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Medicaid Home and Community-Based Services Enrollment and Spending

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Executive Summary

Medicaid fills in gaps in the overall health care system by serving as the primary source of coverage for long-term services and supports (LTSS), including home and community-based services (HCBS), as these services are typically unavailable and/or unaffordable through private insurance or Medicare. HCBS help seniors and people with disabilities and chronic illnesses live independently outside institutions by assisting with daily needs. This issue brief presents the latest (FY 2018) Medicaid HCBS enrollment and spending data from KFF's 18th annual 50-state survey. Appendix Tables contain detailed state-level data. Key findings include the following:

- **Most HCBS enrollees receive services provided at state option.** Over 2.5 million individuals receive HCBS through an optional Section 1915 (c) or Section 1115 waiver, and nearly 1.2 million receive optional personal care state plan services, while 600,000 receive home health state plan services, the sole required benefit. Fewer individuals receive HCBS through the relatively newer state plan options including Section 1915 (i) and Community First Choice.
- **Joint federal and state Medicaid HCBS spending totaled $92 billion in FY 2018, with nearly all spending for optional services.**
- **National per enrollee spending varies among the HCBS authorities, ranging from under $8,000 for Section 1915 (i) state plan services to nearly $30,000 for Section 1915 (c) waivers.**
- **Per enrollee spending by Section 1915 (c) waiver target population is highest for people with intellectual/developmental disabilities ($46,000).** Per enrollee spending is relatively lower for seniors/adults with physical disabilities ($16,000).

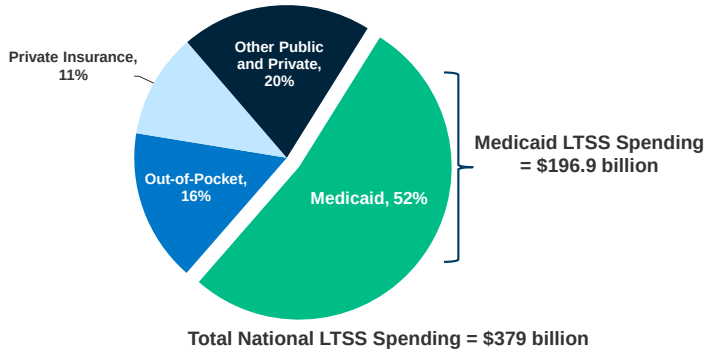
State Medicaid programs will face increased pressure to meet the health and LTSS needs of a growing elderly population in the coming years, and their ability to do so could be affected by an economic downturn that could leave states with limited resources and require reductions in services offered at state option. In addition, if the ACA ultimately is struck down in *Texas v. Azar*, states would lose authority to offer some HCBS as well as some flexibility to design benefit packages. The 2020 elections also could have important implications for Medicaid and HCBS as policymakers may consider a range of proposals, from those that could cap federal Medicaid financing program-wide as in the President's FY 2020 budget to proposals advocated by some Democrats to create a single, federal, universal health insurance program known as Medicare-for-all.

Introduction

Medicaid continues to be the primary source of coverage for long-term services and supports (LTSS), financing over half of these services in 2018 (Figure 1). LTSS help seniors and people with disabilities with self-care, such as bathing and dressing, and household activities, such as preparing meals and managing medication. LTSS needs arise from a range of conditions, such as cognitive disabilities, like dementia or Down syndrome; physical disabilities, like multiple sclerosis or spinal cord injury; mental health disabilities, like depression or schizophrenia; and disabling chronic conditions, like cancer or HIV/AIDS.[1]

Figure 1

Long-term services and supports (LTSS) spending, by payer, 2018.



Total National LTSS Spending = $379 billion

NOTE: Total LTSS expenditures include spending on residential care facilities, nursing homes, home health services, and home and community-based waiver services. Expenditures also include spending on ambulance providers and some post-acute care. This chart does not include Medicare spending on post-acute care ($83.3 billion in 2018). All home and community-based waiver services are attributed to Medicaid.

SOURCE: KFF estimates based on 2018 National Health Expenditure Accounts data from CMS, Office of the Actuary.

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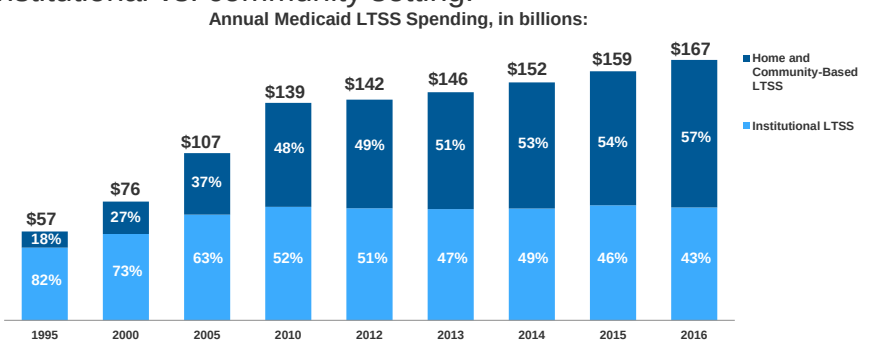
State Medicaid programs must cover LTSS in nursing homes, while most home and community-based services (HCBS) are optional.[2] Spending on HCBS surpassed spending on institutional care for the first time in 2013, and comprises 57% of total Medicaid LTSS spending as of 2016 (Figure 2). Factors contributing to this trend include beneficiary preferences for HCBS, the fact that states are encouraging HCBS as an alternative to typically more costly institutional care, and states' community integration obligations under the Americans with Disabilities Act and the Supreme Court's *Olmstead* decision. In *Olmstead*, the Supreme Court held that the unjustified institutionalization of people with disabilities is illegal discrimination and violates the Americans with Disabilities Act.

Figure 2

Medicaid long-term services and supports spending, by institutional vs. community setting.



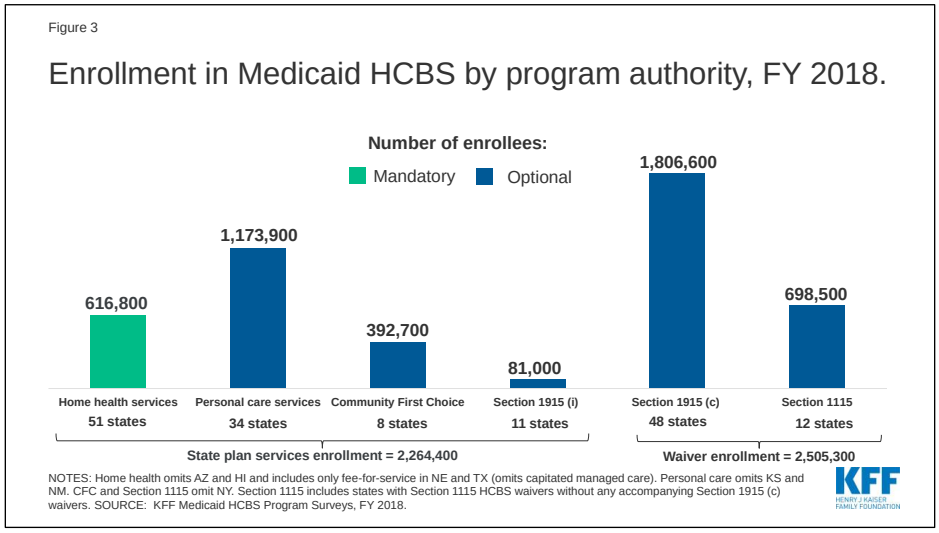
SOURCE: Steve Eiken, Kate Sredl, Brian Burwell, and Angie Amos, Medicaid Expenditures for Long-Term Services and Supports in FY 2016 (IBM Watson Health, May, 2018), https://www.medicaid.gov/medicaid/ltss/downloads/reports-and-evaluations/ltssexpenditures2016.pdf.

This issue brief presents the latest (FY 2018[3]) state-level Medicaid HCBS enrollment and spending data from KFF's 18th annual survey of all 50 states and DC. The survey tracks Medicaid HCBS across four types of state plan benefits and two types of waivers, which are described in more detail in Table 1,[4] and also presents enrollment and spending by target population where relevant. In general, state plan benefits are provided to all Medicaid beneficiaries for whom they are medically necessary. Waivers allow states to provide services to specific populations, set enrollment caps, and expand income and asset limits. State plan HCBS include home health; personal care; Section 1915 (i), which authorizes HCBS targeted to a particular population with functional needs that are less than an institutional level of care; and Community First Choice (CFC) attendant services and supports. HCBS waivers include Section 1915 (c) and Section 1115,[5] both of which allow states to expand financial eligibility and offer HCBS to seniors and people with disabilities who would otherwise qualify for an institutional level of care, while limiting enrollment.[6] The Appendix Tables contain detailed state-level data. A related brief presents the latest data and highlights themes in state HCBS policies.

Table 1: Medicaid Home and Community Based Services (HCBS) Authorities		
State Plan Benefits		
Home Health Services	• Part-time or intermittent nursing services, home health aide services, and medical supplies, equipment and appliances suitable for use in the home • At state option - physical therapy, occupational therapy, and speech pathology and audiology services	Required
Personal Care Services	• Assistance with self-care (e.g., bathing, dressing) and household activities (e.g., preparing meals)	Optional
Community First Choice	• Attendant services and supports for beneficiaries who would otherwise require institutional care • Income up to 150% FPL or eligible for benefit package that includes nursing home services; state option to expand financial eligibility to those eligible for HCBS waiver	Optional
Section 1915 (i)	• Case management, homemaker/home health aide/personal care services, adult day health, habilitation, respite, day treatment/partial hospitalization, psychosocial rehabilitation, chronic mental health clinic services, and/or other services approved by the Secretary • Beneficiaries must be at risk of institutional care • Population targeting permitted	Optional
HCBS Waivers		
Section 1915 (c)	• Same services as available under Section 1915 (i) • Beneficiaries must otherwise require institutional care • Secretary can waive regular program income and asset limits • Cost neutrality required (average per enrollee cost of HCBS cannot exceed average per enrollee cost of institutional care) • Enrollment caps permitted • Geographic limits permitted • Population targeting permitted	Optional
Section 1115	• Secretary can waive certain Medicaid requirements and allow states to use Medicaid funds in ways that are not otherwise allowable under federal rules for experimental, pilot, or demonstration projects that are likely to assist in promoting program objectives • Federal budget neutrality required • HCBS enrollment caps permitted	Optional

HCBS Enrollment and Spending by Authority

Nearly all HCBS are provided at state option. Home health state plan services are the only HCBS that are required for states participating in Medicaid, covering 616,800 enrollees. Among the optional HCBS authorities, waivers continue to be the most commonly used. While some states have taken up Section 1915 (i) and/or CFC, these relatively newer state plan options have not supplanted waivers as the primary authority through which HCBS are provided. Personal care services are the most commonly used HCBS state plan option, offered in 34 states (Figure 3 and Appendix Table 1).



Enrollment across the various HCBS authorities ranges from 81,000 individuals receiving Section 1915 (i) state plan services to 1.8 million individuals receiving Section 1915 (c) waiver services (Figure 3 and Appendix Table 1). Most HCBS enrollees receive services provided through an optional authority. Over 2.5 million individuals receive HCBS through a Section 1915 (c) or Section 1115 waiver, and nearly 1.2 million individuals are served in the personal care state plan option, while about 600,000 individuals receive home health state plan services through the sole required HCBS benefit. Total home health state plan enrollment omits some or all individuals in four states (AZ,[7] HI,[8] NE,[9]and TX[10]) and total personal care state plan enrollment omits individuals in two states (KS[11] and NM[12]) that provide services through capitated managed care and cannot separately report enrollment data. In addition, New York is unable to report enrollment for CFC and Section 1115.[13]

HCBS enrollment under a state plan authority is slightly less than enrollment under a waiver authority (2.3 million vs. 2.5 million) (Figure 3). Total HCBS enrollment across all authorities is not presented as individuals may receive services under more than one authority. For example, in some states, an individual could receive some personal care hours through the state plan option and additional personal care hours through a Section 1915 (c) waiver. States can choose to allow enrollees to self-direct their personal care and/or home health services. Box 1 contains enrollment data for those services.

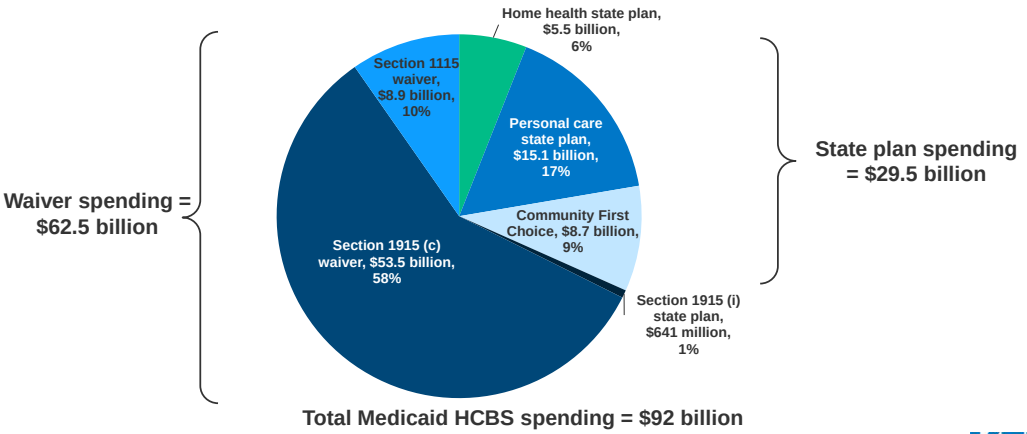
Box 1: Enrollment in Self-Directed Personal Care and Home Health State Plan Services

Nearly 700,000 people are self-directing personal care state plan services in 15 (of 20) states reporting this data.[14] Self-direction typically allows enrollees to select and dismiss their direct care workers, determine worker schedules, set worker payment rates, and/or allocate their service budgets.[15] The number of individuals self-directing services varies considerably from state to state. California has the greatest number of individuals (over 516,000) self-directing personal care state plan services, followed by Michigan (61,000) and Massachusetts (45,000). Self-direction of home health state plan services is less common. Among the three states that allow self-direction for home health state plan services, one state reports enrollment data (over 12,400 individuals in NJ).[16]

Medicaid HCBS spending totaled $92 billion in FY 2018, with nearly all spending for services provided at state option. Six percent of total HCBS spending is devoted to mandatory home health state plan services (Figure 4 and Appendix Table 2). Additionally, over two-thirds of all Medicaid HCBS spending is on services provided under a waiver authority compared to a state plan authority. Total spending under a state plan authority is under $30 billion, or about one-third of total Medicaid HCBS spending. Total home health state plan spending omits some or all spending in four states (AZ,[17] HI,[18] NE,[19]and TX[20]) and total personal care state plan spending omits two states (KS[21] and NM[22]) that provide services through capitated managed care and cannot separately report spending data. In addition, New York is unable to report spending for CFC and Section 1115,[23] and DC is unable to report spending for Section 1915 (i).

Figure 4

Medicaid HCBS spending by program authority, FY 2018.



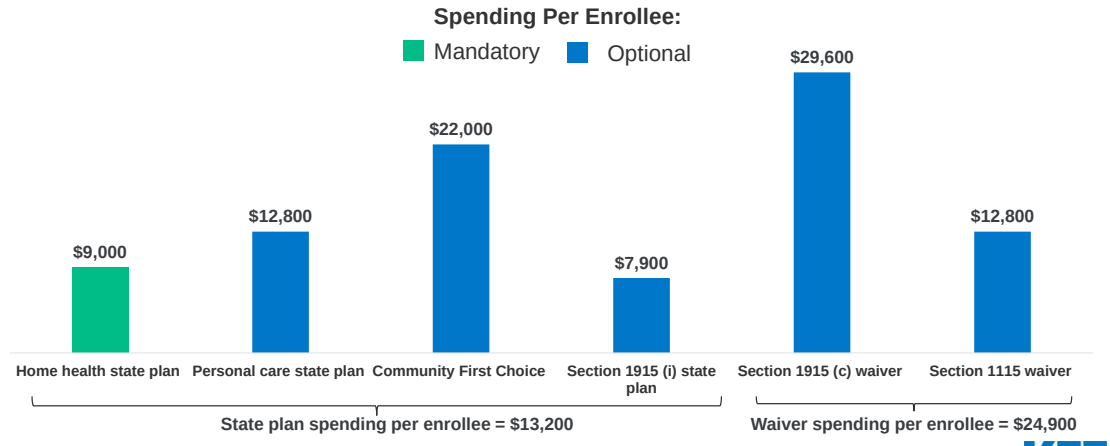
NOTE: Home health omits AZ and HI and includes only fee-for-service in NE and TX (omits capitated managed care). Personal care omits KS and NM. CFC and Section 1115 omit NY. Section 1915 (i) omits DC. Section 1115 includes Section 1115 HCBS waivers without an accompanying Section 1915 (c) waiver. SOURCE: KFF Medicaid FY 2018 HCBS program surveys.

National per enrollee spending varies among the HCBS authorities, ranging from under $8,000 for Section 1915 (i) state plan services to nearly $30,000 for Section 1915 (c) waivers (Figure 5 and Appendix Table 3). This variation likely is due to the type and extent of services provided in the different HCBS authorities. For example:

- Lower per enrollee spending for Section 1915 (i) compared to other authorities may reflect that Section 1915 (i) serves enrollees with functional needs that are less than an institutional level of care. By contrast, Section 1915 (c) waivers generally require enrollees to meet an institutional level of care and therefore are likely to serve individuals with more extensive and intensive – and therefore generally costlier -- service needs.
- Lower per enrollee spending on home health state plan services compared to other authorities likely reflects shorter periods of service utilization. In contrast, Section 1915 (c) waiver enrollees typically use services over an extended period of time, due to chronic long-term needs.[24]
- Lower per enrollee spending for Section 1115 waivers compared to Section 1915 (c) waivers may reflect that most Section 1115 waiver states use this authority for seniors and adults with physical disabilities but continue to serve people with intellectual or developmental disabilities (I/DD), the costliest population, through Section 1915 (c).

Figure 5

Medicaid HCBS spending per enrollee, by program authority, FY 2018



SOURCE: KFF Medicaid FY 2018 HCBS program surveys.

Enrollment and spending increased in each HCBS authority from FY 2017 to FY 2018, except home health state plan services (Table 2).[25] The two authorities with the largest percent increases in total spending were CFC and personal care state plan services; spending increases in these authorities appear to be driven by increased per enrollee costs rather than by increased enrollment. Notable state-level changes from FY 2017 to FY 2018 include the following:

- Sizeable growth in CFC total spending and spending per enrollee is largely attributable to substantially increased spending in California (76%). More modest growth in CFC enrollment primarily reflects an increase from 61,000 to nearly 80,000 individuals in Washington.
- Increased total spending and spending per enrollee for personal care state plan services reflects notable spending growth in South Dakota, Colorado, and California. Although enrollment in personal care state plan services increased slightly across all states electing this option, two states (MD and MT) had enrollment declines in both FY 2017 and FY 2018, as individuals transitioned to CFC services.
- Growth in Section 1915 (c) waiver spending reflects notable increases in Nebraska (36%) and Pennsylvania (19%). Specifically, spending in one I/DD waiver in Nebraska grew substantially (87%), while spending in three Pennsylvania waivers serving seniors and adults with physical disabilities and individuals with I/DD grew by more than 20 percent.
- Growth in Section 1115 waiver enrollment was driven by an increase in New Jersey (19%).
- Growth in Section 1915 (i) enrollment is largely due to an increase from 3,100 to 7,000 individuals in Ohio.

Home health state plan services is the only authority with both enrollment and spending declines, which could be attributable at least in part to increased enrollment in capitated managed care, and states' inability to isolate home health enrollment and spending from other services included in the capitation payment. States with substantial home health state plan enrollment declines as a result of such data limitations include Texas (-55%) and Nebraska (-85%). Overall enrollment across all HCBS state plan authorities also decreased from FY 2017 to FY 2018, likely driven by the home health decrease.

Table 2: Medicaid HCBS Enrollment and Spending, by Authority, FY 2017 and FY 2018

	State Plan Services					Waiver Services		
Year	**Home Health**	**Personal Care**	**Community First Choice**	**Section 1915 (i)**	**State Plan Authority Total**	**Section 1915 (c)**	**Section 1115**	**Waiver Authority Total**
National Enrollment								
FY 2017	659,118	1,156,455	381,599	77,073	2,274,245	1,744,590	660,295	2,404,885
FY 2018	616,762	1,173,943	392,678	80,997	2,264,380	1,806,838	698,499	2,505,337
% Change	**-6%**	**2%**	**3%**	**5%**	**-0.40%**	**4%**	**6%**	**4%**
National Average Spending (in thousands)								
FY 2017	$6,021,542	$13,477,500	$5,951,319	$606,844	$26,057,205	$50,038,136	$8,636,374	$58,674,510
FY 2018	$5,530,014	$15,070,520	$8,650,291	$640,850	$29,891,675	$53,469,983	$8,944,964	$62,414,947
% Change	**-8%**	**12%**	**45%**	**6%**	**15%**	**7%**	**4%**	**6%**
National Average Spending Per Enrollee								
FY 2017	$9,136	$11,654	$15,596	$7,874	$11,458	$28,682	$13,080	$24,398
FY 2018	$8,966	$12,838	$22,029	$7,912	$13,201	$29,593	$12,806	$24,913
% Change	**-2%**	**10%**	**41%**	**0%**	**15%**	**3%**	**-2%**	**2%**

SOURCE: KFF Medicaid HCBS Program Surveys, FY 2018.

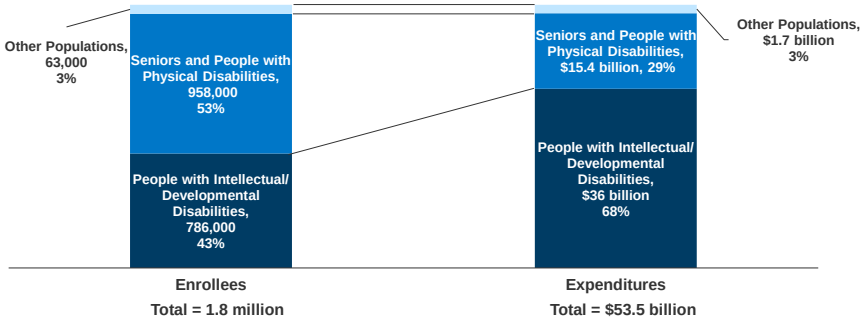
HCBS Enrollment and Spending by Target Population

Section 1915 (c) waivers[26]

People with I/DD account for less than half of overall Section 1915 (c) waiver enrollment but more than two-thirds of spending (Figure 6 and Appendix Tables 4 and 5).[27] Spending for this population is disproportionate to their enrollment as a result of their generally more intensive needs. By contrast, seniors and people with physical disabilities comprise over half of Section 1915 (c) waiver enrollment and over a quarter of spending.[28] Other target populations, including people with mental health disabilities,[29] people with traumatic brain or spinal cord injuries (TBI/SCI),[30] children who are medically fragile or technology dependent,[31] and people with HIV/AIDS,[32] together account for a small share of Section 1915 (c) waiver enrollment and spending.

Figure 6

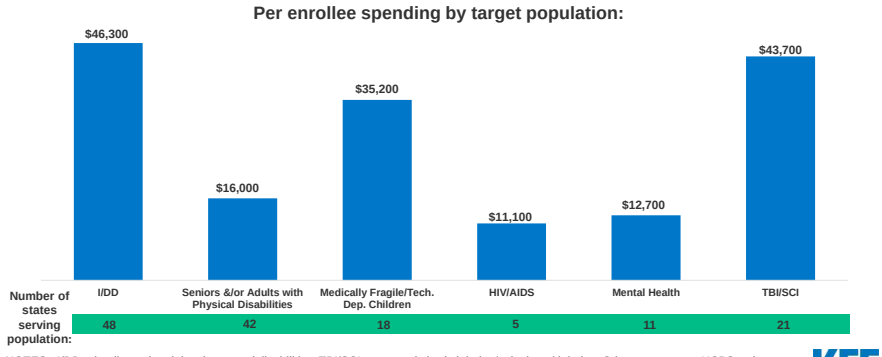
Medicaid § 1915 (c) HCBS waiver enrollment and spending by target population, FY 2018.



NOTES: Percentages may not sum to 100% due to rounding. Other Populations include children who are medically fragile or technology dependent, people with HIV/AIDS, people with mental health disabilities, and people with traumatic brain or spinal cord injuries.
SOURCE: KFF Medicaid FY 2018 HCBS program surveys.

Figure 7

Section 1915 (c) waiver per enrollee spending, by target population, FY 2018



NOTES: I/DD = intellectual and developmental disabilities. TBI/SCI = traumatic brain injuries/spinal cord injuries. Other states serve HCBS waiver populations through Section 1115.
SOURCE: KFF Medicaid FY 2018 HCBS program surveys.

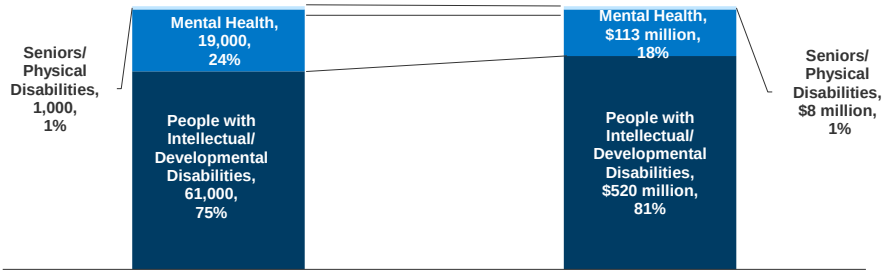
The fact that services for people with I/DD comprise over two-thirds of total Section 1915 (c) waiver spending reflects high per enrollee costs for this population. There is substantial variation in per enrollee spending among Section 1915 (c) waiver target populations, ranging from about $11,000 for people with HIV/AIDS to over $46,000 for people with I/DD (Figure 7 and Appendix Table 6). Per enrollee spending for people with I/DD is closely followed by the TBI/SCI population ($44,000) and medically fragile children ($35,000). In addition to people with HIV/AIDS, per enrollee spending is relatively lower for seniors and adults with physical disabilities ($16,000) and people with mental health disabilities ($13,000).

Section 1915 (i) state plan option

People with I/DD account for the vast majority of enrollment and spending in the Section 1915 (i) state plan option, largely due to California's program (Figure 8).[33] Unlike waivers which require an institutional level of care, Section 1915 (i) state plan HCBS are provided to people with functional needs that are less than an institutional level of care. The next largest Section 1915 (i) target population for both enrollment and spending is people with mental health disabilities.[34] Nearly three-quarters of Section 1915 (i) enrollment for this population is in Iowa and Ohio, while Iowa's program comprises most of the spending ($94 million). Seniors and adults with physical disabilities account for a very small share of Section 1915 (i) enrollment and spending.[35]

Figure 8

Medicaid § 1915 (i) HCBS state plan option enrollment and spending by target population, FY 2018.



NOTES: Percentages may not sum to 100% due to rounding. Seniors/physical disabilities omits spending data for DC.
SOURCE: KFF Medicaid FY 2018 HCBS program surveys.

Per enrollee spending is similar across Section 1915 (i) state plan HCBS target populations. Section 1915 (i) state plan HCBS per enrollee spending was nearly $10,000 (in 2 of 3 states reporting[36]) for seniors and adults with physical disabilities, less than $9,000 for people with I/DD (in 4 states[37]), and under $6,000 for people with mental health disabilities (in 4 states[38]). Lower per enrollee spending for Section 1915 (i) state plan HCBS compared to Section 1915 (c) waivers could reflect a more limited scope benefit package and/or the fact that Section 1915 (i) enrollees have fewer and/or less intensive needs (less than an institutional level of care) that Section 1915 (c) waiver enrollees (who must meet an institutional level of care).

Looking Ahead

Medicaid HCBS enrollment ranges from 81,000 individuals receiving Section 1915 (i) state plan services to 1.8 million individuals receiving Section 1915 (c) waiver services, with joint federal and state spending across all HCBS authorities totaling $92 billion in FY 2018. Medicaid HCBS promote independence and self-determination for seniors and people with disabilities and chronic conditions by enabling them to receive assistance with self-care needs and household activities outside an institution. Medicaid provides substantial federal funding to help states meet their community integration obligations under *Olmstead* and the Americans with Disabilities Act.

Most HCBS enrollees receive services provided through an optional authority, and nearly all HCBS spending is devoted to authorities provided at state option. Although home health state plan services are the only HCBS that states participating in Medicaid must offer, all states elect at least one optional HCBS authority. While nearly all Medicaid HCBS authorities are optional, Medicaid fills a gap by covering HCBS that are typically not available through private insurance or Medicare, and not affordable for many paying out-of-pocket, especially those with lower incomes. The optional nature of most HCBS results in substantial variation across states in enrollment and spending, reflecting states' different choices about optional authorities, benefit package contents, and scope of covered services. States would lose some of their existing optional HCBS authorities and flexibility if the entire ACA ultimately is struck down in *Texas v. Azar*.[39] Specifically, the option to offer CFC services would cease to exist, as would provisions that provide states with the flexibility to offer the current full scope of Section 1915 (i) services and to target those services to specific populations.[40]

The optional nature of most HCBS has implications for federal and state spending, especially during economic recessions. States face increasing pressures from revenue shortfalls during times of economic downturn. Optional Medicaid eligibility pathways and services, including HCBS, may be at risk for cuts as states must make difficult choices to balance their budgets.[41]

The 2020 elections also could have important implications for Medicaid and HCBS as policymakers may consider a range of proposals that could affect these populations and services. At one end of the spectrum, a Medicaid program-wide federal financing cap is proposed in President Trump's FY 2020 budget, though efforts to repeal and replace the ACA and cap federal Medicaid funding through a block grant or per capita cap were narrowly defeated in Congress in 2017.[42] In addition, Tennessee has submitted a proposal to CMS that seeks capped federal Medicaid funding through a Section 1115 waiver pursuant to state legislation that includes some seniors, nonelderly adults with physical disabilities, and children and adults with I/DD receiving HCBS.[43] Depending on how they are structured, policies that would cap federal Medicaid funding could affect coverage, services, provider payment rates, and access to care for vulnerable populations.

At the other end of the policy spectrum, continued attention to Medicaid HCBS enrollment and spending is important to understanding proposals from some Democrats to create a single, federal, universal health insurance program known as Medicare-for-all. One of the most fundamental changes under Medicare-for-

all would be uniform coverage of community-based long-term care services for all Americans. The current Medicare-for-all proposals would require and explicitly prioritize HCBS over institutional services, eliminating the state variation in eligibility, benefits, and payment and delivery systems that exists today under Medicaid, while also shifting responsibility for designing and implementing much of health policy from states to the federal government.[44]

While the economy, the litigation challenging the ACA, and the upcoming election all will have implications for Medicaid and HCBS, changing demographics also will result in increased pressure for states to meet the health and LTSS needs of a growing elderly population in the coming years. The number of adults age 65 and older is expected to more than double in size between 2014 and 2060, with the largest increase during this period (18 million) expected in this decade, from 2020 to 2030.[45] With the aging of the baby boomers, one in five U.S. residents will be age 65 or older by 2030,[46] and for the first time in U.S. history, older adults are projected to outnumber children by 2034.[47] All of these factors make continued attention to Medicaid's role in providing HCBS an important policy area to watch.

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Appendix Tables

Appendix Table 1: Medicaid HCBS Enrollment, by State and Authority, FY 2018

Appendix Table 2: Medicaid HCBS Spending, by State and Authority, FY 2018

Appendix Table 3: Medicaid HCBS Spending Per Enrollee, by State and Authority, FY 2018

Appendix Table 4: Medicaid Section 1915 (c) HCBS Waiver Enrollment, by Target Population and State, FY 2018

Appendix Table 5: Medicaid Section 1915 (c) HCBS Waiver Spending, by Target Population and State, FY 2018

Appendix Table 6: Medicaid Section 1915 (c) HCBS Waiver Spending Per Enrollee, by Target Population and State, FY 2018

Appendix Table 1: Medicaid HCBS Enrollment, By State and Authority, FY 2018						
State	State Plan Services				Waivers	
	Home health	Personal care	Community First Choice	Section 1915 (i)	Section 1915 (c)	Section 1115
Alabama	5,900				15,100	
Alaska	300	3,700			4,300	
Arizona	included in 1115					52,400
Arkansas	5,000*	13,700			15,500*	
California	37,500*	273,800	228,200	55,800	149,500	474,300*
Colorado	23,500	100			46,300*	
Connecticut	30,700		3,200	600	28,300	
Delaware	14,000			400	1,200	6,900
DC	8,600*	6,000*		200*	6,900*	
Florida	20,800	3,200			102,500	
Georgia	6,200				42,600	
Hawaii	included in 1115				2,900	8,500
Idaho	1,900	8,500		4,000	20,200	
Illinois	14,400				161,600*	
Indiana	16,300			4,700	49,100	
Iowa	12,400			7,100	30,400*	
Kansas	3,300	included in 1115			28,700	
Kentucky	15,400				24,300*	
Louisiana	6,600	14,200			20,600	
Maine	1,900	3,300			7,500	
Maryland	4,000	1,000	13,500		25,800	
Massachusetts	52,200	45,000			30,600*	
Michigan	3,300	60,700			24,700	
Minnesota	28,900	43,700			81,500	
Mississippi	1,400			700	25,800	
Missouri	4,100	65,600			33,900	
Montana	600	500	3,400		5,700	
Nebraska	200^	3,800			11,800	
Nevada	1,300	10,300		200	5,700	
New Hampshire	1,400*	100*			9,200	
New Jersey	50,300	49,500			10,700*	25,000
New Mexico	4,000	included in 1115			5,100	28,000
New York	101,400*	116,200*	NR		98,000*	NR
North Carolina	9,900	44,700			25,300*	
North Dakota	1,100	1,300			5,800*	
Ohio	26,900			7,000	111,400	
Oklahoma	3,600	3,800			26,200*	
Oregon	300	3,100	36,500		64,200*	
Pennsylvania	26,300				119,700	
Rhode Island	8,800	400				5,500
South Carolina	500				35,200*	
South Dakota	11,200	1,600			5,900*	
Tennessee	11,200				7,800	17,500
Texas	11,600^	369,700	30,000	200	48,100	68,800
Utah	3,100	200			9,300	
Vermont	3,700	1,400				10,600
Virginia	1,600				51,300*	
Washington	4,600	1,200	77,900		64,500	1,000
West Virginia	8,100	5,700			10,900	
Wisconsin	5,900	17,900			89,900	
Wyoming	400				5,300*	
U.S. TOTAL (51 states):	**616,800 (51 states)**	**1,173,900 (34 states)**	**392,700 (8 states)**	**81,000 (11 states)**	**1,806,600 (48 states)**	**698,500 (12 states)**

NOTES: Totals may not sum due to rounding. NR indicates state did not report data. Included in 1115 indicates that state was unable to report state plan services separately from Section 1115 waiver services. Blank cell indicates state does not elect option. Total HCBS enrollment across all authorities is not presented as individuals may receive services under more than one authority. *Data from year other than FY 2018, as noted in table endnotes. ^NE and TX home health data are fee-for-service only and exclude capitated managed care.
SOURCE: KFF Medicaid HCBS Program Surveys, FY 2018.

Appendix Table 2: Medicaid HCBS Spending, By State and Authority, FY 2018 ($, in thousands)							
State	State Plan Services				Waivers		Total HCBS Spending
	Home health	Personal care	Community First Choice	Section 1915 (i)	Section 1915 (c)	Section 1115	
Alabama	30,700				437,500		468,200
Alaska	1,400	61,900			265,100		328,400
Arizona	included in 1115					1,544,700	1,544,700
Arkansas	11,800*	94,300			389,600*		495,700
California	153,900*	2,960,800	5,562,600	494,600	3,810,300	4,679,100*	17,661,300
Colorado	345,800	1,200			903,700*		1,250,700
Connecticut	203,700		85,300	6,100	1,358,600		1,653,700
Delaware	63,900			500	137,200	87,200	288,800
DC	229,500*	254,000*		NR	295,000*		778,500
Florida	413,100	63,200			2,103,500		2,579,800
Georgia	4,700				1,212,900		1,217,600
Hawaii	included in 1115				135,600	104,200	239,800
Idaho	5,500	58,600		17,500*	364,000		445,600
Illinois	73,400				1,285,500*		1,358,900
Indiana	115,800			10,600	1,083,500		1,209,900
Iowa	44,600			94,400	647,900		786,900
Kansas	7,300	Included in 1115			1,198,300		1,205,600
Kentucky	30,500				805,100*		835,600
Louisiana	30,200	170,500			571,300		772,000
Maine	3,200	31,400			441,300		475,900
Maryland	2,900	7,300	300,400		1,145,200		1,455,800
Massachusetts	513,600	794,600			1,563,900*		2,872,100
Michigan	3,900	328,200			789,200*		1,121,300
Minnesota	67,800	1,017,200			2,911,800		3,996,800
Mississippi	1,600			7,600	400,800		410,000
Missouri	4,800	741,700			1,024,900		1,771,400
Montana	600	900	45,500		161,000		208,000
Nebraska	100^	15,400			365,700		381,200
Nevada	23,800	111,200		2,000	133,200		270,200
New Hampshire	6,500*	4,300*			315,700*		326,500
New Jersey	61,400	557,900			605,000*	183,000	1,407,300
New Mexico	12,000	included in 1115			379,900	329,400	721,310
New York	2,306,700*	3,274,500*	NR		6,426,100*	NR	12,007,300
North Carolina	12,800	450,500			897,500*		1,360,800
North Dakota	9,800	37,000			206,800*		253,600
Ohio	216,700			3,200	2,871,200		3,091,100
Oklahoma	15,700	10,900			476,400*		503,000
Oregon	300	7,100	673,700		100,700*		781,800
Pennsylvania	30,200				6,023,100		6,053,300
Rhode Island	115,400	6,300				71,800	193,500
South Carolina	4,200				657,700*		661,900
South Dakota	15,500	7,400			145,300*		168,200
Tennessee	226,500				684,400	297,400	1,208,300
Texas	13,900^	3,637,700	550,300	4,400	1,946,400	1,245,100	7,397,800
Utah	21,000	800			357,600		379,400
Vermont	7,600	13,900				401,700	423,200
Virginia	1,900				1,684,800*		1,686,700
Washington	6,000	6,400	1,432,500		728,600	1,300	2,174,800
West Virginia	9,400	69,400			406,300		485,100
Wisconsin	46,000	273,700			2,451,600		2,771,300
Wyoming	2,300				163,500*		165,800
U.S. TOTAL:	**5,530,000 (51 states)**	**15,070,500 (34 states)**	**8,650,300 (8 states)**	**640,900 (11 states)**	**53,470,000 (48 states)**	**8,945,000 (12 states)**	**92,306,600**

NOTES: Totals may not sum due to rounding. NR indicates state did not report data. Included in 1115 indicates that state was unable to report state plan services separately from Section 1115 waiver services. Blank cell indicates state did not elect option. *Data from year other than FY 2018, as noted in table endnotes. ^NE and TX home health data are fee-for-service only and exclude capitated managed care. SOURCE: KFF Medicaid HCBS Program Surveys, FY 2018.

Appendix Table 3: Medicaid HCBS Spending Per Enrollee, By State and Authority, FY 2018 ($)						
State	State Plan Services				Waivers	
	Home health	Personal care	Community First Choice	Section 1915 (i)	Section 1915 (c)	Section 1115
Alabama	5,200				29,000	
Alaska	4,500	16,900			61,100	
Arizona	included in 1115					29,500
Arkansas	2,300*	6,900			25,200*	
California	4,100*	5,400	24,400	8,900	25,500	9,900*
Colorado	14,700	11,100			19,500*	
Connecticut	6,600		26,600	9,800	48,100	
Delaware	4,600			1,200	119,200	12,700
DC	26,800*	42,000*		NR	42,500*	
Florida	19,800	20,000			20,500	
Georgia	800				28,500	
Hawaii	included in 1115				47,400	12,200
Idaho	2,900	5,400		7,600*	18,000	
Illinois	5,100				8,000*	
Indiana	7,100			2,200	22,000	
Iowa	3,600			13,200	21,300*	
Kansas	2,200	included in 1115			41,700	
Kentucky	2,000				33,100*	
Louisiana	4,500	12,000			27,700	
Maine	1,700	9,500			59,200	
Maryland	700	7,500	22,300		44,400	
Massachusetts	9,800	17,600			51,100*	
Michigan	1,200	5,400			32,000*	
Minnesota	2,300	23,300			35,700	
Mississippi	1,100			10,500	15,500	
Missouri	1,200	11,300			30,300	
Montana	1,000	1,800	13,200		28,200	
Nebraska	300	4,000			31,100	
Nevada	18,100	10,800		10,600	23,200	
New Hampshire	4,700*	35,200*			34,300*	
New Jersey	1,200	11,300			56,500*	7,300
New Mexico	3,000	included in 1115			75,200	11,800
New York	22,700*	28,200*	NR		65,600*	NR
North Carolina	1,300	10,100			35,500*	
North Dakota	8,900	29,200			35,800*	
Ohio	8,100			500	25,800	
Oklahoma	4,400	2,900			18,200*	
Oregon	1,000	2,300	18,500		1,600*	
Pennsylvania	1,200				50,300*	
Rhode Island	13,100	15,200				13,000
South Carolina	7,900				18,700*	
South Dakota	1,400	4,700			24,500*	
Tennessee	20,200				87,400	17,000
Texas	1,200	9,800	18,300	27,500	40,500	18,100
Utah	6,900	5,200			38,600	
Vermont	2,100	9,700				37,900
Virginia	1,200				32,800*	
Washington	1,300	5,300	18,400		11,300	1,300
West Virginia	1,200	12,100			37,300	
Wisconsin	7,800	15,300			27,300	
Wyoming	5,900				30,900*	
U.S. TOTAL:	**9,000 (51 states)**	**12,800 (34 states)**	**22,000 (8 states)**	**7,900 (11 states)**	**29,600 (48 states)**	**12,800 (12 states)**

NOTES: Totals may not sum due to rounding. NR indicates state did not report data. Included in 1115 indicates that state was unable to report state plan services separately from Section 1115 waiver services. Blank cell indicates state did not elect option. *Data from year other than FY 2018, as noted in table endnotes.
SOURCE: KFF Medicaid HCBS Program Surveys, FY 2018.

Appendix Table 4: Medicaid Section 1915 (c) HCBS Waiver Enrollment, by Target Population and by State, FY 2018										
State	Total No. of § 1915 (c) Waivers	Enrollment by Target Population								Total
		I/DD	Seniors	Seniors & Adults with Physical Disabilities	Adults with Physical Disabilities	Med. Fragile/ Tech Dep. Children	HIV/ AIDS	Mental Health	TBI/ SCI	
Alabama	6	5,500		8,900	600					15,100
Alaska	4	2,200		2,000		200				4,300
Arkansas	4	4,500*		11,000						15,500
California	7	129,100	10,500	4,600	3,800	300	1,200			149,500
Colorado	11	12,500*		27,400*		1,800*		4,000*	600*	46,300
Connecticut	11	10,200	15,300		1,100	300		800	600	28,300
Delaware	1	1,200								1,200
DC	2	3,300*		3,700*						6,900
Florida	4	31,800		70,800		< 50				102,500
Georgia	4	13,000		28,100	1,500					42,600
Hawaii	1	2,900								2,900
Idaho	4	8,800		11,500						20,200
Illinois	9	22,800*	84,700*	10,800*	36,100*	900*	1,500*		4,900*	161,600
Indiana	4	26,600		22,300					200	49,100
Iowa	7	12,600	12,600		2,800		< 50	1,000	1,400	30,400
Kansas	7	9,600	6,000		6,700	600		5,300	500	28,700
Kentucky	6	14,800		9,000*		< 50			500	24,300
Louisiana	7	12,100		5,900				2,600		20,600
Maine	5	5,300		1,900					200	7,500
Maryland	6	16,200		9,200		200			100	25,800
Massachusetts	10	15,600*		14,600*					500*	30,600
Michigan	4	8,700		15,300				700		24,700
Minnesota	5	19,900	30,300		29,400	600			1,300	81,500
Mississippi	5	2,600		20,000	2,400				800	25,800
Missouri	9	15,000		16,500	2,300		100			33,900
Montana	4	2,700		2,600				400		5,700
Nebraska	5	4,900		6,900					<50	11,800
Nevada	3	2,200	2,700		800					5,700
New Hampshire	4	5,100		3,900					300	9,200
New Jersey	1	10,700*								10,700
New Mexico	3	5,100								5,100
New York	9	85,400*		2,500*		600*		6,400	3,100*	98,000
North Carolina	3	12,500*		10,000		2,900				25,300
North Dakota	6	5,500*		300	< 50	< 50				5,800
Ohio	7	40,200		64,600	6,600					111,400
Oklahoma	6	5,400*		20,800		100*				26,200
Oregon	6	22,500*		41,400		300*				64,200
Pennsylvania	10	40,300		44,700	33,800				1,000	119,700
South Carolina	7	11,500		20,400*	100*	1,400	800*		1,100	35,200
South Dakota	4	3,700*		2,100					100*	5,900
Tennessee	3	7,800								7,800
Texas	6	39,600				6,200		2,300		48,100
Utah	8	5,500	600	2,300	100	700			100	9,300
Virginia	5	13,100		38,200*						51,300
Washington	8	19,400		43,600				1,600		64,500
West Virginia	3	4,600		6,200					100	10,900
Wisconsin	6	28,800		61,100						89,900
Wyoming	5	2,600		2,500*				100	200*	5,300
TOTAL (48 states):	**265**	**785,800 (48 states)**	**162,500 (8 states)**	**667,000 (37 states)**	**128,200 (16 states)**	**17,100 (18 states)**	**3,600 (5 states)**	**25,100 (11 states)**	**17,500 (21 states)**	**1,806,800**
No Section 1915 (c) Waivers (3 states)										
Arizona										
Rhode Island										
Vermont										

NOTES: I/DD = intellectual and developmental disabilities. TBI = traumatic brain injury. SCI = spinal cord injury. Totals may not sum due to rounding. States may offer more than one Section 1915 (c) waiver per target population category. Programs with enrollment under 50 individuals are noted as < 50. Blank cell indicates state does not offer Section 1915 (c) waiver for that population. *Data from year other than FY 2018, as noted in table endnotes.
SOURCE: KFF Medicaid HCBS Program Surveys, FY 2018.

Appendix Table 5: Medicaid Section 1915 (c) HCBS Waiver Spending, by Target Population and by State, FY 2018 ($, in thousands)										
State	Total No. of § 1915 (c) Waivers	Spending by Target Population								Total
		I/DD	Seniors	Seniors & Adults with Physical Disabilities	Adults with Physical Disabilities	Med. Fragile/ Tech Dep. Children	HIV/ AIDS	Mental Health	TBI/ SCI	
Alabama	6	351,300		78,400	7,800					437,500
Alaska	4	186,900		69,000		9,100				265,100
Arkansas	4	240,100*		149,500						389,600
California	7	3,474,900	39,800	108,900	175,400	2,600	8,700			3,810,300
Colorado	11	462,200*		361,500*		18,100*		38,300*	23,500*	903,700
Connecticut	11	883,000	395,400		2,100	100		14,700	63,300	1,358,600
Delaware	1	137,200								137,200
DC	2	226,100*		68,900*						295,000
Florida	4	1,067,000		1,036,500		< 50				2,103,500
Georgia	4	639,200		493,300	80,400					1,212,900
Hawaii	1	135,600								135,600
Idaho	4	266,900		97,000						364,000
Illinois	9	71,600*	429,400*	127,800*	558,200*	1,900*	24,000*		72,600*	1,285,500
Indiana	4	812,100		266,700					4,700	1,083,500
Iowa	7	520,600*	60,500*		23,600*		300*	10,300	32,500	647,900
Kansas	7	523,400	210,900		304,300	55,900		79,000	24,900	1,198,300
Kentucky	6	670,900		86,100*		2,600			45,600	805,100
Louisiana	7	454,900		112,500				3,900		571,300
Maine	5	385,100		40,000					16,100	441,300
Maryland	6	994,900		135,400		2,700			12,200	1,145,200
Massachusetts	10	1,301,200*		211,900*					50,900*	1,563,900
Michigan	4	444,600*		339,900				4,700*		789,200
Minnesota	5	1,403,400	435,600		932,600	42,400			97,900	2,911,800
Mississippi	5	104,300		233,900	44,100				18,400	400,800
Missouri	9	924,200		63,300	35,000		2,400			1,024,900
Montana	4	113,600		42,000				5,400		161,000
Nebraska	5	252,700		112,400					700	365,700
Nevada	3	114,400	13,900		4,900					133,200
New Hampshire	4	243,700*		48,900					23,100	315,700
New Jersey	1	605,000*								605,000
New Mexico	3	379,900								379,900
New York	9	5,970,300*		158,500*		5,400*		97,300	194,600*	6,426,100
North Carolina	3	652,100*		196,000		49,500				897,500
North Dakota	6	199,500*		6,900	200	100				206,800
Ohio	7	1,968,100*		777,500	125,600					2,871,200
Oklahoma	6	305,900*		165,900		4,600*				476,400
Oregon	6	58,500*		41,600		600*				100,700
Pennsylvania	10	3,177,600		1,481,600	1,331,200				32,700	6,023,100
South Carolina	7	423,300		192,200*	1,800*	3,300	4,700*		32,600	657,700
South Dakota	4	121,000*		20,600					3,700*	145,300
Tennessee	3	684,400								684,400
Texas	6	1,545,300				390,400		10,712		1,946,400
Utah	8	275,400	7,200	50,900	2,600	14,900			6,600	357,600
Virginia	5	908,100		776,700*						1,684,800
Washington	8	650,100		24,700				53,800		728,600
West Virginia	3	305,400		99,400					1,500	406,300
Wisconsin	6	632,800		1,818,800						2,451,600
Wyoming	5	118,100		37,400*				< 50	7,900*	163,500
TOTAL (48 states):	**265**	**36,386,500 (48 states)**	**1,592,700 (8 states)**	**10,132,900 (37 states)**	**3,629,900 (16 states)**	**604,000 (18 states)**	**40,000 (5 states)**	**318,100 (11 states)**	**765,900 (21 states)**	**53,470,200**
No Section 1915 (c) Waivers (3 states)										
Arizona										
Rhode Island										
Vermont										

NOTES: I/DD = intellectual and developmental disabilities. TBI = traumatic brain injury. SCI = spinal cord injury. Totals may not sum due to rounding. States may offer more than one Section 1915 (c) waiver per target population category. Programs with enrollment under 50 individuals are noted as < 50. Blank cell indicates state does not offer Section 1915 (c) waiver for that population. *Data from year other than FY 2018, as noted in table endnotes.
SOURCE: KFF Medicaid HCBS Program Surveys, FY 2018.

Appendix Table 6: Medicaid Section 1915 (c) HCBS Waiver Spending Per Enrollee, by Target Population and by State, FY 2018 ($)										
State	Total No. of Waivers	Per Enrollee Spending by Target Population								Total
		I/DD	Seniors	Seniors & Adults with Physical Disabilities	Adults with Physical Disabilities	Med. Fragile/ Tech Dep. Children	HIV/ AIDS	Mental Health	TBI/ SCI	
Alabama	6	63,600		13,800	12,700					29,000
Alaska	4	86,400		35,100		42,900				61,100
Arkansas	4	53,500*		13,600						25,200
California	7	26,900	3,800	23,600	45,800	8,900	7,200			25,500
Colorado	11	37,000*		13,200*		9,900*		9,600*	41,300*	19,500
Connecticut	11	86,600	25,900		2,000	200		17,900	106,128	48,100
Delaware	1	119,200								119,200
DC	2	69,000*		18,800*						42,500
Florida	4	33,600		14,600		2,600				20,500
Georgia	4	49,000		17,600	53,700					28,500
Hawaii	1	47,400								47,400
Idaho	4	30,500		8,500						18,000
Illinois	9	3,100*	5,100*	11,900*	15,500*	2,300*	15,800*		14,800*	8,000
Indiana	4	30,500		12,000					24,700	22,000
Iowa	7	41,400*	4,800*		8,300*		9,600*	10,600	22,700	21,300
Kansas	7	54,500	35,200		45,400	93,200		14,900	46,400	41,700
Kentucky	6	45,300		9,600*		66,300			92,700	33,100
Louisiana	7	37,500		19,100				1.500		27,700
Maine	5	72,300		20,700					80,700	59,200
Maryland	6	61,200		14,700		12,600			126,800	44,900
Massachusetts	10	83,500*		14,600*					108,000*	51,100
Michigan	4	51,400*		22,200				6,400*		32,000
Minnesota	5	70,600	14,400		31,700	69,700			76,100	35,700
Mississippi	5	40,200		11,700	18,200				22,500	15,500
Missouri	9	61,800		3,800	15,100		31,300			30,300
Montana	4	41,400		16,100				15,000		28,200
Nebraska	5	51,800		16,400					33,400	31,100
Nevada	3	51,100	5,200		5,900					23,200
New Hampshire	4	47,900*		12,700					88,600	34,300
New Jersey	1	56,500*								56,500
New Mexico	3	75,200								75,200
New York	9	69,900*		63,000*		9,000*		15,300	62,100*	65,600
North Carolina	3	52,300*		19,700		17,100				35,500
North Dakota	6	36,500*		23,900	214,500	6,000				35,800
Ohio	7	48,900		12,000	19,100					25,800
Oklahoma	6	56,700*		8,000		52,100*				18,200
Oregon	6	3,800*		1,000		1,900*				1,600
Pennsylvania	10	78,900		33,200	39,400				33,900	50,300
South Carolina	7	36,900		9,400*	30,300*	2,300	5,900*		30,400	18,700
South Dakota	4	32,300*		9,900					34,500*	24,500
Tennessee	3	87,400								87,400
Texas	6	39,000				63,500		4,600		40,500
Utah	8	50,200	12,400	22,600	23,800	21,300			47,100	38,600
Virginia	5	69,300		20,300*						32,800
Washington	8	33,500		600				33,700		11,300
West Virginia	3	65,900		16,100					18,300	37,300
Wisconsin	6	22,000		29,800						27,300
Wyoming	5	46,000		15,200*				300	48,500*	30,900
TOTAL (48 states):	**265**	**46,300 (48 states)**	**9,800 (8 states)**	**15,200 (37 states)**	**28,300 (16 states)**	**35,200 (18 states)**	**11,100 (5 states)**	**12,700 (11 states)**	**43,700 (21 states)**	**29,600**
No Section 1915 (c) Waivers (3 states)										
Arizona										
Rhode Island										
Vermont										

NOTES: I/DD = intellectual and developmental disabilities. TBI = traumatic brain injury. SCI = spinal cord injury. Totals may not sum due to rounding. States may offer more than one Section 1915 (c) waiver per target population category Programs with enrollment under 50 individuals are noted as < 50. Blank cell indicates state does not offer Section 1915 (c) waiver for that population. *Data from year other than FY 2018, as noted in table endnotes. SOURCE: KFF Medicaid HCBS Program Surveys, FY 2018.

Table Notes

Arkansas: Home health data are from 2017. Wavier data are from 2015 (#936 I/DD).

California: Home health data are from 2016. Section 1115 waiver data are from 2015.

Colorado: Waiver data are from 2017 (#6 seniors/adults with physical disabilities, #7 I/DD, #268 mental health, #288 TBI/SCI, #293 I/DD, #305 I/DD, #450 children, #961 TBI/SCI, #4157 children, #4180 I/DD.)

District of Columbia: Home health, personal care, CFC, 1915 (i), and waiver data are from 2017.

Idaho: Section 1915 (i) spending and per enrollee spending data include only the adult DD program and exclude data for the children's DD program. The state reported 1,700 children with DD enrolled in 2017, but did not report corresponding spending data.

Illinois: Waiver data are from 2015 (#143 seniors), 2016 (#278 children), and 2017 (#142 adults with physical disabilities, #202 HIV/AIDS, #326 seniors/adults with physical disabilities, #329 TBI/SCI, #350 I/DD, #464 I/DD, #473 I/DD).

Iowa: Waiver enrollment data are from 2016 (#345 adults with physical disabilities, #4111 adults with physical disabilities, #4155 seniors) and 2017 (#213 HIV/AIDS, #242 I/DD).

Kentucky: Waiver data are from 2017 (#144 seniors/adults with physical disabilities).

Massachusetts: Waiver data are from 2016 (#59 seniors/adults with physical disabilities) and 2017 (#359 TBI/SCI, #826 I/DD, #827 I/DD, #828 I/DD, #1027 seniors/adults with physical disabilities, #1028 seniors/adults with physical disabilities, #40207 I/DD, #40701 TBI/SCI, #40702 TBI/SCI).

Michigan: Waiver spending data are from 2016 (#167 I/DD, #438 mental health, #4119 I/DD).

New Hampshire: Home health and personal care data are from 2015. Waiver spending data are from 2016 (#397 I/DD).

New Jersey: Waiver data are from 2011 (#31 I/DD).

New York: Home health and personal care data are from 2017. Waiver data are from 2016 (#40176 children) and 2017 (#269 spending-only TBI/SCI, #444 spending-only seniors/adults with physical disabilities, #470 I/DD, and #471 children).

North Carolina: Waiver data are from 2016 (#432 I/DD).

North Dakota: Waiver data are from 2017 (#842 spending-only I/DD, #37 I/DD).

Oklahoma: Waiver data are from 2017 (#179 I/DD, #343 I/DD, #351 I/DD, #399 I/DD, #811 children).

Oregon: Waiver data are from 2017 (#117 I/DD, #375 I/DD, #565 children, #40193 children, #40194 I/DD).

South Carolina: Waiver data are from 2016 (#40181 adults with physical disabilities) and 2017 (#186 HIV/AIDS, #405 seniors/adults with physical disabilities).

South Dakota: Waiver data are from 2016 (#44 I/DD, #264 TBI/SCI, #338 I/DD).

Virginia: Waiver data are from 2017 (#321 seniors/adults with physical disabilities).

Wyoming: Waiver data are from 2017 (#236 seniors/adults with physical disabilities, #370 TBI/SCI).

Endnotes

[1] *See, e.g.,* KFF, *Medicaid Beneficiaries Who Need Home and Community-Based Services: Supporting Independent Living and Community Integration* (March 2014), http://kff.org/medicaid/report/medicaid-beneficiaries-who-need-home-and-community-based-services-supporting-independent-living-and-community-integration/.

[2] *See generally* KFF, *Streamlining Medicaid Home and Community-Based Services: Key Policy Questions* (March 2016), https://www.kff.org/medicaid/issue-brief/streamlining-medicaid-home-and-community-based-services-key-policy-questions/; KFF, *Medicaid Long-Term Services and Supports: An Overview of Funding Authorities* (Sept. 2013), http://kff.org/medicaid/fact-sheet/medicaid-long-term-services-and-supports-an-overview-of-funding-authorities/.

[3] The Table Notes indicate where state-level data from a year prior to FY 2018 is used.

[4] For additional background and current state policies relating to each of these authorities, *see* KFF, *Key State Policy Choices About Medicaid Home and Community-Based Services* (Feb. 2020), https://www.kff.org/medicaid/issue-brief/key-state-policy-choices-about-medicaid-home-and-community-based-services.

[5] Enrollment and spending data for Section 1115 HCBS waivers includes those for which the state does not have an accompanying Section 1915 (c) waiver.

[6] Unlike HCBS waivers, state plan services must be provided to all beneficiaries for whom they are medically necessary. However, states can manage enrollment for Section 1915 (i) state plan services by restricting functional eligibility criteria for future beneficiaries if enrollment will exceed the state's initial estimate.

[7] AZ delivers home health state plan services through a Section 1115 capitated managed care waiver and is unable to separately report unduplicated home health enrollment data. Instead, AZ's home health state plan enrollment is included in its Section 1115 waiver enrollment. In FY 2018, Arizona reported that all 52,400 of its Section 1115 waiver enrollees received home health services.

[8] HI delivers home health state plan services through a Section 1115 capitated managed care waiver and is unable to separately report unduplicated home health enrollment data. Instead, HI's home health state plan enrollment is included in its Section 1115 waiver enrollment. In FY 2018, Hawaii reported that 2,500 of its 8,500 Section 1115 waiver enrollees received home health services.

[9] NE reports home health state plan enrollment only for fee-for-service enrollees.

[10] TX reports home health state plan enrollment only for fee-for-service enrollees.

[11] KS delivers personal care state plan services through a Section 1115 capitated managed care waiver and is unable to separately report unduplicated personal care enrollment data. Instead, KS's personal care state plan enrollment is included in its Section 1115 waiver enrollment.

[12] NM delivers personal care state plan services through a Section 1115 capitated managed care waiver and is unable to separately report unduplicated personal care enrollment data. Instead, NM's personal care state plan enrollment is included in its Section 1115 waiver enrollment.

[13] NY is unable to report Section 1115 waiver managed LTSS enrollment by community vs. institutional setting. In 2015 (the most recent year for which NY data are available), 49,930 people received long-term institutional or HCBS in NY's Section 1115 waiver.

[14] Among the 34 states offering the personal care state plan option, 20 allow self-direction. The 15 states reporting self-directed enrollment data are AK, AR, CA, FL, ID, MA, MI, MO, MT, NJ, OK, TX, UT, VT and WA. The five states that allow self-directed personal care state plan services but do not report enrollment are ME, MN, NV, NH and NY.

[15] For additional information on states' self-direction policies, *see* KFF, *Key State Policy Choices About Medicaid Home and Community-Based Services* (Feb. 2020), https://www.kff.org/medicaid/issue-brief/key-state-policy-choices-about-medicaid-home-and-community-based-services.

[16] Three of 51 states allow individuals to self-direct home health state plan services. CA and NE allow self-direction but are unable to report enrollment.

[17] AZ delivers home health state plan services through a Section 1115 capitated managed care waiver and is unable to separately report home health spending data. Instead, AZ's home health state plan spending is included in its Section 1115 waiver spending. Total home health state plan spending was $70 million in AZ in FY 2018.

[18] HI delivers home health state plan services through a Section 1115 capitated managed care waiver and is unable to separately report home health spending data. Instead, HI's home health state plan spending is included in its Section 1115 waiver spending. Total home health state plan spending was $4 million in HI in FY 2018.

[19] NE reports home health state plan spending only for fee-for-service enrollees.

[20] TX reports home health state plan spending only for fee-for-service enrollees.

[21] KS delivers personal care state plan services through a Section 1115 capitated managed care waiver and is unable to separately report personal care spending data. Instead, KS's personal care state plan spending is included in its Section 1115 waiver spending.

[22] NM delivers personal care state plan services through a Section 1115 capitated managed care waiver and is unable to separately report personal care spending data. Instead, NM's personal care state plan spending is included in its Section 1115 waiver spending.

[23] NY is unable to report Section 1115 waiver managed LTSS spending by community vs. institutional setting. In 2015 (the most recent year for which NY data is available), total institutional and HCBS Section 1115 waiver spending was $146,589,000.

[24] Section 1915 (c) waiver participants were enrolled about 300 days a year on average in 2016, the most recent year data are available. KFF analysis based on CMS 372 reports for Section 1915 (c) waivers in 2016.

[25] The FY 2018 survey asked states to update prior years' (FY 2016 and FY 2017) spending and enrollment data if necessary; therefore, all trend analyses reflected in this report includes the most recently reported FY 2017 data.

[26] Section 1115 waiver enrollment is not presented by target population because, unlike Section 1915 (c) waivers, Section 1115 waivers can include multiple populations, and states only report total Section 1115 waiver enrollment in our survey.

[27] 48 states offer Section 1915 (c) waivers targeted to people with I/DD. The other three states (AZ, RI, and VT) serve their entire I/DD waiver populations under Section 1115. In addition, two states (NY and TN) serve some people with I/DD under Section 1115 and others under Section 1915 (c).

[28] 42 states offer Section 1915 (c) waivers targeted to seniors and/or adults with physical disabilities. The other nine states (AZ, DE, HI, NJ, NM, RI, TN, TX, and VT) serve all senior and adult with physical disabilities waiver populations under Section 1115. In addition, three states (CA, NY, and WA) serve some seniors and adults with physical disabilities under Section 1115 and others under Section 1915 (c).

[29] 11 states offer Section 1915 (c) waivers targeted to people with mental health disabilities. Another two states (DE and RI) serve people with mental health disabilities under Section 1115. In addition, WA serves some people with mental health disabilities under Section 1115 and others under Section 1915 (c).

[30] 21 states offer Section 1915 (c) waivers targeted to people with TBI/SCI. Another four states (DE, RI, VT, and WA) serve people with TBI/SCI under Section 1115.

[31] 18 states offer Section 1915 (c) waivers targeted to children who are medically fragile or technology dependent. Another two states (HI and RI) serve children who are medically fragile or technology dependent under Section 1115.

[32] Five states offer Section 1915 (c) waivers targeted to people with HIV/AIDS. Another three states (DE, HI, and RI) serve people with HIV/AIDS under Section 1115.

[33] Four states (CA, DE, ID, and MS) serve people with I/DD under Section 1915 (i).

[34] Four states (IA, IN, OH and TX) serve people with mental health disabilities under Section 1915 (i).

[35] Three states (CT, DC, and NV) serve seniors and/or people with physical disabilities under Section 1915 (i). DC did not report spending data.

[36] Reporting states include CT and NV; DC did not report.

[37] CA, DE, ID, and MS. ID per enrollee spending includes only the program for adults with I/DD because the state was unable to report spending data for the program for children with I/DD.

[38] IA, IN, OH, and TX.

[39] KFF, *Explaining* Texas v. U.S.: *A Guide to the 5th Circuit Appeal in the Case Challenging the ACA* (Jan. 2020), https://www.kff.org/health-reform/issue-brief/explaining-texas-v-u-s-a-guide-to-the-case-challenging-the-aca/

[40] KFF, *Potential Impact of* Texas v. U.S. *Decision on Key Provisions of the Affordable Care Act* (Jan. 2020), https://www.kff.org/health-reform/fact-sheet/potential-impact-of-texas-v-u-s-decision-on-key-provisions-of-the-affordable-care-act/.

[41] *See also* KFF, *State Variation in Medicaid Per Enrollee Spending for Seniors and People with Disabilities* (May 2017), https://www.kff.org/medicaid/issue-brief/state-variation-in-medicaid-per-enrollee-spending-for-seniors-and-people-with-disabilities/.

[42] KFF, *Medicaid Financing: The Basics* (March 2019), https://www.kff.org/medicaid/issuebrief/medicaid-financing-the-basics/.

[43] KFF, *Why It Matters: Tennessee's Medicaid Waiver Block Grant Proposal* (Dec. 2019), https://www.kff.org/medicaid/issue-brief/why-it-matters-tennessees-medicaid-block-grant-waiver-proposal/.

[44] KFF, *How Will Medicare-for-all Proposals Affect Medicaid?* (Sept. 2019), https://www.kff.org/medicaid/issue-brief/how-will-medicare-for-all-proposals-affect-medicaid/.

[45] U.S. Census Bureau, *Projections of the Size and Composition of the U.S. Population: 2014 to 2060*, Report Number P25-1143, at 5 (March 2015), https://www.census.gov/library/publications/2015/demo/p25-1143.html.

[46] U.S. Census Bureau, *Older People Projected to Outnumber Children for First Time in U.S. History*, Release Number CB18-41 (March 13, 2018), https://www.census.gov/newsroom/press-releases/2018/cb18-41-population-projections.html.

[47] *Id.;* U.S. Census Bureau, *An Aging Nation: Projected Number of Children and Older Adults* (last revised Oct. 9, 2019), https://www.census.gov/library/visualizations/2018/comm/historic-first.html.