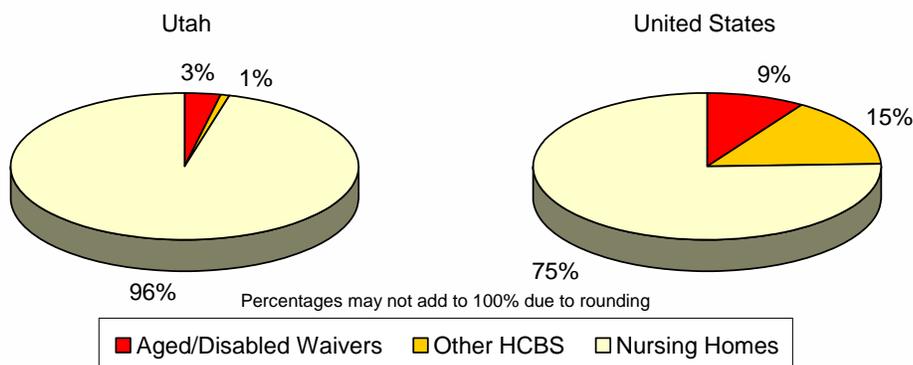


State Long-Term Care Reform in **UTAH**

Medicaid Long-Term Care Spending for Older People and Adults with Physical Disabilities in Utah and the U.S., 2006



Compared to the U.S. average, Utah allocates a much greater percentage (96 percent) of its Medicaid long-term care (LTC) spending for older people and adults with physical disabilities to nursing homes, even though most people prefer to remain in their own homes and communities. In FY 2006, Utah spent 3 percent on waiver services and 1 percent on personal care services (PCS).

Type of Service	Medicaid Participants ¹			Expenditures (millions)		
	1999	2004	Change	2001	2006	Change
HCBS	3,624	2,731	-893	\$5	\$6	+\$2
Nursing Homes	5,513	5,403	-110	\$92	\$145	+\$52

Utah has one of the nation's most unbalanced LTC systems based on funding for older people and adults with physical disabilities, and Medicaid trends indicate that little progress has occurred in the state in recent years. The number of participants receiving home and community-based services (HCBS) decreased, while the number of participants in nursing homes remained relatively constant between 1999 and 2004. From FY 2001 to FY 2006, the increase in Medicaid spending on nursing homes was \$52 million, roughly 26 times the increase in spending on HCBS. In fact, the *increase* in Medicaid spending on nursing homes was more than eight times the *total* HCBS spending for older people and adults with disabilities.

¹ This analysis separates Medicaid participation and spending data for older people and adults with physical disabilities from the population with mental retardation/development disabilities (MR/DD) and other LTC populations. Participants and expenditures for HCBS include all 1915(c) waivers for older people and adults with physical disabilities, and the personal care services option, if the state offers it. All participants and expenditures for nursing homes are included, regardless of the participants' type of disability or reason for admission. Excluded are participants and expenditures for intermediate care facilities for mental retardation (ICF/MR), HCBS waivers for other populations such as MR/DD, home health, and individuals receiving LTC services through managed care programs. Participant numbers include all persons receiving services during the year, not the average number on a given day; the number of nursing home participants is greater than the number of nursing home beds in each state. The average number of Medicaid nursing home residents on any given day for each state appears in the *Tables* tab at the end of the full report *A Balancing Act: State Long-Term Care Reform (#2008-10)*.

Major Initiative

Utah has the sixth-fastest growth rate in the nation for persons age 65 and older. One study noted that, in Utah, one person will turn age 65 every 23 minutes in 2015. By 2030, Utah's 65 and over age group is projected to increase by 155 percent compared to the number of older persons in 2000.

In 2005, the state began a project called "The Utah Aging Initiative," a collaborative effort of Utah state agencies led by the Department of Human Services (DHS). The program seeks to raise state government awareness of the challenges presented by Utah's increasingly older population, and to stimulate planning efforts by these agencies.

"The Utah Aging Initiative"

The Utah Aging Initiative was created to examine the changing demographics in Utah and how the state can best accommodate the service needs of an increasing older population.

DHS has brought other state agencies together with the University of Utah Center for Public Policy and Administration to prepare plans for the aging of the Utah population. The Center held focus groups to gauge public attitudes about the issues the state should address, and, after these efforts and interviews with state agency officials, DHS and the Utah Center jointly published three reports in 2004 and 2005 (see References for titles and websites in the full report).

Other Developments

Long-Term Care Planning. In another move to facilitate the state's planning efforts for its aging population, the Utah legislature created the 21-member Commission on Aging in 2005. Although the Commission originally had only a two-year mandate, the 2007 legislature extended its work for another two years to July 1, 2009 (Senate Bill 26).

The Commission is facilitating "Utah 2030," a process through which every state agency is addressing and planning for the impact of the growing older population. All departments have designated a liaison to participate in the effort, with each department to develop a two-year plan. A report was scheduled for release in March 2008.

The Commission also supported the legislature's 2007 passage of the Utah Advance Health Care Directive Act and worked to assure that the 211 Information and Referral system provided effective service to older persons. Other initiatives included publishing a guide to financial security and guidelines for employers of caregivers.