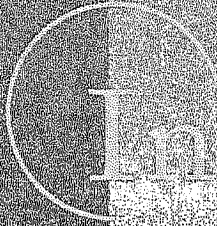


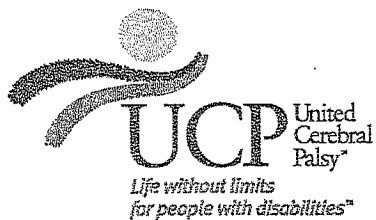
THE CASE FOR



Inclusion

2010

An Analysis of Medicaid for Americans with
Intellectual and Developmental Disabilities



HOUSE CHILDREN AND
FAMILIES
DATE: JANUARY 25, 2011
ATTACHMENT NO. 5-1

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About UCP

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

About the Author

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

Introduction

We release this report in the context of a nation struggling with the worst economic conditions since the Great Depression. States have been challenged to close unprecedented budget deficits over the past two years and are projected to have similar enormous budget deficits for the next two to three years.

Given these factors, this 2010 report needs to be taken in context. Data for this year's report is mostly from state fiscal year 2008 - for most states ending in June 2008 and before the most significant budget deficits. Therefore, this year's report is a look back of where states stood before the current recession and before states received significant boost in federal stimulus funding. The challenge for elected officials, families and advocates is to maintain the progress that has been achieved over the past three decades. We must not let the current economic crisis be an excuse to turn back the clock on Inclusion.

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

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

- People with disabilities will live in and participate in their communities;
- People with disabilities will have satisfying lives and valued social roles;

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

These commitments have been articulated in a number of legislative, administrative and judicial statements describing national policy.”¹

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

Beginning in 2006, UCP annually releases rankings of the 50 states and the District of Columbia to show what states are actually achieving. **Too often the goals of independence, productivity and community inclusion are at odds with reality.** The 2010 rankings use the same methodology and core data sets as the 2007, 2008 and 2009 rankings, allowing readers to appreciate how individual states have improved, regressed or remained the same.

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

Nationwide, Medicaid served 608,000 individuals with intellectual and developmental disabilities in 2008, up 72,000 (13.4 percent) from 536,000 in just three years. Medicaid spending rose to \$34.3 billion or about \$56,400 per person for 2008, up from \$29.3 billion in 2005 (17.0 percent increase in 3 years). Although this is a tiny portion of the 58.7 million individuals enrolled in Medicaid and the estimated \$339 billion spent in 2008, Americans with intellectual and developmental disabilities are some of the most vulnerable Medicaid recipients. Individuals with intellectual and developmental disabilities make up one percent of all Medicaid recipients, but a generous 10 percent of Medicaid spending.

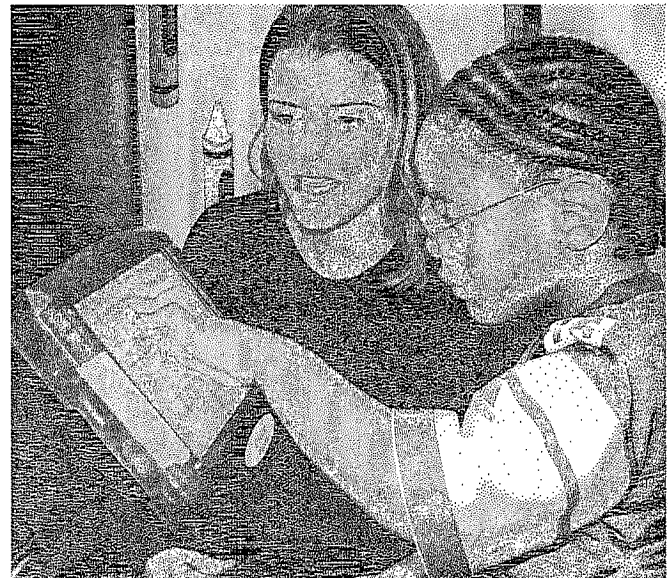
In addition to the noted Medicaid spending, states collectively spend an additional \$17.2 billion to support individuals with intellectual and developmental disabilities in the community.

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

As always, the state rankings in this report are a snapshot in time. Most data is from 2008, although all data is the most recent available from credible national sources. Unfortunately, the data sourced is only as good as that provided directly by the states to the federal government or in response to surveys.

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

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



What We Don’t Know but Should

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

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

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

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

Using This Report

This report is intended to help advocates and policymakers understand:

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

This report puts into a national context how each individual state is doing. Advocates should use this information to educate other advocates, providers, families and individuals, policymakers and their state administration on key achievements and areas needing improvement within their own state. These facts and figures can support policy reforms and frame debates about resource allocation for this population. Advocates can also use these facts to prioritize those areas that need the most immediate attention. Lastly, advocates can use these facts to support adequate and necessary ongoing funding and increasing resources in order to maintain their high quality outcomes, eliminate waiting lists, and close large institutions.

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

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

What the Rankings Revealed – More Work Needs to Be Done but Improvements Still Being Made over the Past Year

1) All states have room to improve outcomes and services for individuals with intellectual and developmental disabilities and must be particularly vigilant in the current economic climate.

2) Too many Americans with intellectual and developmental disabilities still do not live in the community, although real and notable progress have been made over the last year:

- Now four states (up from two just two years ago) have more than 95 percent of individuals served living in home-like settings (at home, in their family's home or in settings with three or fewer residents) – Arizona, Nevada, New Hampshire and Vermont.
- An impressive 22 states – up three from last year and an increase just 16 states in 2007 - have more than 80 percent of those served living in home-like settings.
- Positively, there are 1,140 fewer Americans living in large state institutions (more than 16 beds). However, there still remain 168 large state institutions (only one closed since last year's report) housing 35,035 Americans. From 2005 to 2008, 4,063 fewer Americans were living in these large state institutions marking real –but unfortunately slow - progress.
- Now 10 states (up from nine last year) report more than 2,000 residents living in large public or private institutions – California, Florida, Illinois, Mississippi, New Jersey, New York, North Carolina, Ohio, Pennsylvania & Texas.
- Overall, the number of Americans with intellectual and developmental disabilities living in large institutions (more than 16 beds, public or private) has decreased an impressive 8,113 from 2005 to 2008, with 57,462 still living in these institutions. Inclusion is still the trend, significantly so in some states, as noted below.
- The number of Americans with intellectual and developmental disabilities served in their own home or in a family home has skyrocketed by about 70,300 (to 704,500 in 2008 from 634,200 three years prior).
- Nine states – Alaska, Hawaii, Maine, New Hampshire, New Mexico, Rhode Island, Vermont and West Virginia, and the District of Columbia - have no large state institutions. Thirteen states have only one large state facility remaining. No change since last year.

3) Certain states are making substantial progress toward inclusion:

From 2005 to 2008, an impressive 13 states reduced the number of Americans living in large institutions by 20 percent or more – Washington (-91%), Minnesota (-50%), Wisconsin (-46%),

Oregon (-42%), Indiana (-37%), Nevada (-36%), Wyoming (-32%), Kentucky (-29%), Maryland (-29%), Louisiana (-23%), Maine (-22%), West Virginia (-20%) and Delaware (-20%). This is in addition of the 4 states and Washington, D.C. reporting no individuals living in large institutions – Alaska, Hawaii, New Mexico and Vermont.

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

- Nationally, 15.6 percent (down from 19 percent in three years) of those living in institutions consume 36 percent of all Medicaid funding spent on those with intellectual and developmental disabilities.
- Eleven states – Alaska, Arizona, Colorado, Hawaii, Maryland, Michigan, New Hampshire, New Mexico, Oregon, Rhode Island, and Vermont– direct more than 90 percent of all related funds to those living in the community rather than in large institutions.
- Nationally, 28 states direct more than 80 percent of all related funding to those living in the community.

5) Waiting list have increased dramatically overall, but performance is quite mixed by state. Most states are not serving all those in need:

- Overall the number of Americans with intellectual and development disabilities on waiting lists for residential services has increased 56 percent from 2005 to 2008 (to 115,000 from 74,000).
- Only seven states – California, D.C., Hawaii, Idaho, Massachusetts, Rhode Island, and Vermont - report maintaining a waiting list with no one waiting for residential services.
- Yet, eighteen states report having a residential services waiting list so large that their programs would have to grow by at least 25 percent to accommodate the need.
- There is a real divide among states – those meeting the need and those documenting the unmet need through a waiting list.

It is important to note that a state may have improved in some specific categories but may drop in the overall ranking. This is



primarily due to two factors: 1) A state's performance may have not improved as greatly as the national average and this would cause that state to fall in relation to other states as a whole. 2) A state may improve in one area but decline in another area. The weighted impact of that mixed performance may cause a state to fall in the rankings as well.

How the Rankings Were Developed

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

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

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

As noted, most data is from 2008, but all data is the most recent available from credible national sources. Therefore, these state rankings are a snapshot in time. Changes and reforms enacted or beginning in 2009 or later have not been considered. When reviewing an individual state's ranking, it is important to consider action taken since 2008, if any, to accurately understand both where that state was and where it is presently. Also, it is important to note that not all individuals with disabilities were considered. To limit the scope of the effort and to focus subsequent initiatives on meaningful, achievable improvement, only individuals with intellectual and developmental disabilities served were considered.

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

Movers and Shakers

More than the change from year to year, it is important to look at trends over time. Twenty-one states shifted at least six places in the rankings from 2007 to 2010 Case for Inclusion rankings. As previously noted, the variation in scoring among most states is very small. Therefore, small changes in outcomes can mean a significant change in rankings.

In total, 21 states had a sizable change in rankings over last four years. These states include:

State	2010	2009	2008	2007	Change from 2007 to 2010 (positive=improved)
Alaska	27	3	3	2	-25
Delaware	30	13	14	14	-16
Florida	37	18	16	18	-19
Georgia	17	31	32	30	13
Idaho	16	15	18	25	9
Indiana	44	42	41	37	-7
Iowa	33	39	39	39	6
Kentucky	31	38	38	40	9
Maryland	18	32	33	33	15
Missouri	25	29	28	41	16
Nevada	13	34	34	27	14
New Hampshire	3	4	9	11	8
Oklahoma	41	30	36	35	-6
Pennsylvania	15	16	15	29	14
Rhode Island	38	19	27	28	-10
South Carolina	35	17	17	15	-20
Utah	46	37	37	36	-10
Washington	4	25	20	20	16
West Virginia	22	23	24	16	-6
Wisconsin	20	22	23	31	11
Wyoming	29	28	25	17	-12

Why? The answer is different for each state.

Alaska- dropped so dramatically due to the number of people being served in a family home was previously estimated (by the state) at over 3,000 but for this year was reported as actually being just 79. This dramatic change illustrates the problems with using estimated data compared with hard facts.

Delaware – dropped primarily due to the state no longer participating in a national quality assurance effort. Delaware in the past participated in the National Core Indicators quality assurance program.

Florida – similar to Delaware, Florida dropped as a result on no longer participating in a national quality assurance effort. Florida in the past participated in the Council on Quality and Leadership program.

Georgia – improved almost in most areas by serving more individual in home-like settings and directed more resources to the community. Georgia also added a Medicaid Buy-in program.

Idaho - directed more people and resources to the community. Idaho also added a Medicaid Buy-in program.

Indiana – dropped due to the large increase in the number of individuals served in residential setting with 7-15 individuals and a large reduction in the number served in settings with fewer than 7

residents. Also, the percent of individuals in competitive employment dropped by more than half – to 22% in 2006 from 48% in 2004.

Iowa – improved due to its participation in a national quality assurance effort, the Council on Quality and Leadership program for numerous Iowa agencies.

Kentucky – improved performance in almost every measure – dramatically increased the portion of residents served in home-like settings to 90% from 83% and added a Medicaid Buy-in program.

Maryland – improved dramatically due to serving more people in the community and directing more resources to the community, began having private agencies participating in the Council on Quality and Leadership quality assurance program, and added a Medicaid Buy-in program.

Missouri – improved dramatically as a result of a striking increase in the portion of resources being directed at community services (to 82% in 2008 from 50% in 2005) and beginning to participate in a noteworthy quality assurance program, the National Core Indicators.

Nevada – improved as a result of an impressive increase in the portion of resources being directly at community services (to 86% in 2008 from 68% in 2005) and having providers begin to participate in a noteworthy quality assurance program, the Council on Quality and Leadership.

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

Oklahoma – dropped as a result of serving fewer people in home-like settings (from 75% of those served in 2005 to just 68% in 2008) and an increase of 2,700 people on their waiting list

Pennsylvania – improved dramatically due to substantial improvement in several areas including a significant increase in the number of individuals served (to 55,000 from less than 30,000), a substantial shift in more individual in community settings (less than 7 residents per setting, to 92% from 85%), a drop in population in large settings of 350, the closure of one state institution, and a reduction in its waiting lists

Rhode Island – dropped as a result of no longer participating in a quality assurance program, the National Core Indicators, but, positively, did add a Medicaid Buy-in program

South Carolina – dropped as a result of no longer participating in a quality assurance program, the National Core Indicators, but, positively, are directing more resources to the community (to 73% in 2008 from 55% in 2005)

Utah – dropped as a result of no longer participating in a quality assurance program, the Council on Quality and Research

Washington – improved in the rankings as started reporting the size of their waiting list and its being relatively small

West Virginia – dropped in rankings mostly due to not keeping pace with the rest of the country

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

Wyoming – dropped in ranking as a result of modest change in overall score among a group of tightly clustered states.

Subrankings of States in Four Key Outcomes And Data Elements

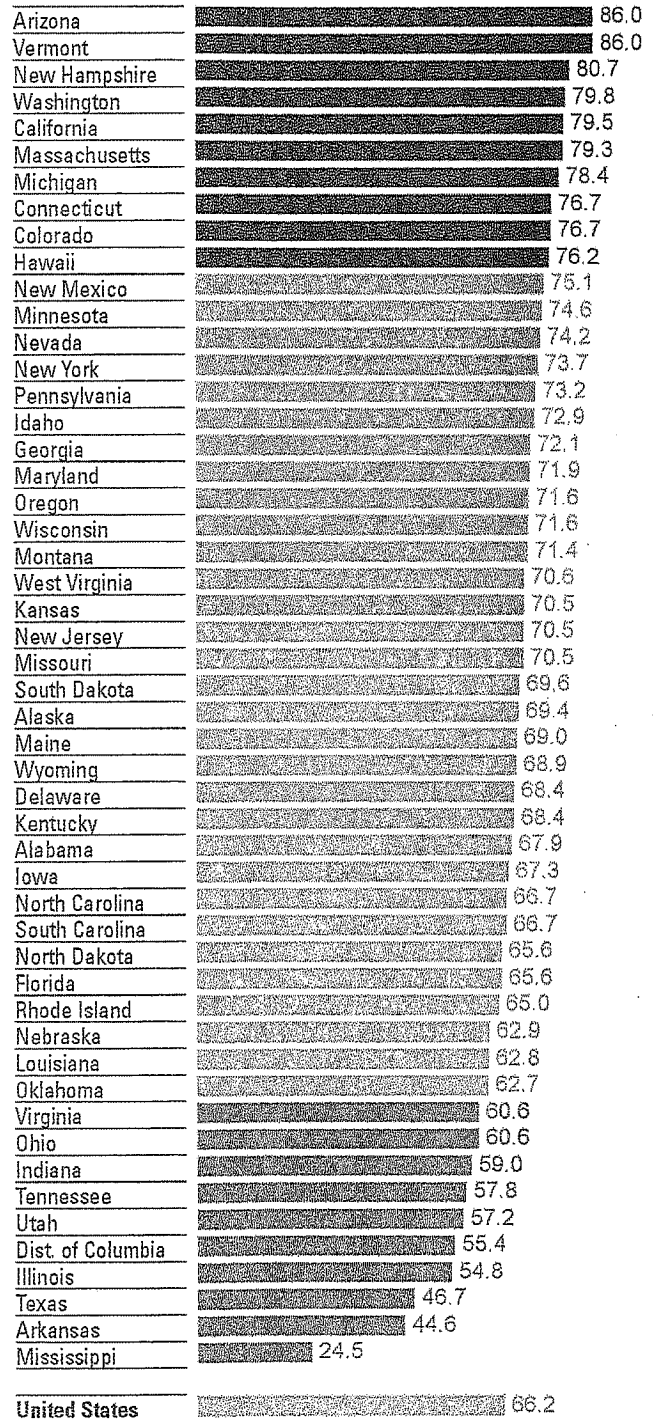
<i>Allocating Resources to Those in the Community (Non-ICF-MR)</i>			<i>Supporting Individuals in the Community and Home-like Settings</i>			<i>Keeping Families Together through Family Support</i>			<i>Supporting Meaningful Work</i>		
% of ID/DD Expenditures on non-ICF-MR	Rank		% Living in Settings with 1-3 Residents	Rank		Families Supported with Family Support per 100k of Population	Rank		% in Supportive or Competitive Employment	Rank	
100%	Alaska	1	98%	Nevada	1	537	New Mexico	1	77%	Oklahoma	1
99%	Vermont	2	98%	Vermont	2	348	New Hampshire	2	61%	Washington	2
99%	New Hampshire	3	95%	Arizona	3	309	Arizona	3	51%	Connecticut	3
99%	Michigan	4	95%	New Hampshire	4	308	Montana	4	48%	Vermont	4
98%	Oregon	5	93%	Idaho	5	261	South Dakota	5	45%	Louisiana	5
98%	Arizona	6	90%	California	6	228	Alaska	6	44%	Massachusetts	6
97%	Rhode Island	7	90%	Kentucky	7	228	New Jersey	6	38%	Maryland	7
95%	Colorado	8	89%	Washington	8	227	Connecticut	8	38%	Pennsylvania	7
94%	Hawaii	9	89%	New Mexico	9	224	California	9	35%	Alaska	9
94%	New Mexico	10	89%	Alaska	10	216	Massachusetts	10	35%	Colorado	9
93%	Maryland	11	88%	Hawaii	11	216	New York	10	34%	New Mexico	11
90%	Minnesota	12	87%	Georgia	12	214	Vermont	12	34%	Oregon	11
90%	Montana	13	85%	West Virginia	13	213	Hawaii	13	32%	Utah	13
89%	Alabama	14	85%	Colorado	14	211	South Carolina	14	30%	South Dakota	14
88%	California	15	81%	Delaware	15	206	Delaware	15	29%	Nebraska	15
87%	Kansas	16	81%	New Jersey	16	199	Wisconsin	16	29%	New Hampshire	15
86%	Nevada	17	81%	Florida	17	199	Wyoming	16	28%	Iowa	17
86%	Wisconsin	18	81%	Ohio	18	185	Pennsylvania	18	26%	Delaware	18
86%	Wyoming	19	80%	South Carolina	19	181	Louisiana	19	26%	Georgia	18
84%	Maine	20	80%	Maryland	20	157	Minnesota	20	24%	Michigan	20
84%	Georgia	21	80%	Tennessee	21	139	Maryland	21	23%	Virginia	21
84%	South Dakota	22	80%	Montana	22	139	Mississippi	21	22%	Florida	22
83%	West Virginia	23	79%	Alabama	23	131	Oklahoma	23	22%	Indiana	22
82%	Missouri	24	79%	Oregon	24	129	Kansas	24	22%	Ohio	22
82%	Connecticut	25	79%	Virginia	25	129	Missouri	24	21%	Kentucky	25
82%	Massachusetts	26	78%	North Carolina	26	123	West Virginia	26	21%	Maine	25
82%	Washington	27	78%	Michigan	27	117	Washington	27	21%	Wyoming	25
82%	Delaware	28	78%	Massachusetts	28	113	Florida	28	20%	Rhode Island	28
80%	Florida	29	77%	Missouri	29	113	Michigan	28	20%	Tennessee	28
78%	Pennsylvania	30	76%	Iowa	30	105	Ohio	30	20%	Texas	28
78%	Idaho	31	76%	Utah	31	105	Tennessee	30	19%	North Carolina	31
75%	Ohio	32	74%	Connecticut	32	103	Nevada	32	16%	Nevada	32
75%	Nebraska	33	73%	Maine	33	100	Texas	33	16%	Wisconsin	32
75%	Oklahoma	34	73%	New York	34	95	North Dakota	34	15%	Idaho	34
75%	Tennessee	35	72%	Kansas	35	87	Illinois	35	15%	Minnesota	34
74%	Dist. of Columbia	36	71%	Louisiana	36	76	Georgia	36	15%	Mississippi	34
73%	Indiana	37	71%	Indiana	37	74	Colorado	37	15%	North Dakota	34
73%	South Carolina	38	69%	Pennsylvania	38	69	Rhode Island	38	14%	Arizona	38
72%	Utah	39	68%	Oklahoma	39	67	Iowa	39	14%	Montana	38
70%	Kentucky	40	67%	North Dakota	40	66	Indiana	40	14%	New Jersey	38
70%	New York	41	67%	Nebraska	41	62	Alabama	41	13%	California	41
70%	Virginia	42	66%	Wisconsin	42	52	Utah	42	13%	Illinois	41
70%	North Carolina	43	66%	Dist. of Columbia	43	50	Idaho	43	12%	New York	43
66%	North Dakota	44	65%	South Dakota	44	49	North Carolina	44	12%	South Carolina	43
66%	Arkansas	45	65%	Minnesota	45	42	Kentucky	45	11%	West Virginia	45
63%	Iowa	46	63%	Texas	46	41	Maine	46	10%	Dist. of Columbia	46
61%	Illinois	47	62%	Rhode Island	47	38	Virginia	47	10%	Kansas	46
61%	New Jersey	48	59%	Wyoming	48	35	Oregon	48	9%	Missouri	48
59%	Texas	49	54%	Arkansas	49	32	Nebraska	49	8%	Hawaii	49
53%	Louisiana	50	50%	Illinois	50	28	Arkansas	50	5%	Alabama	50
30%	Mississippi	51	44%	Mississippi	51	0	Dist. of Columbia	51	2%	Arkansas	51
77%	US Average		81%	US Average		144	US Average		21%	US Average	

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

Best performing state ranks #1

State	2010	2009	2008	2007
Alabama	32	33	31	32
Alaska	27	3	3	2
Arizona	1	2	1	1
Arkansas	50	50	46	46
California	5	7	5	5
Colorado	9	9	7	8
Connecticut	8	10	10	6
Delaware	30	12	14	14
Dist. of Columbia	47	48	48	49
Florida	37	18	16	18
Georgia	17	31	32	30
Hawaii	10	8	8	12
Idaho	16	15	18	25
Illinois	48	47	49	47
Indiana	44	42	41	37
Iowa	33	39	39	39
Kansas	23	24	23	22
Kentucky	31	38	38	40
Louisiana	40	46	45	44
Maine	28	35	30	24
Maryland	18	32	33	33
Massachusetts	6	5	4	4
Michigan	7	6	6	9
Minnesota	12	13	12	7
Mississippi	51	51	51	51
Missouri	25	29	28	41
Montana	21	27	26	19
Nebraska	39	44	42	43
Nevada	13	34	34	27
New Hampshire	3	4	9	11
New Jersey	24	21	22	23
New Mexico	11	11	11	13
New York	14	14	13	10
North Carolina	34	36	35	34
North Dakota	36	40	43	38
Ohio	43	45	44	48
Oklahoma	41	30	36	35
Oregon	19	20	19	21
Pennsylvania	15	16	15	29
Rhode Island	38	19	27	28
South Carolina	35	17	17	15
South Dakota	26	26	29	26
Tennessee	45	43	40	42
Texas	49	49	50	50
Utah	46	37	37	36
Vermont	2	1	2	3
Virginia	42	41	47	45
Washington	4	25	21	20
West Virginia	22	23	20	16
Wisconsin	20	22	24	31
Wyoming	29	28	25	17

Scoring of States



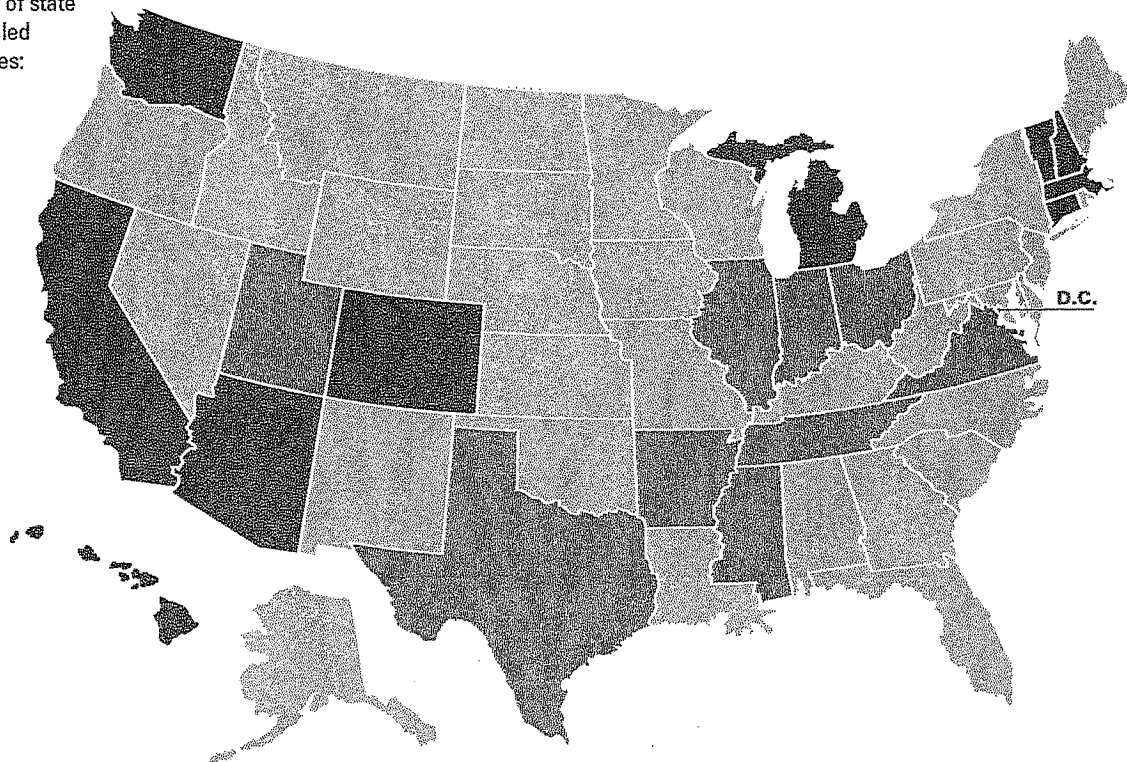
Map of Best and Worst Performing States

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

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

...and Bottom Ten:

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



Facts about the Top Ten States

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

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

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

Large and Small Population

- Includes the most populous - California (#1), and Michigan (#8) – as well as the least populous states –Hawaii (#42), New Hampshire (#41) and Vermont (#49)

Rich and Poor

- Includes some of the wealthiest states in median household income –Connecticut (#4), Hawaii (#5), Massachusetts (#9)

and New Hampshire (#1)– and less affluent states – Arizona (#33) and Michigan (#25)

High and Low Tax

- Includes high tax burden states – Connecticut (#9), Hawaii (#7), and Vermont (#1) – and low tax burden states –Arizona (#32), Colorado (#31), Massachusetts (#29), and New Hampshire (#50)

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

- Includes states with some of the highest spending per person served by the HCBS waiver – Connecticut (#10), Massachusetts (#10), and Vermont (#13)– as well as some that spend considerably less –Arizona (#45), California (#50), Colorado (#31), Hawaii (#33) and Washington (#38)

Ranking Methodology

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

State	Promoting Independence			Ensuring Community Involvement and Safety				
	Waivers that Can Promote Self-Determination			Quality Assurance			Abuse	
	Independence Plus Waivers	Other Self-Directed - 1115 or 1915(c) Waiver for ID/DD	Money Follows the Person - Award or Apply	Council on Quality and Leadership	National Core Indicators (HSRI)	Noteworthy State QA Initiatives	Protection and Advocacy Clients	% of all those served
Alabama				Yes	Yes		38	1%
Alaska						Yes	117	12%
Arizona		Yes			Yes		34	0%
Arkansas		Yes	Yes		Yes		734	15%
California	Yes	Yes	Yes		Yes	Yes	1,542	1%
Colorado	Yes	Yes		Yes		Yes	60	1%
Connecticut	Yes		Yes		Yes	Yes	45	0%
Delaware	Yes		Yes				26	1%
Dist. of Columbia			Yes				276	4%
Florida	Yes	Yes					180	0%
Georgia	Yes		Yes	Yes	Yes		206	1%
Hawaii			Yes		Yes		183	6%
Idaho	Yes						85	2%
Illinois			Yes	Yes	Yes		105	0%
Indiana			Yes	Yes	Yes		92	1%
Iowa			Yes	Yes	Yes		114	1%
Kansas			Yes	Yes			40	0%
Kentucky			Yes	Yes	Yes		69	1%
Louisiana	Yes	Yes	Yes	Yes	Yes		105	1%
Maine	Yes				Yes		166	4%
Maryland	Yes	Yes	Yes	Yes			75	3%
Massachusetts	Yes				Yes		136	0%
Michigan	Yes	Yes				Yes	51	0%
Minnesota			Yes	Yes		Yes	349	1%
Mississippi							162	3%
Missouri	Yes		Yes	Yes	Yes		143	1%
Montana	Yes						25	1%
Nebraska			Yes	Yes			91	2%
Nevada				Yes			112	2%
New Hampshire		Yes			Yes	Yes	48	2%
New Jersey	Yes	Yes	Yes	Yes	Yes		130	0%
New Mexico				Yes	Yes	Yes	259	7%
New York	Yes	Yes	Yes	Yes	Yes	Yes	35	0%
North Carolina	Yes		Yes	Yes	Yes		84	0%
North Dakota	Yes	Yes		Yes			10	1%
Ohio	Yes		Yes	Yes	Yes		610	1%
Oklahoma			Yes		Yes		53	0%
Oregon		Yes	Yes				51	0%
Pennsylvania			Yes	Yes	Yes	Yes	113	2%
Rhode Island							43	1%
South Carolina	Yes						23	0%
South Dakota				Yes	Yes		63	2%
Tennessee							50	1%
Texas			Yes	Yes	Yes		579	2%
Utah							20	0%
Vermont		Yes			Yes	Yes	68	2%
Virginia			Yes				86	1%
Washington			Yes		Yes		46	0%
West Virginia					Yes		156	1%
Wisconsin			Yes	Yes		Yes	88	0%
Wyoming					Yes	Yes	111	7%
United States	19	15	28	24	28	13	10,386	1%
United States - Est.								

Source	CMS	PAS Center	CMS & Mathematica	Council on Quality and Leadership	Human Services Research Institute	QualityMail.org	Administration on Developmental Disabilities
Table/Page			MRDD	Oggs in ST		QA & QI	Outcomes
Year of Data	2006	Nov-06	2007	2010	Jul-09	2010	2008

Appendix I Continued

State	Keeping Families Together								
	Family Support			Families Supported per 100k of Population	Cash Subsidy		Other Family Subsidy		% Individuals Living in Family Home
	Families	Spending	Spending per Family		Families	Spending per Family	Families	Spending per Family	
Alabama	2,900	\$ 4,488,569	\$ 2,72	62	0	N/A	2,300	\$ 232	51%
Alaska	1,516	\$ 4,668,000	\$ 3,079	223	1,516	\$ 3,000	8	\$ 15,000	8%
Arizona	16,361	\$ 21,505,759	\$ 1,314	309	575	\$ 1,526	17,786	\$ 119,668	50%
Arkansas	790	\$ 578,107	\$ 732	28	92	\$ 1,555	698	\$ 623	29%
California	84,029	\$ 127,819,818	\$ 1,521	223	0	N/A	81,926	\$ 3,389	70%
Colorado	3,432	\$ 6,235,187	\$ 1,817	74	0	N/A	3,432	\$ 1,817	75%
Connecticut	7,983	\$ 48,121,284	\$ 6,028	227	3,525	\$ 951	4,458	\$ 2,384	53%
Delaware	1,735	\$ 1,657,775	\$ 955	206	126	\$ 1,856	1,735	\$ 821	67%
Dist. of Columbia	0	\$ 0	\$ 0	0	0	N/A	0	N/A	0%
Florida	20,035	\$ 321,925,659	\$ 16,068	115	210	\$ 2,255	19,825	\$ 16,214	71%
Georgia	6,501	\$ 23,254,397	\$ 3,578	75	0	N/A	6,501	\$ 3,578	60%
Hawaii	2,739	\$ 31,276,613	\$ 11,419	215	0	N/A	2,739	\$ 11,419	66%
Idaho	209	\$ 205,222	\$ 982	39	0	N/A	209	\$ 982	23%
Illinois	11,114	\$ 62,531,939	\$ 5,626	87	2,611	\$ 13,815	8,503	\$ 3,112	37%
Indiana	4,130	\$ 28,815,651	\$ 6,978	66	0	N/A	4,130	\$ 6,978	30%
Iowa	2,902	\$ 30,565,329	\$ 10,533	67	378	\$ 4,239	1,624	\$ 17,834	37%
Kansas	2,549	\$ 43,221,821	\$ 16,958	121	348	\$ 2,405	2,201	\$ 18,742	32%
Kentucky	1,735	\$ 3,324,247	\$ 1,916	42	0	N/A	1,735	\$ 1,916	38%
Louisiana	8,281	\$ 118,768,349	\$ 14,342	181	1,705	\$ 2,318	6,576	\$ 13,543	59%
Maine	545	\$ 1,100,000	\$ 2,018	41	545	\$ 1,101	545	\$ 917	14%
Maryland	7,846	\$ 38,233,465	\$ 4,872	139	0	N/A	7,846	\$ 4,872	24%
Massachusetts	14,114	\$ 38,711,910	\$ 2,743	216	0	N/A	14,114	\$ 2,743	66%
Michigan	11,599	\$ 51,088,013	\$ 4,399	113	6,722	\$ 3,620	4,877	\$ 7,376	57%
Minnesota	8,183	\$ 182,768,481	\$ 22,335	157	2,346	\$ 5,709	5,837	\$ 29,018	50%
Mississippi	4,052	\$ 29,643,970	\$ 7,316	139	0	N/A	4,052	\$ 7,316	23%
Missouri	7,463	\$ 13,534,785	\$ 1,814	129	0	N/A	7,463	\$ 1,814	55%
Montana	0	\$ 0	\$ 0	0	0	N/A	0	\$ 0	0%
Nebraska	566	\$ 4,634,959	\$ 8,189	32	0	N/A	566	\$ 8,189	13%
Nevada	2,151	\$ 5,751,547	\$ 2,673	182	154	\$ 4,130	2,000	\$ 2,785	40%
New Hampshire	4,605	\$ 6,881,345	\$ 1,494	348	0	N/A	4,605	\$ 1,494	23%
New Jersey	20,013	\$ 59,125,073	\$ 2,954	283	951	\$ 4,529	19,062	\$ 3,874	71%
New Mexico	10,262	\$ 34,058,910	\$ 3,319	337	164	\$ 3,468	10,098	\$ 3,317	34%
New York	41,371	\$ 56,517,080	\$ 1,365	216	0	N/A	41,371	\$ 1,365	63%
North Carolina	4,255	\$ 27,304,416	\$ 6,417	49	0	N/A	4,255	\$ 6,417	58%
North Dakota	604	\$ 3,607,745	\$ 5,973	95	142	\$ 1,279	462	\$ 10,825	26%
Ohio	12,067	\$ 10,482,428	\$ 869	105	0	N/A	12,067	\$ 869	47%
Oklahoma	1,615	\$ 8,682,678	\$ 5,375	131	2,072	\$ 2,391	2,000	\$ 15,252	10%
Oregon	1,275	\$ 4,534,818	\$ 3,572	35	0	N/A	1,275	\$ 3,572	53%
Pennsylvania	32,999	\$ 61,865,337	\$ 1,877	185	0	N/A	32,999	\$ 1,877	55%
Rhode Island	753	\$ 10,343,464	\$ 13,736	69	50	\$ 3,402	703	\$ 14,471	28%
South Carolina	8,987	\$ 14,500,032	\$ 1,613	211	1,131	\$ 2,309	7,856	\$ 1,913	24%
South Dakota	2,019	\$ 3,161,365	\$ 1,566	261	0	N/A	2,019	\$ 1,566	26%
Tennessee	6,235	\$ 11,935,774	\$ 1,914	103	2,018	\$ 7,711	4,217	\$ 1,796	30%
Texas	22,980	\$ 50,174,833	\$ 2,183	100	2,674	\$ 1,870	20,306	\$ 2,225	17%
Utah	1,268	\$ 14,285,326	\$ 11,271	22	5	\$ 3,181	1,263	\$ 11,507	10%
Vermont	1,534	\$ 15,819,422	\$ 10,316	214	0	N/A	1,534	\$ 11,737	51%
Virginia	2,019	\$ 4,810,413	\$ 2,387	35	0	N/A	2,019	\$ 2,387	38%
Washington	7,292	\$ 48,177,202	\$ 6,607	117	2,513	\$ 2,019	6,392	\$ 6,743	69%
West Virginia	2,232	\$ 2,157,784	\$ 967	125	0	N/A	2,232	\$ 967	38%
Wisconsin	11,064	\$ 23,235,497	\$ 2,100	199	0	N/A	11,064	\$ 2,100	44%
Wyoming	1,010	\$ 13,037,112	\$ 12,908	199	0	N/A	1,010	\$ 12,908	33%
United States	428,803	\$ 2,305,149,428	\$ 5,376	144	40,866	\$ 3,046	389,684	\$ 5,596	62%
United States - Est.									

Source

Coleman Institute

Table/Page
Year of Data

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2006

State	Promoting Productivity									
	Medicaid Buy-In		Supported or Competitive Employment				Voc Rehab			
	Has?	Enrollm ent - 12/08	Participa nts	Utiliza tion	Spending	%	Total Number in Competitive Employment	per 100k of populatio n	% VR Wages to State Aver	Mean Weekly Hours Worked
Alabama			245	5	\$ 2,014,882	55%	7,534	162	50%	31
Alaska	Yes	239	316	48	\$ 3,812,415	35%	568	86	63%	33
Arizona	Yes	1,044	1,138	19	\$ 2,738,045	10%	1,925	30	50%	33
Arkansas	Yes	117	130	5	\$ 368,882	2%	2,447	87	64%	36
California	Yes	1,163	8,205	23	\$ 62,110,000	12%	13,586	38	42%	32
Colorado			1,982	43	DNF	55%	2,617	54	51%	31
Connecticut	Yes	4,540	4,051	116	\$ 61,013,054	31%	1,445	42	67%	31
Delaware			373	44	\$ 4,461,605	26%	905	105	43%	33
Dist. of Columbia			151	24	\$ 1,082,477	11%	576	28	33%	36
Florida			3,456	20	\$ 9,009,717	22%	12,411	69	63%	34
Georgia	Yes	1,411	3,202	70	\$ 74,807,915	20%	1,665	49	50%	31
Hawaii			114	9	\$ 496,800	8%	589	48	62%	31
Idaho	Yes	580	298	65	\$ 2,356,375	15%	1,003	138	62%	32
Illinois	Yes	647	3,518	28	\$ 19,662,872	13%	5,640	45	42%	30
Indiana	Yes	6,009	2,312	33	\$ 15,062,075	25%	4,365	70	38%	32
Iowa	Yes	12,376	2,823	95	\$ 5,617,835	28%	2,146	72	64%	32
Kansas	Yes	580	468	15	\$ 4,667,000	10%	1,632	61	31%	30
Kentucky	Yes		1,164	28	\$ 2,883,581	21%	4,949	117	60%	34
Louisiana	Yes	1,032	1,411	36	\$ 8,134,636	45%	2,745	64	35%	36
Maine	Yes	850	1,601	76	\$ 3,442,578	21%	730	56	64%	28
Maryland	Yes	333	3,364	64	\$ 18,167,715	23%	2,291	41	42%	31
Massachusetts	Yes	10,476	5,769	88	\$ 76,990,802	44%	3,446	54	46%	28
Michigan	Yes	11,441	4,587	64	\$ 28,138,550	24%	1,505	76	57%	32
Minnesota	Yes	7,205	2,946	57	\$ 13,161,136	15%	2,620	51	49%	29
Mississippi	Yes		100	14	\$ 1,868,541	15%	3,353	137	73%	30
Missouri	Yes		868	6	\$ 1,917,241	9%	4,365	75	51%	31
Montana	Yes		258	25	\$ 7,744,970	14%	915	96	66%	30
Nebraska	Yes	109	1,018	58	\$ 7,625,561	29%	1,545	88	57%	33
Nevada	Yes	44	268	12	\$ 2,874,646	10%	1,050	44	53%	34
New Hampshire	Yes	1,591	324	25	\$ 4,507,016	29%	1,219	93	54%	29
New Jersey	Yes	1,232	1,363	10	\$ 10,645,133	14%	4,565	51	10%	32
New Mexico	Yes	819	1,224	64	\$ 8,533,696	34%	1,692	87	64%	32
New York	Yes		8,203	43	\$ 45,374,000	12%	13,236	74	36%	31
North Carolina	Yes	50	1,853	21	\$ 9,209,328	19%	6,442	70	48%	32
North Dakota	Yes	526	366	48	\$ 2,121,796	15%	963	116	65%	35
Ohio	Yes	0	9,528	83	\$ 32,846,005	22%	9,656	85	66%	33
Oklahoma			802	86	\$ 25,805,417	77%	2,216	61	61%	26
Oregon	Yes	1069	1,264	35	\$ 15,358,500	34%	2,604	69	58%	31
Pennsylvania	Yes	1,042	9,118	73	\$ 50,567,014	18%	9,221	75	36%	32
Rhode Island	Yes	27	622	57	\$ 3,749,529	20%	750	72	52%	28
South Carolina	Yes		847	20	\$ 5,832,003	12%	4,663	196	52%	34
South Dakota	Yes	104	675	87	\$ 4,927,779	30%	861	109	56%	29
Tennessee			1,214	29	\$ 7,048,280	27%	2,484	47	55%	31
Texas	Yes	51	2,956	13	\$ 14,440,292	20%	11,724	49	49%	35
Utah	Yes	152	725	39	\$ 5,197,124	32%	3,310	122	45%	26
Vermont	Yes	624	831	131	\$ 7,212,384	48%	1,523	249	58%	29
Virginia	Yes	22	3,469	38	\$ 22,676,925	23%	3,012	53	42%	32
Washington	Yes	1290	4,140	66	\$ 26,376,608	61%	2,357	36	50%	28
West Virginia	Yes	303	117	23	\$ 1,912,303	11%	1,273	90	69%	35
Wisconsin	Yes	13,150	2,736	49	\$ 16,450,726	16%	3,641	66	59%	29
Wyoming	Yes	167	250	39	\$ 2,128,286	21%	699	154	59%	32
United States		43	83,424	110,359	\$ 708,872,399	21%	195,626	65	56%	
United States - Est.			109,000							

Source: National Consortium for Health Systems Development; Coleman Institute; US Dept of Education, Office of Special Education and Rehabilitation Services

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Year of Data: Dec-08 2006 2008 2005

Appendix I Continued

State	Reaching Those in Need								
	Waiting Lists					Prevalence		Individuals with ID/DD served per 100k of population	Ratio of Prevalence to Individuals Served
	Waiting List for Residential Services	% Growth in Residential Services Required to Meet Waiting List	Waiting List - ID/DD HCBS - Kaiser	% Growth in HCBS Services Required to Meet Waiting List	Waiting List - Average	% Children with Mental Disability	% Adults with Mental Disability		
Alabama	136	12%	NA	NA	12%	6.1%	6.6%	151	2%
Alaska	618	68%	1,500	145%	106%	4.3%	5.2%	150	3%
Arizona	20	2%	NA	NA	2%	4.0%	4.8%	454	10%
Arkansas	870	24%	876	26%	25%	7.6%	7.3%	180	2%
California	0	0%	NA	NA	0%	3.6%	3.1%	504	12%
Colorado	1,390	30%	NA	NA	30%	3.8%	4.0%	172	4%
Connecticut	560	3%	1,730	32%	15%	4.4%	4.2%	122	1%
Delaware	180	18%	NA	NA	18%	6.0%	4.3%	358	8%
Dist. of Columbia	0	0%	NA	NA	0%	6.8%	4.3%	357	8%
Florida	4,683	31%	22,639	73%	52%	5.0%	4.6%	284	6%
Georgia	6,302	12%	10,504	101%	115%	4.4%	4.5%	171	4%
Hawaii	0	0%	NA	NA	0%	3.3%	3.5%	266	8%
Idaho	0	0%	NA	NA	0%	3.0%	3.1%	107	2%
Illinois	10,446	49%	NA	NA	49%	4.6%	3.7%	268	7%
Indiana	15,919	188%	33,725	35%	231%	3.2%	4.9%	234	5%
Iowa	99	1%	1,646	13%	7%	5.5%	4.8%	472	10%
Kansas	1,162	20%	1,631	20%	20%	5.2%	3.5%	307	7%
Kentucky	293	7%	2,753	89%	48%	7.0%	7.5%	149	2%
Louisiana	DNP	DNP	2,153	133%	133%	6.6%	4.3%	411	7%
Maine	69	2%	98	5%	5%	8.7%	6.8%	291	4%
Maryland	10,731	14%	NA	NA	14%	5.2%	3.7%	176	5%
Massachusetts	0	0%	NA	NA	0%	5.8%	4.4%	502	11%
Michigan	45	4%	NA	NA	0%	6.4%	3.0%	308	2%
Minnesota	2,641	20%	NA	NA	20%	4.9%	4.0%	312	13%
Mississippi	DNP	DNP	NA	NA	DNP	6.1%	7.7%	173	2%
Missouri	469	7%	NA	NA	7%	5.9%	5.8%	257	4%
Montana	398	22%	1,472	0%	43%	3.3%	3.6%	492	3%
Nebraska	1,914	59%	NA	NA	59%	5.1%	3.8%	210	6%
Nevada	511	30%	7,540	36%	55%	3.2%	3.1%	384	5%
New Hampshire	35	2%	NA	NA	2%	6.5%	4.5%	181	4%
New Jersey	4,720	10%	NA	NA	10%	4.2%	3.5%	142	1%
New Mexico	4,330	188%	1,141	30%	109%	4.5%	5.6%	185	3%
New York	4,201	0%	NA	NA	0%	4.3%	4.6%	648	7%
North Carolina	1,355	13%	NA	NA	13%	5.8%	5.3%	275	5%
North Dakota	DNP	DNP	NA	NA	0%	3.2%	3.4%	411	12%
Ohio	DNP	DNP	50,670	294%	294%	6.4%	5.4%	360	7%
Oklahoma	4,060	56%	19,267	32%	16%	5.7%	6.4%	107	3%
Oregon	3,260	56%	3,528	33%	45%	5.7%	5.5%	321	6%
Pennsylvania	2,974	3%	13,460	33%	41%	6.4%	5.0%	149	1%
Rhode Island	0	0%	NA	NA	0%	6.6%	5.4%	298	6%
South Carolina	1,057	40%	1,226	27%	32%	4.9%	5.2%	418	7%
South Dakota	3	0%	23	1%	0%	4.1%	4.3%	391	9%
Tennessee	1,572	29%	2,316	32%	30%	5.9%	6.2%	108	2%
Texas	DNP	DNP	58,449	337%	337%	5.1%	4.5%	122	3%
Utah	180	6%	1,654	47%	26%	4.7%	4.3%	192	6%
Vermont	0	0%	NA	NA	0%	7.6%	5.6%	491	9%
Virginia	3,076	7%	1,524	10%	57%	5.1%	3.9%	216	6%
Washington	DNP	DNP	829	9%	9%	5.6%	5.6%	304	5%
West Virginia	17	1%	305	3%	7%	6.5%	8.5%	260	3%
Wisconsin	3,632	36%	3,930	30%	33%	5.6%	4.2%	327	8%
Wyoming	55	4%	113	5%	5%	8.0%	5.2%	416	8%
United States	98,622	23%	253,306	49%	36%	5.1%	4.8%	313	7%
United States - Est.	114,916	26%							

Source: Research and Training Center on Community Living; Kaiser Family Foundation; US Census Bureau, ACS
 Table/Page: T. 2.5, P. 71
 Year of Data: 2008

Report Data Sources

Organization

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

Link for Data Referenced

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