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Home Care Benefits: STILL FROZEN

On May 14th, the Senate Ways and Means Committee released its version of the FY 15 state budget, including a dramatic cut in funds to purchase home care services for the elderly, compared to the House budget.

Home care spending was reduced by $4.6 million below the House and Governor's budget. (*see article below on House budget.*) The cut was the equivalent of 1,447 elders receiving home care for an entire year. The monthly benefit package for elderly home care clients today is $266.52 per month—or $8.76 per day. This monthly benefit package has not changed since FY 2009. Assuming an average homemaker rate of $22 per hour, a reduction of $4,630,000 would represent a loss of 210,454 hours of personal care to the elderly in FY 15.

The Governor and the House have recommended $104.41 million in funding for home care services, which would allow the monthly benefit to rise to $295.26 per month, based on the House 2 caseload projections of 29,469 elders per month. This increase in the benefit amount allows one more hour of homemaker per month to be added to the average care plan—a very modest increase—especially after five years with no benefit increase at all. State regulators are expected to raise the home care benefit rate effective July 1st. But the Senate budget contains no increase in the benefit package.

An amendment restoring the home care cuts

was filed by the Senate Chair of the Elderly Affairs Committee, Senator **Patricia Jehlen** (D-Somerville), along with 17 other cosponsors. Jehlen's amendment raised the Senate home care services level back to that found in the House and Governor's budget recommendatons. At the end of Senate budget debate, when it was clear that the Senate leadership would not support her amendment, Jehlen withdrew it.

The 4.4% drop in home care funding was attributed to the SWMs decision not to increase the monthly package of benefits for elders in the home care program, which for years has been frozen at $266.52 per month, or an average of $8.76 per day for home care services. The Governor's budget for FY 15 was based on a monthly service package worth $295.26, and the House agreed with that rate. Hearings on a new rate for home care are expected this fiscal year, to take effect July 1st. But the SWMs included no benefit increase for the home care program in FY 15.

The Senate budget has other impacts as well:

• The Senate funding level for Supportive housing, 9110-1604,drops by $1.3 million, which means that the 10 new supportive housing sites proposed by the Governor and the House would be cancelled.
• $750,000 in nutrition funding for meals on wheels added on the House floor was removed in the SWMs version.
• The Senate restored language calling for $360,000 in SHINE health counseling funding to item 9110-1455, which was not included in the House version.
• The Senate added a new Home and Community-based services Policy Lab line item with $500,000 in funding, and detailed in two outside sections.
• The $6.1 million home care aides rate add-on, a new proposal not found in the House, was funded by the Senate using federal funding created by the Balanced Incentive Payment Program (BIP). 17,000 homemakers will see a wage increase if this item is funded in Conference Committee, because it was not funded in the House. A Senate amendment to fund this wage increase was filed by the Home Care Aide Council of Massachusetts, with Mass Home Care support.
• The Aging Services Access Point (ASAP) line item, 9110-1633, has been level-funded for the 5th year in a row, which means these 27 agencies will receive no additional funds for their employees or their operating costs. Mass Home Care had asked for a $3.3 million increase in this account.
• In outside section 11, the Senate created a new Community First Trust Fund which will contain funds for enhanced federal financial participation (FFP) funding generated as a result of the Balanced Incentive Payment program (BIP) and other initiatives.
• In outside sections 32 and 119 the state sets up the Home and Communithy-Based Services Policy Lab concept within EOEA.

The $4.63 million cut to basic home care services was especially troubling for FY 15. The Governor's recommendations in his January House 2 budget for FY 15 was based on 29,469 elders receiving home care per month at a rate of roughly $295.26. The Senate appropriation of $99,781,964 assumes no increase in the monthly service package of $266.52. The Governor and the House agreed to raise this monthly benefit rate by just under $30 per month, a very modest request which is enough to add only one hour of homemaker per month.

The home care monthly benefit package has not been changed since 2009, when it stood at $266.52. The purchasing power of the home care service package at $266.52 per month has been seriously eroded over the past decade. The FY 13 purchasing power of the home care monthly benefit compared to the FY 2000 benefit has fallen to 90.7%. In other words, the monthly benefit offered to elders today buys 10% less than it did in 2000. Seniors are getting less services from these programs than they did 13 years ago because of lagging rates.

Based on this purchased services package, frozen for 6 years, the average elder in the basic home

care program receives only $8.76 per day in home care purchased services, which buys roughly 21 minutes of homemaker services per day, or roughly 2.5 hours a week of care. Lack of sufficient care pushes elders into a higher, enhanced level of care, which could be delayed if the basic service package were not so minimal.

Taking the home care aide and the home care services actions togther, the Senate gave workers a pay increase with one hand, and then cut home care aide hours with the other.

The FY 15 budget is now in Conference Committee, where advocates will try to retore home care services, and secure the home care aides rate add-on.

Domestic Workers Rights Bill Passes Senate

On May 8th, the Massachusetts Senate voted unanimously to pass the Domestic Workers' Bill of Rights, S. 2132. The legislation ensures workers have basic labor protections such as clarity on what constitutes working time, freedom from sexual harassment, and protection from the abuses of trafficking and from retaliation for asserting wage violations.

According to the MA Coalition for Domestic Workers, this workforce "makes all other work possible." The Coalition has organized for years to create dignity and respect for Massachusetts' nannies, house cleaners and care workers. "This is historical and unbelievable, I am so ecstatic- after almost 30 years being a part of helping feels amazing. I am so proud that our Senate has heard our voices and believes we deserve the same rights and protections as other workers," said **Sonia Soares**, a domestic worker for the past 28 years.

According to S. 2132, the definition of a "domestic worker" is as follows: "An individual or employee who is paid by an employer to perform work of a domestic nature within a household including, but not limited to: (i) housekeeping; (ii) house cleaning; (iii) home management; (iv) nanny services; (v) caretaking of individuals in the home, including sick, convalescing and elderly individuals; (vi) laundering; (vii) cooking; (viii) home companion services; and (ix) other household services for members of households or their guests in private homes; provided, however, that 'domestic worker' shall not include a personal care attendant or an individual whose vocation is not childcare or an individual whose services for the employer primarily consist of childcare on a casual, intermittent and irregular basis for 1 or more family or household members."

The legislation defines "employer" as "a person who employs a domestic worker to work within a household whether or not the person has an ownership interest in the household; provided, however, that an 'employer' shall not include a staffing agency, employment agency or placement agency licensed or registered pursuant to chapter 140 or an individual to whom a personal care attendant provides services." This means that large state regulated home care workers and PCAs are not affected by the proposed bill.

The bill requires an employer who employs a domestic worker for 40 hours a week or more to provide a period of rest of at least 24 consecutive hours in each calendar week and at least 48 consecutive hours during each calendar month and, where possible, this time shall allow time for religious worship. The domestic worker may voluntarily agree to work on a day of rest; provided, however, that the agreement is in writing and the domestic worker is compensated at the overtime rate for all hours worked on that day. Days or periods of rest, whether paid or unpaid, are considered job-protected leave from employment.

When a domestic worker who does not live in the employer's premises is on duty for less than

24 consecutive hours, the employer must pay the domestic worker for all hours as working time. When a domestic worker is required to be on duty for a period of 24 consecutive hours or more, the employer and the domestic worker may agree to exclude a regularly scheduled sleeping period of not more than 8 hours from working time for each 24-hour period. When a domestic worker is required to be on duty for a period of 24 consecutive hours or more and unless a prior written agreement is made, all meal periods, rest periods and sleeping periods shall constitute working time.

An employer may deduct from the wages of a domestic worker an amount for lodging if the domestic worker voluntarily and freely accepts, desires and actually uses the lodging and the lodging meets the standards for adequate, decent and sanitary lodging. An employer shall not deduct from the wages of a domestic worker an amount for lodging if the employer requires that a domestic worker reside on the employer's premises or in a particular location.

If a domestic worker lives in the employer's household and the employer terminates employment without cause, the employer shall provide written notice and at least 30 days of lodging, either on-site or in comparable off-site conditions, or severance pay in an amount equivalent to the domestic worker's average earnings during 2 weeks of employment.

"We are thrilled that our bill has moved one step closer to becoming a law. Domestic workers can now come out of the shadows and create a more safe and secure workforce," said **Lydia Edwards** on behalf of the Massachusetts Coalition for Domestic Workers.

The one section of the bill that includes PCAs as "domestic workers" is a section dealing with sexual advances: "It shall be an unlawful discriminatory practice for an employer to: (i) engage in unwelcome sexual advances, requests for sexual favors or other verbal or physical conduct of a sexual nature to a domestic worker if submission to the conduct is made either explicitly or implicitly a term or condition of the domestic worker's employment, if submission to or rejection of the conduct by a domestic worker is used as the basis for employment decisions affecting the domestic worker or if the conduct has the purpose or effect of unreasonably interfering with a domestic worker's work performance by creating an intimidating, hostile or offensive working environment."

Similar bills have passed in California, Hawaii and New York.

"I am proud to be a part of making history and assuring that nannies, house cleaners and personal care attendants are treated with respect and dignity," said Senator **Anthony P. Petruccelli,** lead sponsor of the bill.

Senator Anthony Petrucelli

The MA Coalition for Domestic Workers includes the Brazilian Immigrant Center, the Dominican Development Center, Matahari: Eye of the Day; Vida Verde Co-op/Brazilian Women's Group, and the Women's Institute for Leadership Development and is a member of the National Domestic Workers.

Because there are few state and federal guidelines and no industry standards, domestic workers are extremely vulnerable to exploitation and abuse. The group defines the problem for domestic workers as being:

- Historic exclusion from basic state and federal labor rights
- Long hours, low pay, and no benefits
- Vulnerability to abuse and mistreatment and isolation from the workforce
- A workplace without protections against unsafe working conditions, discrimination, and sexual harassment

"Domestic workers have been viewed as outside of the traditional workforce," the Coalition explains, "largely because most domestic workers are women,

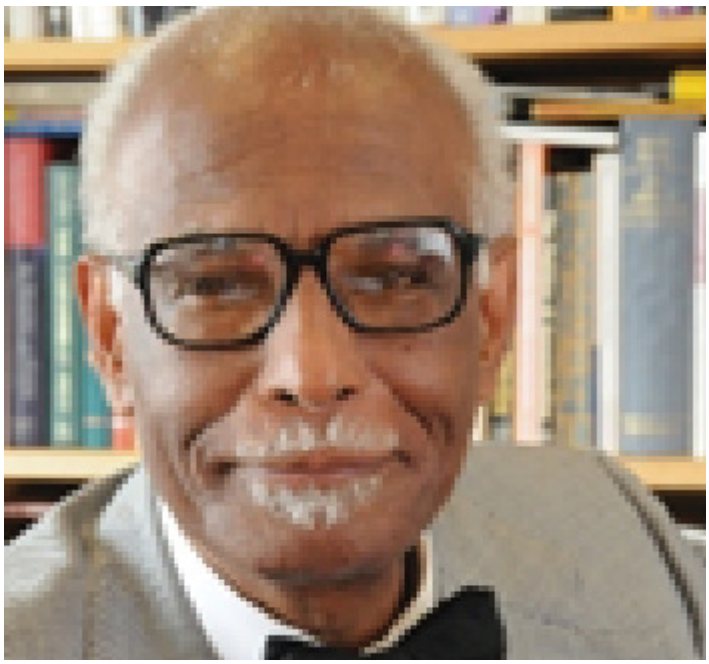
often immigrants, doing the work historically done by housewives and servants. Due to the nature of domestic work, they are isolated from the rest of the workforce and subjected to round-the-clock physically demanding labor, with little or no separation between work and personal time. As a result of the lack of state and federal regulation, domestic workers are often taken advantage of by their employers and are in dire need of protection."

The Domestic Workers Bill of Rights legislation as drafted establishes labor standards that protect domestic workers' basic workplace rights, including meal and rest breaks, clarity on what constitutes working time, sick time to care for themselves and their families, and freedom from discrimination and sexual harassment. It ensures that employers receive the highest quality of care for their families and homes by affording domestic workers dignity and respect. Reduces turnover by providing greater stability for workers, and improves the health and safety of employers and their families by protecting domestic workers' health. The legislation provides domestic workers with safe and dignified work environments and employers with clear guidelines on their responsibilities that will bring domestic workers out of the shadows. Protecting domestic workers also protects the safety of our communities, ensures the health and well-being of the families of domestic workers, and strengthens the state economy by freeing up more individuals to participate in the paid workforce.

The Domestic Workers' Bill of Rights amends Massachusetts state labor law to guarantee basic work standards and protections: 24 hours off per 7-day calendar week; meal and rest breaks; limited vacation and sick days; parental leave; protection from discrimination, sexual harassment, illegal charges for food and lodging, and eviction without notice; notice of termination; and a means of enforcing these standards. Domestic employers under the bill do not include state regulated staffing agencies or the employers of those who work as casual babysitters. The bill would also make clear that domestic workers are eligible for government services and benefits such as unemployment insurance, workers compensation and minimum wage protections. It would set rules for sleep, meal and rest periods, as well as requiring female domestic workers receive at least eight weeks maternity leave if they are full-time employees.

Senate President **Therese Murray** (D-Plymouth) said all workers in Massachusetts are entitled to the same rights. The Senate has sent the bill to the House Ways and Means Committee.

Provost: U Mass To Restart Undergrad Gerontology Program



In early February of 2013, the *Boston Globe* reported that the undergraduate gerontology program at the University of Massachusetts Boston had stopped accepting admissions, putting the program in state of suspension. "With enrollment pared down by two-thirds over the past decade to a total of 13 students pursuing a bachelor's degree," the *Globe* reported, "Provost **Winston E. Langley** has 'inactivated' the UMass program. ..In a memo to faculty and staff last month, Langley said that 'no applicants will be accepted until further notice.'"

The article went on to say that "Aging services coordinators are dismayed that the university has been unable to maintain the prestige of its gerontology program, saying that such studies are now more vital than ever to aid a rapidly aging population."

The Globe said that **Al Norman**, executive director of Mass Home Care, had drafted a letter,

signed by nearly 100 academics and service provides from Massachusetts and across the country, asking the university to reconsider. "I work with close to 1,000 care managers," Norman said. "When recruiting, it's helpful to have someone who's shown an interest in aging services while they were an undergrad. That tells us this is a person who's serious about working with older people." Norman and others said the program needs to market itself better. Even the term gerontology feels outdated, he said. 'I don't like the term,' Norman said. 'It reminds me of the 1950s — all those advertisements for tired blood and bottles of Geritol. The program needs a new infusion of ideas.'

"I do have hope that the university will have some flexibility on approaching this," Norman was quoted as saying. "I don't think it's something they're doing with any great happiness or enthusiasm. The net result is that at a time when the baby boomers are entering the Social Security system and 1 in 5 people in Massachusetts are over 60, this is not the time to be shrinking services. It's time to be stepping up," he said.

In April of 2013 U Mass Boston Provost Langley convened a committee to develop an enhanced undergraduate program to take the place of the undergraduate gerontology program. Norman was one of the committee's members. The group suggested "a trans-disciplinary program as a partnership between the Gerontology Department and the School for Global Inclusion and Social Development. The partnership creates the opportunity for creative and innovative programs of study. The primary goal is to create a curriculum aimed at providing students with the requisite knowledge, tools, and skills needed to achieve productive and rewarding careers in aging, disability and other related fields. This is an opportunity to change the focus from the study of illness and decline to the study of healthy and productive aging."

In a recent issue of the *Chronicle of Higher Education,* it was reported that "Academic gerontologists are sounding an alarm: As more Americans reach old age, universities are not producing enough specialists to meet their needs. In recent years, programs such as those at Appalachian State University, the University of Massachusetts at Boston, and San Diego State University have been reduced in size, folded into other departments, suspended, or eliminated outright. Gerontologists say such retrenchment, combined with low enrollments in remaining programs, means that too few graduates are being trained to run elder-service agencies or to develop social and wellness programs. Nor are they being encouraged to pursue graduate study in gerontology, in such subjects as how best to prevent falls, the reasons elderly people stop driving, and the effects that climate change might have on them."

The article went on to discuss the U Mass Boston undergrad Geronetology program: "No one disputes that many gerontology programs, with fluctuating enrollment and a lack of funding, are in trouble. When the baccalaureate program in gerontology at the University of Massachusetts at Boston saw its enrollment plummet from around 20 students to 13 a year ago, the provost, Winston E. Langley, decided to pull the plug. Controversy followed, largely because the university offers robust certificate programs (currently with 32 students), a master's program (106), and a Ph.D. (52) in the field, none of which were cut. Mr. Langley put together a panel to see how the baccalaureate program could draw more undergraduates. He now says he will restart the program as a combination of online and classroom courses, possibly by late next year, but with significant changes. For one, he envisions gerontology as an issue of social justice, one that could be taught alongside disability studies. "If one looked at human development, including that of the elderly, from the standpoint of wellness or inclusion, or of their civil rights, I believe we could draw more people in," he says. That emphasis on wellness also reflects a shift in old-age research, which in recent years has

begun to explore "positive aging"-the benefits, whether financial, cognitive, or otherwise, that come with the years.

UMass-Boston is also considering a name change for its Gerontology Undergraduate Program. "The term 'gerontology' isn't as appealing as one might suppose," Mr. Langley says. "Young people will want to be involved in this area once they more fully understand what it is about." He cites programs elsewhere that have been renamed "wellness studies" or "life-course studies."

Provost Langley's remarks were consistent with the recommendations of the 8 member panel that the Provost's office convened, Norman said.

Spouse As Caregiver Bill Moves

Michael Fernandes

A one sentence piece of legislation that would allow spouses to be paid as caregivers moved out of a House committee on Beacon Hill in early May---but the bill must move with deliberate speed if it is to have any chance of reaching the Governor's desk during the current legislative session.

In October of 2013, the "spouse as caregiver" bill was reported favorably by the Joint Committee on Children, Families and Persons with Disabilities. The bill was sent to the Health Care Financing Committee, where it was redrafted to become H. 3716. The legislation spent the winter in Health Care Finance.

As currently drafted, the spouse as caregiver bill reads as follows: "Section 9 of chapter 118E of the General Laws, is hereby amended by inserting…the following: "provided further, spouses shall be permitted to serve as caregivers in the adult foster care and personal care attendant programs."

After a six month stay in Health Care Finance, H. 3716 was again reported favorably, and at the end of April was sent to the House Ways and Means Committee.

Advocates worry that the spouse as caregiver bill, which is supported by lead House sponsor Rep. **Jennifer Benson** (D-Lunenberg), the Acting House Chair of Health Care Finance, may need to move quickly to beat the end of the legislative session in July. "We're in a race against the clock," explained Mass Home care President **Christine Alessandro**. "A lot of bills have to pass through a narrow doorway to survive."

Michael Fernandes, a disabled man from the Cape, came to the State House in March with a petition with more than 1,700 signatures in favor of the bill.

FY 15 House Budget

While advocates take months preparing budget requests for state lawmakers to consider, actual budget debate on Beacon Hill is over in a matter of days. In three days of budget debate, the House consolidated more than 1,100 separate budget amendments into subject matter groups, and finalized a budget to send onto the Senate, which took up its own budget by mid May.

The Mass Budget and Policy Center published its analysis of the FY 15 House budget in early May. According to Mass Budget, "MassHealth received an additional $44 million during floor debate, directed to increasing reimbursement for the state's safety net hospitals that serve large numbers of low-income patients, and for nursing homes. The federal government will reimburse Massachusetts for half of this total."

The House added $20 million in funding for the MassHealth Senior Care line item, for higher rates for nursing homes. The House further specified that if the federal government does not provide partial reimbursement for this increase, there will be a reduction in the nursing home base rate, but the state will provide a one-time supplemental payment to make up the difference.

The House also included a $22.2 million increase to the MassHealth Fee-for

Service line item also to increase provider rates.

The FY 2015 House Ways and Means (HWM) budget did not make any major changes to the state's MassHealth and Health Reform programs, and largely followed the Governor's budget proposal. As in the Governor's budget, the HWM budget includes the expansion of health coverage under the federal Affordable Care Act (ACA). The costs of this expansion will be fully reimbursed and in fact will bring in substantial new revenue to the Commonwealth. As of the beginning of this calendar year, all adults in Massachusetts (citizens or qualified non-citizens) with incomes below 133 percent of the Federal Poverty Level are now eligible for MassHealth, the state's Medicaid program. With the implementation of new eligibility standards for Medicaid included in the ACA, MassHealth enrollment in FY 2015 is expected to grow by approximately 153,000 people, including an estimated 20,000 people who previously had no health care coverage at all.

House Ways &I Means Chairman Brian Dempsey

As in the Governor's budget, HWM included continued funding for the coverage of adult dental fillings. This is a benefit that MassHealth used to cover, was partially restored in FY 2013, and recently fully restored. The Governor's budget also included funding to cover adult dentures for members, a benefit that would have been expected to start in January 2015. Language in the HWM budget proposal, however, states that the level of dental coverage in FY 2015 may not be greater than the level of coverage in FY 2014, limiting the ability of MassHealth to restore that benefit. Not implementing this benefit results in a net savings of $4.0 million over the Governor's budget.

As reported in the May issue of *AT HOME*, the HWM proposal funds Elder Services at $253.5 million, $18.1 million more than FY 2014 spending, and just $328,000 below the Governor. Specific increases over FY 2014 that match the Governor's proposal include:

- A $10.1 million increase for Elder Enhanced Home Care Services to $63.1 million. This increase will avoid wait lists for home care for the elderly allowing over 5,000 elderly to remain at home instead of living in a nursing home.
- A $5.7 million increase for Elder Home Care Purchased Services to $104.4 million. This will support an increase in services hours available for clients of this program.
- A $1.3 million increase for Supportive Senior Housing to $5.5 million

HWMs also proposed $11.5 million for Grants to Councils on Aging, $1.0 million above both current spending and the Governor's proposal.

The Home Care Workforce Training Fund, a new program proposed by the Governor was not funded in the HWM proposal. The $1.2 million would have supported training for outreach workers, case managers, home care aides and protective services investigators.

During floor debate, a proposal to give 17,000 home care aides a salary increase worth $6.1 million was defeated, as was an amendment to add $3.3 million the Aging Services Access Points (ASAP) agencies that are members of Mass Home Care.

Feds Recognize Same Sex Marriages Nationwide

In May, the federal Administration for Community Living (ACL) announced how it will implement last year's historic U.S. Supreme Court

decision, *United States v. Windsor*, which struck down the Defense of Marriage Act (DOMA) on June 26, 2013. Specifically, the ACL issued guidance to its grantees that they must now follow a "place of celebration rule" and consider the terms "spouse", "family", and "relative" as being inclusive of same-sex married couples.

This means that a couple who marries in Massachusetts and moves to Mississippi (where their marriage is not recognized) would still be considered married in the eyes of the federal government with respect to ACL programs. And in particular, any reference to the terms "spouse", "family" and "relative", in the Older Americans Act, would apply to their relationship.

The ACL grantees affected by this guidance include State Units on Aging, Area Agencies on Aging, senior centers, adult day care centers, home health agencies, organizations that deliver Meals on Wheels, and other entities that make up the aging network. Here are a few examples of how the ACL guidance will impact families:

• Historically, individuals in opposite-sex marriages who have become eligible for meal services at age 60, have been allowed to share those meal benefits with spouses younger than 60. Now, that benefit has also been extended to younger same-sex spouses.

• If older individuals do not have the capacity to direct case management services themselves, a family member can direct those services. That definition of "family member" now includes spouses from same-sex married couples.

• The Older Americans Act generally defines exploitation as someone with responsibility for an older adult (including a fiduciary or caregiver) acting in his or her self-interest, and against the best interest of the person being cared for. The term "caregiver", in this context, defines a number of types of individuals, including family members. That definition of "family member" is now inclusive of spouses from same-sex married couples.

• The ACL's National Family Caregiver Support Program funds a range of supports that assist family and informal caregivers to care for their loved ones at home for as long as possible. The program provides information about available services, assistance in gaining access to the services, counseling and support groups, training, respite care and supplemental services. The definition of "family caregiver" is now inclusive of spouses from same-sex married couples.

States Shifting Care--and Spending-- To the Community

Last month, *AT HOME* reported that the Patrick Administration had announced in early April at least $85 million in a new grant award from the Centers for Medicare and Medicaid Services (CMS) to help the Office Health and Human Services (HHS) expand and enhance the Commonwealth's community-based long term services and support system for elders and individuals with disabilities.

"This funding is an affirmation of our commitment to making community-based services a reality for our most vulnerable residents," said Governor **Deval Patrick**. "I thank the Obama Administration for their partnership in providing our seniors and individuals with disabilities the support they need to live comfortably."

This grant award came from CMS's Balancing Incentive Payment Program (BIP), a part of the Affordable Care Act, which provides enhanced federal funds to states who enrich their long-term care system. States participating in BIP are required to spend at least 50 percent of their federal funding on non-institutional community-based, Long Term Services and Supports (LTSS) by September 2015.

"Our Community First strategy is about reducing reliance on institutional placement and building a strong system of services and supports in the community," said

EOHHS Secretary **John Polanowicz**. "This funding will mean more accessibility and opportunity for more people choosing community living settings in Massachusetts."

The federal government recently released FY 12 which shows how states are "rebalancing" their spending of long term care from nursing homes to the community. According to the federal report, the "total long term services and supports spent on home and community-based services (HCBS) increased from 48.7% in FFY 2011 to 49.5% in 2012. The shifting balance saw an increase in HCBS spending of 2.4% and a drop d in spending for institutional services of -2.3 percent."

However, this national average data significantly "masks differences across population groups." HCBS accounted for 70% of spending in programs targeting people with developmental disabilities," but only "39% of spending in programs targeting older people or people with physical disabilities." That means for people with intellectual disabilities, only 30% of the entire Medicaid LTSS went to institutionalize people, but for people with aging/physical disabilities, 61% went to nursing facilities---a dramatic difference..

The good news is that in FY 2006, the national average of community versus institutional Medicaid expenditures was 29.6% to the community and 70.4% to the nursing homes. But by FY 2012, it was 38.8% to 61.2%. It's a slow, incremental change.

For people with developmental disabilities, 28 States spend more than 75% of their Medicaid funds in the community and only 3 states spend less than 50% in the community. But for the elderly and people with physical disabilities, no State spent more than 65% in the community and 48 spent less than 50% in the community. Massachusetts spent around 44% of its MassHealth LTSS money on community care in FYI 12.

The lowest Medicaid expenditures in the community were in North Dakota, followed by Kentucky, Alabama, New Jersey, South Dakota, Indiana, New Hampshire, Rhode Island -- all spent less than 20% of their Medicaid LTSS in the community for people with aging/physical disabilties, and by definition therefore spent more than 80% in nursing homes.

Advocates for the aging/physically disabled have had less success than developmentally disabled groups in rebalancing LTSS spending.