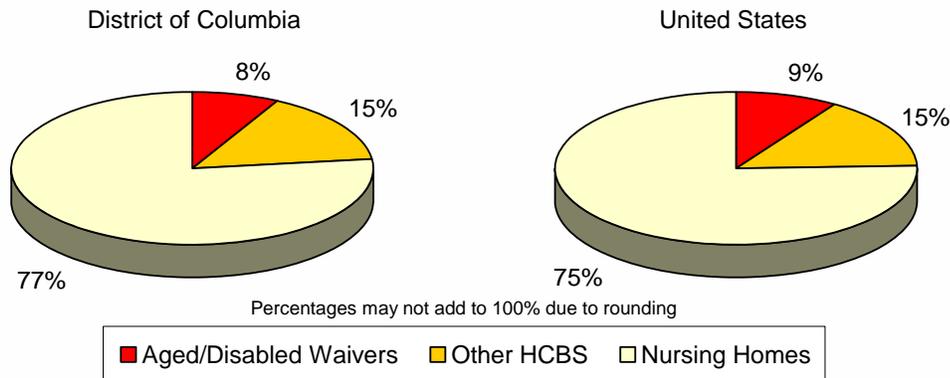


Long-Term Care Reform in the
**DISTRICT OF
COLUMBIA**

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



Similar to the U.S. average, the District allocates a greater percentage (77 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, the District spent 8 percent on waiver services and 15 percent on personal care services (PCS).

Type of Service	Medicaid Participants ¹			Expenditures (millions)		
	1999	2004	Change	2001	2006	Change
HCBS	1,624	2,701	+1,077	\$2	\$52	+\$50
Nursing Homes	4,359	6,089*	+1,730	\$159	\$173	+\$15

More Medicaid participants received nursing home services than received home and community-based services (HCBS) in 2004. The number of participants receiving nursing home services increased more than the number of participants receiving HCBS from 1999 to 2004. From FY 2001 to FY 2006, the increase in Medicaid spending on HCBS, however, was more than three times as much as the increase in spending on nursing homes.

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 offered. 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)*.

* Due to reporting abnormalities, the number of nursing home participants reported in 2003 and 2004 was usually high. From 1999 to 2002, the number of participants was approximately 4,300 per year.

Major Initiative

The D.C. Council's Committee on Health convened a Long-Term Care Task Force in June 2005 "to examine the factors that contribute to the over-reliance on institutional care in the District and to identify measures that will produce wider accessibility to home and community-based services."

In a December 2005 report, the task force said that major barriers District residents faced in trying to access LTC services included: 1) lack of an effective single point of entry to services; 2) lack of a program and agency to assist nursing home residents to move to the community; and 3) lack of uniformity in the level-of-care determination process.

"Resource Center for Aging and Persons with Disabilities"

With a federal grant, the District is expanding its Resource Center to become the primary pathway into the Medicaid LTC system for older persons and adults with disabilities.

To move forward on the Task Force recommendation about improving access to LTC services, the District planned to use a 2005 federal grant of \$629,507 to expand its current Resource Center for Aging and Persons with Disabilities, and to increase public awareness of the Center. City officials said the Center would become "the primary pathway" into the District's Medicaid LTC system for adults with disabilities and older persons by conducting medical and social assessments, screening for Medicaid eligibility, offering LTC options counseling, and providing the linkage to care for persons who were eligible for Medicaid services.

Other Developments

Assisted Living. The D.C. Council enacted the Assisted Living Residence Regulatory Act in 2000, requiring the Department of Health (DOH) to develop licensure requirements for assisted living facilities in the city. However, when the DOH had not issued any regulations after six years, the D.C. Long-Term Care Ombudsman took legal action in October 2006, filing a case with the D.C. Superior Court to force the city to create and implement a licensure system. The Ombudsman won the legal action in September 2007. As a result, the DOH had to ensure the courts that all 11 assisted living facilities were licensed; a survey team was developed and in place; and application protocols, policies, and procedures were created and implemented by April 1, 2008. As of May 2008, seven assisted living facilities have received licenses, and the remaining four are going through the licensing application. A survey team is monitoring all the facilities.

Money Follows the Person. The District was awarded a \$26.4 million Money Follows the Person Demonstration grant in 2007, which the city said it would use, among other things, to relocate 1,100 persons from nursing homes to community settings.