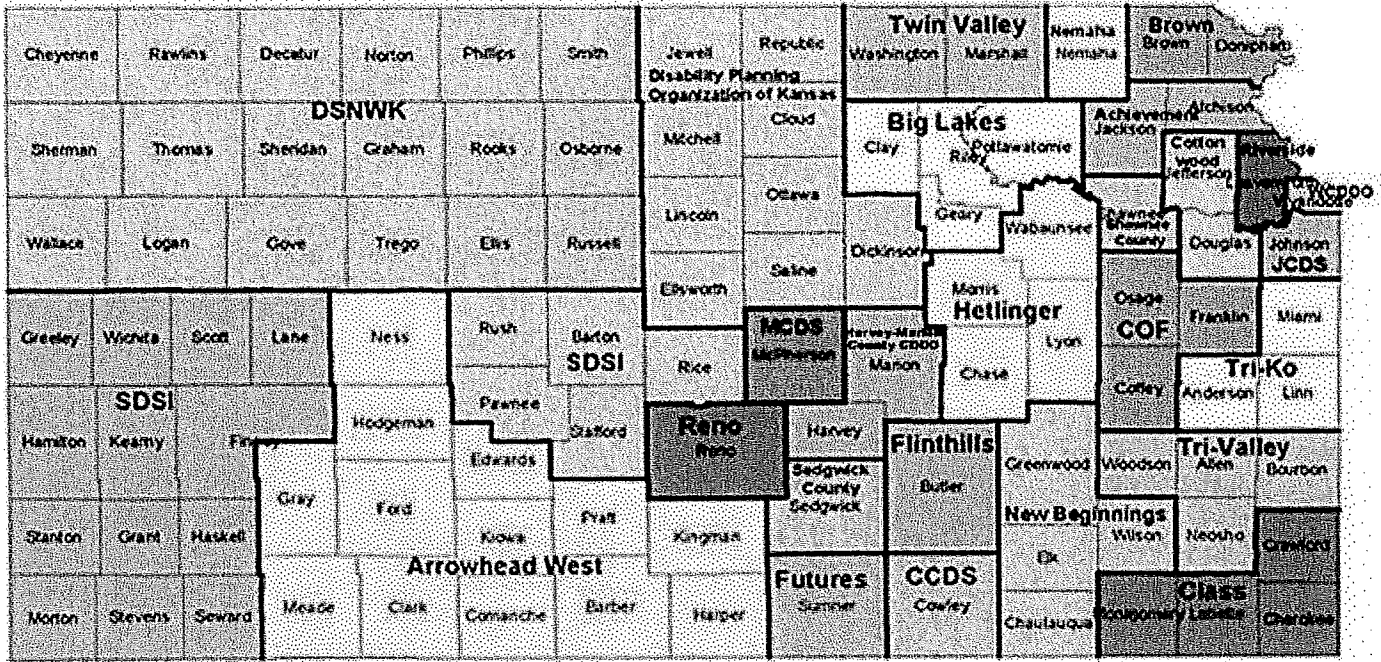
## Developmental Disabilities Monthly Summaries

July of 1999, 2004, 2009, 2010

Year	Number Served	% Inc	Number Unserved	% Inc	Number Underserved	% Inc
1999	8,065		393		No Record	
2004	9,344	13.69%	1,120	64.91%	1,169	
2009	10,009	6.64%	1,733	35.37%	1,812	35.49%
2010	9,478	-5.60%	2,182	20.58%	1,957	7.41%

# Kansas CDDO's

## Printable CDDO Map



Date of Map: July 9, 2007

# **DEVELOPMENTAL DISABILITIES**

## **SUMMARY FOR THE MONTH OF**

**December, 2009**

Disability and Behavioral Health Services

*Ray Dalton, Deputy Secretary*

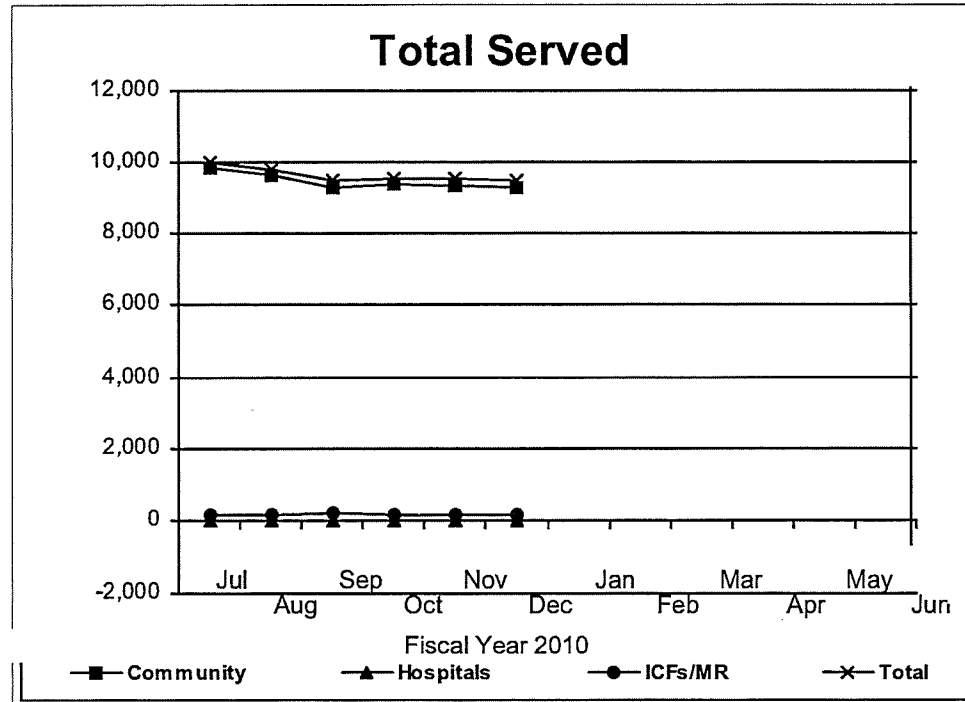
Kansas Department of Social and Rehabilitation Services

*Don Jordan, Secretary*

January 11, 2010

**Total Adults and Families Served In Kansas DD System  
Fiscal Year 2010  
Date Of Report: January 11, 2010**

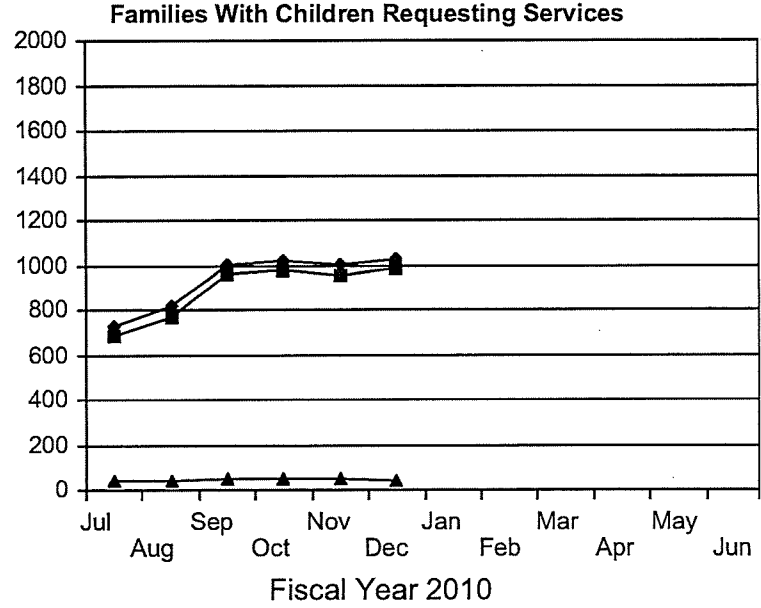
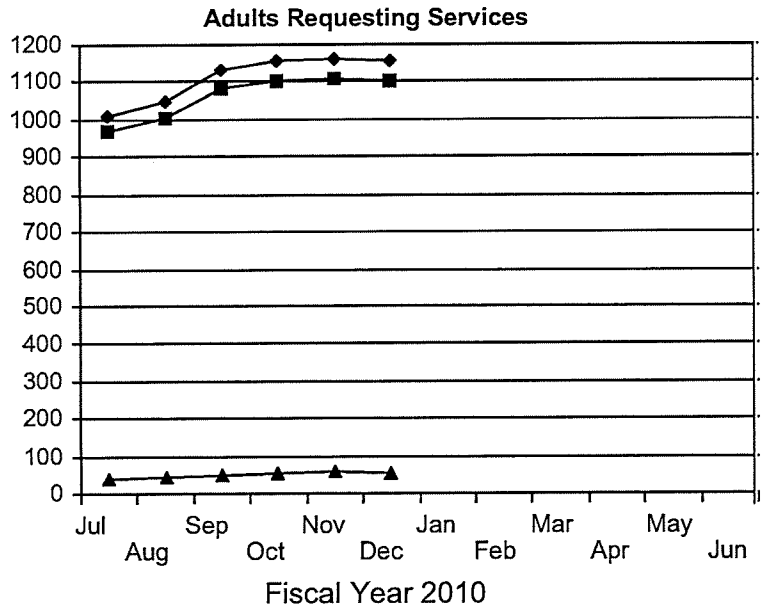
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Net Change
Total Community Non/ICF/MR	9841	9649	9316	9372	9360	9311							-530
Total Community ICF/MR	169	169	173	169	167	167							-2
Total SMRH	-1	-1	-1	-1	-1	-1							0
Grand Total	10009	9817	9488	9540	9526	9477							-532



Data submitted by CDDOs  
 SRS Division of Health Care Policy  
 Policy Evaluation, Research & Training  
 January 11, 2010

**Status of Service Requests  
Fiscal Year 2010  
Date Of Report: January 11, 2010**

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Net Change
Adults Waiting	1009	1049	1130	1158	1162	1155							146
Services Req Immediate	968	1004	1083	1102	1105	1101							
Services Req Thru 12/2010	41	45	47	56	57	54							
Families With Children	724	814	1008	1023	1005	1027							303
Services Req Immediate	687	770	961	978	958	988							
Services Req Thru 12/2010	37	44	47	45	47	39							



■ Services Req Immediate    ▲ Services Req Thru 12/2010    ◆ Total Services Req

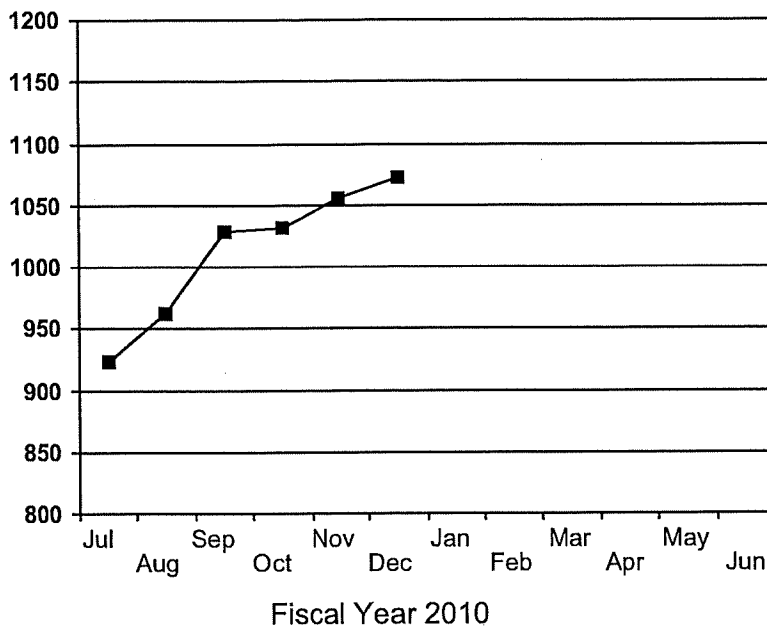
■ Services Req Immediate    ▲ Services Req Thru 12/2010    ◆ Total Services Req

*Data submitted by CDDOs  
SRS Division of Health Care Policy  
Policy Evaluation, Research & Training  
January 11, 2010*

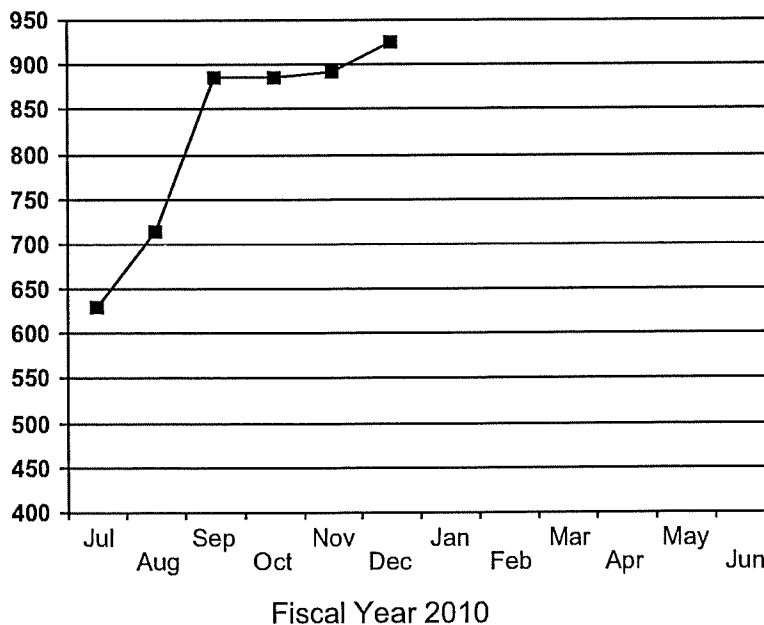


**Individuals Unserved For More Than 60 Days**  
**Date Of Report: January 11, 2010**

**Adults**



**Families With Eligible Children**



Calculations based on data submitted by CDDOs.

## Summary Of Unserved Adults And Families

2-11

CDDO	Adults						Families					
	Unduplicated Number Unserved	Day Only	Residential Only	Day And Residential	In Home Family Support	Direct Financial Support	Unduplicated Number Unserved	Day Only	Residential Only	Day And Residential	In Home Family Support	Direct Financial Support
Achievement Services	12	5	2	5	1	0	3	0	0	0	2	1
Arrowhead West Inc	47	15	5	23	12	0	14	0	0	2	12	0
Big Lakes	24	2	0	22	5	0	24	0	0	4	15	15
Brown Co Dvlpmntl Ctr	3	1	0	2	1	0	1	0	0	1	0	1
CLASS Ltd	55	12	1	41	15	0	56	3	1	8	53	1
COF	20	3	0	17	2	0	18	0	0	3	10	9
ComCare	339	82	26	208	108	4	361	10	1	33	302	91
Cottonwood	21	1	3	16	3	0	21	1	0	4	19	0
Cowley County Dev S	14	3	0	10	6	0	5	0	1	1	3	1
DPOK	32	5	1	25	10	0	21	0	1	3	20	1
DSNWK	55	9	5	40	14	2	23	0	2	1	19	4
Flinthills	15	4	1	10	4	1	19	1	1	2	14	11
Futures Unlimited	16	4	1	9	8	1	13	0	0	2	11	0
Harvey-Marion County	22	9	4	7	8	1	25	0	0	4	24	0
Hetlinger Dev Services	32	5	4	22	11	0	31	0	0	4	30	22
JCDS	132	21	24	83	79	24	240	3	15	1	239	78
MCDS	5	0	0	4	1	1	10	0	0	1	9	3
Nemaha Co Trng Ctr	6	1	1	4	1	0	0	0	0	0	0	0
New Beginnings	5	1	0	4	1	0	8	0	0	0	7	4
Riverside Resources	33	7	5	19	7	0	26	1	1	1	23	0
SDSI	99	22	2	71	38	0	44	3	0	11	29	33
TARC	71	8	4	51	26	1	51	0	0	1	49	0
TECH	34	6	2	26	7	1	23	0	0	4	20	0
Tri-Ko	10	0	2	6	4	0	9	0	0	3	9	4
Tri-Valley	27	7	4	13	11	1	23	1	0	3	23	1
Twin Valley	3	0	0	3	1	0	0	0	0	0	0	0
Wyandotte CDDO	62	19	5	35	16	8	29	4	0	2	17	21
<b>Totals</b>	<b>1194</b>	<b>252</b>	<b>102</b>	<b>776</b>	<b>400</b>	<b>45</b>	<b>1098</b>	<b>27</b>	<b>23</b>	<b>99</b>	<b>959</b>	<b>301</b>

## Summary Of Under Served Adults And Families

CDDO	Adults					Families				
	Unduplicated Number Unserved	Day	Residential	In Home Family Support	Direct Financial Support	Unduplicated Number Unserved	Day	Residential	In Home Family Support	Direct Financial Support
Achievement Services	12	5	9	0	0	5	0	0	5	1
Arrowhead West Inc	31	20	18	3	0	17	3	2	16	0
Big Lakes	38	14	32	2	0	6	0	0	5	1
Brown Co Dvlpmntl Ctr	9	3	8	1	0	6	1	1	5	0
CLASS Ltd	46	25	26	3	0	12	11	6	1	0
COF	40	16	33	4	0	19	3	8	12	2
ComCare	231	81	197	16	0	52	27	23	16	11
Cottonwood	102	59	78	14	0	51	10	12	39	0
Cowley County Dev S	9	6	5	1	0	13	4	2	9	0
DPOK	61	36	45	9	0	73	9	10	64	0
DSNWK	43	17	36	3	0	3	1	3	0	0
Flinthills	27	10	20	8	0	13	3	3	10	0
Futures Unlimited	9	2	5	2	0	2	0	0	2	0
Harvey-Marion County	18	6	13	3	0	1	1	1	0	0
Hetlinger Dev Services	30	15	21	4	0	19	5	5	14	0
Individual Provider	0	0	0	0	0	0	0	0	0	0
JCDS	305	144	248	19	1	65	5	21	45	0
MCDS	26	17	15	2	5	12	2	4	7	3
Nemaha Co Trng Ctr	10	0	10	0	0	4	0	0	4	0
New Beginnings	5	1	3	1	0	3	0	0	3	0
Riverside Resources	16	8	14	2	0	0	0	0	0	0
SDSI	54	32	32	9	1	110	27	21	96	0
TARC	109	73	80	16	0	53	6	5	46	0
TECH	27	11	19	5	0	2	1	2	0	0
Tri-Ko	8	1	6	2	0	9	1	1	9	0
Tri-Valley	19	11	16	4	0	11	4	5	4	2
Twin Valley	2	0	2	0	0	0	0	0	0	0
Wyandotte CDDO	82	44	48	11	1	27	8	5	19	0
<b>Totals</b>	<b>1369</b>	<b>657</b>	<b>1039</b>	<b>144</b>	<b>8</b>	<b>588</b>	<b>132</b>	<b>140</b>	<b>431</b>	<b>20</b>

Underserved In "Day Services" = Waiting for day services and being served in either residential, in home, or direct financial services.

Underserved In "Residential Services" = Waiting for residential services and being served in either day, in home, or direct financial services.

Underserved In "In Home Services" = Waiting for in home services and being served in either residential, day, or direct financial services.

Underserved In "Direct Financial Services" = Waiting for in direct financial services and being served in either residential, day, or in home services.

# Attachment 4

## FY 2011 Governor's Budget Report

### Home & Community-Based Services for the Developmentally Disabled.

This waiver targets adults and children who are born with a variety of developmental disabilities. Through institutional downsizing, clients are often shifted out of state hospitals or intermediate care facilities for the developmentally disabled, allowing more individuals to be served for the same amount of money. The Governor's recommendation for FY 2010 totals \$298.6 million, of which \$86.4 million is from the State General Fund. For FY 2011, the Governor recommends \$304.3 million for the developmental disabilities waiver. The amount of State General Fund monies is \$99.9 million.

### Home & Community-Based Services for Autistic Children.

This waiver targets young children with autism spectrum disorders who cannot receive the services they need from any other existing program. Services include respite care, parent support and training, and intensive individual supports. For FY 2011, the Governor recommends \$1,228,698, including \$437,822 from the State General Fund for this program.

### Social & Rehabilitation Services

#### Waivers

	FY 2007 Actual	FY 2008 Actual	FY 2009 Actual	FY 2010 Gov. Est.	FY 2011 Gov. Rec.
Developmentally Disabled	248,146	274,843	293,283	298,565	304,341
Autism --	0	16	531	1,221	1,229

*Numbers in Million of dollars*

*Note, I added the additional years.*

January 21, 2010

TO: The House Committee on Aging and Long Term Care

WWW.INTERHAB.ORG

FR: Tom Laing, Executive Director, InterHab

RE: Policy Suggestions and Observations arising from the United Cerebral Palsy (UCP) report entitled "The Case for Inclusion: An analysis of Medicaid for Americans with Intellectual and Developmental Disabilities".

In our lifetimes, more progress has been made in the lives of persons with developmental disabilities (DD) than in all of the hundreds of years of human history prior to our lives. Special education law and civil rights laws certainly set a stage for such progress, but the single greatest funding program which has made these changes possible has been the Home and Community Based Services program of Medicaid.

Using a generous Federal match, States have been able to finance a comprehensive array of community supports and services for persons of all ages (in Kansas, the HCBS program is available to persons and to families of children who are at least 5 years of age). Those services and supports have made it possible for thousands of persons with DD to live and work and recreate and worship in settings of their choice, which is a dramatic departure from the days not so long ago when these citizens were not allowed any choices in their lives, and were often thrown away to spend their entire lives in institutional settings.

This most recent UCP report is excellent reading for anyone who wants to know more about how such programming has had a national effect on this population. Many observations noted in the report – as regards national successful trends – could have easily been written about the prior years' progress in Kansas. Disappointingly, however, after several years of being among the leaders among all states, we see a steady decline over the three years studied in the report.

Such declines are directly attributable to a lack of a consistent commitment on the part of the Administration, and on the part of the Legislature. From our view, the community system has met every conservative test that could and perhaps should be applied to all programs:

1. Favored by families, persons served and professionals.
2. Keeps families more closely in proximity as natural supports for their sons and daughters
3. Downsizes more expensive program models (state hospitals) and offers preferred models in the community.

HOUSE AGING & LONG TERM CARE  
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4. Makes state resources which were once only available in 4 counties now available in all 105 counties.
5. Creates more opportunities for employment for persons who are served in the community.
6. Costs far less than traditional institutional programs.
7. Becomes a magnet for other community resources – such as local tax dollars and charitable giving, to support the work of the community system and thereby further hold down the cost of state-financed services.

And so on ...

In other words, after generations of non-productive and expensive institutional models of service, the State finally hit on the model that works.

The challenge for this committee is to be informed and to assist when you can, to assure that this system is not overrun by political circumstances at which time we often cannot be heard over the voices of more powerful groups. The community DD system is Kansas most successful model of a Federal/State/Community partnership, and we simply must not allow our recent decades of progress for persons with DD to be forgotten and wasted.

One example that presents itself at this moment is an opportunity for this committee to exercise its influence related to the recent Medicaid cuts.

In seeking ways to balance this year's budget, the Governor cut 10% from every Medicaid reimbursement. This will save the State \$2.3 million in state general funds, but in so doing, will cost the community DD system an additional \$5.4 million in Federal matching funds.

Despite the fact that the State could cut an identical \$2.3 million from un-matched funds, and despite our recommendation that they do so, the full \$7.9 million dollar cut is still in place.

In other words, the \$2.3 million dollar cut in our programs will actually cost us \$7.9 million.

We ask you to urge members of the Appropriations Committee and your respective party leaders to address this issue and reverse it when you have the chance, either through your advocacy with the administration or in the Senate's rescission bill that you will soon take up.

The two lessons contained in the UCP report are about (1) the major progress that has been made in our field, and (2) how quickly we can lose focus and momentum if State leaders are not in tune with our program's needs.

The productive use of such a report is that it can be a reminder for legislative efforts to serve persons with common sense, compassion and financial wisdom.

Thank you for taking time for today's hearing. We appreciate your thoughtful consideration of our concerns.

**United Cerebral Palsy of Kansas  
A Case for Inclusion**

**January 22, 2010**

**To: The House of Representatives Aging and Long Term Care Committee**

**From: Patrick Terick, Governmental Activities Director**

Chairperson Bethell, and Members of the Aging and Long Term Care Committee, I want to thank you for your willingness to allow me to provide testimony on behalf of United Cerebral Palsy of Kansas and to discuss with you UCPA the Report Case for Inclusion.

United Cerebral Palsy of Kansas (UCP) has been providing financial assistance for assistive technology for Kansans with disabilities for over a decade. The funding comes from a variety of sources such as United Ways, private contributions, and a grant from the Kansas Rehabilitation Services.

The Case for Inclusion 2009 ranks all 50 States and the District of Columbia on how well they are providing community-based supports to Americans with intellectual and developmental disabilities being served by Medicaid. The report uses existing methodology first implemented in 2007.

Unfortunately, the findings compared to previous years (2007 - 2008) are mixed:

- Positively, there are 1,536 fewer Americans living in large state institutions (more than 16 beds). This is a bigger drop than seen last year. However, there remain 169 large institutions (4 fewer) housing 36,175 Americans; Kansas ranked 36th.
- Negatively, only nine states (down from 11) report more than 2,000 residents living in large public or private institutions - California, Florida, Illinois, New Jersey, New York, North Carolina, Ohio, Pennsylvania & Texas;
- Sustaining the 2008 level, 19 states, but up from 16 in 2007, have more than 80 percent of those served living in home-like settings;
- Positively, seven states - Alaska, Arizona, Michigan, New Hampshire, Oregon, Rhode Island, and Vermont- direct more than 95 percent of all related funds to those living in the community rather than in large institutions. Colorado directs a very close 94.6% of funds;
- Positively, five states - Idaho, Louisiana, North Carolina, Ohio and Texas - as well as the District of Columbia experienced at least a five percent increase in people served in the community (HCBS waiver).
- Negatively, Wisconsin reduced number of people served in the community (HCBS waiver) by more than five percent;
- Nationally, 29 states direct more than 80 percent of all related funding to those living in the community;
- Positively, 39 states, up from 33, report having a Medicaid Buy-In program supporting individuals as they go to work and increase their earnings; and Kansas was 15<sup>th</sup> from 2007-2009
- In terms of rankings, in total, 15 states had a sizable change in rankings over last two years. Pennsylvania (to #16 from #29 in 2007, dropping one place from 2008) and Missouri (to #29 from #41, dropping one place from 2008) improved the most with Wyoming (to #28 from #17) and Maine (to #35 from #24) dropping the most in the rankings. Kansas dropped to 24 in 2009 from 22 in 2007. Kansas ranked 46<sup>th</sup> in Supported or Competitive Employment in 2008 and 2009 down from 44<sup>th</sup> in 2007. Please see the attachments for some information and ideas to increase employment in Kansas.

Chairperson Bethell, and Members of the Aging and Long Term Care Committee, I want to thank you again for your willingness to allow me to provide testimony on behalf of United Cerebral Palsy of Kansas.

**HOUSE AGING & LONG TERM CARE**  
**DATE: 1-21-2010**  
**ATTACHMENT: 4**



*Board of Directors*  
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**Employer Work Incentive Act for Individuals with Severe Disabilities**  
*Sponsored by U S Senators Pat Roberts & Edward Kennedy*  
*Co-sponsored By U S Senators, Susan M. Collins, Joseph Lieberman & Richard Burr*

Below are highlights pertinent to the establishment of a new innovative disability employment program, which will generate tens of thousands of jobs and save the Federal Treasury nearly **\$50 Billion** over a 10-year period.

With Social Security Benefits assisting people with disabilities rapidly reaching the point of insolvency, it is imperative that a program be put in place today that can assist in turning this tide.

### NEED

- 2005 GAO 05-626 Report on Federal Disability Assistance Programs report this area to be a "high-risk", requiring urgent attention, fundamental changes and legislative action.
- 2008 Social Security Board of Directors report the Disability Insurance Fund will be insolvent by 2025, or earlier.
- Department of Labor reports over 10 million Americans with disabilities are working age adults with only 52% disabled people employed, but only 26% of the severely disabled people have jobs.
- The number of disabled citizens employed in established disability programs such as AbilityOne or JWOD is declining.
- Currently there is no incentive for private sector employers to hire people with disabilities.

### HOW

- Create an incentive for business entities to hire people with disabilities who currently receive Social Security benefits, via a Bench-Mark identified goal for procurement officers similar to existing Federal set-a-side programs.
- Allow all business entities (profit and non-profit) to participate, regardless of size or ownership, as long as a required set percentage of people with severe disabilities would be employed (25% of 0-50 employees / 18% of 51-250 / 15% of 251+) at a competitive wage and a minimum of 50% of health insurance costs to be paid the employing company.
- Oversight and accountability will fall to the Administrator of the program though the Department of Labor's Workforce Investment system, where the infrastructure is well established and essential participants are already involved, from the Private Sector Employers to Vocational Rehabilitation.
- This initiative would not require new dollars; rather it would establish a "directive" to have 2.5% of existing outsourced procurement contracts go to eligible business entities.
- This initiative DOES NOT HARM or change existing Federal set-a-side programs and proposes that 1% of the requested 2.5% be held for AbilityOne providers.

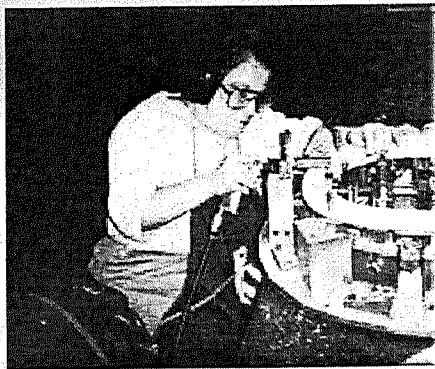
### RESULT

- Providing competitive employment for only 1% of the current SSD beneficiaries would generate a savings of nearly \$50 Billion to the Federal Treasury over a 10-year period.
- Allows people with severe disabilities a "real" option for upward mobility and a productive, independent lifestyle.

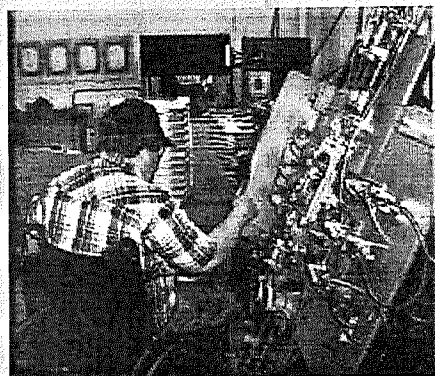
Cerebral Palsy Research Foundation of Kansas, Inc.  
5111 E 21st Street N ~ PO Box 8217 ~ Wichita KS 67208 ~ (316) 688-1888 ~ fax (316) 688-5687  
info@cprf.org ~ www.cprf.org



# Social & Economic Impact



The net benefit is the sum of all tax revenues generated by CIC employees with disabilities and the savings to public funds by virtue of their employment. It is estimated that the net impact on public funds in 2004 totaled \$1,805,276. From 1999 to 2004 the net impact on public funds accumulated to \$8,807,754.



Net Impact on Public Dollars of Persons with Disabilities in 2004	
Estimated Public Support*	\$1,349,146
Tax revenues from CIC payroll	\$456,130
<b>TOTAL</b>	<b>\$1,805,276</b>

\*Estimated Public Support includes: supplemental security income (SSI), medicaid and food stamps.



## SOCIAL RATE OF RETURN

Business Technology Career Opportunities (BTCO) is a not-for-profit company in Wichita, Kansas that performs contract work for the Department of Defense, consisting of Web-Based Research and Document Imaging. The total amount of contract work for the Federal Government is approximately \$1.5 million annually.

There are twenty-eight people employed by BTCO, nineteen of which are individuals with disabilities who were eligible but no longer receive Social Security Benefits.

- Average Social Security savings = \$24,000 each year per person, which includes health insurance savings.
- $\$24,000 \times 19 = \$456,000/\text{yr}$  in Social Security savings.
- Add taxes at \$10/hr =  $\$5,238/\text{yr} \times 19 = \$99,522/\text{yr}$ .
- $\$456,000/\text{yr}$  SS Savings +  $\$99,522/\text{yr}$  taxes =  $\$555,522/\text{yr}$ .
- \$1.5 million in contract sales through BTCO actually represents a net savings to the Federal Treasury of approximately 33%.
- Over a 10 year period – savings to the Federal Treasury would exceed \$5.5 million.

The intention of SB 1702 is to replicate the success that BTCO has achieved by providing an incentive for private sector and non-profit companies to hire people with severe disabilities.

This innovative program would not only provide savings to the Federal Treasury but allow people with severe disabilities a “real” option for upward mobility and a productive, independent lifestyle, which has eluded too many for decades.

**Day Activities Of Adults  
in CDDO Areas  
Date Of Report: January 11, 2010**

**Served**

Agency based non-work activities 20 or more hours per week	1,345
Agency based non-work activities less than 20 hours per week	1,389
Attends school, 50% or more each day, with people who are not DD	119
Attends school, less than 50% of the day, with people who are not DD	465
Competitive employment 20 or more hours per week	368
Competitive employment less than 20 hours per week	682
Generic community activities 20 or more hours per week	835
Generic community activities less than 20 hours per week	2,599
Other	839
Work environment designed for person with DD, 20 or more hours per week	2,352
Work environment designed for person with DD, less than 20 hours per week	1,123

*Individuals can have up to three activities*

*Data submitted by CDDOs  
SRS Division of Health Care Policy  
Policy Evaluation, Research & Training  
January 11, 2010*