

Arkansas Health Reform Legislative Task Force Subcommittee – State Development Center Average Cost Comparison

June 14, 2016

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- Optional Medicaid benefit
- Provide 24-hour residential services and active treatment
- Target population: persons with intellectual and developmental disabilities





Arkansas Human Development Centers Background

Fiscal Year 2016 Census and Budget

	2016						
	Census	ŀ	Annual Budget		verage Annual ending / Resident	Sp	ending Per sident, Per Diem
Arkadelphia	114	\$	14,787,267	\$	129,712.87	\$	355.38
Booneville	124	\$	15,770,030	\$	127,177.66	\$	348.43
Conway	466	\$	63,616,978	\$	136,517.12	\$	374.02
Jonesboro	106	\$	12,364,386	\$	116,645.15	\$	319.58
Warren	93	\$	11,973,784	\$	128,750.37	\$	352.74
Total	903	\$	118,512,445	\$	131,243.02	\$	359.57

Source: Arkansas Department of Human Services, provided 4/15/16.

Note: The budget data provided is inclusive of all funding sources. It includes direct and indirect costs, including administrative and allocated costs.

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Facilities in	Count of	
Operation	States	States
	1.4	Alabama, Alaska, Arizona, District of Columbia, Hawaii, Indiana, Maine, Michigan, Minnesota, New Hampshire, New Mexico,
0	14	Oregon, Rhode Island, Vermont
1 to 5	29	Arkansas, California, Colorado, Delaware, Florida, Georgia, Idaho, Iowa, Kansas, Kentucky, Louisiana, Maryland, Massachusetts, Montana, Nebraska, Nevada, North Carolina, North Dakota, Oklahoma, Pennsylvania, South Carolina, South Dakota, Tennessee, Utah, Virginia, Washington, West Virginia, Wisconsin, Wyoming
6 to 10	6	Connecticut, Illinois, Missouri, Mississippi, New Jersey, Ohio
11 to 15	1	Texas
16 to 20	0	
21 to 25	0	
26 to 30	1	New York

Source: The Research and Training Center on Community Living, Institute on Community Integration, 2016 (data as of 6/30/2013).

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State Trends

- 13 states and the District of Columbia did not have any large, state-operated ICFs as of June 30, 2013. Since 2013, additional states have closed facilities and some now no longer operate any facilities (i.e., Oklahoma).
- State updates:
 - Virginia: Agreed to close four of its five state ICFs as part of a settlement agreement with the Department of Justice. The Northern Virginia Training Center officially closed on 3/31/16 and the state's overall state ICF facility census has dropped from 1,200 in 2010 to 515 at present.
 - Connecticut: Recently announced plans to close the 500 bed Southbury state ICF facility by 2017/2018.
 - California: Recently announced plans to close the Sonoma, Fairview, and Porterville State ICFs by 2021, with Sonoma scheduled to close in 2018.
 - Tennessee: One remaining facility planned to close by June 30, 2016.

10 States with Highest Resident Total, as of June 30, 2013

State	# Residents
Texas	3,547
New Jersey	2,413
Illinois	1,810
California	1,567
North Carolina	1,272
Mississippi	1,212
Pennsylvania	1,041
Ohio	952
Arkansas	934
Washington	808
U.S. Total	23,084

Source: The Research and Training Center on Community Living, Institute on Community Integration, 2016.

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10 States with the Highest Average Facility Census, as of June 30, 2013

State	Avg. Residents / Facility
New Jersey	344.7
Florida	342.5
North Carolina	318.0
California	313.4
Texas	272.8
Illinois	258.6
Louisiana	234.0
Iowa	214.5
Pennsylvania	208.2
Utah	206.0
U.S. Average	144.3

Source: RISP, 2016.

- Arkansas average facility size: 186.8
- Nine states have between 150 – 250 average residents/facility: LA (234.0), IA (214.5), PA (208.2), UT (206.0), MS (202.0), WA (202.0), MA (172.0), KS 163.5), and VA (155.8).

Average Daily Spending, FY13

	Average	Estimated
	Daily	Annual
	Spending	Spending
New York	\$1,653	\$603,345
Delaware	\$1,209	\$441,285
Minnesota	\$1,179	\$430,335
Tennessee	\$1,168	\$426,320
Connecticut	\$1,133	\$413,545
Nebraska	\$1,089	\$397,485
Maryland	\$1,084	\$395,660
Kentucky	\$1,078	\$393,470
California	\$1,045	\$381,425
Pennsylvania	\$1,036	\$378,140
Massachusetts	\$1,019	\$371,935
Virginia	\$868	\$316,820
Colorado	\$846	\$308,790
Wisconsin	\$809	\$295,285
Wyoming	\$802	\$292,730
New Jersey	\$799	\$291,635
Idaho	\$763	\$278,495
North Dakota	\$762	\$278,130
Iowa	\$757	\$276,305

	Average	Estimated
	Daily	Annual
	Spending	Spending
Louisiana	\$692	\$252,580
Montana	\$627	\$228,855
North Carolina	\$573	\$209,145
Missouri	\$568	\$207,320
Washington	\$568	\$207,320
Nevada	\$563	\$205,495
Texas	\$563	\$205,495
Ohio	\$514	\$187,610
Mississippi	\$497	\$181,405
Oklahoma	\$497	\$181,405
Kansas	\$496	\$181,040
Utah	\$449	\$163,885
South Dakota	\$438	\$159,870
Illinois	\$412	\$150,380
South Carolina	\$405	\$147,825
Arkansas	\$388	\$141,620
Georgia	\$386	\$140,890
Florida	\$367	\$133,955
Arizona	\$354	\$129,210
United States	\$701	\$255,865
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Source: Braddock et al, "The State of the States in Intellectual and Developmental Disabilities: Emerging from the Great Recession," 2015.

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Average FY 13 Daily Spending, by 2013 Median Income



Spending on IDD Institutional Services, per capita (FY13) (in dollars)



Source: Rick Kemp, University of Colorado, 2016.

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Arkansas Bureau of Legislative Research

Analysis

- Total spending includes marginal and fixed costs. Average cost includes the total spending divided by the number of residents.
- States that are downsizing/closing facilities typically experience an increase in the average cost as the number of residents decreases.
- Several states that spend more per person than Arkansas either have had or have upcoming facility closures (examples include but are not limited to Minnesota, New Jersey, Oklahoma, and Tennessee).
- Arkansas has 5 facilities and is ranked 9 in total residents, which influences total spending but also *allows the state to spread fixed costs across more people* (decreasing average cost).
- Another factor relates to the state's cost allocation methodology. Some states may allocate more administrative expenses to their state facilities than others.

Marginal

- Function of # residents, # facilities a state operates
- Examples: consumable supplies and food, direct care staff

Fixed

- Not affected by # facilities or # residents
- Examples: Facility costs, certain administrative costs