

## Fact Sheet

# The 26 Indicators in the 2020 LTSS State Scorecard: What You Need To Know Guide

	Short Name	Indicator	Description	Example (Interpretation)
<b>Dimension 1: Affordability and Access</b>				
1	Nursing home cost	Median annual nursing home private pay cost as a percentage of median household income ages 65+	The typical cost of a year in a nursing home as a percentage of typical income of ages 65+ households. This is an indicator of the affordability of privately paid nursing home care.	For example, if the median income is \$40,000/year and the median cost of nursing home care is \$80,000/year, the indicator value would be 200%. This means that the typical price of a year of nursing home care in the state is twice as much as the typical level of household income among people ages 65+ in the state.
2	Home care cost	Median annual home care private pay cost as a percentage of median household income ages 65+	The typical cost of 30 hours per week of home health aide services as a percentage of typical income of ages 65+ households. This is an indicator of the affordability of privately paid home care.	For example, if the median income is \$40,000/year and the median cost of 30 hours of home care is \$30,000/year, the indicator value would be 75%. This means that the typical price of 30 hours per week of home care for a year in the state is three-quarters (75%) of the typical level of income among ages 65+ households.
3	Long-term care insurance	Private long-term care insurance policies in effect per 1,000 population ages 40+	The number of people who have group and individual stand-alone and hybrid private long-term care insurance (which can help them pay for LTSS, if they need it) per 1,000 people ages 40+	For example, a rate of 30 means that there are 30 private long-term care insurance policies in effect for every 1,000 people ages 40+ in the state. Because nearly all private long-term care insurance policyholders ages 40+, a rate of 30 means that about 3% of people ages 40+ have this type of insurance.

	Short Name	Indicator	Description	Example (Interpretation)
4	Low-income people with disabilities with Medicaid	Percentage of adults ages 21+ with an ADL disability at or below 250% of the Federal poverty level receiving Medicaid or other government assistance health insurance	The percentage of adults with disabilities and low income (i.e., income at or below 250% of the poverty level) who have Medicaid (or other need-based public health insurance).	For example, a rate of 49.6% means that, among low-income adults with disabilities in the state, one-half have Medicaid or similar need-based public health insurance coverage.
5	People with disabilities with Medicaid LTSS	Medicaid LTSS users per 100 people with an ADL disability	An estimate of the number of older adults and people with physical disabilities receiving Medicaid LTSS during the year, divided by the number of people in the state with an ADL disability (i.e., difficulty with self-care).	For example, a rate of 42 means that there is an average of 42 Medicaid LTSS participants for every 100 people with self-care disabilities. Most (but not all) Medicaid LTSS users have a self-care disability (e.g., intellectual disabilities, dementia).
6	ADRC/NWD functions	ADRC/No Wrong Door functions (composite indicator, scale 0–100%)	On a scale of 0 (lowest) to 100%, the extent of state progress toward developing No Wrong Door (NWD) systems using 41 criteria provided by ADRC/NWDs that help people of all incomes and types of disability navigate the LTSS system (including criteria like information and referral, person-centered planning, and continuous quality improvement) and whether ADRC functions are available statewide. The indicator does not assess how “effective” the ADRC/NWD is at performing these functions. States receive up to 3 points ranging from 0 (not in place) to 3 (fully operational statewide). State scores were summed across all criteria to a total of 123 possible points. Scores are listed as a percentage of total possible points, rounded to the nearest whole percent.	For example, a score of 52% means that a state has achieved a total of approximately 64 out of a possible 123 points in terms of the state’s progress toward developing a fully functional NWD system.

	Short Name	Indicator	Description	Example (Interpretation)
<b>Dimension 2: Choice of Setting and Provider</b>				
7	Medicaid LTSS balance: spending	Percentage of Medicaid and state-funded LTSS spending going to HCBS for older people and adults with physical disabilities	The percentage of Medicaid and state funded LTSS spending for HCBS typically used by older adults and adults with physical disabilities.	For example, a rate of 26.4% means that 26% of the state's Medicaid spending on LTSS for older adults and adults with physical disabilities pays for HCBS and the other 74% pays for nursing home services.
8	Medicaid LTSS balance: users	Percentage of Medicaid aged/disabled LTSS beneficiaries receiving HCBS	An estimate among older adults and people with physical disabilities who receive Medicaid LTSS during the year, of the percentage who received services in their home or community as opposed to a nursing home.	For example, a rate of 30.8% means that less than one-third of older adults and people with physical disabilities who received Medicaid LTSS during the year received services in HCBS settings (e.g., home care, assisted living).
9	Self-direction	Number of people self-directing services per 1,000 population with disabilities	The number of people who receive self-directed services through Medicaid (or other public program) per 1,000 people (all ages) with disabilities. With self-directed services, individuals can hire and direct their LTSS providers (in contrast to receiving services authorized by the program from a home care agency).	For example, a rate of 9.6 means that approximately 10 out of every 1,000 people with disabilities in the state (or 1.0%) receive self-directed LTSS (i.e., services that they direct themselves) through Medicaid or another public program. Note that not all people with disabilities have LTSS needs, so it is not reasonable to set a goal of 100%.
10	Home health aide supply	Home health and personal care aides per 100 population ages 18+ with an ADL disability	The supply of workers who provide personal assistance to individuals in their homes. Specifically, it is the number of home health and personal care aides per 100 adults ages 18+.	For example, a rate of 10 means that there are 10 personal care and home health aide workers for every 100 adults ages 18+ with self-care disabilities in the state.

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11	Assisted living supply	Assisted living and residential care units per 1,000 population ages 75+	The supply of units (rooms or apartments) in state-regulated assisted living and other community-based residential settings (i.e., not nursing homes) that provide room and board with at least two meals a day and around-the-clock on-site supervision; provide help with personal care; have four or more licensed, certified, or registered beds; have at least one resident currently living in the community; and serve a predominantly adult population. Specifically, it is the number of units in assisted living facilities and other community-based residential settings per 1,000 people ages 75+.	For example, a rate of 30 means that there are 30 units (rooms or apartments) in assisted living or similar settings for every 1,000 people ages 75+ in the state.
12	Adult day services supply	Adult day services total licensed capacity per 10,000 population ages 65+	The maximum number of participants allowed at any one time at licensed adult day services centers in each state. The allowable daily capacity at each adult day services center location is usually determined by law or fire code but may also be a program decision. Adult day services centers identify as adult day care, adult day services, and adult day health services centers.	For example, a rate of 60 means that a maximum of 60 participants per 10,000 people ages 65+ older (or 0.6% of older adults) can be accommodated in adult day services centers in the state at any one time.
13	Subsidized housing opportunities	Subsidized housing opportunities (place-based and vouchers) as a percentage of all housing units.	The number of place-based subsidized housing units (where the subsidy is tied to the housing unit) plus the number of authorized federal housing choice vouchers (where the subsidy is tied to the person or family), as a percentage of all housing units in the state.	For example, a rate of 5.9% means up to 5.9% of the housing units in the state could potentially be subsidized for low-income individuals who need housing assistance.

	Short Name	Indicator	Description	Example (Interpretation)
<b>Dimension 3: Quality of Life and Quality of Care</b>				
14	People with disabilities rate of employment	Rate of employment for adults ages 18–64 with an ADL disability relative to rate of employment for adults ages 18–64 without an ADL disability	The ratio (expressed as a percentage) of the proportion of adults ages 18–64 with disabilities who are employed (part time or full time) to the proportion of adults ages 18–64 without disabilities who are employed. (These employment rates are based on all people and not just those “in the labor force.”) A higher ratio indicates higher performance.	For example, if the employment rate is 20% for adults with disabilities and 79% for adults without disabilities, then the indicator would be 25% (20/80 expressed as a percentage). A rate of 25% means that the employment rate among people with disabilities is one-fourth (25%) as high as the employment rate among adults without disabilities.
15	Nursing home residents with pressure sores	Percentage of long-stay, high-risk nursing home residents with pressure sores	The percentage of long-stay, high-risk nursing home residents impaired in bed mobility or transfer, comatose, or suffering malnutrition who have stage 2–4 or unstageable pressure sores on target assessment.	For example, a rate of 8.3% means that, among long-stay nursing home residents at high risk for pressure sores in the state, 1 in 12 has stage 2–4 or unstageable pressure sores.
16	Nursing home antipsychotic use	Percentage of long-stay nursing home residents who inappropriately receive an antipsychotic medication	The percentage of long-stay nursing home residents who are receiving an antipsychotic medication on target assessment. Criteria exclude nursing home residents with a diagnosis of bipolar disorder, schizophrenia, Tourette’s syndrome, or Huntington’s disease. A lower percentage indicates a higher quality of care.	For example, a rate of 17% means that about one in six long-stay nursing home residents were receiving (likely inappropriately) antipsychotic medications.
17	HCBS quality benchmarking	HCBS quality cross-state benchmarking capability	A composite indicator constructed from state adoption of four standardized quality monitoring tools that can be used to benchmark HCBS quality and make cross-state comparisons. Points are awarded based on the state’s utilization of the following monitoring tools: <ol style="list-style-type: none"> <li>1. National Core Indicators–Aging and Disabilities (NCI-AD)</li> <li>2. Consumer Assessment of Healthcare Providers and Systems–Home- and Community-Based Services Survey (HCBS-CAHPS)</li> <li>3. Behavioral Risk Factor Surveillance System–Emotional Support and Quality of Life Support (BRFSS-ES-QOL) Module</li> <li>4. National Committee for Quality Assurance (NCQA) Statewide Accreditation</li> </ol>	Overall, state scores ranged from 0 to 3.6 out of a total 5.0 possible points. Due to the complexity of the scoring methodology, readers should refer to exhibit A17 in the 2020 LTSS State Scorecard report for information on how each score was calculated. For this Scorecard, three-quarters of states used at least one standardized quality monitoring tool for cross-state benchmarking; 11 states used multiple monitoring tools. NCI-AD was the most commonly used standardized monitoring tool.

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<b>Dimension 4: Support for Family Caregivers</b>				
18	Supporting working caregivers	Supporting working caregivers (composite indicator, scale 0–17.0)	On a scale of 0 (lowest) to 17.0, the extent to which the state has legal and other supports for family caregivers, such as expanded FMLA requirements, paid family leave and sick days, unemployment insurance laws addressing family caregivers who voluntarily quit their job to care for an ill or disabled family member, and policies to protect employed caregivers from discrimination.	For example, a rate of 1.6 means that the state has achieved a score of 1.6 out of a possible 17.0 on a measure of the extent to which it has legal and other supports that help family caregivers. Many of the policy measures in this indicator are adopted by only a few states, so all states fall well short of 17.0 points.
19	Person- and family-centered care	Person- and family-centered care (composite indicator, scale 0–5.5)	On a scale of 0 (lowest) to 5.5, the extent to which the state addresses the person- and family-centered needs of family caregivers, such as whether states adopted spousal impoverishment provisions in Medicaid HCBS, conducted an assessment of family caregiver needs for some of their HCBS and caregiving programs, and enacted the CARE Act.	For example, a rate of 2.7 means that the state has achieved a score of 2.7 out of a possible 5.5 on a measure of the extent to which the state addresses the person- and family-centered needs of family caregivers.
20	Nurse delegation and scope of practice	Nurse delegation and scope of practice (composite indicator, scale 0–5.0)	<p>The number of health maintenance tasks (out of a sample of 16 selected for high importance in supporting family caregivers) that the state allows a home care worker to perform (e.g., medication administration; tube feedings; bowel, bladder, and respiratory care) through delegation by a nurse. Each delegated task receives 0.25 points, up to a maximum of 4.0. Delegation can provide assistance to family caregivers who otherwise would need to perform these tasks themselves or incur higher costs by paying a nurse to perform them.</p> <p>The extent to which state practice and licensure laws permit a nurse practitioner to be able to practice to the fullest extent of their education and training. Scope of practice includes three levels of authority: full practice authority (1.0 point); reduced practice (0.5 points); and restricted practice (0 points).</p>	For example, a state that allows home care workers to perform 13 out of the 16 selected health maintenance tasks and has reduced scope of practice for nurse practitioners would have an indicator score of $3.75 = (13 * 0.25 + 0.5)$ .
21	Transportation policies	Transportation policies (composite indicator, scale 0–1.0)	On a scale of 0 (lowest) to 1.0, the extent to which state volunteer driver policies provide protection from unreasonable or unfair increases in liability or insurance rates. This indicator is effectively a binary, full or no credit, indicator. All states tied for either the best or worst state.	For example, a rate of 1.0 means that the state has achieved the maximum score on this measure and has policies to protect drivers from insurance cancellation or rate increases for volunteer driving activities.

	Short Name	Indicator	Description	Example (Interpretation)
<b>Dimension 5: Effective Transitions</b>				
22	Nursing home residents with low care needs	Percentage of nursing home residents with low care needs	The percentage of nursing home residents ages 65+ who have relatively low care needs, and who therefore could potentially receive LTSS in a different setting. A high rate for this indicator could mean that there is relatively low availability of alternatives to nursing homes, or adequate social and economic supports for people to remain in their homes.	For example, a rate of 12.5% means that one in eight nursing home residents in the state have LTSS needs that could very likely be met with community-based services, such as with home care or assisted living services, if such services were available to them.
23	Home health hospital admissions	Percentage of home health patients with a hospital admission	The percentage of home health patients with a Medicare claim for an unplanned admission to an acute care hospital during the 60 days following the start of home health services. A lower percentage indicates higher quality of care.	For example, a rate of 17% means that roughly one in six home health recipients were admitted to an acute care hospital.
24	Nursing home hospital admissions	Percentage of long-stay nursing home residents hospitalized within a six-month period	The percentage of long-stay residents (i.e., residing in a nursing home relatively continuously for 100 days) who were hospitalized within six months of baseline assessment. A lower percentage indicates higher quality of care.	For example, a rate of 20% means that nearly one in five long-stay nursing home residents were admitted to a hospital.
25	Burdensome transitions	Percentage of nursing home residents with one or more potentially burdensome transitions at end of life	The percentage of nursing home residents who encountered at least one transition that was potentially burdensome if it (a) occurred in the last 3 days of life, (b) included a lack of continuity of a nursing home before and after a hospitalization in the last 120 days of life, or (c) included multiple hospitalizations for any reason in the last 90–120 days of life.	For example, a rate of 24.8% means that about one in four nursing home residents encountered one or more potentially burdensome transitions at the end of life.
26	Successful discharge to community	Percentage of short-stay nursing home residents who were successfully discharged to the community	The proportion of Medicare post-acute care, skilled nursing home residents, ages 18+, who successfully discharged back to the community and had no unplanned rehospitalization and no death in the 31 days following discharge.	For example, a rate of 55% means that just over one-half of short-stay post-acute care nursing home residents successfully discharged back to the community (defined as home, with or without home care services), whereas 45% did not.

Notes: ADL = activity of daily living; ADRC/NWD = Aging and Disability Resource Center/No Wrong Door; BRFSS-ES-QOL = Behavioral Risk Factor Surveillance System—Emotional Support and Quality of Life Support Module; CARE Act = Caregiver Advise, Record, Enable Act; FMLA = family and medical leave act; HCBS = home- and community-based services; HCBS-CAHPS = Consumer Assessment of Healthcare Providers and Systems—Home- and Community-Based Services Survey; LTSS = long-term services and supports. NCI-AD = National Core Indicators—Aging and Disabilities; and NCQA = National Committee for Quality Assurance Statewide Accreditation. See the LTSS State Scorecard Methodology Overview and Detailed Indicator Descriptions on [www.longtermscorecard.org](http://www.longtermscorecard.org) for the detailed data description for each indicator. Source: Long-Term Services and Supports State Scorecard, 2020.



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