



**Weathering the Storm: The Impact of the Great
Recession on Long-Term Services and Supports**
State Profile: DISTRICT OF COLUMBIA

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INTRODUCTION

Weathering the Storm: The Impact of the Great Recession on Long-Term Services and Supports is the most comprehensive analysis to date on the budget cuts to both Medicaid and non-Medicaid funded long-term services and supports (LTSS) in each state. It also illustrates state-by-state how LTSS are financed. In addition, this study provides a very early snapshot of the likelihood of states pursuing some of the LTSS provisions within the Affordable Care Act (ACA).

Weathering the Storm contains several components:

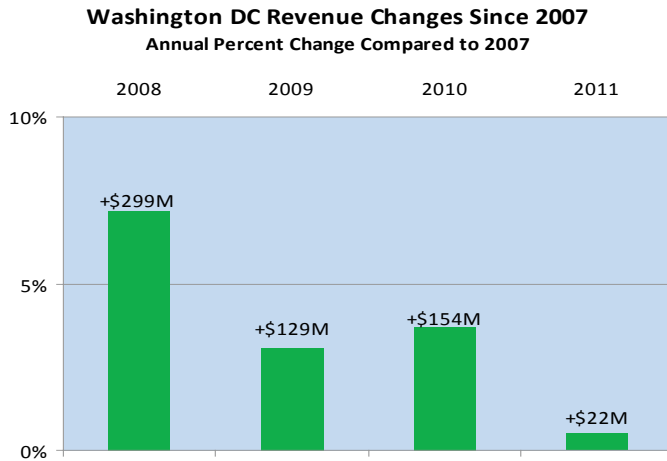
- The full report with an overview of findings and state-by-state tables;
- State profiles, which are 4 to 5 pages in length, for each state that participated in the study;
- An In Brief, which is a short synopsis; and
- A videotaped interview about the key findings.

Hard copies of *Weathering the Storm* are available free of charge. To order, please call the AARP Public Policy Institute at (202) 434-3890 or email jgasaway@aarp.org.

All of the components of *Weathering the Storm* are also available on the web and can be found at www.aarp.org/ppi, www.nasuad.org, and www.healthmanagement.com.

DISTRICT OF COLUMBIA

TAX COLLECTIONS



Source: HMA analysis of data from District of Columbia Office of Tax Revenue reports: 2008-2010. Note: 2010 and 2011 data are DC estimates. Revenue represents total of the following taxes: **Income (Individual, Corporate and Unincorporated Business), Sales, and Real Property**. Percent change and change in amount collected (in millions) represents the divergence between the district fiscal year noted and baseline FY 2007.

ARRA FUNDING

IMPACT OF ARRA ENHANCED MEDICAID FMAP EXPIRATION

- Without the extension, a significant budget shortfall would have occurred.

PREDICTED IMPACT OF THE EXPIRATION OF THE ARRA NUTRITION FUNDING

- Programs and services will be reduced.
- Waiting lists will increase.

STATE UNIT ON AGING AND DISABILITY (NON-MEDICAID) SERVICES

STATE UNIT ON AGING NUMBER SERVED (UNDUPLICATED)

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (projected)	% Change SFY 2009–2011
18,215	19,000	20,000	10%

STATE UNIT ON AGING TOTAL EXPENDITURE REDUCTIONS – ACTION TAKEN

SFY 2009–2010	SFY 2010–2011
5% or less	5% or less

STATE UNIT ON AGING SERVICE DEMAND AND EXPENDITURE CHANGES

Program	Change in Expenditures		Change in Service Requests
	SFY 2009–2010	SFY 2010–2011	SFY 2009–2010
Adult Foster Care	NA	NA	DK
Adult Day Care	0	0	+
Adult Protective Services*	NA	NA	+
Assisted Living	NA	NA	DK
Behavioral Supports	NA	NA	DK
Case Management	0	0	+
Chore	0	0	+
Community Transition	NA	NA	DK
Congregate Meals	0	-	+
Day Habilitation	NA	NA	DK
Disease Prevention/Health Promotion	0	0	+
Elder Abuse Prevention	0	0	DK
Environmental Modifications	NA	NA	DK
Equipment and Supplies	-	-	+
Family Caregiver Support	0	0	+
Food Stamps/Supplemental Nutrition Assistance Program			+
Foreclosure Counseling	NA	NA	DK
Homemaker	0	0	+
Home-Delivered Meals	0	0	+
Housing Assistance	NA	NA	+
Information and Referral	0	0	+
Legal Assistance Development	0	0	+
LIHEAP			DK
Long-Term Care Ombudsman	0	0	+
Nutritional Supplements	0	0	+
Occupational Therapy	NA	NA	DK
Personal Care/Assistance	0	0	+
Physical Therapy	NA	NA	DK
Recreational Therapy	NA	NA	DK
Residential Habilitation	NA	NA	DK
Respite	+	+	+
Senior Community Service Employment Program	NA	NA	DK
Senior Centers	0	-	+
Speech Therapy	NA	NA	DK
State Adult Guardianship Program	NA	NA	DK
State Pharmaceutical Assistance	NA	NA	DK
Supported Employment	0	0	+
Supported Living	0	0	+
Transportation	0	0	+
+ Expenditure/demand increase	0	No change in expenditure/demand	DK Don't know
- Expenditure/demand decrease	NA	Program not administered by SUA	DK Don't know

* Since SFY 2009, the State Unit on Aging has received increased calls for Adult Protective Services, e.g., financial exploitation and neglect.

STATE UNIT ON AGING NON-MEDICAID HCBS EXPENDITURES

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (appropriation)	% Change SFY 2009–2010
None Listed	None Listed	None Listed	NA

MEDICAID LONG-TERM SERVICES & SUPPORTS

NUMBER OF BENEFICIARIES: WAIVERS & NURSING FACILITIES

Waiver Name	Avg. Daily Caseload			% Change
	SFY 2009	SFY 2010	SFY 2011 (planned)	SFY 2009– 2010
Elderly and Physical Disabilities Waiver (EPD) *				NA
Nursing Facility Services	Avg. Daily Census 2010		Expected Change 2011	
NF Average Daily Census*				Decreasing

- The Elderly and Physically Disabled (EPD) waiver will be expanded as necessary in 2011 to serve individuals referred due to reducing the number of Personal Care Assistant (PCA) hours available under State plan benefits. About 3,500 currently receive PCA services. Members are assessed and those who need more hours will be referred to the EPD waiver, where they will be able to receive better and more comprehensive assistance.
- Nursing facility census is decreasing only slightly.

LTSS EXPENDITURES (FEDERAL AND STATE)

Service	SFY 2009	SFY 2010 (Estimate)	SFY 2011 (Appropriation)	% Change SFY 2009–2010
HCBS Waivers (For Older People and Adults with Physical Disabilities)				
Medicaid LTSS State Plan				
Nursing Facility				

LTSS PROVIDER PAYMENT RATE CHANGES

Provider Type	SFY 2009–2010 % change	SFY 2010–2011 % change
Nursing Home	0	0
Home Health	0	0
Personal Care Services	0	0
HCBS Waiver Services	0	0
Adult Day Health *	0	DK
+ Provider rate increase - Provider rate decrease 0 No change in provider rate		NA Not applicable

- The state is revising its Adult Day Health methodology in FY 2011, but the impact is currently unknown.

OPTIONS, OUTLOOK, AND PROMISING PRACTICES

The Medicaid agency and State Unit on Aging were asked about their intent to pursue options under health care reform, to provide their thoughts on the outlook for LTSS, and to share promising practices in their state. This section combines information from both agencies if both agencies responded.

See the Overview for descriptions of these provisions.

State's Intent to Pursue LTSS Provisions in the Affordable Care Act	Very Likely	Somewhat Likely	Not Likely	Don't Know
State Balancing Incentive Program	X			
Community First Choice Option				X
Money Follows the Person Demonstration				
1. Apply for new program				
2. Apply for extension of existing program	X			
Medical/Health Home Initiative				
1. Agency applying for planning grant	X			
2. State plan amendment to establish medical/health home services	X			
3. Apply to establish community health teams	X			

STATE PRIORITIES: 18–24 MONTHS

- Ensuring health homes for persons with multiple chronic conditions, including waiver consumers.
- Restructuring reimbursement methodology for adult day health services.
- Ensuring smooth transition for consumers needing state plan personal care services to the Elderly and Physically Disabled waiver.

STATE ISSUES

- The transition for consumers receiving state plan personal care services to the Elderly and Physically Disabled waiver.
- Loss of staff due to the change in administration and increased hiring by the federal government because of health reform.

STATE PROMISING PRACTICES

- The District's electronic case management system, Casenet, is a completely paperless system for independent case managers. Implementation of Casenet was a significant accomplishment that involved extensive training, buying electronic tablets for each Case Manager, and building electronic forms on Casenet. The District is already thinking about version II, with plans to extend Casenet access to eligibility staff.

The information in this profile represents information available to state officials at a point in time. Surveys were conducted from June through September 2010. The District's fiscal year begins October 1 and ends September 30.