



**THE STATE OF THE STATES IN  
INTELLECTUAL AND  
DEVELOPMENTAL DISABILITIES: FY  
2021 STATE NOTES**

## State Notes

Each state was given the opportunity to describe trends existing in graphs in their profile. Those who provided descriptions are below. Every state has the same graphs, in the same order, with data from their state. The graph names in order are by page:

- Page 1- Chart 1: Total Public I/DD Spending for Services, Chart 2: Public I/DD Spending by Revenue Source, Chart 3: Fiscal Effort for I/DD Services
- Page 2- Chart 1: Federal I/DD Medicaid Spending by Revenue Source, Chart 2: Total Federal-State Medicaid Spending as a Percentage of Total I/DD Spending, Chart 3: Adjusted Waiver Cost per Participant
- Page 3- Chart 1: Individual and Family Support Spending, Chart 2: Individual and Family Support Participants, Chart 3: Individual and Family Support Spending by Revenue Source
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### Arkansas

Federal I/DD Medicaid Spending by Revenue Source: The 2020/2021 decrease in Other Medicaid is due to COVID-19 restrictions in the clinical settings.

Persons with I/DD by Size of Setting: For FY 2020 and 2021, Arkansas did not furnish nursing facility data.

Individual and Family Support Participants: Participants were transitioned into the provider-led Arkansas Shared Savings Entity (PASSE) during this time.

### Connecticut

Individual and Family Support Spending: Supported Living was not reported on in past years. Family Supports typically fluctuates between years based on individual budgets.

Individual and Family Support Participants: Supported Employment has seen decline over the years. We see this trend is all our reporting.

### Delaware

Federal I/DD Medicaid Spending by Revenue Source: On July 20, 2017, the State of Delaware was approved to provide Targeted Case Management for Individuals meeting Delaware DDDS eligibility criteria living at home with their families and for individuals approved for funding through the Delaware DDDS HCBS waiver program who are authorized to receive Residential Habilitation services effective April 1, 2017. Targeted Case Management was not a service

during the FY 16/FY17 survey cycle. Additionally, the growth of the 1915 (j) Pathways to Employment SPA, led to the increase in spending under the Rehabilitative Services during the FY18/FY19 survey cycle. In FY 20/FY21, the Public Health Emergency took its toll on Rehabilitative Services as many day programs were shut down during this period. This led to a significant decrease in spending for Rehabilitative Services. HCBS Waiver spending has increased over the last three years due to DDDS continuing to see a significant increase in service recipients with a critical need for Residential Habilitation due to their substantial behavioral support needs related to challenging behaviors. The increase of service recipients needing intense staffing supports has resulted in an increased cost per person. With the addition of HCBS targeted to supporting people living in their own or family home, participants with lower support needs can remain at home. Only service recipients with highest support needs or greatest risk are approved for residential habilitative. The cost per person for this service continues to increase for this reason. Another contributing factor for the increased cost per person for this service was the unanticipated closures of day services due to Covid-19, which resulted in additional hours of support being authorized for individuals that were in quarantine with their residential provider staff around the clock beginning March 17, 2020.

#### Florida

Persons with I/DD by Size of Setting: For FY 2020 and 2021, Florida did not furnish nursing facility data.

#### Georgia

Persons with I/DD by Size of Setting: For FY 2020 and 2021, Georgia did not furnish nursing facility data.

#### Hawaii

Pages 1-6: Hawaii was not able to furnish all requested data during the 2020-2021 collection cycle. This may have affected the displayed values in the graphs for those years. Unfurnished data may be replaced with a zero value.

#### Idaho

Federal I/DD Medicaid Spending by Revenue Source: Idaho had a consistent increase to our DD member population during these years (2015-2021) and the utilization per member has increased as well. We also had a few rates increase during this time.

Persons with I/DD by Size of Setting: We had a large shift of Duals' members that moved to Managed Care that's serviced by Blue Cross and Molina. This contributed to less people in nursing facilities. Additionally, Idaho does not have private licensed facilities that have 16 or more beds. Unfortunately, historical reports incorrectly identified 2 facilities that fell into this category. These facilities were actually made up from multiple locations that had less than 16 beds but were billed under one facility.

## Indiana

Fiscal Effort for I/DD Services: The COVID-19 pandemic was declared in March 2020. Many providers closed and/or reduced services from March 2020 – June of 2021. Additionally, in June 2020, the state discontinued a state funded service.

## Kansas

Persons with I/DD by Size of Setting: The State changed its methodology to align with the report definitions, which reduced the number for persons in settings with 6 or less persons which had been over reported based on past methodology.

Individual and Family Support Spending: The State revised its methodology in 2016 to better align the State's services with the report definitions. This reduction was related to overreporting in the past. The State does not have documentation to speak to the decreased reporting in 2013.

Individual and Family Support Participants: The State changed its methodology to align with the report definitions, which reduced the number which had been over reported based on past methodology.

## Louisiana

Individual and Family Support Spending: There was a decrease in expenditures because with COVID there was a significant decrease in out-of-home services, including supported employment and day-habilitation.

## Maine

Persons with I/DD by Size of Setting: For FY 2020 and 2021, Maine did not furnish nursing facility data.

## Maryland

Pages 1-3: Increased expenditures due to COVID-19 pandemic include ARPA rate increase and Appendix-K Flexibilities. Significant reduction in Total HCBS family support funding due to DDA transition participants from FSS services into other waiver services because FSS was no longer a waived service.

## Massachusetts

Individual and Family Support Spending and Individual and Family Support Participants: The COVID-19 pandemic had a significant impact on reducing spending for both Supported Living and Supported Employment. For Supported Employment, the number of participants increased. However, programs were not consistently open due to quarantine, and individuals attended less often or were able to attend virtually, which led to a decrease in billing by providers.

## Michigan

Individual and Family Support Spending: For fiscal years 2020 & 2021, we changed the methodology and the code which we used to pull and summarize this data. After closer inspection, we believe that methodological change caused numerous issues within the presented data namely the exclusion of individuals from the counts. Due to these exclusions, we have rerun the data and applied the old methodology to show more accurate numbers.

## Mississippi

Total Public I/DD Spending for Services: A possible reason for the decrease in spending is the COVID-19 pandemic which resulted in services not being provided because providers had to close and slow recovery from the effects such as staffing and people not wanting to return. We also had an increase in deaths during this timeframe.

Individual and Family Support Spending: A possible reason for the increase in Family Supports could be the effects from the COVID-19 pandemic. When day programs shut down, in-home services increased to continue supporting people with I/DD.

## Montana

Individual and Family Support Spending and Individual and Family Support Participants: In January of 2020, a new division called The Early Childhood and Family Support Division (ECFSD) was created within DPHHS to better coordinate existing services for children and families. The Part C Early Intervention and Family Education and Support programs were moved from the Developmental Disabilities Program to ECFSD. This explains why there is a sharp decrease in both the number of families served and the expenditure of Title XX SSBG dollars between FY19 and FY20.

## Nebraska

Individual and Family Support Spending and Individual and Family Support Participants: Reasons for changes in patterns are that the budget for services increased, fewer services were being utilized during COVID, and increases in funding offers resulted in different waiver services being selected by the participants.

## Nevada

Pages 1-6: Nevada was not able to furnish any requested data during the 2020-2021 collection cycle. As such, values from FY 2019 were adjusted for inflation and carried over for years 2020-2021.

## New Hampshire

Persons with I/DD by Size of Setting: For FY 2020 and 2021, New Hampshire did not furnish nursing facility data.

## New Jersey

Individual and Family Support Spending: Due to the COVID-19 Pandemic and similar to other states, Day Programs across NJ were closed. As a result, there was a participant utilization shift to higher cost Community Based Support Services (CBS). Many participants have found these services to be more flexible than day habilitation programs. This has resulted in some participants electing to maintain CBS instead of shifting back to day habilitation programs after they reopened. Additionally, there have been rate increases over the same time period to increase wages for Direct Support Professionals.

## New Mexico

Individual and Family Support Participants: There were two major factors to the spike Fiscal year 2020 (FY20) and then decline of the Individuals and family Support Participants Fiscal year 2021 (FY21). The first is the Family Infant Toddler (FIT) program transition from Department of Developmental Disabilities Support Division (DDSD) to the Early Childhood Education Department (EECED). The EECED has a broader array of programs, Child Care Assistance, Home Visiting, New Mexico PreK, FIT, and Head start and Early Head Start programs increasing the number of individuals and families being supported. This change caused the spike in families being supported. The second factor that created the decline in families served fiscal years FY20 to FY21 numbers drop was due to Covid-19.

## New York

Persons with I/DD by Size of Setting and Individual and Family Support Participants: Beginning fiscal year 2016, New York shifted from aggregate-level to claim-level data sources for its State of the States submission. This permitted reliable counts of distinct (unduplicated) individuals participating in multiple current support programs for the first time. It also permitted the State to better distinguish service recipients by age. Participant counts for supported living/personal assistance arrangements were particularly impacted because those living in such arrangements often rely on packages of multiple services and supports. Hence, there is a steep drop in supported living/personal assistance participants in 2016. Because individuals participating in supported living/personal assistance arrangements are also a component of the “Community Residential – 1 to 6 Persons” category, there is a similar drop for those counts.

Individual and Family Support Spending: The data source change also led to a reallocation of service dollars between the supported living and family support expenditure categories, though the total combined expenditures for these categories did not change.

## North Carolina

Pages 3-6: The drop in persons observed between 2019-2021 and previous years is likely due to a change in the way the count of individuals served was calculated. In prior years, a duplicated count of individuals may have been used. This year we reported the average daily number of individuals served, particularly in non-residential services. Moreover, the mapping of services to service groups was slightly different and resulted in different counts of the average daily number of individuals served.

## Oregon

Graphs 1-6: ODDS Data took over doing the State of the State Report post 2015/2016, prior to that another department did all the reporting. It can be speculated that a section of services was not included that represented the introduction of the 1915 (K) Community Plan. The new plan increased the population we could serve and the expenditures associated with that increase.

## Pennsylvania

Persons with I/DD by Size of Setting: It's not clear why 6/Less persons decreased between FYs 2012-2013, but there are recollections of some data issues and items being pulled differently.

Individual and Family Support Spending: Family Support Services are generally provided through base funding. As our waiting list decreases, individuals have transitioned into waivers a broader array of services are available.

## South Carolina

Individual and Family Support Spending: The data reflects a significant decrease. The funding fluctuation is in large part due to the impact of the COVID pandemic on delivering day and family support services throughout the community. Most programs had to scale back or completely suspend their operations during this period.

## South Dakota

Pages 1-6: South Dakota was not able to furnish all requested data during the 2020-2021 collection cycle. This may have affected the displayed values in the graphs for those years.

## Tennessee

Persons with I/DD by Size of Setting: For FY 2020 and 2021, Tennessee did not furnish nursing facility data.

## Texas

Individual and Family Support Spending: For FY 2021, the state was not able to furnish data for Supported Living & Personal Assistance, and Supported Employment. As such, the state added \$0 to reflect missing data, but these numbers are not true zeros.

## Utah

Persons with I/DD by Size of Setting: For FY 2020 and 2021, Utah did not furnish nursing facility data.

Individual and Family Support Spending (5): DSPD received significant funding for rate increases over the years 2017-2021, as well as caregiver compensation being implemented during this time. Those likely impacted the overall amount.

## Washington

Federal I/DD Medicaid Spending by Revenue Source: More services from regular state plan Medicaid qualified for waivers during COVID Emergency, which bumped up waiver amounts. As you can see, HCBS Waiver expenditures increased significantly from SFY 2020 to 2021, which corresponds with a decline in “Other” Medicaid.

#### West Virginia

Individual and Family Support Participants: Family Support has been on the decline due to more individuals moving into supported living/personal assistance services.