

MICHIGAN

Citation Home for the Aged: Michigan Comp. Law §333.20106(3); 333.21301 et seq.;
 Michigan Administrative Rules 325.1901 et seq.
 Adult Foster Care: Michigan Comp. Law 400.701 et seq.
 Adult Foster Care Family Homes: Administrative Rules 400.1401 et seq.
 Adult Foster Care Small Group Homes: Administrative Rules 400.14101 et seq.
 Adult Foster Care Large Group Homes: Administrative Rules 400.15101 et seq.
 Adult Foster Care Congregate Facilities: Administrative Rules 400.2101 et seq.

General Approach and Recent Developments

The state licenses homes for the aged and AFC. There has been a prohibition of new adult foster congregate homes since the 1980s. There are only 11 congregate AFC facilities remaining licensed for 20+ residents. More than half of the AFCHs in Michigan are licensed for six or fewer beds. New home for the aged rules became effective August 1, 2004. New legislation regarding criminal background checks for home for the aged and AFC direct access staff became effective April 1, 2006.

Medicaid personal care coverage under the state plan is available to beneficiaries in AFC and homes for the aged. Waiver services are available to beneficiaries living in housing that may be operated as an unlicensed facility, that is, a facility or building that does not provide personal care services and therefore is not required to be licensed. Since these unlicensed settings are considered a person’s home, services can be received from providers of one’s choice.

Adult Foster Care

AFC varies based on the capacity of the home. AFC family homes “means a private residence with the approved capacity to receive six or fewer adults to be provided with foster care for five or more days a week and for two or more consecutive weeks. The AFC family home licensee shall be a member of the household, and an occupant of the residence.” Owners of AFC small and large group homes do not have to reside on site.

Web Address	Content
http://www.michigan.gov/afchfa	Rules, lists, forms, surveys
http://www.legislature.mi.gov/(S(bdqszm451ppjsg55zz33jz55))/mileg.aspx?page=getObject&objectName=mcl-400-726b	Dementia disclosure (Adult Foster Care)
http://www.legislature.mi.gov/(S(jcesbg452qetlk55aeyd52ak))/mileg.aspx?page=getObject&objectName=mcl-333-20178	Dementia disclosure (Homes for Aged)

Category	Supply					
	2007		2004*		2002*	
	Facilities	Units	Facilities	Units	Facilities	Units
Adult foster care -- family homes	1,201	5,663	1,247	5,825	1,266	5,913
Adult foster care -- small group homes	2,809	18,967	2,527	17,610	2,529	17,727
Adult foster care -- large group homes	495	6,414	485	9,001	477	8,839
Adult foster care -- congregate homes	11	398	13	491	13	491
Homes for the aged	190	14,653	190	14,588	191	14,656

* The figures were revised from the 2004 report.

Definition

Home for the Aged means a supervised personal care facility, other than a hotel, AFC facility, hospital, nursing home, or county medical care facility, that provides room, board, and supervised personal care to 21 or more unrelated, non-transient individuals 60 years of age or older. Home for the aged includes a supervised personal care facility for 20 or fewer individuals 60 years of age or older if the facility is operated in conjunction with and as a distinct part of a licensed nursing home.

Adult Foster Care. An AFC facility is a governmental or non-governmental establishment that provides foster care to adults. AFC facilities include AFC family homes, small and large group homes, and congregate homes who serve residents who are aged, mentally ill, developmentally disabled, or physically handicapped and require supervision on an on-going basis but who do not require continuous nursing care. There are four types of adult foster homes: family homes serving six or fewer residents and the licensee resides in the home; small group homes serving between one and 12 residents; large group homes serving between 13 and 20 residents; and congregate homes serving 21 or more residents.

Specialized Programs means a program of services or treatment provided in an AFC facility that is designed to meet the unique programmatic needs of the residents of that home or set forth in the assessment plan for each resident and for which the facility receives special compensation. Adult foster homes may apply for a certification for specialized programs for the mentally ill, developmentally disabled, or both populations. This certification is required in order to contract with community mental health agencies. Licensed AFC facilities must meet a higher standard to be certified to provide specialized services.

Unit Requirements

Home for the Aged. A single resident room must be a minimum of 80 square feet of usable space and 100 square feet for new construction. Multiple-bed resident rooms must provide a minimum of 70 square feet per bed of usable floor space and 80 square feet for new construction.

Adult Foster Care. A single bedroom must have at least 80 square feet of usable floor space; a multi-bed room must have at least 65 square feet of usable floor space per bed. A maximum of two beds are allowed per bedroom unless the facility has been continuously licensed since 1994 and the residents have agreed to reside in the multi-occupancy room, the

home is in compliance with all state fire safety and environmental standards, and the bedroom provides no less than 70 square feet of usable floor space per bed.

Admission/Retention Policy

Homes for the aged may not admit or retain an individual whose needs cannot be adequately met within the scope of the home's program statement. Prior to admission, a written service plan is completed by the home in cooperation with the individual identifying the person's specific needs for care, maintenance, services, and activities. The home may not accept a resident with a mental condition disturbing to other residents or personnel.

A resident who after admission to the home shows serious mental disturbance must be removed from the home. A resident in the home who becomes ill, injured, or disabled following admission, and requires intensive nursing care or nursing care on a 24-hour basis, may not remain in the home unless the resident's family, physician, and the facility consent to the resident's continued stay and agree to cooperate in providing the needed LOC and the necessary services. HFA residents may be transferred or discharged only for medical reasons, for his or her welfare or that of other residents, or for non-payment of his or her stay, except as provided by Title XVIII or Title XIX.

Adult Foster Care may not accept, retain, or care for residents who require continuous nursing care. This does not preclude the accommodation of a resident who becomes temporarily ill while in the home but does not require continuous nursing care, or accommodation of a person who is a hospice patient. Prior to admission, the licensee must complete a written assessment of the resident and determine that: the amount of personal care, supervision and protection that is required by the resident is available in the home; the kinds of services, skills, and physical accommodations that the resident requires are available in the home; and the resident appears to be compatible with other residents and members of the household.

Nursing Home Admission Policy

The criteria were revised in 2004. The state has adopted a system that uses seven "doors" to eligibility (see table).

Services

Homes for the aged provide supervised personal care. "Supervised personal care," means guidance of or assistance with ADLs provided to the resident by a home or an agent or employee of a home. "Supervision" means guidance of a resident in the ADLs, and includes all of the following: reminding a resident to maintain his or her medication schedule in accordance with the instructions of the resident's licensed health care professional, reminding a resident of important activities to be carried out, assisting a resident in keeping appointments, being aware

of a resident's general whereabouts, even though the resident may travel independently about the community, and supporting a resident's personal and social skills.

A home shall provide a resident with necessary assistance with personal care such as, but not limited to, care of the skin, mouth and teeth, hands and feet, and the shampooing and grooming of the hair. A home shall afford a resident the opportunity and instructions when necessary for daily bathing, oral and personal hygiene, daily shaving, and hand washing before meals. A home shall ensure that a resident bathes at least weekly and more often if necessary.

Adult Foster Care includes supervision, protection, personal care, medication administration, social activities, and assistance with ADLs. Homes must arrange for transportation services. "Foster care" means the provision of supervision, personal care, and protection in addition to room and board, for 24-hours-a-day, five or more days a week, and for two or more consecutive weeks for compensation. "Personal care" means personal assistance provided by a licensee or an agent or employee of a licensee to a resident who requires assistance with dressing, personal hygiene, grooming, and maintenance of a medication schedule as directed and supervised by the resident's physician, or the development of those personal and social skills required to live in the least restrictive environment. "Protection" means the continual responsibility of the licensee to take reasonable action to insure the health, safety, and well-being of a resident, including protection from physical harm, humiliation, intimidation, and social, moral, financial, and personal exploitation while on the premises, while under the supervision of the licensee or an agent or employee of the licensee, or when the resident's assessment plan states that the resident needs continuous supervision. "Supervision" means guidance of a resident in the ADLs, including all of the following: reminding a resident to maintain his or her medication schedule, as directed by the resident's physician, reminding a resident of important activities to be carried out, assisting a resident in keeping appointments, and being aware of a resident's general whereabouts even though the resident may travel independently about the community.

Dietary

Home for the Aged. A home shall meet the food and nutritional needs of a resident in accordance with the recommended daily dietary allowances of the Food and Nutrition Board of the National Research Council of the NAS, adjusted for age, gender, and activity, or other national authority acceptable to the department, except as ordered by a licensed health care professional.

A home shall offer three meals daily to be served to a resident at regular meal times. A home shall make snacks and beverages available to residents. A home shall work with residents when feasible to accommodate individual preferences. A home shall assure that the temporary needs for meals delivered to a resident's room are met. Medical nutrition therapy, as prescribed by a licensed health care professional and which may include therapeutic diets or special diets, supplemental nourishments or fluids to meet the resident's nutritional and hydration needs, shall be provided in accordance with the resident's service plan unless waived in writing by a resident

or a resident's authorized representative. A home shall prepare and serve meals in an appetizing manner.

Adult Foster Care. Administrators and/or licensees must have competency in nutrition. Homes serving seven or more residents must have a specific staff person who is experienced in food preparation by education or experience. Three nutritious meals must be provided according to the recommended daily allowances contained in the “Basic Nutrition Facts: A Nutrition Reference” published by the Michigan Department of Health. Special diets must be provided and prescribed by a physician.

Agreements

Home for the Aged. A home shall have a written resident admission contract, program statement, admission and discharge policy and a resident's service plan for each resident. At the time of an individual's admission, a home shall complete a written resident admission contract between the resident and/or the resident's authorized representative, if any, and the home. The resident admission contract shall, at a minimum, specify all of the following: that the home shall provide room, board, protection, supervision, assistance, and supervised personal care consistent with the resident's service plan; the services to be provided and the fees for the services; the notice to be provided by the home to the resident and/or the resident's authorized representative, if any, upon any change in fees; the transportation services that are provided, if any, and the fees for those services; the home's admission and discharge policy; the home's refund policy; and the resident's rights and responsibilities. If there is a change in a term or condition in the written resident admission contract, then the home or home's designee shall review the change with the resident and the resident's authorized representative, if any.

Adult Foster Care. The agreement includes: the assurance of the provision of care, supervision, and protection; description of services provided and the fee; costs in addition to the basic fee; description of the transportation services provided and the fee; agreement by the resident/family to provide necessary intake information; agreement to provide a current health care appraisal; agreement to follow house rules; agreement to respect and safeguard residents' rights and to provide a written copy of discharge policies and procedures, refund policy, statement of how funds and valuables are handled, and a statement that the home is licensed to provide care.

Provisions for Serving People with Dementia

Home for the Aged and Adult Foster Care facilities that represent to the public that they provide care and services to persons with Alzheimer's disease or related conditions are required to provide each prospective resident or surrogate decision maker a written description of the services provided by the facility to residents that include, but not limited to, all of the following:

- The overall philosophy and mission reflecting the needs of residents with Alzheimer's disease or related condition.

- The process and criteria for placement in or transfer, or discharge from a program for residents with Alzheimer's disease or related condition.
- The process used for assessment and establishment of a plan of care and its implementation.
- Staff training and continuing education practices.
- The physical environment and design features appropriate to support the function of residents with Alzheimer's disease or related condition.
- The frequency and types of activities for residents with Alzheimer's disease or related conditions.
- Identification of supplemental fees for services provided to patients or residents with Alzheimer's disease or related conditions.

Medication Administration

Home for the Aged and Adult Foster Care. A licensee, with a resident's cooperation, shall follow the instructions and recommendations of a resident's physician or other health care professional with regard to medication.

Medication shall be given, taken, or applied pursuant to labeling instructions or signed orders by the prescribing licensed health care professional. The giving, taking, or applying of prescription medications shall be supervised by the home in accordance with the resident's service plan. If a home or the home's administrator or direct care staff member supervises the taking of medication by a resident, then staff shall be trained in the proper handling and administration of medication, complete an individual medication log containing each medication's dosage, label instructions, time to be administered, initials of the person who administered the medication, and a resident's refusal to accept prescribed medication or procedures. For each medication prescribed on an as needed basis initiate a review process to evaluate a resident's condition if a resident requires the repeated and prolonged use of a medication that is prescribed on an as needed basis. Staff is not to adjust or modify a resident's prescription medication without written instructions from the prescribing licensed health care professional. Staff shall record, in writing, any instructions regarding a resident's prescription medication, and follow the instructions given. Upon discovery, contact the resident's licensed health care professional if a medication error occurs. If a resident requires medication while out of the home, then the staff shall assure the resident, or the person who assumes responsibility for the resident, has all of the appropriate information, medication, and instructions. A home shall take reasonable precautions to assure prescription medication is not used by a person other than the resident for whom the medication is prescribed. Prescription medication that is no longer required by a resident shall be properly disposed.

Public Financing

Medicaid personal care coverage has been available since 1983 through the state plan. Personal care services are provided to approximately 10,300 residents living in homes for the aged and AFC. The current rate is \$184.38 a month. AFC residents receive \$780.50 from SSI and the state supplement that includes a \$44 PNA. Homes for the aged residents receive \$802.30 from SSI and the state supplement, including a \$44 a month PNA.

Eligible beneficiaries may receive Medicaid waiver services in unlicensed ALFs and elderly housing buildings. Participation data is not tracked separately for persons in unlicensed facilities. Waiver coverage in licensed settings is under consideration.

In 2006, the legislature passed Public Act 345 which clarifies state policy on supplementation. The act states that “AFC facilities providing domiciliary care or personal care to residents receiving SSI or homes for the aged serving residents receiving SSI shall not require those residents to reimburse the home or facility for care for rates in excess of those legislatively authorized. To the extent permitted by federal law, AFC facilities and homes for the aged serving residents receiving SSI shall not be prohibited from accepting third-party payments in addition to SSI provided that the payments are not for food, clothing, shelter, or result in a reduction in the recipient’s SSI payment.”

Medicaid Participation					
2007		2004		2002	
Facilities	Participation	Facilities	Participation	Facilities	Participation
NA	10,300	NA	14,138	NA	13,000

Staffing

Home for the Aged. The home shall have a competent administrator who is responsible for operating the home in accordance with the established policies of the home. The home shall designate one person on each shift to be supervisor of resident care during that shift. The supervisor of resident care shall be fully dressed, awake, and on the premises when on duty. The supervisor of resident care on each shift shall do all of the following: assure that residents are treated with kindness and respect, protect residents from accidents and injuries, and be responsible for safety of residents in case of emergency. The home shall have adequate and sufficient staff on duty at all times who are trained and capable of providing for resident needs consistent with the resident service plans.

In addition the fire safety rules for existing homes for the aged require staffing as follows: 19-100 residents requires two attendants; 101-180 residents requires three attendants; 181-260 requires four attendants; each additional 80 residents requires one additional attendant.

Adult Foster Care. The ratio of direct care staff to residents shall be adequate as determined by the department to carry out the responsibilities defined in the act and administrative rules but not less than one staff to 15 residents during waking hours, and one staff

to 20 residents during normal sleeping hours for facilities licensed for 13-20 residents, and no less than one staff per 12 residents for facilities licensed for 1-12 residents. In all facilities there must be sufficient direct care staff on duty at all times for the supervision, personal care, and protection of residents and to provide the services specified in the resident's care agreement and assessment plan.

Training

Home for the Aged. The owner, operator, and governing body of a home shall appoint a competent administrator who is responsible for operating the home in accordance with the established policies of the home. An administrator shall be at least 18 years old and have education, training, and/or experience related to the population served by the home and be capable of assuring program planning, development, and implementation of services to residents consistent with the home's program statement and in accordance with the residents' service plan and agreements.

Adult Foster Care administrators must have at least one year of experience working with persons who are mentally ill, developmentally disabled, physically handicapped, or aged. Both the licensee of the home and the administrator must complete either 16 hours of training approved by the Michigan Department of Human Services or six credit hours at an accredited college or university in an area approved by the Michigan Department of Human Services.

A licensee and administrator must be trained and competent in the proper handling and administration of medication, nutrition, first aid, CPR, safety and fire prevention, financial and administration management, knowledge of the needs of the population served, resident rights, prevention and containment of communicable disease, and the Adult Foster Care Licensing Act and Administrative Rules.

A licensee or administrator shall provide in-service training or make training available to direct care staff and assure their competency before performing assigned tasks.

Staff Training

Homes for the Aged. The home shall establish and implement a staff training program based on the home's program statement, the residents service plans, and the needs of employees including reporting requirements and documentation, first aid, personal care, resident rights and responsibilities, safety and fire prevention, containment of infectious disease and standard precautions, and medication administration, if applicable. The home's administrator or its designees are responsible for evaluating employee competencies.

Adult Foster Care. Direct care staff shall be able to complete required reports and follow written and oral instructions that are related to the care and supervision of residents suitable to meet the physical, emotional, intellectual, and social needs of each resident, and capable of appropriately handling emergency situations. Direct care staff must receive in-service training and be competent before performing assigned tasks in all of the following areas: reporting

requirements, first aid, CPR, personal care, supervision and protection, resident rights, safety and fire prevention, and prevention and containment of communicable diseases. Direct care staff must be trained in the proper handling and administration of medication before supervising the taking of medication by a resident.

AFCHs certified to provide a specialized program for either developmentally disabled or mental ill individuals must meet additional training requirements. All staff who work independently or staff who function as lead workers must have successfully completed a course of training which imparts basic concepts required in providing specialized dependent care and which measures staff comprehension and competencies to deliver each client's individual plan of service as written. Basic training must cover all of the following areas: an introduction to community residential services and the role of direct care staff, and an introduction to the special needs of clients who have developmental disabilities or have been diagnosed as having a mental illness. Training shall be specific to the needs of residents served by the home and basic interventions for maintaining and caring for a resident's health, for example, personal hygiene, infection control, food preparation, nutrition and special diets, and recognizing signs of illness. Additional training is also needed for the prevention of, preparing for, and responding to, environmental emergencies, for example, power failures, fires, and tornados, and non-aversive techniques for the prevention and treatment of challenging behavior of residents. Training shall be obtained from individuals or training organizations that use a curriculum that has been reviewed and approved by the department.

Background Check

As of April 1, 2006, a home for the aged or an AFCH shall not employ, independently contract with, (or grant clinical privileges -- Homes for the Aged only) to an individual who regularly has direct access or provides direct services to residents if the prospective employee has been convicted of a felony or misdemeanor, unless a certain period of time has elapsed since the conviction (in case of a felony all terms of either parole or probation must also have been satisfied). The criminal background check includes both a state, as well as a FBI fingerprint check.

Small and large AFC group homes must also submit the name of any employee or volunteer who is on a court-supervised probation or parole or who has been convicted of a felony. All AFC license applicants, licensee designees, administrators and household members must also have their criminal records evaluated by the department to determine good moral character.

Monitoring

AFCHs are inspected by the Department of Human Services, Department of Labor and Economic Growth for fire safety inspections, and local health authorities. Homes for the aged are inspected annually by the Department of Human Services and the Department of Labor and Economic Growth for fire safety.

The Department of Human Services minimally inspects AFCHs every two years. All facilities licensed for 7+ residents also have annual fire safety inspections.

Fees

Licensing Fees		
Type	Original	Renewal
Adult foster care home (1-6)	\$65	\$25
Adult foster care small group (1-6)	\$105	\$25
Adult foster care small group (7-12)	\$135	\$60
Adult foster care large group (13-20)	\$170	\$100
Adult foster care congregate (21+)	\$220	\$150
Home for the aged (21+)	\$3.135*	\$6.27**
* Per bed.		
** Per bed per year.		

Michigan Level-of-Care Criteria		
Door	Areas Scored	Threshold
1: ADLs	(A) Bed mobility, transfers, toilet use; and (B) eating.	Score of 6: (A) independent or supervision, 1; limited assistance, 3; extensive or total, 4; did not occur, 8. (B) independent/supervision, 1; limited assistance, 2; extensive or total, 3; did not occur, 8.
2: Cognitive performance	Short-term memory, cognitive skills for daily decision making, communication.	Must have severely impaired decision making, memory problems and moderate or severely impaired decision making, or memory problem and sometimes or rarely understood.
3: Physician involvement	Under care for an unstable medical condition.	Based on frequency of physician visits and orders.
4: Treatments and conditions	Stage III or IV pressure sores; IV or parenteral feedings; IV medications; end-stage care; daily trach care, respiratory care, or suctioning; pneumonia; daily oxygen therapy; daily insulin with 2 order changes in past 14 days; peritoneal or hemodialysis.	At least 1 of 9 conditions.
5: Skilled rehabilitation therapies	Speech, occupational, or physical therapy.	Requires at least 45 minutes of active therapy in last 7 days and continues to require therapy.
6: Behavior	Wandering, physical/verbal abuse, socially inappropriate/disruptive, resists care, delusions/hallucinations.	Either has delusions/hallucinations or exhibits other behaviors at least 4 of last 7 days.
7: Service dependency	Currently receiving services in a nursing facility or waiver program.	Must be a participant for 1 year.

RESIDENTIAL CARE AND ASSISTED LIVING COMPENDIUM: 2007

Files Available for This Report

REPORT INTRODUCTION (*including Cover, Table of Contents, Acknowledgments, and Acronyms*)

HTML: <http://aspe.hhs.gov/daltcp/reports/2007/07alcom.htm>
PDF: <http://aspe.hhs.gov/daltcp/reports/2007/07alcom.pdf>

SECTION 1. Overview of Residential Care and Assisted Living Policy

HTML: <http://aspe.hhs.gov/daltcp/reports/2007/07alcom1.htm>
PDF: <http://aspe.hhs.gov/daltcp/reports/2007/07alcom1.pdf>

SECTION 2. Comparison of State Policies

HTML: <http://aspe.hhs.gov/daltcp/reports/2007/07alcom2.htm>
PDF: <http://aspe.hhs.gov/daltcp/reports/2007/07alcom2.pdf>

SECTION 3. State Summaries

HTML: <http://aspe.hhs.gov/daltcp/reports/2007/07alcom3.htm>
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Each state's summary can also be viewed separately at:

Alabama	http://aspe.hhs.gov/daltcp/reports/2007/07alcomAL.pdf
Alaska	http://aspe.hhs.gov/daltcp/reports/2007/07alcomAK.pdf
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Idaho	http://aspe.hhs.gov/daltcp/reports/2007/07alcomID.pdf
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Nevada	http://aspe.hhs.gov/daltcp/reports/2007/07alcomNV.pdf
North Carolina	http://aspe.hhs.gov/daltcp/reports/2007/07alcomNC.pdf
North Dakota	http://aspe.hhs.gov/daltcp/reports/2007/07alcomND.pdf
Ohio	http://aspe.hhs.gov/daltcp/reports/2007/07alcomOH.pdf
Oklahoma	http://aspe.hhs.gov/daltcp/reports/2007/07alcomOK.pdf
Oregon	http://aspe.hhs.gov/daltcp/reports/2007/07alcomOR.pdf
Pennsylvania	http://aspe.hhs.gov/daltcp/reports/2007/07alcomPA.pdf
Rhode Island	http://aspe.hhs.gov/daltcp/reports/2007/07alcomRI.pdf
South Carolina	http://aspe.hhs.gov/daltcp/reports/2007/07alcomSC.pdf
South Dakota	http://aspe.hhs.gov/daltcp/reports/2007/07alcomSD.pdf
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